Clinical and other Notes.

NOTES ON THE APPOINTMENT OF A DEPUTY ASSISTANT DIRECTOR OF MEDICAL SERVICES (SANITARY) OF A DIVISION (OR DISTRICT) IN INDIA.

BY CAPTAIN R. A. ANDERSON.
Royal Army Medical Corps.
Deputy Assistant Director of Medical Services (Sanitary), Peshawar District.

The following notes are not written with the idea of adverse criticism, but with the belief that the present system of military sanitary administration in India could be vastly improved by reorganization.

The writer is not desirous of claiming originality of ideas. The conclusions have been arrived at from experience gained by having held the appointments of Deputy Assistant Director of Medical Services (Sanitary) of a Brigade and three different Divisions during his present tour of duty in India; from comparison with what one hears of the organization at present in existence at home; and from discussions with Assistant Directors of Medical Services and Deputy Assistant Directors of Medical Services (Sanitary) of other divisions (now districts).

To begin by considering the more important duties of a Deputy Assistant Director of Medical Services (Sanitary). They may be briefly summed up as consisting of the keeping of statistics of sick, epidemiology, hygiene and pathology, including bacteriology. It is with regard to pathology, including bacteriology, that one feels that the present system fails. One has yet to meet the District Sanitary Officer who conscientiously asserts that he can perform the duties of a Deputy Assistant Director of Medical Services (Sanitary), particularly in regard to his laboratory, to his own satisfaction. Under the present system not only must the bulk of the laboratory work be left to the assistant surgeon in sub-charge, but also there is an entire absence of co-operation with the clinician.

It is obvious that the duties of a sanitary officer should be concentrated on the prevention of disease and everything pertaining to that end, whereas the duties of the pathologist and bacteriologist should be in intimate association with the clinician, not only as regards the clinical aspect of the case, but also with regard to treatment and results.

It is impossible to combine two essentially different branches of the profession, with efficiency, in one officer.

This has been realized at home, and the two branches separated by the creation of a separate hygiene department and a separate pathological department, with the appointments of directors, assistant directors, and deputy assistant directors, of hygiene and pathology respectively.

If the above has been found necessary at home, where undoubtedly sanitation is modern, surely it is even more necessary in India, where sanitation is as yet primeval, and where a far greater scope of work is afforded to the pathologist and bacteriologist.
One has long waited to see other sanitary officers in India writing on this subject, but presumably like myself they suffer from the natural abhorrence of seeing themselves in print. It is hoped, however, by breaking the ice, others will be stimulated to give their views.

To consider the question from the point of view of (a) of the district, and (b) of the division in the field.

(a) It is essential that there should be in the district a Deputy Assistant Director of Hygiene and a Deputy Assistant Director of Pathology (including Bacteriology). The Deputy Assistant Director of Hygiene with regard to the whole of the district to deal entirely with prevention of disease, sanitation of barracks and cantonments, investigation and control of epidemics and the keeping of statistics of sick. The Deputy Assistant Director of Hygiene though relieved of the laboratory will have plenty of work to keep him busy. It is realized that owing to the present financial stringency and for years to come, there will not be any major sanitary improvements carried out, consequently the work of the Deputy Assistant Director of Hygiene will be concentrated on making the best of the present circumstances.

The Deputy Assistant Director of Pathology should be stationed in the headquarters station of the district. His laboratory should be in close proximity to a hospital. He should work in close co-operation with the clinician, seeing all cases with the medical officer, and thereby giving the medical officers the opportunity of studying the pathological and bacteriological aspect of their cases.

Similarly, one believes the other specialists should see cases with the medical officer instead of the cases being sent to the specialist, because by this system the medical officer becomes gradually divorced from his profession by specialisms, and it will lead to the habit of unnecessarily sending cases round the different specialists, not entirely through the fault of the medical officer, as he does not get the chance of learning the specialist point of view for himself.

The Deputy Assistant Director of Pathology should likewise proceed to outstations and see cases in other hospitals, taking material for cultural work, etc., where necessary. He should further work in co-operation with the Deputy Assistant Director of Hygiene with regard to epidemiology, etc.

(b) The same principle should apply to a division in the field, the Deputy Assistant Director of Pathology going out with his mobile and completely staffed laboratory to an advanced base.

On the command staff the present Deputy Assistant Director of Medical Services (Sanitary) should be re-named an Assistant Director of Hygiene. An Assistant Director of Pathology is not required, and the appointment of one does not appear to be warranted.

The Assistant Director of Hygiene of the command could materially assist the Deputy Assistant Directors of Hygiene of districts, by being acquainted with the most urgent sanitary problems in each district, and by keeping the different Deputy Assistant Directors of Hygiene informed of the occurrence of infectious diseases, not only in other commands but in the different districts in India. This information is of the greatest use to the Deputy Assistant Directors of Hygiene as regards movements of troops.

There is nothing more disheartening to the sanitary officer of a district or a division in the field than to find every one of his schemes for sanitary improve-
ments turned down and a system of temporary patchwork instituted instead. The Assistant Director of Hygiene of the command should use his influence by putting the more important sanitary schemes in his command up to General Headquarters (through, of course, the Deputy Director of Medical Services and "Q" Branch), and keeping the Deputy Assistant Directors of Hygiene informed when these different schemes will be taken up.

To further consider the scheme at Headquarters: There should be a Director of Pathology (including Bacteriology) and a Director of Hygiene.

The Director of Pathology should have a large central laboratory equipped to modern standards and one or two Assistant Directors of Pathology. The laboratory should be able to supply stock vaccines, stock cultures, and standard agglutinating sera to the Deputy Assistant Directors of Pathology. There should be every facility for research work.

The Director of Hygiene would have duties practically similar to those of the former Assistant Director of Medical Services (Sanitary) at Headquarters with the exclusion of all matters pertaining to pathology and bacteriology. He should be acquainted with military sanitary problems in India, and should be able to see them for himself, so that he could advise the Director of Medical Services on questions referred to him by "Q" Branch.

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ENTOMOLOGICAL NOTES

BY MAJOR J. E. M. BOYD, M.C., F.E.S.

Royal Army Medical Corps.
Officer in Charge, War Office Entomological Laboratory.

In recent years, the louse has attained some notoriety owing to the amount of inefficiency caused by it, in the late war, amongst troops on all fronts, so it is thought that a short historical record may prove of interest.

The earliest record of this insect is contained in the Ebers or Leipzig papyrus of the sixteenth century B.C., which deals with the destruction of fleas and lice. Linnaeus (1758) just makes a brief mention of them.

Husemann (1867) records phthiriasis from the middle ages.

Fischer (1915) gives quotations from writers of the sixteenth century, A.D.

Goldsmith's "Animated Nature" (1779), vol vii, p. 274, gives a short account, of which the following is an extract:

"The phthiriasis or lousy disease, though very little known at present, was frequent enough amongst the ancients. Herod, Antiochus, Epiphanus, Alcæan, the poet, Pherecydes, Cassander, Callisthenes and Sylla all died of this disorder." He gives no authority for this statement, which may or may not be true, though the ancients were without doubt lousy.