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ological laboratories and were doing splendid pathological work, but he maintained that, although neither Oxford nor Cambridge could offer the magnificent clinical opportunities and the enormous amount of pathological material that was so excellently managed in some of the London schools, the older universities were still able to prepare their men to utilise to the full these opportunities. They could instil into them the principles of pathology, and train them in methods of observation and work perhaps even better than it could be done in the rush of the London schools, where there was so much of clinical interest to the senior student, indeed, such a wealth of material that it might distract the junior student from the minute and careful study of the elements of his work. Would it not be to the advantage of the undergraduates that they should in university laboratories and in the smaller hospitals have a good foundation laid on which they might in larger hospitals build a solid and enduring superstructure? There could be no better place for the encouragement of the various branches of pathology than a university. In Oxford they now had their workshop, but they had something more, they had the men to work in it, men already trained in power of observation, in scientific accuracy, in logical methods of thought, and in those broader philosophical systems which enabled a man to classify his facts and utilise them as material for scientific deduction in his study of pathology and medicine. Thanks to such laboratories as the one in which they were assembled, medicine was passing from the phase of empiric practice to the clearer region of scientific method. Oxford had long had its teachers and its pupils; now she had a workshop in which these men might work, and they might now expect even more and better pathological work from the Oxford School than in the preceding period, during which they had been so active. In concluding, he ventured on behalf of the Cambridge Medical School, and also of those members of the Scottish Universities present, to offer to Oxford their hearty congratulations on what had already been achieved by her great medical teachers, and their best wishes for the extension and development of her active school of pathology.

The REGIUS PROFESSOR OF MEDICINE (Sir J. Burdon-Sanderson), in moving a vote of thanks to the Vice-Chancellor for presiding, said it was a happy augury that the Vice-Chancellor was a lineal descendant of that Dr. Monro to whose teaching the founding of the great medical school of Edinburgh in the middle of the eighteenth century was largely due.

The MASTER OF LINCOLN COLLEGE seconded the motion, and expressed the pleasure with which he and the other members of the University not belonging to the medical faculty had seen this last addition to its resources.

The VICE-CHANCELLOR, in briefly acknowledging the compliment, said that he was glad to find that the memory of his great-great-grandfather was still green.

NOTES ON THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

By A.M.S.

Advisory Board.—There is a looseness in the wording of this paragraph, and it is doubtful if the Committee were aware that surgeon-generals are officers of the Army Medical Service, but not of the Royal Army Medical Corps. It would appear that the two army medical officers who may be appointed to the Advisory Board must not hold a higher rank than that of colonel. Thus Colonel J. L. Notter, late Professor of Hygiene at Netley, would be excluded on attaining his next step of rank now due, while other surgeon-generals, all specially selected and possessing wide knowledge of tropical disease, would likewise be excluded.

Appointment of Civil Members.—The civilian physicians and surgeons are required to hold or have recently held a post on the acting staff of a leading civil hospital. It is presumed, therefore, that they are in the enjoyment of lucrative practices. It is apparently expected of them that for £200 a year they will devote much time to the public service of their country. It is not surprising that Sir William Thomson enters a protest. While performing duties beyond a radius

of four miles from Charing Cross the civil members will receive, in addition to their salary, out-of-pocket expenses. £1 a day railway and cab fares is the usual rate allowed.

Duties.—The nature of the work is defined and embraces practically the consideration of army medical matters in peace and war throughout the Empire. It is not made clear in Paragraph 7 if the Advisory Board is to undertake the duties hitherto performed by the Mobilisation Committee, the Army Sanitary Committee, the Central British Red Cross Committee, and the Medical Promotion Board. All of these have representatives from the medical branch of the War Office. The Advisory Board will consider all plans for new hospitals and upon standard plans for barracks and standing camps which may be submitted. Submitted by whom? By the Inspector-General of Fortifications or Army Sanitary Committee? A report by the Advisory Board is to be submitted to the Secretary of State, but the Secretary of State is not an expert on plans, and naturally he will refer the subject to his advisers. Buildings and sites for camps are matters pertaining to the Quartermaster-General's Department and Fortification Branch, but the Quartermaster-General is also *ex officio* President of the Army Sanitary Committee, and he may already have given approval to the plans submitted. The Quartermaster-General and Inspector-General of Fortifications will therefore act, first, as pleaders, and, secondly, as judges.

The annual inspection of each of the military hospitals by a subcommittee, consisting of at least one military and one civilian member, forms part of the duties. It is well that the civil member should clearly understand what he is about to undertake. In the various military districts in the United Kingdom there are 138 military hospitals, ranging from Colchester and Cork to Inverness. At the annual inspection of hospitals in the North-Western District the Principal Medical Officer used to spend more than half his days on the railway; that record is likely to be beaten by some of the civilian members of the Advisory Board.

It may, no doubt, be advantageous in some instances to obtain the views of eminent civilians on army medical matters, although their previous training and professional knowledge as experts on disease will not help greatly to good administration. The main advantages which the Advisory Board will possess over the Director-General acting alone will be that its opinion as influencing public opinion is not so likely to be disregarded by the War Office in the future as it has been too often the case in the past, when the Director-General's opinion was over-ridden. Against that advantage is the delay that must occur in the performance of the current work of the office. There will be numerous instances when the Director-General will be compelled to act on his own initiative, without awaiting the consent of his colleagues on the Board.

It has long been advocated by the medical profession that the Royal Army Medical Corps should be constituted on the lines of the Royal Engineers. Mr. Brodrick knocks that idea on the head. I wonder what would be said by Royal Engineer officers were the Inspector-General of Fortifications ordered to be associated with an advisory board of eminent civil engineers? Yet if public opinion counts for anything, the necessity for such a course is fully as great for the Royal Engineers as it is for the Army Medical Service.

The present war has put an unprecedented strain upon all branches of the Army, but criticism has been directed mainly to the medical side. The evidence given before the South African Hospitals Commission was not wanting in detail, and in the voluminous report published there is not a single instance of maladministration recorded against the late Director-General or the officers associated with him. Any shortcomings were proved to be due to the want of appreciation by the War Office officials of the advice given them. Mr. Brodrick is an adroit politician, and no one knows better the effect of drawing a red herring across the scent.

Examinations for Promotion.—As regards the examination for promotion there appears to be a new departure intended. The Board of Examiners, on which the English, Scotch, and Irish schools were represented, were employed at the entrance examination, but not for promotion. For the latter a London physician and a London surgeon examined on their particular subjects, while questions regarding regulations, interior

economy, military law, etc., were framed by experienced Army medical officers.

Admission to the Service.—The proposed regulations governing admissions into the service indicate little change, save that importance will be given to a confidential report from the dean or other authority of a medical school. In the large schools, such as the Edinburgh School, such reports are likely to be extremely vague as regards conduct. The giving of commissions to civil surgeons over age who have served with troops in the field is a custom which existed during the Crimean war, and has been exercised in many instances during the Boer war, but without examination. A surgeon who has proved his worth on active service might well have been excused the necessity of an examination and approval of the Advisory Board. The conditions destroy the benefits intended. The power formerly given to the governing bodies of medical schools to nominate candidates has apparently been withdrawn. That power was never exercised save in the case of a dearth of candidates. The nominees have been reported by the Netley professors as quite equal professionally to the average candidate received by open competition, and superior socially. It would perhaps have been more expedient to have awaited the success of the present scheme before cutting off a supply which in the present juncture has proved exceedingly useful.

Army Medical School.—The course of instruction at Netley for a surgeon on probation for the Home and for the Indian Service was the same and lasted four months; in future it will be for two months only for the King's service. It remains to be seen whether or not the India Office is prepared to curtail the length of the course at Netley for their candidates, if not the professors will be in placed in the awkward position of having to deliver a complete course of lectures to one set of candidates and a modified course to another. Such an arrangement at best will be exceedingly unsatisfactory and was only had recourse to during this war through the urgent need of *personnel*.

Home Surgeons and Home Physicians.—Certain inducements to enter the service are held out to men whilst holding a resident appointment in a recognised civil hospital, but here again, like King Charles's head, the examination appears. House surgeons and physicians have neither the time nor inclination to appear for examinations, and as most of them have been prizemen of their schools a recommendation from their hospitals should be considered as a sufficient guarantee of their worth.

Attachment to Units.—The paragraphs having reference to the attachment of lieutenants to units gives no information regarding the period of attachment, nor is it stated whether or not the unit is stationed at home or abroad, but, judging by paragraphs 29 and 30, it would appear that they will remain at home for at least three years and six months. In India and the Colonies there are many medical officers whose tour of foreign service has expired, and who require relief. It has been possible during the last two years by hurrying lieutenants through their training to send them abroad to meet urgent demands. That source of supply will cease. India must get her proportion. Where are they to come from? There is, I fear, little hope of soon being able to spare officers from South Africa, and after the hard work and privation incidental to war it is not probable that many will be physically fit to begin a fresh tour of service in India.

Reserve.—It is in accordance with all experience that an officer having once joined the Service intends to make it his future career, and if his services prove satisfactory he will be permitted by the scheme to do so, or be given permission to retire on engaging for a period of seven years in the reserve, receiving £25 a year while so serving. There is nothing to show that he will be permitted to resign his commission voluntarily. That is a condition which I think few will be willing to accept. Liability to recall will exercise a serious effect upon individuals. If they purchase a practice or enter into partnership £25 a year is a small sum to receive for undergoing the risk of the forfeiture of the money invested. During the present war there have been many instances of civil surgeons who, out of a sense of patriotism, volunteered their services, but subsequently begged to cancel their engagements on account of the pecuniary sacrifices they were making. The proposed regulation is likely to prove injurious to the lieutenant and

certain to be costly to the State without any compensating advantage whatever. For three years and six months while he is preparing for his examination for promotion his services cannot be utilised generally. He will continue to be practically a probationer, while his seniors will be grilling in the plains of India or trekking in South Africa, without a chance of escape except through sickness. It is presumed, also, that the rules will apply to all lieutenants now serving, many of whom are abroad. If so, they will have to be recalled without the possibility of being relieved by others.

Examination for Major.—The examination for promotion to the rank of major will be attended by difficulties whenever the officer happens to be abroad, where facilities do not exist for preparation. If he be rejected twice he will be compulsorily retired, apparently without any gratuity, but it seems he can retire with a gratuity if he prefers to do so without examination.

India.—Previous service in India is no longer required for promotion to the rank of colonel and surgeon-general. This is an unfortunate change introduced apparently to benefit the medical officers of the Guards.

Conclusion.—From the foregoing, it is manifest that a medical officer's success in life will depend upon the quality of the examination he is capable of passing. The period given him to attend civil hospitals is a boon, but anyone with experience of a system of examinations will condemn it as harassing in the highest degree, moreover it will prove useless for the purpose intended, namely, to make the officer a better practitioner. When a man's future depends upon the successful accomplishment of any particular work, he naturally will turn to the person who can help him the best, and as an aid to pass an examination he will not be found in the hospitals, but with the grinder, besides the capacity to answer questions well is but a poor test of efficiency in a public service.

The scheme as drawn out is crude in the extreme, and almost every paragraph shows the hand of the amateur in administration. The one thing, the most urgent, and upon which every improvement, every reform hangs, is an increase of the *personnel* of the corps, and that is not referred to. Increase of pay will not compensate for a starved service.

CONFERENCE ON WATER SUPPLIES AND RIVER POLLUTION.

A CONFERENCE on Water Supplies and River Pollution, arranged by the Sanitary Institute, was opened at St. Andrew's Hall, London, W., on Wednesday, October 16th, when the chair was taken by Professor H. Robinson, M.Inst.C.E., in the absence of Sir Alexander Binnie, who was unable to be present owing to a domestic bereavement. There was a numerous attendance, including delegates of many sanitary authorities. A series of papers intended to serve as introductions to the discussions had been printed beforehand in a pamphlet, and were taken as read.

WATERSHED AREAS.

Mr. J. PARRY, M.Inst.C.E., contributed a paper on the protection of watersheds, in which he described the two methods of procedure which had been adopted, on the one hand the sanitary regulation of watersheds by statutory by-laws, and on the other the acquisition of the watersheds by the water authorities, and discussed their relative advantages. The conclusion at which he arrived was that if water supplies were to be effectually protected against all the risks of pollution prejudicial to health which modern science had revealed, the sources of supply, including the entire area over which rain was collected, must be owned by the authority responsible for the waterworks, and be managed solely in the interests of the water consumers. With regard to the question how the drainage areas thus acquired could be profitably utilised consistently with the maintenance of the high standard of purity, he expressed the opinion that there were many uses to which such lands could be applied, as, for example, sheep-farming, plantations, and deer parks, that would produce some return for the outlay incurred in the purchase, and at the same time would satisfy every reasonable demand as to purity.