THE CORRESPONDENCE CIRCLE.

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VI.

WANTED: A VIGOROUS FORWARD POLICY IN HYGIENE.

I.—The Verdict of History.

A point regarding war in the early twentieth century, that may intrigue the "Slant-eyed historian of the future"—to use a phrase of Sir Ian Hamilton's—is the slow development of hygiene in its application to armed forces in peace and war. "Here is a science," Slant-eyes may argue, "of vital military importance, that gives high commands opportunities which never occurred before, and enables them to carry out successful campaigns in theatres of war where troops once melted away from sickness, and yet—this branch of the art of war developed tardily. No soldier of the early twentieth century, apparently, possessed vision enough to exploit hygiene, though the military literature of that epoch recognized that the science had a military value; schools of thought appear to have been reactionary enough to relegate hygiene to a secondary place in war efficiency. The twentieth century generals must have known for three decades what hygiene was capable of doing; they had much experience of war, including the Great War, but they were content to fight with a large proportion of their personnel in hospital from preventable disease. Truly, this lack of vision beats me."

II.—The Secret of Military Success.

The future historian, be the angle of his orbits what it may, will indeed express surprise at the slow development of hygiene, for it is remarkable. Armies, and the brains that govern them, are popularly supposed to be reactionary, more so in peace than in war; consequently, the great commanders of history have usually gained their victories by making use of novel methods; they have thought out something new, taken their opponents by surprise, and overwhelmed them. At intervals through history one clever brain, or a combination of clever brains co-ordinated by one man, has speeded-up the art of war rapidly, gained great victories, and altered the map of the world. It is probable that some clever brain may repeat this performance by employing new-born agencies of destruction, coupled with the middle-aged agency of life preservation; he may win his battles through saving the enormous wastage that preventable disease has hitherto inflicted upon armed forces.
III.—The Wide View.

It is now time that the medical service began to think big on this question of advancing the science of hygiene in relation to armed forces in peace and war, and to think big, one has to develop the faculty of viewing problems in their broadest aspect. One is inclined to limit the scope of one's thoughts and ideas to what are the details of this science, and see it only in the narrow field of peace-time problems in a nucleus army. Also, one may be inclined to run away with the idea that it is a science dealt with only by the specialist. We have got to stand right away in order to get the wide perspective, viewing hygiene in relation to the armies and navies of the world, and to imperial strategy and defence. The mind of the medical man tends towards limitation of perspective, because he is dealing with a subject that requires to be split up into special partitions, and he is never taught to cultivate the wide views of things.

IV.—The Big-Job Man.

Some men are specially endowed by Nature to tackle the greater problems of organization and administration, whether in commercial, political or military life. They form a type called the "big-job man," that usually finds in business the scope for its abilities. The big-job mind, however, can be cultivated; it can be created by teaching and by experience of big-job work, and it ought to be acquired by the medical man. Some of its composition comes from moral courage, much from horse-sense, and little from a mental repository stuffed with petty details. One big-job quality is the power to pick out the main essentials of a great problem; another is to know what is secondary and leave it out of the picture; a third is concentration on the things that really matter; a fourth, a sense of the true proportion of things; a fifth, determination to strike deep at the roots of everything unsound and futile—and so on.

V.—Hewers of Wood.

It is fairly obvious that military training and discipline do not help much in the acquirement of big-job mentality; subordination, attention to detail, undue prominence given to matters of minor administration, clerical meticulousness, correct channels of correspondence, are military virtues in their own way, but they do not tend to develop the wider conceptions. We have got to guard against viewing our duty wholly as a subordinate one, and leaving the big-job points to others; we must not reduce our outlook to that of mental hewers of wood and drawers of water. A cat may look at a king; so may a captain think as a colonel; though it may be that what are mere platitudes when voiced by captains, fall as pearls of wisdom from the lips of colonels. Nevertheless, mental capacity is not limited by age or by rank, nor does it possess shoulders upon which to
carry pips or other adornments; may the captain ever possess the mind of a colonel, not that of a corporal.

VI.—The Building-up of a Great Policy.

To return to hygiene, it looks as if the time is fast approaching when we shall have to sit down and try to think big about it. We may be suddenly called upon to formulate new policies, and state precisely what we want done in order to bring disease-prevention in peace and war up to a pitch where it will strike out from the sick returns the dirt diseases, dysentery, malaria, and the venereal diseases. Before we can give considered opinions, we must view the whole matter in the big-job way.

We should, therefore, have "cut and dried" a definite policy, with individual variations, one with which the majority of us will agree in all the main points. Sound opinions held by readers of the Journal should be collected, assessed, and built up into an unofficial hygiene policy. The reader should put himself in the position of one of the heads of a political party that intends to go to the country with an attractive, imaginative, and imperial programme, calculated to advance the interests of the Empire. In this frame of mind he should sketch out the main essentials of a vigorous, forward policy in hygiene—and let us have the results.

VII.—Organization: Equipment: Training.

In such a policy one might envisage the provision in peace time of much of the sanitary equipment required for war, from trivial articles like grease-traps to mobile laundries and disinfectors. It is unsound to await the outbreak of hostilities before considering equipment, when it may have to be got hastily in order to soothe popular anxiety. Then there is the big question of organization; whether the provision, construction, supervision and maintenance of sanitary establishments should continue under officers commanding units, with the medical officers advising them, or whether these matters might be dealt with by an expanded sanitary section, or an executive sanitary service. Again, there is the matter of disseminating sanitary knowledge; teaching the individual soldier by putting him through a definite course of sanitation, theoretical and practical, consisting of a number of lectures and demonstrations, held at every depot, and an annual refresher course. This might mean the formation of small teaching units, provided with sufficient equipment for demonstration purposes, and the expansion of the school of hygiene.

VIII.—Facts to be Faced.

The need for some "hustle" at the present moment is obvious, because we are tolerating partial success—and partial success is partial failure. Whether put into force or not, we have got to consider what measures should be taken in order to gain complete success. In the matter of
malaria, for example, the fact stares us in the face that though we know how it is spread, how best treated and how prevented, it is still a cause of much inefficiency in our own and other armies; this in spite of there being only a few malarial months in the subtropical year, in spite of large non-malarial areas, and with mobility revolutionized. With regard to venereal diseases, we are dealing with one of the most easily prevented group of diseases, in a moderately educated population, under discipline, yet we are tolerating a comparatively high incidence. We read our own manuals, but we seem to be prepared to go on service with water-purifying equipment for certain field units only, while we cannot make the essential camp sanitary appliances until material has been "scrounged." From a perusal of these manuals and regulations one might suppose that the soldier went through a course of sanitation, yet this seems to be limited to four lectures yearly, and a relatively small number of men attending the very excellent course at the School of Hygiene. Hygiene is taught, but not on an organized basis.

IX.—Precept and Practice.

The Manual of Military Hygiene bristles with sound doctrine, and in framing an advanced policy there seems no need to go beyond its precepts. Here are some extracts as examples:—

"The aim of army sanitation is military efficiency, and no subject which either directly or indirectly affects the health of the troops can be disregarded."

"It is necessary to take a very wide view of sanitation."

"Recent experience under active service conditions in the late war has shown the important part played by certain so-called minor complaints in reducing the striking power of an army in the field."

"The study of sanitation and the preservation of health is incumbent on every officer and soldier."

"Nothing can be more important than an adequate supply of good water to an army."

"Army organization provides a complete chain of responsibility for disease prevention from headquarters to the individual soldier. Every link in that chain is of importance and cannot be dispensed with. Training of all ranks in sanitation is therefore as necessary as in any other branch of military science."

There is, then, a sound official doctrine to work on. The problem requiring solution is how to bring practice up into line abreast of precept. It is best to admit that disease-prevention is a more difficult matter than is commonly supposed, and the attainment of a high standard means much expenditure of money and of thought. Anyone who has attempted to tackle the problem of wholesale fly abolition or mosquito destruction in a short time, will realize that an apparently simple task is in reality a matter of immense difficulty, involving considerable expenditure; few sanitary
A Correspondence Circle

undertakings are as simple and cheap as we are led to believe, if complete success is to be obtained, and in these primary conceptions of disease prevention, I think that we have never quite got away from the early pioneer period, when everything had to be done on the cheap, or left undone. This is where the big-job influence should make itself felt; we have already got big-job theory in almost every page of our manuals; what we want to develop is big-job practice.

X.—The Old Argument.

Again we have the answer that the War Office and the College will see to that, but anyone who has had experience of higher administration will realize that reforms can be admitted in principle, and shelved through lack of funds or a hundred other reasons. Remember the absence of motor ambulances at the commencement of the war. Our leaders must have behind them a solid consensus of opinion, and the views of one individual, however brilliant he may be, are less likely to be accepted than the considered opinions of a body of officers. I feel sure that the Directorate of Hygiene will give us its support. This Directorate has to be recruited, and it is from those who are striving to acquire the big-job mentality that it should obtain its recruits.

Post-Graduate Opportunities in Edinburgh.

At the University of Edinburgh there are three diplomas which can be taken, these being the Diploma in Tropical Medicine and Hygiene, the Diploma in Psychiatry, and the Diploma in Public Health.

(1) The Diploma in Tropical Medicine and Hygiene (D.T.M. & H.Edin.).

The course of instruction for this diploma is given during the Autumn Term (beginning in October) and includes:

- Tropical Medicine (seventy-two hours).
- Senior Bacteriology (sixty hours).
- Entomology and Parasitology (eighty hours).
- Disease of Tropical Climates (Systematic and Clinical).

Any two of these subjects may be taken under extra-academical teachers recognized for the purpose, or at a recognized School of Tropical Medicine; and a candidate may be exempted from attending the courses on Diseases of Tropical Climates who has been engaged for a period of at least twelve months in the Treatment of Tropical Diseases in any Tropical or Sub-tropical country.

Candidates must be matriculated for the year. Examinations are held in June and December. Class fees amount to £20 9s. 6d., and the examination fees to £5 5s. The classes are held in the afternoons, with the exception of Medical Entomology and Parasitology, which is from 9 to 11 a.m.
(2) The Diploma in Psychiatry (D.P.Edin.).

Candidates must have held (a) a resident appointment for one year in an approved hospital for mental disorders, or, alternatively, (b) a six months' appointment as above, and six months' practical study of nervous diseases in a special or general hospital approved by the Faculty of Medicine, and have attended the following courses of instruction:—

Part I, Spring Term, commencing in January.

1. Anatomy of the Nervous System (twenty hours).
2. Physiology of the Nervous System (sixty hours).
3. Pathology of the Brain and Nervous System (forty hours).
4. Psychology, Lectures and Demonstrations (thirty hours).

Part II, Summer Term, commencing in April.

1. Clinical Psychiatry (in Royal Mental Hospital) (about 100 hours).
2. Clinical Neurology, including Psychoneurosis (about forty hours).
3. Experimental Psychology (sixty hours).
4. An advanced course in one of the subjects of Part I, including Advanced Bacteriology (about sixty hours).

Candidates must be matriculated for the year. They are not admitted to the second examination until they have passed the first examination. These are held twice yearly; the first part in March and July, the second in July and October. Examination fees amount to £6 6s. for each examination. The class fees for the whole course are £3 11s. 10d.

(3) The Diploma in Public Health (D.P.H.Edin.).

The course of study begins in October and lasts for a year. In the autumn and spring terms the courses of instruction are:—

1. Chemical Laboratory work and Meteorology (four hours daily, one hundred and twenty hours).
2. Bacteriology (one hundred and twenty hours).
3. Advanced Public Health (seventy hours).
4. Entomology (about eighty hours).
5. Venereal Diseases, clinical and administrative (thirty hours).

In the summer term, commencing in April:—

1. Administration of infectious diseases hospitals, etc. (sixty hours).
2. Duties, etc., of a medical officer of health (sixty hours during three months).
3. Sanitary Engineering (thirty hours).
4. Tuberculosis, clinical and administrative (thirty hours).
5. Medical inspection of school children (twenty hours).
6. Infant welfare (twenty hours).

In the summer vacation there is a continuation of (2) (5) and (6).

The first examination is held in March and July; the second in
October and December. Candidates are not admitted to the second part until they have passed the first. The subjects of the first examination are:

1. Chemical Laboratory work and Meteorology.
2. Bacteriology.
3. Entomology.

These examinations are oral and practical.

The second examination consists of:

1. Sanitation, Epidemiology and Infectious Diseases (written and oral).
3. Public Health Administrative Work, including reports on dwellings, workshops, hospitals and sanitary schemes generally.

The fees are 6 guineas for the first examination, and the same for the second; for reappearance in each examination, 3 guineas, but for one subject only in the second examination, 2 guineas. Candidates must be matriculated for the year in which they appear for examination.

The total cost of the class fees is not stated in the regulations, but those classes shown in the programme of classes, namely, chemical laboratory work and meteorology, bacteriology, advanced public health, entomology and parasitology, venereal diseases, tuberculosis and sanitary engineering, amount altogether to £34 13s. There are other courses for which the fees are not given.

Instruction in all subjects can be obtained in the University, and candidates must study for two terms therein. One term may be taken under recognized extra-academical teachers, but fees for these classes shall not be less than for the University classes.

Any information required can be obtained from the Dean of the Faculty of Medicine, University of Edinburgh.

The Fellowship of the Royal College of Surgeons of Edinburgh.

Candidates for this examination must be over 25 years of age, and have been engaged in the study of their profession for two years after having become qualified. The petition for examination requires the signature of two Fellows, one of whom shall be resident in Edinburgh. Failing this, application may be made, through the Secretary, to the President's Council for permission to sit the examination, backed by testimonials and references, etc.

The examination consists of:

(a) Principles and Practice of Surgery, including Surgical Anatomy.
(b) Clinical Surgery.
(c) One optional subject.
   (1) Ophthalmology.
   (2) Surgical Pathology and Operative Surgery.
M. B. H. Ritchie

(3) Laryngology, Otology and Rhinology.
(4) Gynaecology.
(5) Obstetric Surgery.
(6) Anatomy.
(7) Dental Surgery and Pathology.

The examinations in these optional subjects are clinical or practical as well as written and oral. The candidate has to give three weeks' notice of his intention to sit for the examination.

The fee amounts to £45; in case of failure to pass the examination, £10 is retained as examination expenses. Failure on three occasions prevents the candidate being again admitted to examination. The examinations are held quarterly, one day being required for the written portion, clinical and oral examinations being held on subsequent days. Examinations take place in January, March, July and September. Information can be obtained on application to the Secretary, Royal College of Surgeons, Surgeons Hall, Edinburgh.