Echoes of the Past.

A PENSIONER'S EARLY SERVICE.

By Colonel S. F. Clark.

The writer of these notes served during a period in which great changes took place in the Army Medical Service, and it is thought that a narrative founded upon his military career may be of interest to those coming after, by telling of the work and play and manner of life of the ordinary Army Medical officer for the last thirty years.

A competitive examination for commissions in the Naval, Army, and Indian Medical Services was held in August, 1886. Each candidate had to indicate beforehand which of these services he desired to enter, but all underwent exactly the same tests. After being passed as physically fit, he sat for the written and oral examination in the compulsory subjects—anatomy, medicine, including midwifery, surgery, and chemistry with pharmacy—and was also examined, practically in operative surgery, bandaging, etc., and clinical medicine and surgery. The written papers were set at the University of London, Burlington Gardens, while the oral and clinical work was done at Charing Cross Hospital wards and Medical School. There were also certain voluntary extra subjects, such as French and Natural Sciences, by which a competitor could add to his marks, provided that he had qualified in the compulsory tasks.

It was a curious fact that military tailors got early intimation of the names and addresses of the successful men, and were often the first to carry the good news to them—accompanied by a request for an order for the necessary outfit.

Those who had won places in the Army and in the Indian Medical Service were instructed to report themselves at Netley Hospital on September 30, and to provide themselves with the dress of a surgeon except tunic,
A Pensioner's Early Service

helmet, and sword. The uniforms of these two Services were exactly alike, and were of dark blue, with black velvet facings. The forage cap was encircled by a band of gold lace, over one inch wide, with two narrow black lines in it, while the peak had a wide edging of gold. The patrol jacket, of fine cloth, had a gold false collar, and was fastened in the front by hooks and eyes, right up to the throat. It had no buttons, but was made handsome by being covered in front with broad black mohair braid with lapels hanging down, and with mohair “olives.” The trousers had a broad red stripe on the outer side, exactly the same as worn by the Royal Artillery. Wellington boots, white doe-skin gloves, and a “swagger” stick completed this “undress” uniform, but for drill and class work plain coats of blue serge with brass buttons, and fatigue caps were obtained. These caps were made of cloth, and each looked like an inverted boat.

The mess dress comprised a dark-blue shell jacket with a complete edging of gold lace, and facings (collar and cuffs) of black velvet; a red waistcoat, and trousers that had a broad stripe of gold lace carrying two thin black lines on it. The vest hooked right up to the throat—no linen showing at all at the neck—and was ornamented from top to bottom by small brass buttons which touched each other, and forcibly suggested a page boy. One of the front edges of the jacket was embellished in the same manner. This coat was held together by a loop at the throat, but otherwise was worn open, except by the orderly officer, who hooked it right up.

The great-coat was blue with brass buttons, double-breasted, with a detachable blue cape. The buttons had a well-defined edge or border, and the device on them was a seven-pointed star with a small crown at the top in which was a scroll embossed with the words MEDICAL STAFF, enclosing the letters V.R.

The cross-belt and pouch were of black and gold as at present, but the latter had the letters V.R.I. on it. No forage cap or collar badges were worn, but the fatigue cap had the Staff lion and crown badge upon it.

The budding officers duly arrived at Netley, and found that they were known officially as surgeons on probation, or S.O.P’s. Most of them were accommodated in quarters, while a surplus overflowed into lodgings in the vicinity, but all had breakfast and dinner at the Mess, while one or two lunched out.

The duties consisted of squad and company drill before breakfast, with attendance in the wards, lectures, and mild laboratory work from 10 a.m. to 2 p.m. Orderly duty from 3 p.m. to 9 a.m. next day was taken in turn.

There were four professors at the Army Medical School at Netley, and they lectured on military surgery, military and tropical medicine, hygiene, and pathology, respectively. They were all old men, three retired officers and one civilian, and eight years afterwards all were dead. The assistant professors, however, were men on the active list.
The course at Netley lasted for four months, and was concluded by an examination in the subjects lectured upon. Failure to pass meant no commission, and the final order of seniority in the batch was determined by the sum of the marks gained in London and at Netley. In medicine and in surgery half the total marks obtainable were allotted to "case books"—things that afterwards became abhorrent to most officers, as they got to be regarded more as a deterrent against ordering any extra food for a patient than as a record of professional interest, because if anything beyond the bare "diet" was ordered for a sick man, his case had to be entered in the book and be kept up. This rule was rescinded some years afterwards, along with the one which compelled the officer of a ward to write every day, on each patient's diet sheet, his complete list of extras for that day and his "diet" for the morrow.

As soon as the results of the Netley examination were announced, the Indian Medical Service men, whose commissions dated from the day of their arrival there, went on leave pending embarkation. In those days the service of their Army confrères counted only from the first day of the final examination, and it was usual for them to be transferred direct to Aldershot, but on this occasion the batch were all given leave for one month.

The S.O.P.'s wore one star on each shoulder strap, which denoted lieutenant's rank, as there were no second-lieutenants at that time. Those who had gained commissions were soon gazetted as surgeons, ranking as captains, and became entitled to the two stars of that grade. Their pay was now £200 a year, with quarters, fuel and light, or £90 more in lieu of these. At Netley they had received 8s. a day, from which £5 10s. was taken as a mess subscription. Accommodation was also provided there.

On the appointed day the newly-made officers reported themselves at the Medical Staff Depot at Aldershot, to which they were attached. One of the old wooden huts of Crimean days, in Z Lines, was allotted to the last two men of the batch, while their comrades obtained lodgings in the town. All meals were taken at the Mess—a wooden building in Z—the Medical—Lines, so that residence in the hut had many advantages.

No hospital work at all was done here by the batch, and except for daily attendance at the depot orderly room, and afternoon instruction in a riding school, an open-air life was led on the parade ground, where the men were taught all Medical Corps drills and exercises. At the end of six weeks, examinations in these drills and in riding were held, and certificates of having passed them were given out. Each man was then given two choices as to the military district in which he would like to serve, and, seven months after its arrival at Netley the batch was scattered all over the United Kingdom to begin its real Army life.

The newly-commissioned officers were now in possession of full dress uniform. The "main body" of the tunic was the same as it is now, but the facings were of black velvet, the buttons were of the same pattern as for the great-coat, the piping was red, there were no collar badges, and
the "tail" had only two buttons and no gold lace. The blue helmet is unchanged, and had the Royal Arms badge on it even then. The sword hilt has been made plainer, and the sword knot had black lines running through it. Most of the medical officers on the establishment of Netley Hospital were wearing red tunics and mess jackets, while khaki service dress was quite unknown at home stations in those days.

I was allocated to the South-Eastern District, and on reporting myself at Dover, the Headquarters, was ordered to Shorncliffe for duty. Here I was placed upon the lodging list, and got rooms in Sandgate, away from the camp itself where the garrison was quartered. I did not go near any Mess, and found life rather lonely after hospital hours, so that I began to think there might be better things than being a bachelor. There can be little doubt that this mode of life must have had a good deal to do with the large number of marriages that occurred among junior Army Medical officers.

After two or three weeks I was ordered to Lydd, and marched down from Dover with the 2nd Buffs. A large number of troops was encamped there, and, with the senior medical officer, I lived as an honorary member of the combined R.A. and R.E. Mess. The 3rd and 4th (Militia) Battalions of the Buffs were undergoing their annual training, and at their sports I won the officers' obstacle race, open to the garrison. About the middle of July I returned to Dover with the 2nd Buffs, and was directed to remain there for duty. This was the Jubilee summer, 1887, and owing to the great heat the march back began at the unusual hour, for peace time, of 2 a.m.

I was allotted quarters in the Shaft Barracks, but I had to go to the South Front Barracks for breakfast, as, owing to an oversight, I was not made an honorary member of the Mess of the battalion in the Shaft until some months later. This was one reason why I dined regularly at the Dover Club.

There was a rule in those days that 200 or more healthy soldiers travelling by train must be accompanied by a medical officer—an order which gave me several trips by rail.

My ordinary duties consisted of ward work in the Station Hospital, Western Heights, with medical charge of troops in the Shaft Barracks. This included seeing the morning sick of the unit, and attending to officers and families, as well as looking to the sanitary condition of the barracks. Every Saturday morning all troops were paraded for medical inspection—some years afterwards this became a monthly ceremony instead of being a weekly one.

I was a member of the garrison cricket team in 1887 and 1888, and played some Rugby football in the winter. In December 1887 I obtained sixty-one days' leave, which was repeated in the following July on receiving orders for service in the Bombay Presidency. On my return from this second leave I went on the lodging list, and finally got about one week's notice to embark at Portsmouth.
At that time all movements of troops to and from India were made in the troopships (troopers) "Serapis," "Malabar," "Euphrates," or "Crocodile." They did the Indian run only, as there were other troopers, such as the "Himalaya," for Colonial voyages. They were all veterans, and were withdrawn from service within three or four years of my departure from England in the "Crocodile."

These vessels were built solely for the conveyance of troops, were staffed by officers and men of the Royal Navy, and sailed under the White Ensign. They were large, bulky-looking ships, and took one month to go from England to Bombay. Subalterns were accommodated in what was known as "Pandemonium"—a deck so low down that an open porthole was an unknown thing. Captains did better in the "horse-boxes," a deck higher, while field officers luxuriated in the outside cabins of the same deck, which had portholes well above the water.

There was naval discipline on board these troopers, such as smoking allowed only in certain places and between certain hours; and punishments of defaulters were ordered by the captain of the ship, and not by the men's own officers.

The "Crocodile" sailed about noon on December 3, 1888, and next morning arrived at Queenstown, where the main body of her passengers came on board. It consisted of drafts of various units, so there was no band to brighten things up. The first stop was made at Malta—twenty-four hours—mainly for coaling. The sights on shore included the dead monks, who cannot now be seen. The visitor was shown into a bare building with large niches in the walls, each containing the embalmed body of a monk in an upright position, supported by a wooden bar across the mouth of the cavity. It was a weird sight to see those long-dead men standing there—dead, but not buried.

Shore leave was given at Port Said and also at Suez, while on the night of January 1, 1889, the Colaba light was seen—the first glimpse of India for most of those on board; and next morning the ship anchored in Bombay harbour. The troops were taken ashore in lighters to the Sassoon Dock, where accommodation for all ranks and their families existed, and in the evening all who were for Bengal and Bombay left in troop trains for Deolali, which was reached next morning. In this well-known place they were allotted quarters in rows of buildings, and at the mess for officers the griffins first heard the historic call, "Qui hai," from old hands, who impressed upon the perspiring new-comers that a cool snap in the cold weather was on.

Each evening contingents of "Crocodiles" left by train for up-country—each officer accompanied by the native butler he had engaged from the mob which presented itself at Bombay. At Deolali I found that my selection was a known wrong 'un, so he was replaced by a local native who served me well. About January 7 I left for Khandwa Rest Camp, arrived there next morning, and stayed for two days in the quarters provided.
One more night in the train brought me to my destination, Mhow, in Central India, where all hands as usual went to the Rest Camp. In the afternoon I moved into the Dak Bungalow, or Travellers' Rest House, and in the evening went down to the railway siding to see the remnant of the "Crocodiles" off on their journey to Bengal. When the red tail-light of the troop train disappeared round a curve, I felt somewhat a lonely stranger in a strange land.

Next morning I reported myself for duty at the Station Hospital, and later in the day moved into a bungalow occupied by a young Indian Medical Service officer who was temporarily attached to the hospital for duty. For a few days we both had our meals at a British infantry battalion Mess, but then we formed a "chummery" with two other medical officers, as four of us seemed too many to trespass upon the hospitality of another unit. As the bachelor officers gradually left the station and were replaced by married men, the chummery slowly dwindled away, and finally ceased to exist. During the whole of my service in Mhow I remained in this bungalow, and except for the first few weeks was its sole occupant. I never made use of my honorary membership of any Officers' Mess.

My work consisted of duty at the station or auxiliary hospital—before breakfast—with medical charge of the artillery, cavalry or infantry districts, all of which I held in turn. This included the same duties as in England, and necessitated the use of a horse, for which no allowance was made in either money or kind.

In 1890 nursing sisters were introduced into military hospitals in India. This was a great step forward, but there were still no trained male attendants, and a severe case was nursed by men of his own unit, who were innocent of any knowledge of the subject until they picked something as they went along. The assistant surgeons—or apothecaries as they were called then—and native ward boys, constituted the permanent nursing staff. The medical officer was expected to deal with any kind of case, or with anything that came along. Specialization was unknown, and a laboratory was unheard of, and as one looks back one can see what a large margin existed for the reduction of sickness and of mortality in India.

When I arrived in that country many things appertaining to disease that are now common knowledge were unknown. The connexion between mosquitoes and malaria had not yet been given to the world, and the only things really known about this malady were that it usually yielded to quinine, and that it flourished in marshes and such like places. The protection given by mosquito curtains was noted, but was supposed to be due to dampness in the air being kept off the sleeper.

Enteric fever was so rife that reams were written on its clinical aspects, and about methods of treatment, but bacteriological knowledge of it was scanty. It was not considered to be infectious, but one heard stories of attendants on a case contracting the disease, and suspicions that a bed-pan
had carried it from one patient to another, so that there was a general feeling that this idea was incorrect. The fact is that very little was really known about enteric fever, and opportunities of research were practically out of reach of the ordinary medical officer.

Cholera had not yet been stamped out, but it no longer swept men away in scores. It may be said that in those days the medical services were only groping towards the scientific basis on which present-day knowledge of tropical diseases has been built up.

Troops changing station usually went by road, and I spent many weeks marching with cavalry and artillery. I also went to several artillery practice camps, and was held in readiness on several occasions to proceed to cholera camps.

The official telegraphic code words relating to the progress of affairs during an outbreak of cholera, were a collection of unpleasant medical terms, such as bile, blood, fæces, etc., that were softened down some years afterwards. They were recorded in Volume VI (Medical) "Indian Regulations," a large red-covered book which every medical officer was supposed to possess. It was hard to get, and at the half-yearly inspections at which books were shown, many ingenious devices were used to cover the absence of this work. It was rumoured that an Army and Navy Stores price list had been successfully used as camouflage in this respect.

The belief was current that any money-saving device which was unknown to the Indian Government was not worth knowing, and the comparative cheapness of junior medical officers was regarded as the reason why India was the first foreign service station of the vast majority of these officers. The British Medical Journal once remarked on the unfairness of unloading such a large proportion of comparatively inexperienced practitioners upon the British troops in India. A medical officer under five years' service was rewarded with 317 rupees 8 annas per month. On completion of six years he got 433 rupees, with some annas and three pi, and to accustom him to this dazzling wealth, he got 18 annas extra per month for the one year between. In those days the rupee touched its lowest record value, so the young medical officer who had been getting £200 per annum as pay in England, with lodging, fuel and light, and servant allowances amounting to another £90, found himself drawing about £190 per annum in India, out of which he had to pay house rent, servants, light, and everything else. There were even no such things as travelling and field allowances, while each officer had to buy himself a tent, instead of being paid for living in a public one, as at home.

The Indian Government seemed to be able to ignore the "Warrant" under which medical officers in the other parts of the Empire served, and the manner in which the junior officers were underpaid was little short of scandalous. Not only was horse allowance refused, but I was told that it was under a comparatively recent order that a mounted unit had to supply a charger, properly equipped, for the medical officer who accom-
panied it on a march or other duty. This instruction was said to have been issued in consequence of the plucky conduct of a medical officer, who was detailed to proceed with a battery of artillery on a march of several weeks’ duration. He refused to mount himself as no horse allowance was payable, so as the battery gave him no help, he started with it on foot, and when it got ahead out of sight, he walked home again, and said that he had lost the battery as it had gone right away from him.

In my Indian service elephants were borne on the strength of the forces. One of the units at Mhow was a siege battery, armed with forty-pounder guns drawn by these animals. As each gun had a tandem team of two elephants, and each ammunition wagon was pulled by twelve bullocks, two abreast, the battery in column of route was an interesting sight. Elephants were also used by the transport service, and the story may be recalled of the exasperated “Tommy” who was unable to prevent his load from constantly falling off one of these animals. He looked at its trunk and then at its tail, and addressed it to the effect that if he knew which end was its face he would kick its stern.

There were ample means of outdoor recreation at Mhow, and I took my share of everything except polo. At cricket I was held to be the best bowler among the officers, and when my side was batting the opposition was always pleased when my wicket fell. I also sang in the church choir.

Blue uniform was used in the cold weather only, while during the rest of the year khaki, or white, drill was worn. Medical officers had black gorget patches on the front of the collar of the khaki coat, with a brass letter M on the shoulder straps. Later on the M was displaced by A.M.S., and finally R.A.M.C. was worn. About this time sabretaches were done away with for all arms, including mounted medical officers, and field officers had no longer to provide themselves with brass spurs and scabbards.

(To be continued.)

Current Literature.

Morphologische Studien an Influenzabacillen und das aetiologische Grippeproblem. Levinthal and Fernbach. *Zeitschr. f. Hyg.*, 96, 1922. Pp. 456-519.—The author’s studies have proceeded upon the basis of the following two theses: (1) Influenza is an infectious disease of periodic character, occurring in all temperate climates, which only acquires a wide epidemic, or even pandemic distribution at intervals of decades; and (2) the most important result of all the international investigation since 1918 is the knowledge of the regular occurrence of Pfeiffer’s bacillus in the disease. The question to be decided is whether the recognition of this fact is sufficient to explain the aetiology and epidemiology, or whether the addition of some other factor is necessary.