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Medical War News

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than it is here the money would be given for such a purpose without hesitation. Unfortunately the British elector has not yet been educated to the proper appreciation of such things; and, as there are no votes to be won or lost in connection with the matter, the Government is not likely to think it worth risking even a few questions from Parliamentary busybodies upon it. The present Secretary of State for the Colonies has, however, shown a statesman-like comprehension of the manifold factors which make the prosperity of the Empire, and this encourages the expectation that he will look favourably upon a scheme likely to be so directly useful in the work of colonisation.

MEDICAL WAR NEWS.

RETURN OF THE "SOLACE" FROM KEY WEST.

THE United States Hospital ship *Solace* returned to New York on June 5th from Key West, bringing 54 men belonging to the various warships who have been invalided either on account of illness or from wounds received in the bombardments in which the vessels have recently been engaged. Four of the men were suffering from tuberculosis. Four surgeons, eight trained nurses, and three apothecaries looked after the welfare of the sick and wounded during the trip. Ambulances from the Naval Hospital were awaiting the arrival of the vessel to transfer the patients. The men have improved very rapidly since leaving the enervating climate of Key West.

SANITARY DIFFICULTIES OF A CUBAN INVASION.

A meeting of American and Cuban physicians who have enlisted in the Red Cross Service was recently held to discuss the sanitary problems presented by an invasion of Cuba. Dr. E. Nuñez, at one time Director of the Hospital of our Mother in Havana, presided; Dr. Juan de Sollossa, formerly a surgeon in the Spanish army, acted as Spanish Secretary; and Dr. F. B. Carpenter was the English Secretary. From statements made by Drs. Francis Rivera, F. Marill, Julius Carbonnell, and C. R. Gill, it appeared that in the Cuban war 75 per cent. of the Spanish army suffered from endemic disease, 50 per cent. from yellow fever (about equally divided between mild and serious cases), and 25 per cent. from malarial fever. Dr. Sollossa said that before the war 30 per cent. of all foreigners suffered from these diseases, and the mortality was about 10 per cent. During the war the percentage of deaths in the army from disease alone was more than 25 per cent. With improved hygienic measures this death-rate could be considerably reduced. During the first three months of the year there was little yellow fever; in April, May, June, and July more cases occurred, though they were not numerous; and from the end of August to the middle of November the disease was most prevalent and severe. By taking proper precautions, those who had good health during the early months could usually escape an attack during the unhealthy months. Malarial fever was most prevalent during the rainy season. Dr. A. M. Lesser, Surgeon-in-Chief of the American Red Cross Society, said that diseases were most prevalent near the coast and in large cities. Six to twelve miles from the coast, at an altitude of 1,000 feet, all persons were comparatively immune. The mountains were easy of access, and could be used for hospitals as far as the conditions of war permitted. In the quartering of soldiers it was especially advisable to avoid the cities; and, if they were encamped in tents, it was essential that the tents should be impervious to the heavy dews. It was to be remembered that any person suffering from yellow fever or severe malarial fever would be unfit for duty for at least six or seven weeks, so that, unless the most careful sanitary precautions were taken, only a portion of the army could be counted on for regular duty, the rest being under hospital treatment. As regards the relative healthfulness of Cuba and Tampa and Key West, all the physicians present agreed that the climate of Florida was worse than that of the higher portions of Cuba, and that it would be better to keep the ill and wounded on high ground in Cuba than to remove them to Florida, thus subjecting them to the dangers of sea-sickness in addition to less salubrious conditions on their arrival.

THE FIELD EQUIPMENT OF THE MEDICAL DEPARTMENT.

The Surgeon-General has issued a Field Supply Table—approved by the Secretary for War, May 9th, 1898—to meet existing army conditions. It provides for the use of regimental surgeons two medicine chests, marked No. 1 and No. 2, containing a varied selection of drugs, many in the form of compressed tablets, instruments, dressings, and books of reference, such as Nott and Firth's *Hygiene*, Osler's *Practice of Medicine*, Zuckerkandl's *Operative Surgery*, Stephenson's *Wounds in War*, and Hare's *Therapeutics*. Each private of the hospital corps is provided with a pouch containing aromatic spirit of ammonia, first-aid packets with pins, scissors, jack-knife, wire gauze for splints, bandages, and plaster, while each man on duty as orderly to a medical officer carries some additional articles, such as a pocket case, rubber bandage, ligatures, chloroform, and a hypodermic syringe. The medical officer is provided with a field case, field desk, lanterns, litters, etc. The field desk is furnished with stationery, blank forms, and copies of the army regulations and Smart's *Handbook for the Hospital Corps*. It is stated that renewals of supplies can be obtained by regimental surgeons from the surgeons in charge of a brigade or division hospital, on a special requisition approved by the chief surgeon, and that no receipt is to be given for articles that may be expended.

On the supply list the names of expendable articles are printed in Roman type, those of unexpendable articles in italic. The table gives also the provision made for a brigade or division hospital, including medicines, antiseptics, and disinfectants, hospital stores, stationery, surgical instruments, appliances and dressings, furniture, bedding and clothing and miscellaneous articles, with surgical chests Nos. 1 and 2, a case containing an Arnold's steriliser and a Berkefeld filter, a field operating case, a mess chest, a food chest, a commode chest, and a set of folding field furniture.

MEDICAL AID IN A MODERN NAVAL BATTLE.

In the *Medical News* of June 11th Dr. Raymond Spear, assistant-surgeon U.S.N., of the *New York*, gives an interesting account of medical aid during an action at sea in the present war. When "general quarters" is sounded, the sick bay is immediately converted into an operating room, an operating table is placed in the centre, the ordinary instruments for amputating limbs are arranged in trays, and immediately disinfected by steam, aseptic dressings are laid out, and antiseptic solutions prepared for immediate use. In former times during an action the doctors remained in the sick bay and the wounded were brought to them; but conditions have changed, and now on a ship like the *New York*, where there is practically no protected place during an action, this is impossible.

The greatest loss of life in battle is from loss of blood. Some authorities estimate the loss of life from hæmorrhage alone as 75 per cent. of the total. The following is Dr. Spear's description of the method to be adopted:

The crew of each gun receives instruction in first aid to the wounded by the medical officers. Each gun has its own outfit of rubber tubing and packages of aseptic dressings. The men are instructed how to apply the rubber tubing to the limbs in order to arrest hæmorrhage, how to apply aseptic dressings, being especially cautioned against touching wounds, and finally how to support limbs when broken, and how to carry the wounded, and where to place them.

Each deck of the *New York* is divided up into several compartments, separated by watertight bulkheads. During an action these bulkheads are closed. Under these conditions the medical officers cannot reach all of the wounded if they are in different compartments; therefore, if a man be injured sufficiently to be disabled, he is attended to by some of his companions. If an extremity be badly injured, a piece of rubber tubing is applied so as to arrest hæmorrhage, an aseptic dressing is applied, the leg is bound to the other one for support, or the arm is bound to the body if fractured, the man is placed in a hammock, and dragged to the best protected place near by, where he will not be in the way, and here he waits for the surgeon. The wounded are placed astern of the ship, thus offering the smallest possible target for the shells that come through the ship's side.

The doctors take their stations in the most protected parts of the ship, namely, behind the turrets, and here establish dressing stations and attend to all the wounded in the immediate vicinity. The surgeons have received orders to expose themselves as little as possible during action, as their real work begins when the fight is over. Each surgeon carries a haversack in which are pieces of rubber tubing for controlling hæmorrhage from the extremities, hæmostatics, a pocket case, hypodermic syringe, and solutions of strychnine and morphine ready for hypodermic use, and some first-aid packages. Stationed with each doctor is a nurse, who carries in a knapsack surgical dressings, antiseptic solutions, whisky, etc. When the action is over the surgeons will take a hasty survey of the

wounded and give such attention as is absolutely necessary to each. When the wounded have been attended to, those cases needing immediate operation will be looked after, three operating tables being established if necessary. The wounded will not be disturbed, but will await the arrival of the hospital ship *Solace*, and will then be transferred to her, where they will receive medical attention during their transportation to the hospitals in Key West.

THE AMERICAN MEDICAL ASSOCIATION.

THE forty-ninth annual meeting of the American Medical Association was held at Denver, Colorado, on June 7th, 8th, 9th, 10th. There was a large attendance, more than 1,100 delegates having registered their names on the morning of the first day. In the absence of the President, Surgeon-General Sternberg, owing to "imperative official duties," the chair was taken at the first general session by First Vice-President Dr. JOSEPH M. MATHEWS, of Louisville, Kentucky.

FIRST GENERAL SESSION.

President's Address.—The President's address was read by Colonel A. A. WOODHULL, of the United States army. In it the view was expressed that the day was perhaps not far distant when no reputable physician would be willing to confess that he did not belong to the American Medical Association, and when no progressive physician could afford to do without the *Journal* of that body. The President went on to say that the medical profession in the United States had suffered more from the ignorance of some of its members who held diplomas from regular schools of medicine than from the attacks of those whom they called irregulars or quacks. To maintain their standing in the estimation of the educated classes they must not rely upon their diplomas or upon their membership in medical societies, but must show themselves superior in knowledge and in professional resources to the ignorant pretenders, and to the graduates of a medical school which was bound in its teachings by an untenable creed. There were those who still spoke of "old school physicians" ignorant apparently of the fact that scientific medicine was to a great extent of very recent origin, and that all great discoveries in relation to the etiology, prevention, and specific treatment of infectious diseases, and nearly all the improved methods and instrumental appliances for clinical diagnosis and surgical treatment had their origin within the ranks of the regular profession. If they were to be characterised by any distinctive name, the only one applicable would be "the new school of scientific medicine." Not that science was complete, for they had still many things to learn and many problems which had thus far resisted all efforts at their solution. But they had learned how to attack these problems, and no one any longer expected that they could be solved by the exercise of the reasoning powers and the facile use of the pen. The old saying that "the pen is mightier than the sword" was no doubt true in politics; but in science the pen was a feeble instrument compared with the test tube, the microscope, the chemical balance, etc. Nevertheless, he advised well-informed physicians to make greater use of the pen, not for the elucidation of those problems which remained to be solved, but for the purpose of calling the attention of the non-medical portion of the community to the recent achievements of scientific medicine. Having referred to the injurious consequences of premature and unfounded opinions, especially when given by men of prominence in the profession, the President proceeded to call attention to the best method of counteracting such mischief. This was undoubtedly by united action on the part of the more enlightened members of the profession in behalf of truth and progress. This assistance they had had in combating the Antivivisection Bill, introduced into the United States Senate and vigorously pressed by the members of the Washington Humane Society and their misguided friends throughout the country. The result showed that when exercised in a humane cause the influence of the medical profession was a factor which would not be ignored even by the Senate of the United States. Dr. Sternberg then passed in rapid review the principal discoveries in the etiology of disease, in therapeutics, and in preventive medicine made in recent years, and concluded by insisting that there was no room for creeds and "pathies" in medicine, any more than in astronomy, geology, or botany. No restriction

was placed upon any physician who graduated from the regular schools as to the mode of treatment he should pursue in any given case. If he saw fit to prescribe a bread pill or a hundredth trituration of *carbo vegetabilis*, there was no professional rule of ethics to prevent him from doing so. But if his patient died from diphtheria because of his failure to administer a proper remedy, or if he recklessly infected a wound with dirty fingers or instruments, or transferred pathogenic streptococci from a case of phlegmonous erysipelas to the interior of the uterus of a puerperal woman, it would appear that the courts should have something to say as to his fitness to practise medicine.

REPORT OF THE RUSH MONUMENT COMMITTEE.

Dr. A. L. GIBON, chairman of the Rush Monument Committee, reported that in spite of the fact that at the last meeting of the Association held in Philadelphia, it had been decided that \$100,000 should be raised for the erection of a fitting monument to America's great patriot physician, he had so far received only \$162, or one-sixth of 1 per cent. of the amount pledged. This sum, together with the interest accruing on what was already on hand, had made the total increment \$312, and the total amount of the fund \$4,424 44 cents. Colorado and New York then contributed \$2,000 each to the fund. Pennsylvania signified its willingness to contribute \$2,000 when the contract for the monument had been made; Maine added \$100; Ohio \$336; California \$110, and \$1,000 more at the time of commencing the actual work of the monument; and Indiana reported about \$500 already collected, but desired to do still better before reporting finally. These additions, counting those given both conditionally and unconditionally, brought the total sum to \$12,460 44 cents.

FINANCIAL REPORT.

The report of the Treasurer was read by Dr. HENRY P. NEWMAN, of Chicago, who congratulated the Association upon its constantly increasing growth and prosperity. The year which closed on January 1st, 1898, added 1,500 new members, and during the same time the Association had erased from its books the names of only 75 members for non-payment of subscriptions. The receipts during the time for which he had the honour of being its treasurer had increased from \$12,685 58 (about £2,537) in 1894 to \$32,200 (£6,440) in 1897. The balance in hand on January 1st, 1898, was \$14,092.85 (about £2,812), with a sinking fund of \$3,000 (£600).

SECOND GENERAL SESSION.

Resolutions.—At the second general meeting, Second Vice-President THOMPSON in the chair, Dr. DUDLEY S. REYNOLDS, of Louisville, presented a resolution to the effect that after January 1st, 1899, any college professor or other teacher who shall confer any degree upon any person not complying with the standards of the American Medical Association regarding educational requirements shall hereafter be excluded from meetings of the Association. This was referred to the Executive Committee.—A resolution moved by Dr. W. W. KEEN, of Philadelphia, favouring vivisection for purposes of experimental research, was referred to the Executive Committee.—Dr. GEORGE M. GOULD, of Philadelphia, presented a resolution, the purpose of which was to encourage the establishment of medical libraries throughout the United States.—Dr. WILLIAM BAILEY, of Louisville, introduced a resolution to the effect that an office of general secretary be created, with a salary not to exceed \$2,500 or \$3,000 per annum. The Association had grown to such proportions that the services of at least one salaried man were required, who would devote his entire time to its interests. By this resolution the present Secretary (Dr. Atkinson) would be retained as an honorary officer. The resolution was referred to the Executive Committee.—Dr. H. W. SAUNDERS, of Alabama, recommended in a resolution that the Association take steps leading to the establishment of a public health bureau, having its representative in every city and town in the land, and an executive head in the National Government.—Dr. HUMISTON, of Ohio, read a report adopted by the Ohio State Medical Society regarding the Antivivisection Bill, and recommending that in addition to other committees being named, one should be composed of residents of Washington, Philadelphia, and Baltimore. Under