

INDIAN INVALIDING.

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THOSE of us who have any practical acquaintance with the subject and who have had to deal with it, directly or indirectly, are aware that the arrangements for the transit of invalids, for their care *en route*, and for their comfort generally, are far from being ideal. To those, the remembrance of the long hot journey in comfortless trains, the frequent changes, the delays in rest camps, the unsuitable and unappetising dietary, the heart-breaking long-drawn-out sojourn in Deolali or Colaba, and the packed discomfort of the troopship, recall memories crowded with pathetic incidents. It is not creditable to us—to use no harsher term—and it makes us wonder why we, of all nations, who pride ourselves on our humanity, and whose political and territorial position, of necessity, means constant wastage through sickness, should lag so far behind, and fail in what, it must be admitted, is a primary duty of our civilisation—the anxious and tender care of those who have lost their health in their country's service. It has been my fortune or misfortune (depending on the standpoint from which the matter is viewed), to be closely associated with this question during many years, and I lay claim to a certain amount of expert knowledge regarding it. I had a great deal to do with the transport of the sick and wounded from the Afghan campaign in 1880; later on, in 1886, I was practically in charge of the whole of the invalids from the Punjab, North-West and Central Provinces, from the start of their journey till their final arrival at Netley; still later, I had experience in the conveyance of sick per Royal Indian Marine, and as recently as 1904 I went home in medical charge of the s.s. "Plassy," which ship had been specially fitted for the conveyance of invalids. In these, and many other instances, I saw much that forced me to think, and during the whole of my service I have never failed to press the matter home, when opportunity was afforded to me, to try and prove that our system was faulty, and to do what in me lay to ameliorate the lot of these unfortunates. I do not mean to assert that nothing has been done since those early days of which I speak, far from it; on the contrary, there has been a distinct advance; but, I do assert it, whatever advance

has been made is not commensurate with requirements—not a final solution of the problem confronting us nor in keeping with our bounden duty. I am willing to admit, as everyone must, that military exigencies on active service must on occasion override all other considerations, but I see no reason why, in times of peace, the transport of sick should involve any hardship whatever; indeed, I will even go further and express the opinion that transport in many cases should prove actually beneficial.

“There is a providence that shapes our ends,” and I could almost imagine that my appointment as Principal Medical Officer, Bombay Brigade—the fountain head of invaliding, so to speak—was of this nature, affording me an opportunity, yet once again, to express my views with a certain degree of authority, and perchance to bring the goal a little nearer. Be this as it may, it is a fortuitous and encouraging fact that a short time ago the Principal Medical Officer H.M. Forces in India, in passing through Bombay, made certain inquiries relative to invaliding, and instructed me to draw out a scheme and to submit it to him for consideration. This I accordingly did, and it is now *sub judice*. It is not my intention in what follows to reproduce that scheme, even in outline, but rather to indicate in general terms the inherent faults of our present system, and as briefly as may be suggest the remedies.

Looking at the matter, then, on these broad lines, it seems to me that the most flagrant inherent fault is an administrative one. We talk glibly of Administrative Officers, but few realise, except those who have held such an appointment, how very helpless a Principal Medical Officer is, and this applies not only to those of Divisions and Brigades but upwards, right to the top. We can but suggest; in others is vested the application, and these others are not only laymen, but are specialists in other branches of military science, and consequently fail to grasp proportions. In the mind of a General, the fighting efficiency of an army looms large; in that of a Scientist, it's health. The General is as unfitted, by knowledge and training, to deal with questions of hygiene and sickness, as the Doctor is with those of strategy and tactics. Why, then, is the former called upon to decide questions outside his range of knowledge? “The cobbler to his last” is an aphorism deserving of a wider application in military organisation than is usually accorded to it, and when the time comes, if it ever does come, that this simple axiomatic fact is recognised, then, but not till then, we may hope to attain to practical efficiency. Administration is but a mere figure of speech unless it is coupled with executive authority, and

no man, or body of men, can maintain a vigorous initiative, or perfect a system, if all their efforts are continually frustrated by a wet-blanket of unappreciative conservatism. Now, nowhere is this more marked than in this very question of invaliding. Let anyone examine the facts as they stand and, if he is candid, I venture to assert that he will admit that this is so. Study the telegrams and letters, and what do we find? Nominally, the General Officer Commanding of an up-country command communicating with the General Officer Commanding, Bombay; in reality, their respective Staff Officers; for anything Divisional and Brigade, Principal Medical Officers have to do with the matter; they might just as well be non-existent; yet, surely, it is but common sense to suggest that they, with their special knowledge, are the men to do the work, and that the use of an inefficient instrument, when an efficient one is at hand, borders on the ludicrous. I do not for one moment allege that Staff Officers do not do their best, conscientiously and whole-heartedly, but a cobbler is a cobbler all the world over, and if he aspires to be a blacksmith it is morally certain that he will burn his fingers. Therefore, it appears to me, that if we want invaliding properly carried out—and we all want that—we have here a broad general principle foreshadowed, namely, put it entirely into the hands of the medical department. In other words, give authority to the Principal Medical Officer at the port of embarkation, let him be placed in direct communication with up-country Principal Medical Officers, and, between them, let the matter be carried through. How this can be arranged I will indicate later.

In invaliding the ideal is a hospital ship, fed by hospital trains. In India we have neither. And by a hospital ship I do not mean a hybrid like the s.s. "Plassy," which is in no sense of the word such, but only a sick transport. By a hospital ship I mean a floating dieted hospital, under the direct control and command of the Senior Medical Officer on board, except as regards navigation and the legal responsibilities vested in the captain. Such a ship should not have all her best accommodation allotted to officers and their families, and she should be reserved exclusively for the conveyance of invalids. No man in his senses would think of using a building ashore partly for sick and partly for healthy men. Why, then, should it be done afloat? It is scarcely necessary to add that in *personnel*, fittings and equipment, such a ship should be well up to the standard of modern medical and surgical requirements. In like manner, a hospital train should be a dieted hospital on wheels, its equipments, &c., being only modified by its necessary

limitations. In short, the organisation should be such that an invalid who is seriously ill should—barring any ill effects arising from movements—be equally well attended to whether in a station hospital, a train hospital, or a floating hospital. It is an extraordinary thing that although in recent years many ships have been fitted up at great expense, both by Government and by private enterprise, it has never appeared advisable to anyone in authority to retain one of those ships permanently. It is beyond the wit of man to conceive why a soldier who becomes inefficient during a campaign should be afforded a better opportunity of recovery than his less fortunate comrade who loses his health in cantonments, but equally in the service of his country. One can only account for it by putting it down to the ignorance of the “cobbler-blacksmith,” above referred to; or to the glamour and pseudo-patriotism of active service reacting on the warped imagination of an emotional proletariat. So also with hospital trains. I believe I am right in saying that there is not a single continental nation that does not possess these essential adjuncts to its medical equipment; yet we in India, with ten times the necessity, possess nothing of the sort. If one did not know full well that it is not individual apathy or callousness, but is rather the result of collective want of system, one would be tempted to characterise it as criminal. Nationally, it undoubtedly is so.

Under our existing system of invaliding, medical boards assemble in September, January, and, if necessary, February. The *s.s.* “Plassy”—the so-called hospital ship—was timed to leave Bombay during 1905 in November, January and March. Now if the Principal Medical Officer, India, had complete control of the invaliding, it seems reasonable to surmise that he would make an attempt to let the assembly of boards bear some relation to the available means of transport, and we might be spared the absurdity of interviewing a “cot-case,” smoking his pipe and carrying his kit, while his “ordinary-case” comrade is trying, poor wretch, to get his tottering legs to support his fever-racked body. This is no fanciful picture; it occurs continually. The brand of “cot” or “ordinary” appears to be indelible till the haven of Netley is reached, and the brander is the hydra-headed monster we designate “red tape.” Elasticity and initiative are what we want, and want badly; but these qualities are conspicuous by their absence, which is perhaps not to be wondered at when we consider that their display, as likely as not, may mean an official snub or a sarcastic comment on officious assumption of authority. Further, the want of connection between

boards and transport is more or less responsible for the existence of rest camps, and has necessitated the maintenance of large hospitals at Deolali and Colaba. A word or two about these.

I do not hesitate to say, and to say emphatically, that rest camps are responsible for more suffering, more exacerbation of illness, more loss of life even, than any other factor in our ill-digested—I had almost said chaotic—invaliding arrangements. There are few of us that cannot conjure up the picture. The long rows of dusty tents, on a bare sun-scorched plain, dreary, neglected, depressing; the lack of even ordinary comforts and equipment, trying to a healthy man, a nightmare to a sick one! the primitive, unsuitable, and even repulsive dietary; add to this environment. A troop train full of men suffering from malarial cachexia, chronic dysentery, and the whole gamut of tropical ailments, arriving mayhap in the raw cold of a December night; the detraining of helpless men and impedimenta at a gloomy, unlighted troop-siding, often enough half a mile or more from the tents, and the weary transit to those tents; some jolted in dhoolies or tongas, others tottering on uncertain feet, and struggling to carry their kits. This is no exaggeration born of sentiment and emotionalism; it is bare, bald fact, as many of us know. I have seen it often. Could anything be worse, could anything be more fatuous? These men, many of them at least have probably for weeks before been housed in comfortable hospitals, carefully treated, tenderly nursed, and generally coaxed along and safeguarded by every means that skill and science can suggest. For what? Apparently to undo at one stroke all the long anxious labour by subjecting them to conditions which are as detrimental as they are unnecessary. Would any of us suffering, say, from chronic dysentery, detrain every twenty-four hours and try the curative effects of rest camp methods and dietetics? I trow not. Then if *we* would not do it why should the soldier be made to do it? I shall be answered that the conditions are not comparable, that the officer can obtain comforts which are beyond the reach of his humbler comrade. I reply: why should this be so, and why should the private not be granted these comforts? For it is a fact, and no man will gainsay it, that morbid influences have not yet been educated to the point of recognising any difference between the colon of the bluest-blooded Vere de Vere and that of poor suffering Private Thomas Atkins. There is a kind of grim humour in the prefix "rest," as applied to these camps; for anything less conducive to rest I cannot conceive, unless perhaps we picture them as mile-stones and adjuncts to the "long rest."

And so also the want of co-ordination between boards and transports is responsible for the weary procrastinations at Deolali and Colaba. Medical officers up country send off their invalids weeks, and often months, before there is reasonable prospect of embarking them. Rightly enough, I think, under present conditions, for there is such a want of systematisation that unless the man is on the spot it is an even chance if he ever gets home at all. The result is, in a lesser degree, the rest camps over again. During the trooping season, the hospitals both at Deolali and Colaba are strained to their utmost capacity; tents are pitched to supplement the existing accommodation; the hospital staffs are overworked and confused by the numerous complicated and serious cases hurled at them, so to speak, in bulk, and such a thing as a close and patient study of clinical history and symptoms is a physical impossibility. The congestion is so great that many men who should be in hospital have to be denied admission; and with all the will in the world the treatment and care cannot compare with that obtainable in the hospitals they have left.

One other point with regard to Deolali and Colaba. It is based on the old, though none the less true, proverb, "Hope deferred maketh the heart sick." All too frequently it happens that ship after ship goes, and accommodation is not available for some unfortunates. I have known of men actually entrained at Deolali and then detrained again, in obedience to a telegraphic order; it is even a fact that invalids have had to be kept till the ensuing trooping season, which possibly some of them never lived to see. It shocks one to think of it. We must remember that we are dealing with men, many of whom are ignorant and without those resources which education can and does confer; that their natural courage is weakened by physical suffering, and that the one thing ever before them is a persistent and a yearning nostalgia. In these days, when the science of psychology is coming more and more to the front, and when the influence of mind on body is recognised as no longer the dream of the faddist or the stock-in-trade of the charlatan, he would be a bold man who would assert that a story told to me by a nursing sister some time ago is nothing more than a figment of feminine emotionalism. She said: "I had a man seriously ill at Colaba. Twice, at the last moment, his embarkation was cancelled, but I cheered him up; and yet a third time it happened." To use her own words as nearly as I can recollect them, "The tears ran down his cheeks; he turned his face to the wall and seemed to give up the battle. He never

left that bed alive." Might he have recovered? Who can say? But the disturbing and distressing fact remains, that it is possible he might have, had our invalid arrangements been what they should be.

Now, if the foregoing is true—and I aver that it is so—then it behoves us to find remedies with what speed we may, for the matter is, I take it, one of urgency. In what has gone before, I have in great measure indicated wherein these remedies lie, and it may be that before this article appears some of them may be in force, for they are embodied in the scheme I have submitted to the Surgeon-General. I do not doubt his willingness to carry them out. What I fear is his want of power. However, for clearness, I detail them in tabular form, premising by saying that, as this article has grown already beyond the limit I contemplated, I must leave further comment to others.

(1) A hospital ship, dieted, large enough to convey all invalids in, say, two voyages; fitted to modern requirements, an integral part of the medical equipment, and completely under the control of the medical department, reserved exclusively for invalids.

(2) One or more hospital trains on the main trunk lines, also dieted, and including amongst the staff at least one nursing sister.

(3) All invaliding to be *entirely* in the hands of Principal Medical Officers of Divisions and Brigades, with the Principal Medical Officer, Bombay Brigade, as the central authority.

(4) Invalids to be separated completely from healthy troops in transit, both by rail and sea.

(5) Invaliding boards to assemble at times co-ordinating with the date of sailing of the hospital ship.

(6) Principal Medical Officers Divisions and Brigades to keep the Principal Medical Officer, Bombay Brigade, fully posted as to the classification of their invalids, and all such detail as will assist him in apportioning accommodation on the hospital ship.

(7) The Senior Medical Officer of the hospital ship to be specially selected, and to hold his appointment for the whole season.

(8) Direct embarkation by Divisions and Brigades; the abolition of rest camps, and the discontinuance of Deolali and Colaba as receiving depôts.

(9) Hospital trains to be through trains, and to run to scheduled time-table. Hence, Principal Medical Officer, Bombay Brigade, can arrange with other Principal Medical Officers for the despatch of their sick, and these latter will be responsible that their invalids are ready at the scheduled stopping places.

(10) The abolition of any further attempt at systematic seasonal invaliding. It is questionable whether it is of much use; it certainly gives rise to great confusion, and any advantages accruing are more than counterbalanced by the disadvantages.

(11) The retention of all documents in the hands of the medical authorities from start to finish.

Such, then, however imperfectly, are my ideas with regard to the present position of Indian invaliding and the reforms that are called for. That to carry them out will involve expense goes without saying, though with equal truth it may be urged that in a matter of this kind expense should be disregarded. Still, there is every reason to fear that the comparative cost-lines may prove the stumbling block, and it is for this very reason, and because the exigencies of the case demand it, that I have forsaken the safe lowlands of platitude to tread the rugged heights of controversy. The humble private soldier has no power to voice his grievances, and we, the doctors of the Army, must speak for him "*In arduis fidelis.*"

