

BMJ

The Undermanning Of The Army Medical Service

Source: *The British Medical Journal*, Vol. 1, No. 2107 (May 18, 1901), p. 1244

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20268406>

Accessed: 07/02/2015 12:11

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at
<http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Digitization of the British Medical Journal and its forerunners (1840-1996) was completed by the U.S. National Library of Medicine (NLM) in partnership with The Wellcome Trust and the Joint Information Systems Committee (JISC) in the UK. This content is also freely available on PubMed Central.



BMJ is collaborating with JSTOR to digitize, preserve and extend access to *The British Medical Journal*.

<http://www.jstor.org>

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service for May, 1901:

Distribution in the Army List for May, 1901.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals ...	5	1	4	—	10	—
Colonels ...	10	5	10	2	27	2
Lieutenant-Colonels...	32	55	77	1	165	3
Majors ...	32	154	123	7	316	2
Captains ...	23	73	107	6	209	5
Lieutenants ...	47	129	49	2	227	3
Total ...	149	417	370	18	954	15

The total number of officers is 1 fewer than in April, being 954 against 955. There are 19 more officers at home, 1 fewer in South Africa, and 4 fewer at other foreign stations. The unposted are 18, and, being mostly above the rank of lieutenant, represent officers who have come home on relief or are sick. The retired pay officers employed number about the same.

THE MILITARY OPERATIONS IN CHINA.

IN the despatch from Lieutenant-General Sir Alfred Gaselee, dated Peking, January 17th, 1901, and published in the *London Gazette* of May 14th, the following are mentioned for their good services: Major J. M. Reid, R.A.M.C.; Major H. E. Cree, R.A.M.C.; Lieutenant-Colonel E. M. Damlam, I.M.S.; Lieutenant-Colonel L. A. Waddell, I.M.S.; Lieutenant-Colonel D. B. Spencer, I.M.S.; Lieutenant-Colonel G. E. Fooks, I.M.S.; Major W. W. White, I.M.S.; Major H. F. Whitchurch, V.C., I.M.S.; Captain W. H. Kenrick, I.M.S. General Gaselee further records the great value to his force of the hospital ship *Gwalior*, which was so loyally placed at the disposal of the British troops in China by Colonel His Highness the Maharaja Sindhia of Gwalior, G.C.S.I.

AMBULANCE CHALLENGE SHIELD.

THE Council of the Volunteer Medical Association have arranged that the final competition for the Ambulance Challenge Shield at present held by the 2nd Volunteer Battalion Royal Fusiliers, shall take place this year on Saturday, June 1st, at Wellington Barracks. Regiments intending to compete should signify the same without delay to the Honorary Secretary, Surgeon-Major de Zouche Marshall, Shortwood, Teddington, from whom all particulars can be obtained. Owing to Her late Majesty's death, the volunteer medical officers' annual mess will not take place this year.

THE DEADLOCK IN THE R.A.M.C.

AN OLD MEDICAL OFFICER writes that the present deadlock in the R.A.M.C. has something to do with the abolition of the old regimental system supplemented by a "medical staff." Economy is at the root of the present condition of things—a scrape along on a bare peace establishment, with no allowance for pestilence and war. The breakdown in China in 1860 was directly caused by the War Office superseding the Indian arrangements with which the war began. The same kind of thing has happened during the Boer war—the attempt to carry on a great campaign with a medical establishment not even sufficient for peace duties. The soldier should be taught to look upon the medical department as something to fall back upon when he is sick or wounded, not as a starved branch of the army. He recommends that competition should be abolished, the old system of nomination with a qualifying examination only maintained.

THE R.A.M.C. AND THE PROPOSED COMMISSION.

SURGEON-MAJOR FREDERICK W. GIBSON, 1st Durham V.R.E., writes: I notice in the *BRITISH MEDICAL JOURNAL* of April 13th a letter from Dr. Edward Thompson, M.P., in which he suggests, paragraph 8, "Six months' military training at Netley or Aldershot.....a surgeon should know enough battalion and company drill to take charge of the men of his own corps when necessary." Yet it distinctly lays down that a combatant officer who joins the medical branch loses his previous service in counting for promotion. I know I had three and a-half years' combatant and seven years' rank service lost in promotion, yet I have found that service of most use to me in connection with my volunteer career. I frequently come across volunteer medical officers going up for examinations who are at a loss to know how to get a company from one side of a square to another, or do any simple squad movement. I would suggest that all medical students take out commissions in the volunteer force, for, when qualified, this training would be of immense value to them, whether they entered as a volunteer or army medical officer, and it should form part of one of the regulations for entrance—that is, not less than twelve months' rank on combatant service in a volunteer, militia, or line regiment, previous to joining the medical staff.

SUGGESTIONS ON THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

R.A.M.C. sends us a very lengthy communication on this subject. He writes: The establishment of a Government medical school or cadet school does not seem advisable; the present competition is better; but, as an alternative, might not the various universities or schools, at a fixed percentage, have the power to nominate to commissions? Competitors should be at once commissioned and pass to Netley for special instruction in subjects connected with the Army Medical Service. This instruction should last for twelve months, and embrace both theoretical and practical studies in advanced medicine and surgery, hygiene, bacteriology, administration, etc. A number of medical officers of each rank should be annually sent to study particular subjects, and to afterwards lecture on them at the stations where they may be quartered, so that the knowledge thereof may filter through the entire service.

The Militia Medical Corps should be reconstituted, and to bear the same relation to the militia as the R.A.M.C. does to the regulars.

The Volunteer Medical Corps should be similarly constituted and wear one uniform.

Courses for the militia and volunteers to be held at various large convenient centres, and at Netley as a head school, under a senior medical officer. Rank in the auxiliary forces should correspond with that in the regular army.

The R.A.M.C. in peace should be organised in field hospitals and bearer companies, to be allotted to fixed stations; reliefs to be effected by interchange of officers and men of companies. Officers not required with companies should be allotted to base hospitals.

The companies should be filled up to war strength on hostilities. In field service all orderlies should be carried in carts or ambulances; mounted companies should have permanent transports; dismounted to be horsed by A.S.C. Light two-wheeled carts should be allotted to companies. Lighter ambulances should be provided. Motor ambulances should be provided where the country is suitable.

Reserves should be formed of:

1. Officers and men who have served in the R.A.M.C.
2. Trained St. John Ambulance men.
3. Others who may volunteer.

An increase of regimental stretcher bearers is not advisable under modern conditions of small arms fire.

Young medical officers should be attached to regiments for two years. Principal medical officers should be on the staff of the general officer commanding.

MEDICO-LEGAL AND MEDICO-ETHICAL.

GUY'S HOSPITAL MATERNITY CHARITY.

ON May 9th, Mr. A. Braxton Hicks held an inquest at Lambeth on the body of George Ernest Eyre, aged five days, the son of a printer's labourer living at 24, Caffin Street, Lambeth.

Elizabeth Lloyd, 16, Caffin Street, said she attended the mother of deceased in her confinement, a midwife being also present. The baby was not a strong child when born.

Marian Langley, a midwife attached to Guy's Hospital Maternity Charity, residing at 10, St. Thomas's Street, S.E., the Institution, deposed that she attended Mrs. Eyre in her confinement. The child was expected about that time. Witness was sent for on Sunday, May 5th, and went back again. The baby was born before she got there the second time. Mrs. Lloyd said it was a natural presentation. Witness attended to the mother and child. The latter was a little discoloured, but quite normal. On the Monday afternoon at about 2 o'clock witness again visited, and she paid a further visit on Tuesday or Wednesday, when the child was apparently all right; she saw nothing the matter with it. It was not a large child. One of her assistants then took over the case—one of her pupils. She was there first, and sent for witness.

The Coroner (surprised): You have pupils, do you? Where is it going to stop? Pupils will be having pupils too, I suppose. I am not surprised what the medical journals say about this midwife business. Although you are a certificated midwife, when a call is made you send a pupil, who finds something wrong, and then you go. Do not you think you should have called the obstetric physician—a qualified practitioner?

Witness: I often have cases like this.

The Coroner: And I have often to hold inquests because a medical man, who could give a certificate, is not called, and midwives take too much upon their own shoulders.

Witness went on to say that the nurse told her of the death at 9 o'clock on Friday morning, and she asked Dr. Sime, the physician, to see the child.

The Coroner: You did not see it?—No, sir.

The Coroner: You could not tell what was the cause of death; then why did you give this certificate:

"GUY'S HOSPITAL.

"Guy's Institution,
"10, St. Thomas's Street.

"This is to certify Mrs. Eyre, of 24, Caffin Street, was delivered of a male child, April 29th, that it died May 2nd from inanition with convulsions.

"Marian Langley,
"Midwife."

Witness: I had seen the child.

The Coroner: The doctor could not give a certificate because he only saw the child after death. First of all, this certificate is incorrect as to the date of death. It is on paper headed "Guy's Hospital," which gives it an official aspect. Why did you put "convulsions" when you never saw the child in one?

Witness: Dr. Sime saw the child and was of that opinion.

The Coroner: If Dr. Sime could not give a certificate why should you? Have you ever had a case like this before?—No.

The Coroner: Then I trust you won't give another certificate. I never