

THE DIFFICULTIES OF INDIAN SANITATION.

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A FEW months ago, by courtesy of the Editor of this Journal, and perhaps somewhat at the expense of his reputation for perspicuity and tactful policy, I contributed an article entitled, "The Humour of Indian Sanitation." I hasten to add that I accept all responsibility for that article, and that his share therein was entirely passive, perchance even obstructive or actively hostile. I do not know. But if I then approached the subject from the humorous standpoint, and laughed at many of the vagaries that distinguish our sanitary methods, there was a very serious purpose underlying my pleasantries; for I fully recognise that preventive medicine spells the alleviation of suffering and misery, and the preservation of human life—subjects whose humorous aspect is somewhat strained, and in which the ironical laugh may well degenerate into the sob of pity and commiseration. There are but few of us with any experience and length of service who do not know and fully appreciate what I might term "the grey grim tragedy of the East." We see it daily in our hospitals, and the echoes reach us, in dumb appeal, from the English village, the Scottish clachan and the Irish cottage; nor would such appeal be made in vain if in us lay the power to answer it in the way it *should*—in the way it *must*—be answered; for of a surety there is no reason whatever, in these days of scientific insight into the causation and therapeutics of disease, why enteric fever, malaria, and the whole gamut of tropical ailments should not be scotched, or even permanently eliminated. Is this assertion true? I say, Yes, and I say it emphatically. Therefore, wherever the blame may lie—in active opposition or in passive indifference—we are guilty of a national crime, which should compel us to hide our heads for very shame, and force us to acknowledge that our boasted humanitarianism is but the vain-glorious vapourings of blatant self-advertisement and pharisaical sham. Verily a crushing indictment, but none the less deserved.

It goes without saying, that the first difficulty which confronts us in Indian sanitation is the apathy and crass ignorance of the native population—their prejudices, their superstitions, their innate conservatism and the passive resistance which is so hard to over-

come, and which almost seems to compel them to oppose. It must be admitted that we are met here, at the very outset, by an insuperable obstacle, or at any rate one that will take generations of education to eradicate; and at first sight it would almost appear that the existence of the bazaars in close proximity to the troop lines, wallowing in the filth and squalor of an immemorial custom, and disseminating disease broadcast, as they do, would make us acknowledge defeat, and force us to shrink from the herculean task discouraged and dismayed. Mayhap! Yet, if tradition is to be relied upon, it has never been a national characteristic to shirk a problem, be it ever so difficult, and we may well hope that sufficient racial virility remains to make us scorn so obvious and so pusillanimous a neglect of duty. Let us remember that almost within the memory of living man England herself was just as deeply sunk in the slough of hygienic ignorance; and that whilst we had to work our way slowly upward towards the light, India has the inestimable advantages of our knowledge and our experience to fall back upon, and lead her by a far shorter and less rugged path to the goal. Let us remember, also, that but a few decades ago the death-rate of British soldiers in India was, approximately, sixty per thousand per annum, as against about sixteen now; and then say, if we dare, that our work is done and our object attained. There is still an enormous amount of preventable disease in our midst, and, if preventable, it is a cowardly mental attitude to assert, or even imagine, that we cannot prevent it. We can, and the progress of the past proves that we can. Now, it is certain that in bygone days the condition of the bazaars was very much the same as it is now; the people have not changed their mode of living, nor are they better housed, nor better fed; yet, as already stated, the death-rate of the British troops during the last century has shown a steady and progressive fall, and this in spite of their native environment. Clearly, then, such improvement is for the most part internal, and not due to the betterment of extraneous conditions, albeit closer inspection of "followers," the provision of modern civil hospitals, and the slow awakening from ages of oriental apathetic fatalism, has exercised a concomitant influence. Still, if we study the vital statistics of the last thirty years, we shall, I think, arrive at the conclusion that there is an eddy in the onward sweep of the current; and it may fairly be assumed that one factor, *inter alia*, in this check, is our sanitary neglect of the "followers" and their bazaars. A wide subject—too much so for the limits of an article such as this—but there

is one thing about it which calls for special condemnation and presses for reform. It has always been the custom for mounted corps to own their "followers' " lines; buying them from their predecessors, selling them to their successors. Such a custom is indefensible from every point of view, and leads to multitudinous abuses. Naturally the commanding officer of, say, a field battery, cannot afford to spend much on such lines; for he cannot count upon his successor compensating him for improvements, nor can he squander his capital in view of future contingencies. Moreover, in crowded cantonments house property, no matter what its quality, means rent; and there is a natural tendency to admit all and sundry into the lines. Who shall blame the commanding officer? He is starved by Government, and he must make both ends meet somehow. Of course, the sequel is what one would expect from overcrowding and absolute neglect of even the rudiments of sanitation. Possibly, also, this in great measure accounts for the fact that the incidence of enteric fever in mounted corps is about double that of the infantry. I presume that it is scarcely necessary to indicate the remedy? it is patent to all. Let Government build and maintain proper lines for such "followers"; rigidly exclude all hangers-on therefrom, and incidentally limit the number of authorised "followers." Herein, then, lies one of the difficulties of Indian sanitation—the parasitism of the native submerged tenth. No one, other than the sanitarian, is really whole-hearted in his desire to eliminate him; he himself clings limpet-like to the source of his sustenance, exercising all his oriental cunning and *finesse* to maintain his position; Tommy Atkins likes him because he can loll in luxurious ease and smoke his pipe the whilst the helot cleans his boots and his accoutrements; the Commanding Officer suffers him because it prevents his men grumbling; and finally, Government winks at him because it staves off, for a time, the haunting spectre of capital expenditure. Oh, fools and blind! Will no one ever recognise in this benighted land that money well spent is money saved? Will no one see that a heavy death-roll and a swollen invaliding-rate is the extravagance of the spendthrift, the economy of delirium, and the crime of a nation? Must the selfish cry, "Am I my brother's keeper?"—useless and discredited of yore, even as it is now—be for ever dinned into our ears? I hope not, nor do I believe it.

And now, let me turn to another aspect of these sanitary difficulties which confront us—an aspect which may be summed up in a single sentence, viz., The absence of executive authority vested

in Administrative Medical Officers. When all is said and done, a Principal Medical Officer, under existing conditions, is a very helpless individual. He may know what to do, he may have all the will in the world to do it, but he cannot, for he is powerless. He is placed, nominally, on the staff of a General Officer—he is not so in reality—and his function is to *advise* the General on all matters bearing upon the health of the troops. Surely this is tantamount to saying that he is required to sink his individuality in another, and that other a layman. Parenthetically, I may here say that, with very rare exceptions, I have found such officers only too anxious to act on the advice tendered; but it needs no demonstration on my part to prove to anyone of ordinary intelligence that such advice, coming from an expert, cannot, in the nature of things, impress a layman with the same force or conviction which it would do if his mind also had been educated to grasp the vital significance of the facts under discussion. After all, the capacity of the human mind is very limited, and no man is capable of becoming an authority, in the full acceptance of that term, on more than one subject, in the span of a lifetime. Advice is one thing, power to act is another—and a very different thing—and when it comes to a matter of special knowledge, there can be no doubt as to which of these two is practical, and in accordance with common sense. As illustrative of my meaning, I may quote a sentence in an introductory address, given to a committee, of which I am a member, by one of the greatest soldiers and clearest-headed men that England, or any other country, has ever produced. Referring to the subject before the committee, he said: “We know that the expense will be great, and we are prepared to meet that expense, *provided* you can prove to us that we are on the right lines.” Now there can be no question about the *bonâ fides* of the speaker, and of his earnest desire to do all within his power to further the object in view, but no more apt example of the difficulty I am labouring to illustrate could be deduced. His mind, like every other man’s mind, has been trained in a groove which is certainly not the scientific groove; he does not see (why should he?) that his proviso produces an *impasse*, and that if Government waits for antecedent proof of rectitude before taking action, it may well wait until the advent of the day of judgment. Science is knowledge, and is based upon experiment capable of reproductions when conditions are identical; and experiment postulates many failures and many errors, both of judgment and technique, before the necessary conditions are arrived at with exactitude; and, there-

fore, to demand proof for monetary reasons without experiment, involves a *ὑστέρων προτέρων*—a placing of the cart before the horse—and lands us in a dilemma which is logically absurd. No man trained in scientific methods could fall into an error such as this, for it brings us face to face with a *non possumus*; it ignores the fundamental canons of experimental science; it fails to recognise that human success is inevitably the fruition of human failure, and it perpetuates the prevalence of those twin antagonists to the onward march of sanitation—inaptitude and procrastination—which aforesaid have been, as they still are, the active enemies of human progress, and nowhere more so than in the East. I confess it is a somewhat difficult matter to suggest a remedy for this state of things, but one thing is certain, that until that remedy is found, advance will continue tortoise-like, and the sickle of “the reaper” will gather in an ever-abundant harvest. Clearly there must be one head, one central authority, one moving spirit, and equally clearly that centre must be the General Officer Commanding; for, although he may know nothing about sanitation, there is so much overlapping with matters in which he *is* an expert, that he becomes, so to speak, the point of least resistance. From a purely abstract point of view, a completely autonomous medical organisation would be the perfect ideal; but plainly that is impossible, and we must beware lest we—the doctors—fall into the very error I am animadverting against, by allowing our speciality to loom so large that it obscures, or blots out, the rest of the landscape. The Army was not made for the doctor: it is primarily an offensive fighting machine, and his part in the mechanism, albeit essential, is necessarily subsidiary. We pride ourselves on the fact that our mission is to save life and mitigate suffering, but we are apt to forget that the *raison d'être* of an army is oftentimes, unfortunately, the very antithesis of this, and that at times it must fulfil its destiny and do its duty, no matter what the tale of death and suffering may be. I need not labour the point, it is plain enough, but I draw attention to it because it is inherent in humanity to look at but one side of the shield, and if there is danger of our doing so, there is even greater danger of others doing so, particularly if their mental horizon is obscured by ignorance. Ignorance is the parent of obstinacy, even as “those damned doctors” is the countersign of the bigot, who, glorying in his own benighted blindness, scorns to be wise.

And this naturally brings one to another sanitary difficulty, which, though it is not peculiar to India, is certainly much in

evidence here. I mean the lack of interest in matters hygienic, displayed by the average regimental officer and the rank and file themselves. One is almost tempted to think, on occasions, that the whole aim and object in life of that egregious ass, Tommy Atkins, is to see how many pathogenic germs he can absorb into his ill-used body in the shortest possible space of time, and his officer appears, oftentimes, his willing and sympathetic coadjutor, not to say his imitator. It is of happy augury that of late there are some signs of an awakening, and that an effort is being made to drive home the lesson that a living mouse is of more value than a dead lion; still, there is a deplorable amount of ignorance extant, and the task of removing it, or even illuminating it ever so feebly, is as the labour of Sisyphus. *Exegi monumentum aere perennius* is seemingly the motto of the soldier, officer and man—aye! and of many a soldier-doctor too—and what with the universal belief in such awesome ailments as “chills on the liver,” and the happy-go-lucky conviction that the stomach is specially designed by Nature to fulfil the function of a garbage receptacle, there is danger that those of us who have found the light may throw up our hands in despair and retire from the unequal conquest, dejected and dismayed. Tommy Atkins has an unlimited confidence in his own powers and in his capacity to “knock spots out of” any number of enemies—I am not going to gainsay him his harmless, if somewhat boastful, self-assurance—and I do not doubt that if he knew anything about it, he would be equally sure that he was capable of producing a peculiar breed of phagocytes, imbued with the same reckless courage as their progenitor, and thirsting to battle with any number of pathogenic germs. “Let ’em all come,” is Tommy’s war-cry, and he certainly acts up to it, physically and hygienically. Confidence, no doubt, is a priceless gift in the soldier, but there is such a thing as its being misplaced, and we see that but too frequently in the pathetic line of sheeted figures, corpse-like in their suggestiveness, battling hard for dear life, in the sombre gloom of the enteric wards of our station hospitals. Alas, poor Tommy! Where is his confidence and boastfulness then? Gone, as though they had never been, and in their place the wan wasted face gazing up at us in dumb appeal, as if he would say, did his soldier pride not forbid it, “save me from the result of my own blind folly.” It is no fanciful picture this—it is grim, solid fact—and I remember well, some few years ago, taking two captains of a certain regiment, which was suffering severely from enteric at the time, and showing them its literal reproduction. Nor did I fail to point the moral, by

emphasising the fact that it was all preventable, and that upon them rested the onus of that prevention. After all, what is sanitation but a minute attention to detail? "Be clean," sums up the whole problem in two words, and if individuals and communities cannot, or will not, obey, then Nature exacts the penalty. They, and they only, must work out their own salvation; for it is no mere evanescent figure-of-speech, but the stern undiluted truth, which is conveyed in the well worn aphorism, "God helps those who help themselves." It is this very question of detail that constitutes the chiefest of our difficulties. Do we not all know how heart-breaking it is to see, day in and day out, the perpetuation of some flagrant sanitary defect which is easily rectifiable, but which defeats us, simply because the "circumlocution office" intervenes? I need not occupy space with illustrations—those with any experience can supply them easily enough, but it saps the energy of any man to feel that he is always battering against an apathetic and somnolent conservatism, whose hoary heresy is "leave well alone," and whose national anthem is "The song of the sluggard." Bricks without straw, forsooth! Apparently *we* are expected to erect cathedrals from road-sweepings. Why should it always be so? Why should we, a body of experts, who only crave opportunity to effect revolutionary reformation, be habitually smothered under an incubus of officialism? I do not know; unless I attribute it to that passion which, next to the sexual, is the ruling force of human action, the love of power. Legitimate enough and natural enough, in its way; but hardly commendable, or provocative of adulation, when its outcome is juggling with the lives of men. It is the dread, implied or acknowledged, that the sanitarian will be invested with authority at the expense of the holders thereof which is, I believe, at the root of the opposition. I do not mean to insinuate that there is any unworthy motive attached to such opposition—far from it—because, in my humble opinion, I believe it to be but the following of natural instincts, albeit those instincts, whether we admit it or no, but too frequently allure us into the bye-paths of egotism and self-conceit. We all think we can do things just a little better than our fellows; nor does the fact that we know little about the point at issue lessen our self-assurance, or lead us to hesitate in the expression of our views with a dogmatic force which is inversely proportional to the extent of our knowledge on the one hand, and the depths of our ignorance on the other. There is a good deal more of sincerity in the prayer of the Scottish poet, "gie us a guid conceit of oorselves," than is usually conceded, although perhaps,

with most of us, the supplication is somewhat superfluous, seeing that we are already so amply endowed. But I am digressing, and however interesting it may be to study human motives and speculate about the hidden springs of human action, their bearing upon the difficulties of Indian sanitation is not very apparent.

I have purposely refrained in the foregoing from formulating any set scheme as a corrective to the difficulties I have so briefly sketched; nor do I propose to do so now. Perhaps at some future time, should the spirit move me, and the Editor continue in his present complacent mood, I may air my views on this aspect of the subject also. The whole crux of the matter lies in this, that whereas the doctor's function is fully recognised in the treatment and cure of disease, and no one dreams of interfering with him, it is far otherwise with the much more important and intricate problems of preventive medicine. In the solution and practical application of these he is hampered on all sides, and the bitterness of wasted effort saps his energy, dulls his initiative and hurls him back, bruised and beaten, from what would almost seem to be the impassable and impermeable barrier of an iron destiny. *Si monumentum quæris, circumspice*, might well be our national epitaph, as, standing in the cemetery of many an Indian cantonment, we view the long rows of pathetic mounds—silent evidences of our failures—and reflect that had we not been wilfully blind and criminally obstinate, a very large number of them need never have been there. "So careless of the single life!" Aye! But do not let us whiningly lay the onus of blame on the shoulders of Mother Nature. We, and we alone, are the culprits, and verily upon us the vials of wrath should be poured.
