

BMJ

The Humane Side Of Warfare

Source: *The British Medical Journal*, Vol. 1, No. 2057 (Jun. 2, 1900), pp. 1365-1366

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20264722>

Accessed: 07/02/2015 12:15

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workshops are regarded as prophylactics, and in Dr. Murray's experience phosphorus in small doses, or phosphoric acid, has given satisfactory results.

PREVENTION AND CURE OF "CAPE HORSE SICKNESS."

AMONGST other matters brought into prominence by the war in South Africa is the disease of the horse known as "Cape horse sickness." As the nature of the operations renders mobility essential, and the transport of men and material depends on the health of the horses employed, the subject is of special interest and importance at the present time. Though the morphology of the causal factor has not yet been satisfactorily demonstrated, and many points in the pathology of the disease remain for elucidation, it has been long known that the blood of an affected animal is virulent and retains its power of inducing the disease for long periods outside the animal body under apparently adverse circumstances. The disease is produced both by ingestion and subcutaneous inoculation of such blood, and it is fully recognised that certain localities are especially dangerous. Methods of prevention based on this knowledge have been adopted with varying success. It is now most commonly believed that if horses are not allowed to graze on the veld in the dangerous districts until the herbage has been dried by the sun they will probably escape the disease. Notwithstanding all that is known of prophylaxis, Cape horse sickness remains a matter of the utmost concern. The exigencies of warfare often render adoption of the ordinary preventive measures impracticable. Anything, therefore, which would render the horse's body an unsuitable soil for the virus would be a great desideratum, hence the announcement in the *Cape Times* of April 24th, 1900, by Mr. George C. Purvis, M.D., B.Sc., late Medical Assistant to the Bacteriological Institute, Graham's Town, of a method of preventing "horse sickness" and of "effecting a cure in the majority of instances" will be read with interest. Dr. Purvis alludes to the dangerous effects of fortified serum (derived from immune horses) and describes his single experiment on a horse. He states that "we started by injecting subcutaneously 20 c.cm. of serum; the next week the animal got 50 c.cm., the next week 75 c.cm., the next 100 c.cm., the next week 150 c.cm., and about a week after 200 c.cm. Fourteen days after, 1 c.cm. virulent blood was given, and the horse did not show any symptoms of horse sickness whatever." "The serum used was obtained from the blood of horses which had received a dose of virulent blood some five or six weeks, or even longer before the blood is drawn for serum." It is unfortunate that Dr. Purvis has not been able to publish more than a single experience of his method. This is hardly to be regarded as a solution of the fundamental question—does the injection of serum confer immunity? Until this point is settled by a much-extended experience it is scarcely advisable to consider the practicability of adopting it as a prophylactic measure. It is to be hoped that Dr. Purvis will subject his method to a much more convincing test than that now adduced, and that the publication of his results will mark a step in the advance of useful knowledge on this subject.

SIGNING BLANK MEDICAL CERTIFICATES.

A RECENT prosecution at Leeds for making and giving a medical certificate of the cause of death of an infant which was false, because it had been signed in blank by one practitioner, while the cause of death was filled in by another practitioner who had never seen the infant, is of some importance. The prosecution was instituted by order of the Registrar-General, and the following were the facts of the case: An infant died in Leeds fourteen days after it had been attended at the Leeds General Dispensary, and the mother, on application at that institution for a medical certificate, was furnished with one by the *locum tenens* of

the medical officer of the dispensary, for which purpose he used one of several forms which the medical officer had signed in blank, and left for use during his absence. The local registrar, on the production of this certificate, elicited from the mother, who came to register the death, that the practitioner whose signature the certificate bore had not seen the child for fourteen days, and therefore reported the case to the coroner, who held an inquest thereon, at which the circumstances of the case were fully investigated. Subsequently the case was reported to the Registrar-General, who instructed the Superintendent for Leeds to prosecute for making and giving a false certificate in contravention of the provisions of Section XL of the Births and Deaths Registration Act of 1874. At the adjourned hearing of the case, the Leeds stipendiary magistrate, while recognising that the defendants had no improper motive in making and giving this certificate, expressed the opinion that the Registrar-General deserved the thanks of the public for instituting the prosecution. He decided, however, that the case would be met, as the Registrar-General did not press for heavy penalties, by fining the medical officer £2 for signing the blank form of certificate, and his *locum tenens* £1 for inserting the cause of death of the infant, whom he had never seen. The grave objections to the practice of leaving signed blank forms for medical certificates for use during the absence of the certifying practitioner it is unnecessary to dwell upon, and the result of this recent prosecution ought to be widely known.

THE HUMANE SIDE OF WARFARE.

DR. NICHOLAS SENN, in a recent number of the *Journal of the American Medical Association*, says that the most pleasing features of modern warfare are the efforts made in all civilised countries to make it more and more humane. The horrors of Sebastopol, Gettysburg, Solferino, Sedan, and other great battles during the present century will, he thinks, have no equal in the future. Governments and nations are beginning to realise more fully the importance of providing the soldier with food and clothing conducive to the preservation of his health, and bringing into effective action sanitary rules calculated to guard against preventable diseases. After referring to the beneficent work of the Red Cross and other philanthropic societies, he says that the neutral grounds near the line of battle on each side are the places where the humane side of modern as compared with ancient warfare is most vividly exhibited. He describes a few instances of the kind which happened during the late Spanish-American war during his service in the field as chief of the operating staff. A few days after the battles of El Caney and San Juan he was invited by Dr. Goodfellow to accompany him on a trip to El Caney, and from there to the Spanish line, as instructions had been received from headquarters to transfer a number of wounded Spaniards across the American line. The Spanish officers whom they met were well-educated and polished gentlemen. While waiting for the ambulances cigarettes were freely passed around, and all kinds of subjects outside the war were freely discussed in the shade of a group of palm trees. About the time the ambulances arrived a Spanish surgeon with 30 hospital corps men and the necessary amount of litters made his appearance. According to Dr. Senn the Spanish compared very favourably with the American litters. He says that there can be no longer any question that the Spaniards respected the humane side of warfare, although during the war the American press frequently took occasion to state the contrary. It was asserted that the Spaniards did not respect the Red Cross, and that wounded and non-combatants under the protection of the Red Cross flags were frequently fired upon. Dr. Senn has reason to believe from what he saw during his service in Cuba and Porto Rico that these statements were made on altogether insufficient grounds.

It is true that medical officers, litter bearers, and wounded men on stretchers who were being conveyed to the rear were killed and wounded, but such accidents will occur during any battle as long as the first-aid dressing is carried out, as it should be, near the fighting line. The modern small calibre weapon sends the deadly missile a distance of three miles, and injuries to non-combatants within this range are unavoidable. He adds that the small Red Cross flags used in the field cannot be distinguished with the naked eye for anything like the distance travelled by the modern bullet. No gross violation of any of the articles of the Geneva Convention can, he affirms, be laid at the door of the Spaniards. Perhaps one of the best proofs that the Spaniards conducted the war on the most humane principles is to be found in what occurred during the first skirmish after the landing of the American troops in Porto Rico. A small Spanish force occupied the summit of one of the foothills and opened fire. The American troops charged, and a young private of one of the Pennsylvania regiments, in his enthusiasm, advanced far beyond his line. The day was extremely hot, and when he came within a short distance of the brow of the hill he fell unconscious. A Spanish surgeon immediately rushed forward to render first aid, administered stimulants, and had the soldier at once conveyed on a stretcher to the American line. Another very pleasing evidence of the humane nature of recent warfare came to Dr. Senn's knowledge at Mayaguez, Porto Rico. After a somewhat lively skirmish near the suburbs of this place the enemy retreated, and the wounded from both sides were conveyed to the same hospital. He found the Spaniards on one side of the large room and the Americans on the other, all of them being under the care of the same nursing sisters of a Spanish order, who in their ministrations made no distinction between friend and enemy. It was interesting to observe how the men, who but a few days before did their utmost to kill or wound each other, were now on the most friendly terms. They exchanged little articles of comfort, such as tobacco, cigarettes, fruits, and relics of the war in a manner that did not recall the experiences of a few years ago. It is pleasant to have such irrefragable testimony borne to the conduct of the Spaniards in the late war, for it may be remembered that certain of the American newspapers persistently held them up to the execration of mankind for their alleged disregard of the rules of civilised warfare. Such charges are sure to be made in the heated state of national feeling generated by a war. When the history of the present struggle in South Africa comes to be written in cold blood, even the Boer will doubtless be painted in less lurid colours than he now is by writers whose patriotic ardour makes them "see red" or yellow.

PROFESSIONAL SECRECY IN THE UNITED STATES.

THE Newhaven Medical Association has lately had the question of professional secrecy under consideration. It appears that in a recent trial in the Superior Court of the State of Connecticut, a medical practitioner of good standing was compelled to answer, against his protest, a question relating to knowledge obtained by him in a professional communication from his patient. The decision of the Court was based upon the common law rule at present governing such cases in the State. According to this law, while the confidential communications of a client to an attorney shall be considered as privileged, and shall not be disclosed as testimony in the Courts, the confidential communications of a patient to a medical practitioner, or of a penitent to a priest or other clergyman, shall not be deemed privileged, and must be divulged in the Courts as testimony. The State of New York some years ago passed a statute over-ruling the common-law rule, and this statute has since been adopted, practically without change, by seventeen other American States and territories. The Code of Civil Procedure of the State of New York provides

that "A person duly authorised to practise physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity." The Newhaven Medical Association, being of opinion that the discrimination against medical men and clergymen regarding confidential disclosures under the common-law rule is against the best interests of public policy and of society, urges that the rule of common law should be over-ruled by the enactment of a statute similar to that of New York State.

A REPENTANT SCHOOL BOARD.

THE School Board for London have appointed Robert J. Collie, M.D., Medical Superintendent of the Board's Ambulance and Home Nursing Classes. The number of pupils who received instruction in ambulance and home nursing last winter was close on 10,000, and the Board has decided that all ambulance classes shall be taught by medical men assisted by the Board's teachers. Each course consists of twelve lectures given alternately by the medical man and the Board's teacher. As we announced last week, the Board—which for the last two years has offered only half a guinea for a lecture lasting one hour and a-half—has now advertised its willingness to pay one guinea a lecture. Whether this change of remuneration is due to the reported difficulty in obtaining registered practitioners at the smaller fee or to the recent appointment of a medical superintendent we cannot say, but it is a matter for congratulation that the London School Board has ceased to set so bad an example to other Boards. It must, at any rate, be admitted that the fee of one guinea is by no means too much when it is remembered that the lecturer has no allowance for travelling expenses, and probably has to spend about three hours in earning the remuneration offered. We are informed that until recently the pupils were presented for examination by the St. John Ambulance Association, but that the Board have now determined in future to grant their own certificate.

THE COLONIAL NURSING ASSOCIATION.

THE report presented to the annual meeting of this Association at Stafford Home on May 23rd, over which Earl Grey presided, showed that 56 nurses sent out by the Association are now at work in the Colonies; 39 in Government employment and 17 engaged in private nursing. The gain to the Colonies, more especially Crown Colonies, where hitherto natives, mostly coolies, have constituted the nursing staff, by introducing skilled British nurses, is wellnigh incalculable. Medical men in the tropics are hampered by the want of efficient nurses, and the good already done in providing nurses, although considerable, is but infinitesimal when the enormous field for their services is considered. Tropical ailments are often so sudden in reaching a crisis, that the medical man often finds that he is tied to the bedside of a single patient for a day or two, during which time he has both to treat the patient and to nurse him. The inconvenience caused to other patients, the detriment to the welfare of the patient, by the same person acting as doctor and nurse and the tax on the strength of the doctor is a serious matter in a district where perhaps no other medical man is within call. Sir George White, who was present at the meeting, strenuously advocated the provision of trained nurses for India and for the Colonies. We would, however, urge the importance of having nurses trained, even it may be partially, in nursing tropical ailments before leaving home. At the Seamen's Hospital, London, and at Liverpool a course of training for nurses about to proceed to the tropics is now given, and we have no hesitation in impressing upon the Colonial Nursing Association the advantages of drawing their nurses only from amongst those who have had such training. Of the £5,000 required £2,000 has already been