SIXTY-NINTH ANNUAL MEETING

OF THE

# British Medical Association.

*Held at Cheltenham, July 30th, 31st, August 1st, and 2nd, 1901.*

## PROCEEDINGS OF SECTIONS.

## SECTION OF NAVY, ARMY, AND AMBULANCE.

Deputy Surgeon-General W. G. DON, M.D., President.

### INTRODUCTORY REMARKS BY THE PRESIDENT ON THE WORK OF THE SECTION.

THE Section over which I have the honour to preside was inaugurated last year under auspicious circumstances, and this, its second meeting, promises to be equally successful. The President of last year, Inspector-General Ninnis, R.N., in his opening address, said that he deemed it a happy omen that the new Section of the Association was inaugurated while the great war, which he hoped was near an end, had concentrated public attention on the medical services. His anticipation of the early end of the war has unfortunately not been realised; it has gone on, and afforded still further object lessons in all our military departments, including the medical; while the reforms suggested in various directions have yet to be worked out and practically applied.

The objects and scope of this Section are wide, and comprehensively expressed in its title; it may be taken to embrace matters relating to the *personnel*, organisation, and equipment, and to the hygiene and surgery of our naval and military services, both in peace and war; while on the civil side it includes such problems as the provision of ambulances and emergent aid to sick and injured persons, especially in our populous urban centres.

To facilitate procedure during the three days at our disposal, we propose to discuss: first, naval; secondly, military; and thirdly, civil matters, so far as can be arranged.

On naval questions we are promised papers by naval medical officers on most important subjects: namely, the disposal of wounded in naval actions, and the relative healthfulness of modern warships, to which attention has lately been called. I will not venture to anticipate what may be said on these matters further than to remark, that while we probably have data sufficient for arriving at some definite conclusions as to the healthfulness of ironclads, our experience is as yet very limited regarding the disposal of the wounded in modern sea fights. The subject is complicated on account of the many different structural types of our warships, each requiring special contrivances of their own. I may be allowed to express much personal interest in such naval problems, because of lasting early experiences; for it was my fortune to learn something of the interior economy of our wooden walls of fifty years ago, having served for six months as a medical volunteer in H.M.S. *Duke of Wellington*, flagship of the Baltic Fleet of 1855, and taken part in the three days' bombardment at Sweaborg. Such a reminiscence brings the obvious reflection how marvellously and completely have naval life and warfare changed within my own limited recollection!

With the military medical problems which may engage our attention I am, after forty-four years' consecutive and continuous service in the army, naturally very fairly conversant. I confess I regard these problems, after the experience of many mutations both in the home and Indian services, as still presenting grave difficulties, and even dangers, unless warily and judiciously handled. Major Dick, R.A.M.C., Assistant Professor of Military Surgery, Netley, was to have recounted some aspects of small-bore wounds, as inflicted during the war, which have come under his direct observation, but we regret his inability to do so. But Sir William MacCormac has promised some observations on War Surgery—Old and New, to which his great experience and authority will lend the highest interest. We already know sufficient of such wounds to warrant the anticipation that, when the full surgery of the war is made known, we shall have some startling revelations, especially in regard to penetration of viscera by small-bore bullets. I lately saw a wounded soldier, on sick furlough, who while lying down was hit by a Mauser bullet; the missile entered the right chest below the armpit, and, passing in a slanting direction, emerged in the region of the left kidney. From its course, and the resulting symptoms, several of the important viscera could not have escaped penetration; yet, months afterwards, when I saw him, the only inconvenience experienced was occasional spasm of the diaphragm on sudden exertion. When we meet with such cases, and can recall the terrible visceral wounds inflicted by the expanding Minié bullet of forty years ago, or even by the still more recent Snider or Martini, the pencil-like missiles of the latter-day magazine rifles seem comparatively almost harmless.

Field transport for sick and wounded, on which Captain Ward, R.A.M.C., promises to give his recent war experiences, is a subject of great importance and some difficulty; for it is part of the bigger question of army field transport at large, which cannot, or ought not, to be fixed and fettered by inelastic rules; because it must vary widely according with three factors which may operate in any given campaign. These are: the physical nature of the country in which military operations are conducted; the length of the lines of communication; and the required mobility of the fighting force. It is an open question whether the medical service should not have complete autonomy in its field transport, of whatever kind; but I am not inclined to lay much stress on the point, further than that it should be autonomous, subject alone to the express disposition of the general officer in command. For necessity—and especially military necessity—can have no law beyond or overriding that of preservation of the fighting force; and, consequently, however autonomous in theory the medical or other branches of transport may be, there is always the risk, even the probability, that under the pressure of military exigency (as after Paardeberg), it may be appropriated for the supreme transport of food and ammunition.

Intimately bound up with the kind and amount of field medical transport is the question of its use, under new conditions, in affording first aid to the wounded in an action. The enormous widening of the zone of fire from modern weapons, makes all active duties connected with stretchers and ambulances increasingly difficult and dangerous. It is now next to impossible with any safety for bearers to keep in touch with an advancing fighting line, while the distances between the combatants may be so great as to render the distinguishing of red crosses and Geneva badges impossible; hence probably the complaints that the ambulances have been deliberately fired on.

Not only does the range of fire exceed that of unaided vision, but the use of smokeless power makes location of a firing line more a matter of the ear than the eye; there is plenty of noise but little to be seen. A wounded cavalry soldier told me he had been six times under fire, but never once saw a living fighting Boer while engaged.

In means for affording civil first aid to sick and injured persons in our great urban centres, we seem lamentably behind many Continental and American cities. We all trust this reproach may before long be removed. It is a question whether motor might not be substituted for horse ambulances for all emergent purposes. Important questions connected with enteric fever will be brought to your notice.

I have now the pleasure to invite you to proceed with the various matters that may come before us.

### THE TREATMENT OF WOUNDED IN NAVAL ACTIONS.

By Fleet-Surgeon GILBERT KIRKER, R.N., M.D., M.Ch., M.R.C.S.

THIS subject may be conveniently dealt with under the three following heads:

1. The surgeon's station or the place where the wounded are treated.
2. The time of treatment.
3. The conveyance of the wounded.