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## ROYAL COMMISSION ON PHYSICAL TRAINING IN SCOTLAND.

This Commission, which had held its former sittings in London in private, has recently conducted its investigations in Edinburgh and Glasgow, under the chairmanship of the EARL OF MANSFIELD. Representatives of the press were admitted.

A large number of witnesses were examined, including masters of schools of every grade and various denominations; officers of His Majesty's Army, of municipalities, and of the Boys' Brigade; university professors, medical officers of health, and constables. The evidence was virtually unanimous in favour of extended physical education; the divergences of opinion had to do mainly with the form which this should take, and the practicability of rendering it com-

pulsory

pulsory.

The first witness was Dr. Almond, who has been Headmaster of Loretto since 1862. He was not in favour of a uniform cast-iron system of physical or any other training in schools. He believed rather in exercises which would fit a lad for military life than in soldier work done at school; he thought that a great deal more rifle-shooting was advisable. He stated that during the thirty years or so in which the school had kept physical records there had been a gain of fully an inch in the chest girth of the boys admitted, a result which he attributed to greater attention now paid in preparatory schools to outdoor exercises. Dr. Almond considered that schools to outdoor exercises. Dr. Almond considered that football was of great value in promoting the military spirit, while golf was a selfish game, which did not cultivate the moral or social qualities. He thought that the ordinary cadet uniform was too tight across the chest, and too cumbrous, and had obtained permission from the War Office to substitute a

obtained permission from the war Office to substitute a simple Norfolk jacket for it at Loretto.

Mr. Roderick Ross (Chief Constable of Edinburgh) said that juvenile crime in Edinburgh was steadily increasing. He was in favour of organized games in the parks.

Major-General Sir Ian Hamilton insisted that though physical training was invaluable, it depended for its full effect upon a full stomach; the satisfactory result obtained in the army was in his opinion in some measure due to the the army was in his opinion in some measure due to the regular hours and wholesome food. He was strongly in favour of attending to the physical aptitudes of the Scottish youth not only in the State-aided schools, but also for some time after leaving school. He ardently wished to see physical training made compulsory not only in the curriculum of the schools, but also as a continuation training. He said that the Boer lads of from 12 to 15 were "young vipers," and had sent many a good man to his account, and he saw no reason why, under favourable conditions, Scottish boys of 15 should not make useful soldiers. General Hamilton did not anticipate any difficulty from religious bias, as he believed that the Church of Scotland would be quick to realize that physical training with a military tendency would afford many of the advantages and none of the disadvantages of conscription. He hoped, in fact, that the press and the ministers would recommend the people to give this scheme a fair trial. He He hoped, in fact, that the press and the ministers would recommend the people to give this scheme a fair trial. He was strongly of opinion that physical exercises in the continuation classes should be compulsory, otherwise the unruly and dissipated element which it was particularly desirable to secure would escape. Sir Ian Hamilton went on to compare the English and German cadets whom he had inspected within three weeks of each other at Sandhurst and Potsdam respectively. The latter were, in his opinion. infinitely better in all their exercises, though at Sandhurst and Potsdam respectively. The latter were, in his opinion, infinitely better in all their exercises, though eighteen months to two years younger than the Sandhurst corps. Although he believed our native qualities to be better than those of the Germans, the system of physical training which the latter had to undergo was far superior to our own; some of the exercises, too, were specially devised to test their nerve. He considered that drill was a better training than games, because in the latter it was next to impossible to really test a hov's progress.

Professor Bown, of the University of Glargow, spoke of the great difficulties under which athletics were there carried on. Many students were deterred from joining the clubs by the expense of the subscriptions; others were prevented from playing owing to the extent of the curriculum, the time table of which left them no leisure for games. As a result their

physique was generally poor, and this bid fair to become worse, as it was about to become necessary for the university to build upon the athletic ground. Personally he attached so much importance to physical training as to consider it a necessity.

Dr. H. J. SPENSER, Rector of the Glasgow High School, strongly advocated the formation of cadet corps or similar military organizations wherever possible, both on national and moral grounds. He stated that the difference between the English and Scotch boy was that while the former was encouraged to play games, the latter had in many cases to encounter parental prejudice and opposition on this point.

Mr. W. CECIL LAMING, Rector of Kelvinside Academy, con-

sidered that the Government ought to encourage and improve rifle shooting by members of cadet corps. He was of opinion that from a moral point of view football was of greater im-

portance than either gymnastics or military drill.

Mr. George S. Deverell, Superintendent of the Clydetraining ship *Empress*, said that he thought the physical training of the class of boys who came under his care was of equal importance with their mental training. He urged that for their own benefit and that of the country every boy and girl should be compelled to learn and pass a certain standard

of gymnastics before being allowed to leave school.

Mr. W. L. Caine, Headmaster of George Watson's College,
Edinburgh, complained that the physical training of his
boys was hampered by the exigent demands of the Education

Department.

Mr. Edwin Temple, Rector of Glasgow Academy, advocated compulsory drill, and thought that all boys between the ages of 12 and 18 should be taught how to handle a rifle. This would obviate the introduction of conscription, which he thought impossible in the form in which it existed in France

and Germany.

The Lord Provost of Glasgow stated that the number of The Lord Provost of Glasgow stated that the number of youths between the ages of 12 and 21 annually convicted at the police-courts of that city was on the increase; the majority of the culprits showed poor physical development. He did not think compulsion in the way of physical training possible, but suggested that much improvement would result if direct instruction in behaviour to one another were given to school children. He thought that if the school playgrounds were leit open for their use many loafers might be induced to desert the streets.

Mr. Thomas W. Cuthbertson, Secretary of the Boys' Brigade, referred to the physical advantages achieved by his organization, with good results to the morals of the lads. He made compulsory in continuation schools, as many of the scholars had been doing hard physical work all day.

scholars had been doing hard physical work all day.

Miss Mary Anderson, Headmistress of Ferguslie Half-Time School, Paisley, was of opinion that physical training was so important that it ought to be increased by taking half an hour off arithmetic.

Canon Mackintosh and other principals of Roman Catholic institutions were heartily in favour of physical training, which they thought should be carried out by the ordinary teachers of the school wherever possible. They did not all think it advisable to make this compulsory. It was stated that many of the Roman Catholic parents were in favour of

volunteering but opposed to soldiering.
Mr. R. E. Thomas, Chief Instructor in Physical Exercises under the Leeds School Board, stated that over 50,000 scholars in that city received physical instruction, and those in the upper standards (VI and VII) were also taught to swim. He considered that physical training was better than games for improving the general standard, as opposed to the development of individuals. Great care must be exercised in the selection of the method of training; both Swedish and military drill were too severe if unmodified.

Dr. R. W. Bruce, Medical Officer to the Glasgow School Board, pointed out that, if physical training were made compulsory, a general medical inspection would be desirable.

Sir WILLIAM TURNER had no hesitation in stating that physical exercise was of the highest importance in convexion.

physical exercise was of the highest importance in connexion with the development of the body generally. A certain period of each day should be set aside for body training, so that the best use might be made of the mind.

Other witnesses referred to the value of manual training in

the education of feeble-minded and infirm children, and to the physical training system, mainly on military lines, which was so thoroughly carried out in Swiss schools.

## THE EPIDEMIC OF BERI-BERI IN THE BOER CAMP AT ST. HELENA.

In reference to Dr. Patrick Manson's paper on the prophylaxis and treatment of beri-beri, being the opening contribu-tion to the discussion on beri-beri in the Section of Tropical Diseases at the Manchester meeting. Dr. W. A. Wheeler, Civil Surgeon in Charge of the Boer Camp in St. Helena, has Civil Surgeon in Charge of the Boer Camp in St. Helena, has described his experiences of the epidemic of this disease which occurred among the Boers there. The facts, as he believes, fully agree with Dr. Manson's theory as to the production of the disease by place infection.

At first only a few isolated cases of beri-beri occurred in the camp at Dead Wood Plain, but at the time of his arrival there in May, 1902, the disease had become epidemic. and a new isolation camp was established, of which he had command, and in which he had on an average 75 cases to treat. In regard to etiology, Dr. Wheeler believes that all the causes ordinarily ascribed might be eliminated. As far as alcoholism was concerned the Boers were well known to be a temperate race, and as prisoners of war they had no possible

alcoholism was concerned the Boers were well known to be a temperate race, and as prisoners of war they had no possible means of obtaining alcoholic drinks, and every man returning to camp after leave of absence was strictly searched. Rice was at no time issued as part of the rations. Arsenic was carefully tested for in the drinking water with a negative result, and if any had been present in tinned foods the home troops would have suffered equally, as the rations for soldiers and Boers were identical. Malaria was ordinarily unknown in St. Helena and although it was common in unknown in St Helena, and although it was common in some parts of South Africa, yet careful questioning of each patient in no case elicited a history of this disease.

On the other hand, the conditions existing among the Boers would lend great countenance to the theory of place infec-tion, resulting in the development of a toxin outside the body. The Boers had been confined to one camp of 3,000 men for over two years. The greatest care was taken as regards drainage, latrines, removal of night soil, etc.; but, even so, the ground could not possibly have escaped being fouled during this long time. Again, the large majority of those attacked were old men (50 to 70), men who in their own country had been accustomed a free active life, but who now, as prisoners, moped, took no exercise, ate and slept too much, and stayed mostly day and night in small huts with every aperture closed. They never washed their bodies and never changed their clothes. Conditions such as these, in conjunction with fouled ground, would naturally bring about a state of affairs favourable to the production of a toxin. The mosquito could be eliminated in this case, for the camp was at an elevation of 2,000 ft., and a strong sea breeze was constantly blowing. Dr. Wheeler had never seen a mosquito there, but vermin of other kinds were there in plenty.

The theory of place infection was also strongly borne out by the fact that, on moving the invalids to a site hitherto unoccupied, a most rapid and marvellous improvement took place. The earlier cases had been sent to Jamestown Station Hospital (at sea level), and a fair number of these died; but, after the establishment of the isolation camp at Dead Wood Plain, there was not a single death; every man recovered

completely, some in a week or so, others more slowly.

The treatment consisted solely in this change of location and in giving extra diet—I tin of milk, 2 oz. of oatmeal, and 3 oz. of whisky to each man.

As regards the ordinary diet, it was at no time deficient, and was identical with that of the home troops (encamped on the same ground)—namely, fresh meat four days a week, tinned meat two days, vegetables and potatoes on alternate days, bread, sugar, and coffee. It is true the vegetables were compressed, and the potatoes were often not too good.

With regard to the water supply: on careful analysis this was found to be rather suspicious; both free and albuminoid ammonia were too high and there was too much chlorides; it was, however, passable. However, after the outbreak of beriberi among the Boers and of enteric among our troops only distilled water was supplied.

With regard to the clinical symptoms: every case, with two exceptions, was of the dropsical variety, and in many cases there was rapid oedema of the scrotum and penis. The scrotum often swelled so enormously as to require punctures. was no retention, no albuminuria, no marked anaemia, no marked paralysis (except in two cases mentioned above); but always numbness and often complete anaesthesia of the legs, great pain over the tibiae and the sternum, and in the worst cases dyspnoea. Appetite was good and the bowel functions normal. The spleen was not enlarged.

In about 30 per cent. of the cases the gums were spongy and the calves of the legs hard. The two exceptional cases showed marked ataxic symptoms, rapid emaciation, and a lemon tint of the skin like that of pernicious anaemia. But these also recovered entirely.

The following points were of most importance as bearing on the question of place infection: (1) Nearly all the patients were old men (50 to 70) worn out by hardships and mental anxiety; (2) the proverbial dislike of ordinary Boer to clean-liness and ventilation; (3) the prolonged residence on the same camping ground, though the sanitation and food and water supply were carefully looked after; (4) the total absence of any similar disease among the home troops encamped on adjacent land, equally crowded, sleeping on bare ground, but accustomed to bathing parades and by nature cleanly; (5) the epidemic of enteric among the troops at the same time as the outbreak of beri-beri occurred among the Boers; (6) the marked recovery of even the most acute cases after their removal to fresh ground and the addition to the ordinary diet, as compared with the considerable mortality among those at

as compared with the considerable mortality among those at first sent to Jamestown.

Colonel Williamson, P.M.O. Capetown, laid considerable stress on the fact that 26 out of 78 cases then in the beri-beri camp had come from the Potchefstrom district of the Transvaal, where a mild form of beri-beri was supposed to be endemic. But it is hardly likely that a man could carry a latent disease for three years.

In record to Dr. Manager's observations on the relation

In regard to Dr. Manson's observations on the relation between beri-beri, sleeping sickness, and malaria, Dr. Wheeler writes: "After having been in constant attendance on the beri-beri camp for two months, I went down to Jamestown one day when I was not feeling very well, having had sub-acute malaria for a few days. In Jamestown I remarked to another medical man that I had a severe pain in the calf of my right leg, and jokingly said. I believe I have got beri beri myself. I did not feel inclined for lunch, and walked back to camp, a distance of six miles up an ascent of 2,000 ft. When I arrived home I collapsed completely, went straight to bed, and did not waken for twenty-four hours; then I slept again for three whole days without food or drink then I slept again for three whole days without food or drink. On the fourth day I wakened in hospital perfectly well, except for slight numbness in the right arm and leg, and pain in the wrists. Drugs or alcoholism could be entirely excluded (I have always been strictly temperate), and the causation puzzled everyone. For myself, I put it down to sheer exhauspossible everyone. For myself, 1 put it down to sheer exhaustion, but the paper referred to has suggested a possible connection with beri-beri. I was never unconscious; only always wanted to sleep. Three days of constant feeding made me absolutely well again, in fact in better form than I had been for a long time? for a long time.

"During a residence of six years in tea districts in India I have naturally seen a large number of cases of the disease known there as beri-beri, and of malaria in all its forms. I have also as a visitor seen the form of beri-beri common in Singapore; but this epidemic in St. Helena has exhibited features very different from those in the other countries. The countries of the cases the resid recovery on removal to freely acuteness of the cases, the rapid recovery on removal to fresh ground, the absence of all factors hitherto considered causative, with the notable exception of that of fouled ground and personal uncleanliness, is most remarkable."

SOUTH-WEST LONDON MEDICAL SOCIETY.—The first meeting of the winter session of this Society was held on October 8th at Bolingbroke Hospital, Wandsworth Common, Surgeon-Major Robinson, President in the chair. Dr. Guthrie Rankin, Senior Assistant Physician to the Royal Hospital for Children and Women, read a paper on the Treatment of Dyspepsia by Antiseptics, which was followed by an animated discussion.

<sup>1</sup> BRITISH MEDICAL JOURNAL, September 20th, 1902, p. 830.