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BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1901.

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British Medical Journal.

SATURDAY, MAY 4TH, 1901.

THE MILITARY MEDICAL SERVICE.

THE Council of the British Medical Association at its last meeting adopted a report on the Military Medical Services which had been sent up by the Parliamentary Bills Committee. The report, which is published as a special supplement to this issue of the JOURNAL, was drafted by a Subcommittee of experts upon which the medical officers of the auxiliary forces were represented, and which was presided over by Surgeon-General Hamilton. The suggestions contained in the report are therefore of a thoroughly practical character, and will, we trust, receive the sympathetic consideration of the Secretary of State for War.

The substance of the report falls under two heads—the medical services of the regular and auxiliary forces—but also touches on the Indian Medical Service, which cannot, of course, be left out of account in any consideration of the needs of military service of the Empire.

The regular service is dealt with both generally and specifically, and fairly exhaustively. Although the general causes which make it unpopular and keep it undermanned were well known, at least to experts, the subcommittee wisely determined as a preliminary to the consideration of the subject to ascertain the views of the medical colleges and schools throughout the kingdom. A large number of replies were received, and, as will be seen from the analyses of answers given in the report, there is practical unanimity on one point, namely, that undermanning lies at the root of the drawbacks and consequent unpopularity of the service.

From this one cause there result a host of evils such as overwork of individuals, harassing changes of stations and duties, undue prolongation of terms of foreign service, insufficient ordinary leave, and no possibility of leave for the improvement of professional knowledge. Insufficient pay in junior ranks is indicated as one of the chief causes of this undermanning. It appears that the pay cannot be made to cover unavoidable expenses, and it is therefore held that an increase in pay must precede any successful filling up of establishments. This difficulty has been rendered acute by the fact that the army has now to compete with the increased emoluments which assistants have in recent years been able to command in civil life.

Notwithstanding successive augmentations of the army during past decades, with consequent increase of duties at home and abroad, the medical service is at present about

200 under what it was forty years ago. Further, it has now to provide for the militia, as the 300 militia surgeons of that period have all but died out. Taking the two branches together, there are now actually 500 fewer medical officers than in the early Sixties.

The processes of the official mind are often inscrutable, and it is therefore difficult to determine the reason that has led to these two services being allowed to fall into so lamentable a condition, unless it be mistaken trust in a so-called "Reserve," formed about thirteen years ago, by the simple procedure of counting the medical officers of the auxiliary forces two or three times over in separate lists. The fallacy in the constitution of such a reserve was pointed out at the time of its formation, and since then the attention of successive War Ministers has been drawn to the matter. The Committee points to the fact that this Medical Reserve was not called up during the Boer war, as proof that the authorities did not regard it as a reserve in the true sense of the word. If by "national emergency" invasion only is meant, it would be of even less value, as then the officers would have to join their respective corps on mobilisation. The cogency of this reasoning cannot be gainsaid, but we could have wished that the Committee had seen its way to suggest some definite scheme for a genuine reserve. It must be admitted that the task of forming a reserve of civil practitioners tied down by private and personal responsibilities which perhaps exceed those of any other class in the community is very difficult.

Among the conditions which are mentioned as operating to deter young men from entering the Army Medical Service the character of the present entrance examination is mentioned. It was instituted at a time when the diplomas of the licensing bodies in the United Kingdom were granted after a curriculum and examination very different from those now required. It must be remembered that for years past competition for commissions in the Army Medical Service has practically ceased, owing to the fact that the number of candidates has not, as a rule, equalled the number of vacancies. The report recommends that in place of competition, which has become inoperative, candidates for the Royal Army Medical Corps should be recommended by the various constituted authorities of the profession, the universities, colleges, and schools. It is believed that in this way the class of men best suited for the army would be obtained. As an aid to the successful application of this principle the formation of medical cadet corps at the various medical schools is suggested.

It would be useless to attempt to forecast how this suggestion of the abolition of open competition will be received by the authorities. Competition is assuredly no longer the popular fetish it was thirty years ago, though there is still much to be said in its favour. It is the fact, however, that in the army medical service it has practically ceased to exist, and the situation thus created has to be dealt with. It is clear that competition and nomination cannot be carried on as they now are, side by side. One of them must go; and as the former has already in practice ceased, there seems to be no alternative but nomination.

The true army status of medical officers still seems doubtful in the schools, notwithstanding the granting of military titles in a Royal Corps; this is doubtless due at least in part to

distrust of the military authorities, from whom these concessions were wrung virtually by force, and who still try to minimise them in various ways. What is not at all doubtful, however, is that should any ill-advised meddling with the rank and titles of army medical officers now be attempted under the name of reform, the result will be an abject failure that will cover the responsible Minister with shame as with a garment, and lead to a state of things that will entail heavy cost to the overburdened taxpayer and too probably also much preventable suffering on our troops.

The report contains some valuable suggestions as to reorganisation of the headquarter and district medical staffs. The pay and position of such a high-placed officer as that of Director-General are inadequate, while his staff has been cut down, much below the strength fixed for years under the recommendation of the Sidney Herbert Commission of 1858.

The addendum dealing with the Indian Medical Service recommends its amalgamation with the home service, in so far as military duties in India are concerned; but the subject is much too wide to be now discussed.

That part of the report which deals with the auxiliary forces contains in its first section the uncomprising statement that "organisation in the sense of preparation for the medical requirements of a large force on taking the field can hardly be said to exist in any branch of the auxiliary service." We venture to hope that this pronouncement will receive the serious attention of the War Office, for the tone of this part of the report shows that those best acquainted with the actualities and possibilities of the situation are much impressed by the many difficulties which must attend any attempt to provide an efficient medical service for the great auxiliary army for home defence contemplated in the scheme of the Government. Provision has to be made for the Militia, the Yeomanry, and the Volunteers, and the report is quite clear upon the point that the medical organisation for the auxiliary forces must be regimental as well as departmental. The organisation of the units of militia, yeomanry, and volunteers makes a unified medical service, as in the regular army, impossible, though it does not preclude the maintenance and development of the Volunteer Medical Staff Corps. On the contrary, the report recommends that bearer companies and hospital companies sufficient for the whole volunteer force if mobilised into brigades, divisions, and army corps, should be organised during peace for training, and that the existing companies of the Volunteer Medical Staff Corps and the brigade bearer companies represent the nucleus of such an organisation. It is further recommended that the medical services for the whole of the auxiliary forces should be organised on similar lines, but kept as separate branches, and made quite independent of the Royal Army Medical Corps.

Into the details of the scheme suggested in the report it would be premature to enter here. They will at least form a basis for discussion and for further elaboration as the situation becomes clearer. But we cannot refrain from drawing attention to the very different conceptions formed by the War Office and by the expert subcommittee of the British Medical Association as to the needs of the yeomanry. The War Office considers that one medical officer

will be sufficient for each regiment, and does not appear to contemplate any co-ordinating departmental organisation. The report of the subcommittee of experts assigns two surgeons to each regiment, and a supernumerary surgeon to relieve the strain on the two regimental officers during the annual training. It recommends also a yeomanry medical staff corps of 250 medical officers, with mounted brigade bearer companies properly equipped for service with cavalry.

We have before expressed the opinion that augmentation and reorganisation of the military medical services should not and cannot be long delayed. It is most important, however, that nothing should be done hastily, or without full consideration of the needs of the army and the peculiar exigencies of medical practice. We believe that the subject would be best threshed out by a committee on which the War Office, the military medical services, the teachers in medical schools, and the general body of the medical profession in the three kingdoms were fairly represented.

Mr. Brodrick has, as we have already pointed out, plenty of theoretical advisers inside as well as outside the medical profession, but we trust that he will listen with caution to theoretical reformers, who are not in touch with and have no real knowledge of the services, and who seem to imagine that the medical profession can be drawn upon at any time to any extent that may suit the requirements of the moment or the parsimony of Parliament. Unless service is to be made compulsory, this is simply a gratuitous assumption, and any scheme of provision for the emergencies of war, or even for foreign service in time of peace, based upon it must inevitably fall to pieces at the first impact of hard fact.

THE PSYCHOLOGY OF THE CONSUMPTIVE.

THE effect of bodily disease on the mind is a comparatively unexplored region of psychology. We, indeed, believe in a general way that long-continued severe pain may derange the reason; that cutaneous irritation may give rise to a kind of frenzy; that gout engenders an almost savage irascibility; that dyspepsia obfuscates the intellect and engenders spiritual gloom; that a disordered liver breeds melancholy; that a loaded colon disables the judgment; that fissure or fistula of the anus causes a peculiar irritability of temper. These facts suggest that every organic lesion, and, indeed, every pathological condition, may reflect itself in a corresponding mental disturbance, so as to supply a scientific basis for the charitable maxim, "*Tout comprendre c'est tout pardonner.*"

An interesting contribution to this field of clinical research has been made by Dr. Maurice Letulle, who in a recent number of the *Archives Générales de Médecine* gives the result of an investigation which he has lately carried out as to the psychology of phthisis. In the early stage, before the disease has caused extensive ravages, the intellectual aptitudes, according to this observer, are in young patients usually well preserved. Sometimes they seem to be exalted to an extent that may alarm the friends. Meanwhile the physical strength gradually wanes, the pallor of the face, wasting, want of appetite, and anæmia being in strong contrast with the mental energy.

There may be an active intellectual hyper-excitability the patient forming vast plans as if he needed to find an