Lecture.

THE MEDICAL OFFICER IN CHARGE OF A DIVISION.

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I suppose there exists at some time or other in the life of every human being a desire to write a novel, and I do not think there can be any reasonable doubt that there is a decided tendency for the author to portray in the hero of his first production an idealized conception of himself, a combination of what he really is; what he fondly and foolishly imagines himself to be; and what he would like to be. And in dealing more generally with the illustration of a character, G. K. Chesterton has said, in his work on Dickens, that whenever we meet in a book a preposterous, impossible and obviously exaggerated sort of character, we know by the tenets of high art that he is almost certainly drawn from real life.

I make this preliminary explanation by way of dissociating any personality from my paper to-night. Nobody can write an official position he has occupied without identifying himself to some degree at any rate with his hero (if I may use such a term in this connexion) and, what is far worse, inviting the obvious criticism that he is indulging in a character sketch. Let me ask you, therefore, in an appeal ad misericordiam to remember G. K. Chesterton's generalization; and although I must necessarily draw upon my own experience, or rather my experiences, you will be kind if you will think quite impersonally.

The Regulations of the Army Medical Service state that the officer in charge of a division will be responsible to the officer in charge of the hospital for the proper treatment of the sick and good order and management of the division under his charge. That he will also be responsible for the good order, cleanliness, and general sanitary condition of the wards, passages, staircases and other accessories in his charge. And that he will detail to wards such officers as may be posted to his division for duty.

If I were to sum up the matter to my own way of thinking, I should say that the divisional officer may be everything or nothing in his hospital. On the one hand, he may be one of those relatively placid persons whose key-note in life is that blessed word administration, or that still more blessed word organization; who sits in an office generously provided with clerks, decides to which of his subordinates are to be allocated certain duties, issues corresponding directions, signs his name on the necessary occasions—and that is all. And I will ask you to believe me when I assure you that one encounters divisional officers (not in the Aldershot Command) who correspond very nearly to this description.

As another extreme, he may be a restless, intense sort of creature, excessively active and energetic, in a perpetual state of tension from solicitude for results, with little or no belief in the capacity of anybody to undertake any sort of
The Medical Officer in Charge of a Division

responsibility or achieve any sort of sustained work; himself so conscientious and aware of his own capabilities that he has little faith in the conscience or capacity of anybody else, and most unwilling to delegate or relinquish any duty of importance to those under his charge. Both types, it is almost unnecessary to point out, will make unsatisfactory divisional officers, and the ideal man will be a man of balance occupying a position somewhere between the two, tending, as his instincts and abilities permit, in one or other direction—the administrator or the performer.

Regular officers, and especially those who in times of peace held the post of divisional officer, will probably be prepared to rend me for my temerity, but I think it ought to be realized that a comparison between their work in the past and the work imposed by the exigencies of war and association with an amateur conscript army is hardly possible. In peace time, military hospital routine may have taken a stereotyped course, and this more especially as regards medicine, in which connexion it is pertinent to point out that although the "surgical specialist" has always had a position of recognition with corresponding extra pay for his responsibility, no such thing as a "medical specialist" has even to this day come into official recognition, notwithstanding the multitudinous occasions upon which from every quarter, official and unofficial, high and low, a medical specialist's opinion is requested and utilized.

I am going to speak, you will observe, purely of a medical division; for I have no doubt a surgical colleague would advance much the same line of reasoning as I, and probably point out how war time, conditions have evolved similar differences from those in peace. But, as I shall have occasion later on to elaborate, such differences are far greater in the case of medicine, and it is probably the differences which have encouraged me to attempt the production of a paper on the subject.

To begin with, however great the paradox, a divisional officer may know no medicine beyond the elements which any qualified man can hardly avoid acquiring: The first few minutes in his office would be devoted to the delegation of various duties to the officers under his rule, and Temporary Lieutenant Æsculapius, in addition to his other duties, is created "medical specialist" with no emoluments save of course the advantage, which he is only too glad to secure, of extra clinical experience. Clinical responsibility will then in the case of the divisional officer cease spontaneously; and although officially he is responsible, actually he will, if Lieutenant Æsculapius be a capable physician, enjoy complete immunity from corresponding mental exertion.

But asking you please to remember my reference to Mr. Chesterton, I think the ideal divisional officer should be the best all-round clinician in the hospital, and that in no circumstances should it be possible for him as leader of his side to repudiate any responsibility from lack of experience or knowledge. He may not be the best neurologist, the best oculist, the best pathologist, or the best authority on tropical diseases, but he should be regarded and looked up to as the best general physician for an all-round consideration of a case, with a capacity both to recognize when a more special opinion upon some feature is necessary, and how to criticize and utilize this opinion.

And it is manifest that were this all, the selection of a physician of sound experience would be all that was necessary, but there is an element, and a very
large element, in a military hospital comprising the innumerable details which go towards the efficient organization of hospital routine, and in order to give some impression of what I mean, I will ask you to visualize the divisional officer in his work, not perhaps during a strictly average sort of day, but a day which is reasonably typical of many.

His breakfast will, if he is wise, be the largest that the food restrictions of the time will permit, and it is well if he is blessed with a good digestion and a very adaptable alimentary canal ready to assimilate foodstuffs not so much at orthodox meal times as at such odd moments as convenience offers.

He will arrive at the hospital shortly after 9 a.m., and at once find himself plunged into a maelstrom of responsibilities and anxieties. The observation ward will first attract his attention as containing a variable number of cases which have been admitted during the night by the orderly officer, and these are swiftly transferred to appropriate permanent wards, for the guiding principle for a ward of this description is that it should be almost always empty. In the vast majority of cases, it is true, a broad distinction between serious and trivial cases is sufficient as a temporary "diagnosis," but ever before him is the fear of overlooking an early case of some infectious disease, measles or scarlet fever for example, or that most insidious of all diseases, cerebrospinal fever. The admission of one of these to a general ward means quarantine for perhaps a fortnight, with the delay of some five-and-twenty men fit for duty, with consequent inquiries and reprimands.

A few minutes are then snatchéd for official correspondence—the ideal divisional officer must have no private cares, worries, affections or responsibilities; his division must be father and mother, wife and child to him—and then in a sort of overwhelming flood come an indefinite number of urgent requests and appeals converging from every quarter of the Command outside the hospital as well as from within.

The officers in charge of the different wards are anxious for a consultation upon their most serious cases. One has a man who is blanched to an alarming degree of anaemia from a gastric ulcer, a second is uncertain whether a case with violent headache has or has not the dreaded spotted fever. In a third ward is a patient with symptoms suspicious of some acute surgical condition, and the question of transference to a surgical colleague is urgent. A fourth officer is solicitous about the critical state of his pneumonia patients, whilst a fifth has his wards blocked with a bad batch of chronic or undiagnosed cases, and has sent out the S.O.S. to enable him to get clear. But in the meantime two officers have been sent in from a distance for a specialist's opinion; the President of the Standing Invaliding Board urgently requires the presence of an expert upon a difficult case; the matron has two sick nurses whom she particularly wishes to be seen at once; and clerks are waiting with the list of a hundred Expeditionary Force men who arrived in the small hours of the morning, and who must be seen with the least possible delay, so that the diagnosis of their conditions, and to a considerable extent their prognosis, may be telegraphed to an impatient War Office.

But nevertheless the commanding officer must receive attention first. He is fuming over some complaint—he receives querulous complaints every morning. It may be that Lady Bountiful's V.A.D. hospital is nearly empty and she must receive five-and-twenty relatively convalescent patients to-morrow. She
particularly desires that they must be nice men, and wishes to point out that of
the last batch, Pte. Smith did something or other and Gnr. Jones something
else, and so five-and-twenty eminently desirable blue-clad warriors must be found
for her.

Or something much more serious may be in the air; one of the inevitable
complaints about the inhuman or inadequate treatment of some inmate has been
sent to the War Office, and an explanation is demanded and must be produced at
once. I think it was the late George Grossmith who in one of his amusing
drawing-room entertainments depicted the sequence of events in a business firm
when the "boss" arrived with a headache and vented his spleen upon his managing
clerk, who transferred it in turn to the clerk just below him, who passed it on to
his junior, and so on until it reached the office boy, who kicked the cat. Well,
something of the kind happens in military circles. Olympus frowns, and the
general who is chief of the local medical services has to bear the brunt. His
annoyance is communicated to the commanding officer of the hospital which is
at fault; he fulminates his charge against the divisional officer, who if he has
any sense at all will refrain from kicking the cat, because the military cat can
scratch, but will take it all as part of the cross he has to bear. Or the complaint
may be a purely local one; the auditors point out that we are consuming more
than our legitimate allowance of bread, or somebody else is appalled at the awful
consumption of drugs. And by this time a neurotic staff officer has dropped in
to see a doctor, and although there is no such thing officially as a medical
specialist, still he must be accommodated with what passes unofficially as an
expert, and only the tact and special capacity which is developed by the necessity
of doing sixty minutes' work in every hour can put a stop to the recital of his
symptoms and send him away silenced if not satisfied. And indeed of this there
is urgent need, for Lieutenant Robinson is sick this morning and has just telephoned
that he is not coming, and his wards must be attended to. A unit some miles out
must be instantly supplied with a medical officer. Captain Brown is going away
on leave on account of urgent private affairs, and a substitute must be provided.
Incidentally it may be noted that whenever an officer wants to get away, he
manages somehow to convey the impression that his duties can easily be
performed by anybody handy who has an odd ten minutes a day to spare; when,
however, it is suggested that he can add somebody else's duties to his own,
one gathers that Hercules with all his labours enjoyed a very soft time in
comparison.

Dovetailed into the more solid details of the morning's work are a large and
interesting variety of classifiable and unclassifiable emergencies, all of which are
submitted to the divisional Pooh-Bah. Of course, he is expected to have at his
finger-tips the Army Council Instructions which apply to the Army Medical
Service, and these, according to requirements, are undergoing frequent—some-
times revolutionary—changes.

Thus, quite apart from the broad details applying to British troops, Colonial
patients demand disposal upon lines laid down by their own authorities, and with
Australian, Canadian, South African, New Zealand, and American troops, all in
one hospital simultaneously, opportunities for giving offence by a disregard of
special requirements are manifestly frequent. And even such differentiation,
is frequently insufficient, for each category imposes separate distinctions on its own account. Furthermore, like most generalizations, A.C.I.s seem to take a fiendish pleasure in applying to every sort of case except the one under consideration.

To answer the question, "What am I to do with such and such a circumstance?" demands not merely all the official knowledge, but often all the ingenuity, casuistry, and eloquence which the divisional officer can command. "What disease am I to call a man sent back from France to have a new glass eye fitted?" will not be answered by an appeal to the official nomenclature of diseases, nor will the same manual afford much assistance in the classifying of a patient sent home to have some alterations made to a surgical boot!

Dangerous though it sounds, it is well for him to be a bit of a lawyer to know the rights and wrongs of things; and he may even be called upon to decide to whom legally a corpse belongs!

And, further, there are the perpetual grievances and complaints from all and sundry who regard the divisional officer as an inexhaustible fount of sympathy and discretion, as well as an intermediary to higher powers. And if he is fitted to survive, the divisional officer learns how he must mollify one and coax another, persuade a third and flatter a fourth, play on the vanity of some and the conceit of others, find a way to persuade both parties in a dispute that both are in the right, and if he should be so unfortunate as personally to be engaged in a difference of opinion, get his own way whilst letting the other believe that he is getting his.

And so the morning goes on, and the divisional officer is enjoying the mental experiences of a Cinquevalli juggling simultaneously with a cannon ball and a small pellet of paper; but by one o'clock the turmoil dies down, the rest of the hospital retires to its well-earned midday meal and subsequent leisure, and he is left to deal with the motley crowd who have been sent up to see the medical specialist, so that in lieu of other forms of recreation and refreshment he can turn now, with hope of being uninterrupted, to what may be termed his out-patient department.

In civilian life the services of a consultant or specialist are called upon for the consideration of some obscure condition upon which the general practitioner has expended some time and thought, and yet is in a state of uncertainty which leads him to desire some special investigation or advice. And there is no doubt that a similar principle should inspire the medical officer in charge of a battalion or other unit, but owing to certain regulations he is encouraged, and occasionally compelled, to hurl at the specialist a variety of cases which connote the very ABC of medicine.

In civil practice, of course, the doctor's bona fides are sufficiently certified by his qualifications; he is believed in all cases to have acted not only with the best of intentions, but to the best of his ability, and he is outside criticism.

But a medical officer in charge of a unit is always confronted with the fact that, reduced to fundamentals, his responsibility begins and ends with providing an ambulance for the removal of a case to hospital. It is sufficient that he transfers it, and no responsibility attaches to him as to its suitability or unsuitability for hospital treatment. It is an unfortunate corollary of this rule that should be
conscientiously examine and reflect upon his case, and it should subsequently turn out that through an error of judgment he has unlawfully detained a patient in quarters, he may be mercilessly criticized for acting outside his jurisdiction. There is no premium on hits, there is an overwhelming discount upon misses, and an officer who erred in a single case would not have credited to him his claim that he had accurately diagnosed a thousand previously. Where, then, mistakes are penalized and successes not approbated, it is small wonder, indeed, that he is soon persuaded to repudiate any sense of responsibility, and hastily to transfer it without delay to the shoulders of the few who become selected from their office to bear such responsibility.

Partly for this reason, and partly because of a refusal on the part of many invaliding boards to accept any opinion upon any sort of condition unless it is issued by a so-called expert, an extraordinary cult of "specialization" has sprung up, and the position of battalion medical officer, which affords exceptional opportunities for the observation of diseases in an early stage, tends in many cases to degenerate into a policy of laisser-faire, in which the officer merely selects some outstanding symptom and sends the patient straight off to the so-called specialist in the hospital.

And so one sees cases of albuminuria sent to the renal specialist, when a few minutes' examination and contemplation would have detected a gonorrheal discharge. Has the man a pain in the back, he goes to the nerve specialist, and does he complain that he feels nervous or trembles, he must consult the neurotic specialist [sic]. Any references to the chest brings him up to the chest specialist, who is therefore patronized by a remarkable potpourri, including indigestion, aneurysm, chronic bronchitis, muscular rheumatism; arterio-sclerosis, pleurisy, intercostal neuralgia, tabes, and a host of other things. But occasionally the chest pain is localized in the precordial region, and so the heart specialist must be consulted. This gentleman is usually prepared to encounter almost any condition other than a disease of the heart.

You will readily understand, therefore, how an enormous preponderance of what, pathologically considered, is rubbish reaches the "medical specialist," and yet the delight of the game is that he must be ever on the qui vive lest he overlook some serious abnormality.

Coincidences in medicine are almost incredible, and in one evening I remember seeing a case of aneurysm sent up as myalgia, a case of pneumothorax as bronchitis, and a case of tabes with girdle pains as D.A.H.—pain in the region of the heart. And on another evening there arrived simultaneously a case of esophageal carcinoma labelled "This man is always complaining," a case of gastric crises who presented himself as "gastritis," and one of Addison's disease as "abdominal pain."

And although I have said that the last thing one thinks about is the heart itself when a man comes up with so-called cardiac symptoms, yet I rode for an amusing fall by laying down this law to a visitor who came to see me at work one morning and who had the malicious pleasure of seeing, among the first four of such patients who walked into my consulting-room, three genuine organic cardiac cases.

I would have liked to devote a whole paper to this topic alone, but my restless
Adolphe Abrahams

desire to be general compels me to restrict myself to a comparatively brief reference to some of the curious problems with which I have been confronted during an experience of about 9,000 cases sent up to see the medical specialist, who has to steer a clear course through the shoals of specialities; gastro-enterology, neurology, cardiology, and, considering what an urgently conscripted Army must be, even pediatrics and geriatrics.

A few have stuck in my memory, and none more persistently than the man who bore a chit "This man has no teeth—for your examination and report, please." I returned him with a somewhat platitudeous report: "I have examined this man and fully agree with you that he has no teeth." In return I received a most abusive letter, but despite my really serious attempt subsequently to discover what it was the medical officer outside really meant or desired, I have never to this day found out. On the whole an attempt to be funny does not seem to pay; one never knows where eventually one's opinions may travel. In my early days in the Army I might have been inspired to return a man sent up with the request for a "thorough overhaul" with the gentle retort that "this is a hospital, not a garage," but whilst a personal friend may sympathize with such a witticism a stranger rarely does so, and is apt to ventilate what he takes to be a grievance.

A large number of cases are sent up on account of some fairly general and deeply rooted misconceptions. To some doctors pain in the back is always nephritis—the spirit of Doan's backache pills advertisement has filled their souls as those of the civilian population—whereas as a matter of fact genuine nephritis cases never complain of such a pain. Everything which seems to be referable to the heart is regarded as heart disease, more especially as a certain type of doctor can never dissociate grave organic disease from every patient who comes up with any sort of complaint.

And—would you credit it?—but I have been asked by one medical officer to diagnose the disease in a man who merely pointed out to him that he had papillae on his tongue!

"It is not for me to sit in judgment, but I must deprecate the mistakes arising from failure to perform any sort of examination. We all make mistakes from incomplete examinations, and we are all culpable, therefore, in greater or less degree; but one can really be excused the condemnation of those who never perform any examination whatever. I will not weary you with examples; I will give one instance only. An officer was sent to me for advice as to treatment of chronic dysentery. Two years previously he had been invalided from the East as dysentery on account of blood in his stools. Since then he had been before many boards, all of whom had referred him for a further period as his "dysentery" persisted. Yet not a single doctor had ever looked at his rectum, whereas, as a matter of fact he had a large bulging mass of hemorrhoids, and I do not suppose he had ever suffered from dysentery. But I do not mean to suggest that many battalion medical officers are of this careless or indifferent type. A large number clearly investigate their cases with a thoroughness which inspires one's extreme admiration when one realizes the difficulties under which they have to work. And it demands some art to give a satisfactory explanation to a cautious medical officer who has observed inequality
of the pulses or absence of knee-jerks and demands a reason which may be quite obscure. It requires more tact, if less art, to explain away an alleged condition such as a heart murmur, an extensor plantar response, or the report of a strange pathologist who has diagnosed eosinophilia, when the only explanation one can advance for the causation is that the condition is not present. But the enormous majority of cases sent up fall under three heads: "Is this man ill at all?" "What category is he fit for?" and, "Is his disability due to military service?"

According to the Yellow Press, a doctor who cannot tell when a man is ill is only fit to be hanged. As a matter of fact in very many cases nothing is more difficult, and a great part of one's day in a military hospital is spent in struggling, perpetually to prove a negative.

In civil life, of course, the average man neither goes sick unnecessarily nor does he tend to exaggerate his disability. Save in those comparatively rare instances when owing to insurance mismanagement a man is better off sick than at work, illness means at least considerable discomfort and possibly serious hardship.

But in the Army an entirely different state of affairs is presented. Sickness means not only no disadvantage but positive advantages. A man may wish to evade the irksomeness of duty for a time, or even escape from military service altogether—remember, please, we are dealing with a conscript army. Hospital means for him a comfortable bed instead of a shake-down on the floor; warmth, good regular food with possible extras, the companionship of the fair sex, not only the ministering angels in every ward but charitable and undiscriminating visitors. With the exception of the trivial assistance he renders in the ward, the slacker is free all day from any sort of work, and he is provided with numerous amusements, recreations and entertainments. Is it any wonder that, mingled with the genuinely sick, a constant stream of would-be hospital patients converges upon the medical hospital? Hard as it may sound, every man who presents himself without obvious and unmistakable evidence of illness must be regarded as a potential humbug. I say this sounds uncharitable, but let me remind you that a camp of 100,000 men was drawn to a not inconsiderable extent during the second half of the war from conscripts, and very unwilling conscripts at that. In these circumstances it is certainly belittling the state of affairs to suppose the existence of 1,000 slackers of the type I have depicted. One thousand is only one per cent, a tiny enough figure when considered unit by unit, but an army in itself when concentratrated upon one hospital. Is it any wonder that the medical officers who are compelled to judge the elements of this stream day after day have constantly to check a disposition which may be termed pardonable, to regard all symptoms as exaggerated and to develop a scepticism that the patient's motives for appearing before them are not to seek legitimate assistance or advice?

But here one is reminded that a medical hospital stands perpetually on the edge of a precipice, for to overlook a serious condition or refrain from admitting a patient whose subsequent troubles may be attributed to neglect will lead to the most devastating condemnation that an officer—and a fortiori a medical officer—can incur.
Pte. A. walked up to the hospital one morning with a complaint of indigestion and was passed to the medical specialist. When he arrived in my room, his temperature was 97° F., his pulse 84, and his abdomen moved perfectly. Yet something in his appearance, something quite indefinable, encouraged the belief that he was not very well and would be better for a few days in hospital. Providence, which watches over fools and the industrious, alone prevented that man being returned to his unit with half a dozen other dyspeptics with advice to his medical officer to give a placebo; for in six hours Pte. A. was on the table undergoing an operation for perforated gastric ulcer with general peritonitis.

Cpl. B. was sent up on December 26, complaining of abdominal derangements and volunteering the obvious explanation that the aftermath of Christmas festivities was responsible. But Providence again came into consultation, for Cpl. B. was suffering from acute intestinal obstruction from some long-standing abnormality, and Providence alone averted "another hospital scandal."

Pte. C.'s complaint was headache, the complaint of many hundreds of chronic loafers. Yet for some reason Pte. C. was put on one side for special investigation, and in less than half an hour he was dead, post-mortem examination revealing a cerebral tumour. And Pte. D. was sent up with this complimentary character from his Medical Officer: "This man is a well-known humbug who has got out of going overseas twice already, and has reported sick this morning when he was due to go on a draft. Will you support me if I charge him as a malingerer, please?"

Appearances were therefore all against Pte. D., but he had after all signs of early pneumonia, and in two days he was indeed fighting for his life with double pneumonia, carrying in addition the handicap of a serious valvular lesion which up till then had been entirely overlooked!

There is of course the ever-present risk that a man may be sent from hospital and die from some condition that no human being could possibly have suspected or diagnosed in life, but the hospital will have to face the music. And I have even had to refute the preposterous charge of neglect because a man had died in his barracks and had two months before been seen at the hospital and not admitted for some chronic condition which could have had no sort of relation to his decease. But the uncharitable will always believe anything against a hospital, and any stick is good enough with which to beat us.

These examples are offered with no desire to extract sympathy for difficulties, but as an honest appeal for mercy on account of mistakes I have made.

As a matter of fact the genuine malingerer is rare. Our clientele is largely supplied by the type of man who in civilian life was never able to maintain any sustained interest or exertion, who says that he is "not used to being 'urried," who was "used to a nice soft job which permitted him to stop when he liked, or take a day's holiday when he felt so disposed," who was told when a boy that he ought to take care of himself and means to fulfil that exhortation, and who comes up because he is "all of a tremble," or "gets a pain in his abdomen whenever a gun goes off," or who "gets a feeling of hot plates on his head and cold plates on his loins after he has walked a mile" or whose "heart is always coming into his mouth," or who has always got a pain somewhere or other, or faints, or has fits or giddiness unless he has a job in the cook-house.

To this type routine is abhorrent. The idea of being compelled to rise at a fixed
hour and perform duties unremittingly at regular times under inexorable supervision is sufficient to drive him to the happy release afforded by going sick, and to hospital he is sent, for there is no room in a unit for a man who is unfit for duty.

In the second place we meet the type which appeals more to our sympathy, the middle-aged conscript who does not easily assimilate to an entirely strange environment. Such men, who are aged about 45, look about 65 and behave as if they were 85, have a curious propensity to develop an asthenia which in civil life would lead one immediately to suspect the existence of some really serious organic disorder, but who baffle every attempt of investigation to discover any kind of lesion. One calls these cases “debility,” a term rightly deprecated for its indefiniteness, yet after all what can you call them?

Somewhat akin to this category is that comprising men sent to the hospital by medical officers who mistake misery for illness. Of all ages and classes, these men are only affected with home-sickness or the results of brooding upon their change of station and the shipwreck of their future. It is manifest that medicine can do nothing for these. A sympathetic reception of his complaints and subsequent explanation occasionally reconciles such a man to his obligations as a citizen and a patriot, but generally the medical specialist is obliged to return a report that this man’s symptoms will persist so long as he is in the Army.

And last of all is the man who is merely war-weary and whose symptoms once again appear to be the accompaniment of some grave disorder. Yet on almost innumerable occasions I have seen phenomenal improvement, with complete disappearance of apparently urgent symptoms and a gain in weight of perhaps twenty pounds, arise simply from the rest which a few weeks in hospital confer.

I have mentioned the word malingerer; it should be used with the very greatest reserve—one might almost say never—and woe betide the medical officer who advances such an accusation unless he is prepared to produce overwhelming proof when he is cross-examined by the barrack-lawyer at the subsequent court-martial. In this country we are fortunately spared the ingenious artificial diseases which our confrères on the other side of the Channel have studied with such care and are so brilliant in detecting. The disease par excellence for deliberate fraud as we encounter it is pulmonary tuberculosis. Knowledge of the familiar symptoms is readily acquired by the would-be false pneumopath, who is likewise familiar with the regulation that a man who is positively diagnosed is ipso facto invalided from the Service. From the mere interrogation of his medical officer he learns that pyrexia, weakness, wasting, night sweats and the spitting of blood are traditional expectations. And above all is he aware that identification of tubereal bacilli in his sputum will, notwithstanding the absence of all other signs and symptoms, secure him immediate discharge.

Now genuine haemoptysis is frequently present without physical signs of any kind, so that the production of a bloody expectoration will, all other disease having been excluded, demand admission under a tuberculosis specialist for investigation. Yet the manufacture of a bloody sputum is one of the easiest possible things to a man who is bent on “working his ticket.” Manipulation of the thermometer, moreover, requires no elaborate technique, and although more art is required to produce tubereal bacilli in the sputum, on more than one
occasion the surprising appearance of a large percentage of positive sputa in a ward of patients undergoing appropriate investigation has led to the suspicion and eventually the discovery that a known positive case has been obliging enough to distribute his sputum in the pots apportioned to the other patients, doubtless for a consideration. It becomes urgently necessary, therefore, that every case of suspected phthisis be rigidly investigated and his sputum examined only if it has been expectorated directly under supervision into a selected vessel. I may add, as an observation of some interest, that of a hundred patients sent up as suspected phthisis, often on the patient’s own statements; about twenty pass the filter of the medical specialist as really suspicious enough to demand investigation, and of these twenty, half a dozen at most are eventually invalided from the Service as tuberculosis.

The question of accurately categorizing a man needs very little discussion. It is a tempting compliment to the medical man to provide him with a variable number of classes into which he is supposed to drop any man whose capabilities he is required to grade. Now, quite apart from the question of individual opinion—for as we ‘know quite well, in the case of so-called heart disease the same man may be classed A1 by one physician and C3 by another—nobody can possibly measure what in a large number of instances is the vital factor, the man’s willingness to perform duties. It is often possible to say that a certain man is obviously incapable from his physical imperfections to indulge in any sort of exertion. I once had a case sent up to me who was aged 56, blind in one eye, almost stone deaf, had a large double hernia, flat feet and the symptoms of D.A.H., and it was not difficult to recommend the disposal of this walking museum. But what are you to say of the man who protests his inability to walk half a mile, although physical examination is entirely negative? To call him a liar may be grossly unjust; he may be compared to a motor car with a generally excellent chassis but a defective magneto. The plain fact is that whilst the method of ascertaining whether a man is fit or not for certain duties is obvious, the impracticability is equally obvious, for it necessitates trying him, and the cases which are clearly unfit for anything can be differentiated by a layman, let alone an expert physician. But the question of what diseases are due to or aggravated by military service is a much more attractive field for discussion. Once again we see the advantage that surgery has over medicine. A wound in action or a misadventure whilst in training are clearly due to military service. But when you have excluded dysentery and malaria and other tropical diseases which a man would not have acquired unless he had been sent on active service, you are left with the whole of medicine as an endless topic for this form of speculation.

The broad principle laid down seems childishly simple; can you say with confidence that the man would not have acquired this disease if he had remained a civilian? But of course you cannot, in practically every instance you cannot, for our knowledge of pathology is too inexact to define dogmatically what influence may or may not be added by the circumstances of military service. And we are asked to go even further and estimate from a man’s present condition first of all what he must have been like at the time of enlistment, and next, what he would now be like had he never joined the Army. As an abstract problem it is all very amusing no doubt, for every case affords an endless opportunity for discussion.
I know one distinguished physician who holds that for social reasons venereal disease can be regarded as due to military service.

Recently I had an opportunity of debate upon this subject with a very eminent K.C., who proceeded judicially to expound at length how it ought to be quite easy in every case, for you took all circumstances into consideration; you found out what sort of life he led before he joined the Army and what particular duties he had performed during his military service, and what exposure he had endured, and so on. I listened to him with becoming respect and then retorted, 'just so, it is the very reasonableness of all you say which makes one angry. You are the very type who draws up for us questions to be answered categorically 'Yes or no,' and who reviles us in the witness-box when we attempt to give an explanation on these lines and caustically demands, 'A plain answer, please, and not a sermon.'"

A man dies of cancer of the stomach, of lymphadenoma, of pernicious anaemia, of chronic nephritis or of transverse myelitis. How can you determine exactly when such diseases originated? How can you evaluate the effect which military life has had upon if not their origin at least their aggravation? From one point of view the healthiness of military life ought to make a man less susceptible to respiratory diseases than the circumstances of civilian life, and yet it is at least arguable that to a man used to a warm, sheltered, if unhygienic home the exposure and relative overcrowding coupled with discomforts and home-sickness gave him a greater susceptibility. You will readily understand the difficulties in the way of decision as regards deaths in the recent influenza pandemic when the civilian as well as the military population were affected.

And there is just one other point in this connexion. Suppose a man requires invaliding after a few months' service for valvular disease of the heart which must certainly have been present for at least five years. He protests stoutly that he was totus teres atque rotundus when he enlisted, and supports his claim by the reminder that a doctor passed him in and that therefore his heart must have been perfectly sound. There is some reason in the patient’s argument, yet are we called upon to make a second mistake because one has clearly been made? We are human beings, and in spite of a sense of duty sentiment plays its part. Not only does the patient or his relations get the benefit of the doubt, but frequently they get the benefit when there is no doubt.

I am coming towards the end of my paper, and I fear that I weary you with the number of details I try to include. But there is one special feature which I cannot neglect, and that is the matter of complaints directed against a hospital. Whether in civil or military life, a hospital seems par excellence the butt for the ill-directed venom of the agitator, but the scoundrel who loves to throw mud at an institution has the time of his life when the hospital is a military one, for it is under Government control and must be expected to deal officially with any charges which any Tom, Dick or Harry—or for that matter, any Jane, Sal or Harriet—may choose to bring against it.

It would hardly be profitable to deal at any length with what may be termed intrinsic complaints, charges brought against a hospital’s administration by patients whilst actually enjoying its hospitality. The British soldier is proverbially a grouser, but speaking from admittedly a comparatively slight
Adolphe Abrahams

experience of the regular, I do not hesitate to say that he has too good a sense of fairness and too well ingrained a sense of discipline to forget his responsibilities as a patient. Regular soldiers, who in a modern military medical hospital are as few as currants in a war-time pudding, are the greatest blessing, for not only by their example but by their determination to exact discipline their co-operation with medical officers is of inestimable value. But as I have had occasion elsewhere to point out, a not inconsiderable item in a conscript army is the loafer, and the worst elements of this class gravitate to hospital on the slightest provocation. Medical officers in charge of units would better understand the reluctance of hospital officers to admit these undesirables if they realized their remarkable contaminating influence upon a whole ward of men who only need the stimulus of a bad example entirely to alter their attitude to the hospital, the officers and the nursing staff. An example of laziness, of insolence and of chronic grumbling against the food and even the treatment, becomes far more infectious in a ward than any acute specific fever, and if any officer in charge of a unit in my audience may have been resentful at one time or another of my refusal to take in the chronic rheumatic, the chronic nervous dyspeptic and others of that type, I should like him now to receive my assurance that only too often have I been forced to suffer the unfortunate results which such an admission may entail.

But to turn to the more important external complaints. I have never quite understood why, but I do not hesitate to say that there exists in a certain section of the population a sort of antipathy, a rooted mistrust of hospitals in general, and they are regarded more or less as institutions where experiments are practised upon the unfortunate inmates entirely for the doctors' benefit. And such a prejudice is not entirely unknown among members of what may be termed the educated classes. It is not difficult, therefore, to find a band who are ready at all times to listen to any charge brought against a hospital, to believe in it and to convict the hospital without trial as a matter of course.

In war-time and when the hospital is a military one a charge is still more easily elaborated, for the Yellow Press and a certain type of politician eagerly welcome the opportunity to curry favour and condemn a Government institution unheard simply to be "again the Government."

Now, it is far far easier to attack a medical than a surgical hospital, both from the character of the patients as a whole and from the nature of medical as opposed to surgical diseases. Speaking pretty generally, surgical conditions are not materially altered by the circumstance of the patient being khaki-clad. I mean that it is much the same thing in the Army as in civil life if a man has a broken leg, an acute abdominal condition, a hernia, or even flat feet. But medical diseases are so largely a matter of symptoms, and when signs are present there is often the greatest difference in the interpretation of these signs by different people. For both these reasons the patient who wishes to attack the treatment he has received or the official decision as to his capacity has always some sort of a hand to play. Should he complain of a chronic pain in the back, one has to form some judgment of his character and assess the degree of his disability mainly by one's belief in his veracity; and if to support his claim he brings certificates from medical men who in civilian life treated him for what he
calls "chronic rheumatism," he advances these as proof that the hospital specialist who sends him back to full duty is both a fool and a knave.

By the layman, and even the educated layman, the bewildering differences of opinion expressed by doctors will never be comprehended or reconciled. A man will protest that it is courting death for him to engage in the ordinary activity of an A1 man because he has serious heart disease, and as before, he will produce certificates from doctors who have interpreted some slight peculiarity in the sounds of the heart to indicate a grave condition and have not hesitated to put their opinions on paper. In the hospital cardiologist's view this peculiarity no more affects the working of the heart than the squeak of a spring in a motor car affects the efficiency of the engine. Yet the patient who prefers to believe himself a C3 man, will fight and demand board after board and even get his case taken up by an M.P., and finally brought before the military House of Lords before he will take his proper place in the ranks.

Furthermore, the patient having lost his case abandons weapons, which up till then have been legitimate if excessive; and out of sheer spitefulness proceeds to elaborate wholly fictitious charges. You would not believe me were I to describe the preposterous complaints which have occurred in my own experience; you would not believe that Members of Parliament and other prominent people would dream for a moment of supporting and assisting such charges to be brought to the notice of the War Office. Yet over and over again the most malicious charges of carelessness, wilful negligence and callous indifference to suffering, of ignorance and of brutality, charges not only against an officer's professional capacity but even against his honour, have to be met and denied categorically item by item with such proof as one can produce against a monstrous exaggeration or a deliberate lie.

I am not of course suggesting that complaints need not be investigated. It is best for an institution that the efficiency of its working should be subjected to supervision. But I do feel that something should be done to protect a hospital from the scandalous attacks which it is open for anybody to advance. It ought to be possible to insist that a heavy-penalty awaits the slanderer if his charge is found to be wholly unwarranted or to be based upon evidence which he has not taken the trouble to investigate. With the present arrangement there is nothing to prevent anybody from throwing stones or flinging mud to his heart's content and enjoying all immunity from retaliation when the grossness of his action is thoroughly demonstrated.

I cannot leave this subject without another word upon specialization. I have deprecated the lengths to which this principle has extended, but there is this to be said for the Army specialist; that once he has become authoritative recognized as an expert, his superiors support him through thick and thin with a whole-hearted confidence which is an embarrassing compliment. A patient may bear a sheaf of certificates from Sir Blunderbuss Bore and other titled leaders of the profession, but however much their opinions are respected they will not be unquestionably accepted until they are confirmed by the Army specialist. The latter may gravely reflect that his eminent colleagues were already well established in the hallowed Harley Street neighbourhood about the time when he was taking the air in his perambulator and anticipating promotion to his first pair of knickerbockers!
Adolphe Abrahams

Finally, I would like to deal with a subject which is very near to my heart, professional relationship as it exists in the Army. I think I am right in saying that never in the history of our profession has so exceptional a disturbance arisen as that in the crisis through which we have recently passed. Owing to the admission of many thousands of practitioners to the ranks of temporary officers, it is inevitable that from time to time some curious anomalies of position have occurred which cannot have been anticipated and which could not have been prevented. The doctor becomes a temporary soldier, and however difficult it may be for him to remember that he is a soldier, it is far more difficult for him to forget his traditional privileges as a doctor.

A general practitioner of perhaps five and twenty years of highly successful practice finds himself in charge of patients to whom he naturally regards himself as responsible in much the same way as in his private work—for his diagnosis, his treatment and his disposal. It is with difficulty that the habit of years can be broken and that he can learn to realize that in practically no respect is he left an absolutely free hand, but that his judgment and opinion must be subjected to the criticism of his superior officer, who may be many years his junior.

His diagnosis must first of all stand the test of reference to official nomenclature, quite apart from any question of opinion as to its pathological correctness or incorrectness. The patient's dietary is strictly regulated by A.C.I., and in the addition of extras, although these are sanctioned to an apparently unlimited extent, in actual practice he must be prepared to defend the urgent necessity of any additions if, as not infrequently happens, his hospital is called upon to sustain the charge of extravagance. And even worse criticism awaits him in the matter of drugs; prescription of his favourite remedies may be rudely refused if their departure from orthodox hospital mixtures is not considered to be justified. Whilst even the disposal of his patient is no longer in his hands. Any tendency to prolonged stay in hospital must be checked owing to the demands which frequently arise for beds for urgent Expeditionary cases, and an order from headquarters to empty the hospital of every possible patient. All such restrictions will come most heavily upon the older men, partly because of a natural resentment towards interference of any kind and partly because, with the best of intentions on their part, long acquaintance with civilian patients unfits them for regarding the sick in a military hospital as not from an entirely different standpoint.

Now, in all these circumstances the divisional officer is the deus ex machiná, and he is ever coming to grief in his attempt to steer a middle course between the Scylla of professional discourtesy and the Charybdis of incapacity to realize military exigencies. His failure to produce a large number of empty beds will call forth the wrath of his seniors who have issued an order which must be carried out. On the other hand, his purely impersonal action in exercising an official control may be misconstrued as the interference of a conceited young Jack-in-office.

It says much, very much, for the loyalty and good fellowship that have pervaded our profession in this crisis that all parties come to understand one another, to learn to give and take, and that very little friction results.

Nevertheless, the conscientious divisional officer can hardly hope ever to be a
popular man; and pessimistic though such a conclusion may sound, he must rest content if he earns the respect of those with whom he comes into intimate professional relationship; their affection he is hardly likely to gain. But he has his compensations; his position is a fine training ground, not only to learn his profession, but for the good of his soul, the education of his sense of proportion and development of the broadmindedness which results from a realization that there is method in other people's madness. In adjusting the complications which have arisen over somebody's unjustly awarded twopenny bus warrant, he will learn to forget (if he ever knew it) that *de minimis non curat lex*. Perhaps in the course of time he learns to curb his impatience and realize the stupidity of the irritation which springs up on hearing twenty times a day, in answer to the question "Of what do you complain?" "Well, I don't exactly know," or to a demand as to the duration of symptoms—"Oh, a long time," or "Since I came back from France." And, best of all, he may develop a sense of humour and come to share with poor Jack Point the belief that there is humour in all things and that when there is naught else to laugh at you can laugh at yourself. And he will laugh with that medical specialist who appreciated the well-earned rebuke of a patient who, in answer to a gruff attack upon his complaint of "gasteritis"—"Gastritis, what's that? I don't know what gastritis means," obliged with the gentle, totally unexpected information: "It means chronic inflammation, sir, of the lining of the alimentary canal!"