

CORRESPONDENCE.

A SCHEME FOR AN ARMY MEDICAL RESERVE.

SIR,—You were good enough to publish a letter of mine written against the employment of purely civilian medical aid to supplement any shortage of the R.A.M.C. during war time. Can I trespass further upon your indulgence by asking you to publish the following ideas as the basis of a scheme for a practical army medical reserve which would be available both in peace as well as in war? I laid down in my former letter that the cause of failure in the past had been the belief that an army medical reserve could be created upon the spur of the moment, and from civilian aid. I tried to show—and from the sympathetic letters I have received I believe a number agree—that civilian medical aid must for success be limited to stationary hospitals in which there are trained female nurses.

It is very generally agreed that some practical scheme must be evolved for the augmentation of the R.A.M.C.

Both for efficiency, economy, and certainly for common sense, any scheme that can produce the desired end must be founded upon the dogma that an army medical reserve is to be in reality not a mere paper scheme; that the reserve is created and maintained to supplement the R.A.M.C.

Granted that, it is only common sense that the reserve must be trained upon similar lines to that of the R.A.M.C.

Every one realizes the value of co-ordination in education. At the present time both the R.A.M.C. and the volunteer medical services are trained on the same lines and instructed from the same manual. All that is wanted is to co-ordinate the R.A.M.C. and the volunteer medical services so closely that, when required, the volunteer medical services can supply any deficiencies in the ranks of the R.A.M.C. as high as that of Principal Medical Officer of a district. To attain this object the volunteer medical services must be welded into one—a R.A.M.C.(Vols.). At present we have in the volunteers three divisions. I give them in their seniority:

1. Officers of units.
2. Of the R.A.M.C.(Vols).
3. Of bearer companies of brigades.

It is true that for similarity of titles and of uniform 2 and 3 are alike, and there their identity ceases.

All three branches must be welded into a service—the R.A.M.C.(Vols.)—so that whatever branch a medical officer joined he would, on his gazette, automatically become an officer of the R.A.M.C.(Vols.).

The advantages would be:

1. A real service would be created that possessed a united voice.
2. There would be similarity of title of rank.
3. There would be one uniform.
4. There would be regularity in promotion.
5. There would be a free exchange, so that when a medical officer moved his residence he could be attached to a new and near unit.
6. It would obviate the present difficulty of getting medical officers for camp which so frequently occurs now; under existing circumstances, when the unit medical officer cannot go to camp there is no channel (official) by which a substitute can be found.

The objections to this are:

1. Some medical officers consider their unit as a club.
2. The officers commanding volunteer units seem to consider their medical officers their own private property and object to any interference with "their doctors." This proprietorship alone prevented the employment of numbers of volunteer medical officers during the late Boer war.
3. The majority of combatant officers in power at the War Office have been in the Guards, and are naturally in favour of the medical traditions of the Brigade of Guards.

4. A R.A.M.C.(Vols.) would mean an establishment, and at starting there would be a preponderance of senior officers, but Anno Domini soon will reduce that.

My object is:

1. To create a service—the R.A.M.C.(Vols.).
2. To augment the R.A.M.C. in peace as in war.
3. To induce officers of the R.A.M.C. who have retired

upon gratuities to join a similar service and give a backbone to the R.A.M.C.(Vols.), and so be optionally available.

Technical education. During the controversy last year on volunteers, generally the commonly expressed idea was that volunteers could and should be more self-contained, and more capable of self-education than at present.

In no branch of the volunteers is that more feasible or so practicable as in the medical branch. Because the medical officer starts as an expert in his professional duties; having already obtained State recognition of his fitness to "kill or cure." He only has in that respect to learn how to accommodate that knowledge to the service environments. What he must be taught are discipline, drill, and soldiers. The State has properly demanded that an examination must be passed A.F.E. 564 before the officer can obtain his uniform grant or promotion. The State also gives an allowance to those who attend one of their schools for from four to six weeks, and then pass an examination. Practically this is prohibitive, for in nearly twenty years only some forty, I believe, have availed themselves of it.

On the other hand, we know that some 700 have obtained the pass after instruction at the Volunteer Ambulance School of Instruction, and have done that of their own desire and at their own expense. I would suggest that all medical officers who attend that or other schools on producing a certificate and on obtaining their pass be allowed £1 a day for the period of the school class. My position as Senior Medical Officer of that school makes me reticent of saying more; I simply express what numbers of medical officers have desired. Perhaps my opportunity of voicing them is unique.

Any time after obtaining promotion, and as a *sine qua non* before field rank, every medical officer should attend for fourteen days a military hospital, receiving allowances.

Before a senior medical officer to a brigade was gazetted he should also have attended a station hospital and seen the interior economy of the office at a district under a principal medical officer, here, again, receiving an allowance.

In creating this service, R.A.M.C.(Vols.), more inducements should be given to develop those who can and will work, and there should be a volunteer senior medical officer at the War Office, with temporary rank of Surgeon-General, upon the staff of the Director-General, who should advise on volunteer matters. He should see that all units go into camp provided with a medical officer; he should during camp time inspect the medical *personnel* of all brigades and units; and should see that no brigades go to camp without an adequate brigade medical unit. This can be done by posting such units from divisions of R.A.M.C.(Vols.).

I believe very strongly that brigade medical units of divisions of R.A.M.C.(Vols.), say from Glasgow, Manchester, London, etc., would obtain more advantage if posted for fourteen days to field army brigades in their camps, than by being trained in a large body.

Now, to make this or any scheme a success, the authorities must give a *quid pro quo*, and in this case (1) I would suggest treating, when in camp, the medical officers liberally, because no medical officer can leave home without a *locum tenens*, and camp is also the substitute for the annual holiday; (2) volunteer medical officers should have the preference for gaol, post office, and civilian care of troops; (3) honours now given to combatants should, as promised in 1886, be shared by the medical; (4) one physician and one surgeon to the Sovereign be given; (5) a representative on the Advisory Board and upon the Red Cross Society.

If my scheme were carried out we should have a service of nearly 1,100 medical officers and 6,000 non-commissioned officers and men, of which 20 per cent. would be always available for service, and at a cost of less than £50,000 a year. It is better, in my opinion, to spend more on a service and not to subsidize a few.—I am, etc..

P. B. GILES,

S.M.O. Volunteer Ambulance School of Instruction;
S.M.O., XXXth Field Army Brigade.

March 5th.

THE ARMY MEDICAL SERVICES.

SIR,—I read with the greatest interest your most instructive article in the BRITISH MEDICAL JOURNAL of March 3rd on the above subject, and I certainly think that we ought all to feel greatly indebted to Sir Frederick

Treves for calling public attention to the matter, because I think that it is very evident that we are now very short of medical officers for the army, and one must see that it is quite impossible to keep the department up to its work, and especially so when on active service, with an insufficiency of skilled and trained medical officers.

There is certainly no lack of non-commissioned officers and men in the R.A.M.C.—at least, such is the case in the volunteers. As with the battalion to which I have the honour to belong, there are always a number of men waiting for vacancies, and this is due, in my opinion, greatly to the very good work that the St. John Ambulance Association are doing all over the country in getting young fellows interested in ambulance work; but the great dearth of qualified men to take the part of officers is certainly most serious. Though no doubt, during the Boer war, some most excellent work was done by civilian surgeons—and I never see one of these men with the South Africa medal without looking upon him with the greatest respect, as I consider the way many of these men left their practices and their homes and were away twelve months or more reflected the greatest credit upon the whole medical profession—but for the R.A.M.C. always to rely upon these men coming to its assistance is wrong, as it makes its existence far too precarious, though no doubt the lectures now being given will better equip men for medical military work, and also give them a greater interest in it. But, as you say, the best equipped for such work—that is, of course, with the exception of the actual R.A.M.C. men—are the medical officers of the reserve forces, as we have all learnt our drill, at first with the recruits in the squad, then company, and finally battalion drill. I also take it that 90 per cent. have passed their army proficiency examination before a properly-constituted Medical Army Board, and this examination is by no means easy. I myself had to coach for it for six months, and had to read very hard, and the experience we gain during our annual training is also of the greatest assistance; and the weekly drills and lectures we give must in every way fit us more for active service than men who have only sat and listened to a few lectures on the subject. I believe it is a fact that every medical officer attached to the reserve forces is wishful to do all he can to assist his King and country, otherwise he would not now occupy the position he does; and I am sure that the majority would still do more, if they knew what was expected of them, by becoming attached to the Army Medical Reserve. I am sure I would for one. I certainly work extremely hard for the good of my battalion, and I and my brother officer take care that every man in the ambulance section attends his drills and passes every year his examination in first aid and stretcher work—a thorough test conducted by an officer of the R.A.M.C. But I think now, if we could have it explained what it meant being on the Army Medical Reserve, many would join, and if a meeting were called, say in London, I am sure many would turn up, though, as you say in your article, our time now is fairly well taken up, and especially so during the winter months in the drill season; but if we could in any way assist the Army Medical Department, I am certain as patriotic and loyal men we should only be too glad to do so.—I am, etc.,

L. DEMETRIADI, M.D.,

Huddersfield, March 7th. Surgeon-Captain, 2nd V.B.W.R. Reg.

THE RELATION OF THE MEDICAL PROFESSION TO WAR.

SIR,—Mr. Keetley in his excellent letter in the BRITISH MEDICAL JOURNAL of February 24th on the relation of the medical profession to war, describes his heart-searchings when the question occurred to him, "Why have I never been a volunteer medical officer?" and he answers (*inter alia*) that he "had not realized how much more than his ordinary professional training a man needs to fit him for the position of a military medical officer." This remark is greatly to the point, but its truth would be still further accentuated were it understood how such extra training is not only instructive but in itself full of interest if acquired by the civil practitioner on the lines of the training of the R.A.M.C.

In contrast to that of the regimental volunteer medical officer, the training in the militia and volunteer R.A.M.C. is much more complete and interesting, and is entirely on

the lines of the regular R.A.M.C. The officer has a definite command, commencing from the subaltern of a half company, leading to the captaincy of an entire company, thence to becoming major and second in command, and so to the command of the companies of his district—for example, London, Manchester, Glasgow, Woolwich, etc. He is instructed in the technical drills, in which and in the practice of first aid he instructs his men, while the succour of the wounded in the field, in the functional work of the bearer company at the fighting line, collecting and dressing stations, and the more complicated but very interesting work of the field hospital and sick convoys, as also the administration of the various military medical units, are all actually practised.

That more of the junior members of our hospital staffs and younger general practitioners do not avail themselves of the opportunities furnished at these various centres is most astonishing when one remembers the recognized patriotism of our profession, and can best be accounted for by assuming ignorance on their part of the *genuinely interesting* character of the work.

It, of course, stands to reason that this particular line of work will only appeal to a certain class of mind, but there must be many of that class, both in London and other great towns, who would eagerly embrace the opportunity of combining useful work with interesting relaxation, did they but grasp the fact that the Militia and Volunteer R.A.M.C. combine both in a high degree.—I am, etc.,

VALENTINE MATTHEWS,

Lieutenant-Colonel, Royal Army Medical Corps (Volunteers),
Commanding London Companies.
London, S.W.

A NAVAL AND MILITARY MEDICAL SOCIETY IN LONDON.

SIR,—There is need of a Naval and Military Medical Society in London to discuss scientifically all matters connected with these services. It would include the Militia, Volunteer, and Yeomanry medical officer, and all persons interested in Ambulance Red Cross work in peace and war, and military sanitation. So far as I know, London is the only capital city without such a society.

I suggest a way by which the British Medical Association can greatly assist the formation of such a society. We have now succeeded in forming a Navy, Military, and Ambulance Section at our annual meetings.

I ask why should this Section cease to exist when the annual meeting is over? I desire that this Section be allowed to meet monthly in London, under the same presidency as controlled the Section at the annual meeting of the British Medical Association. This would ensure an independent society free from any War Office control or interference, and able to criticize its action and make suggestions—a thing impossible in a closely-controlled official body.

I maintain that all Sections of the annual meeting should exist and work until the following annual meeting, but this is a larger question than the one I now put forward.

Whether the British Medical Association is sufficiently interested to develop such a society or not, the need of some such body surely exists. I strongly advise the consideration of this question.—I am, etc.,

London, W.

GEORGE J. H. EVATT.

THE PANCREATIC REACTION IN THE URINE.

SIR,—The interesting paper on pancreatic necrosis and the pancreatic reaction in the urine which appeared in the BRITISH MEDICAL JOURNAL of February 24th is a valuable contribution to our knowledge of the still obscure question of diseases of the pancreas. Although I am naturally gratified to hear that a gentleman who is a skilled chemist has found the reaction in the urine I have described of value, I am afraid I cannot agree with several of the conclusions at which Mr. C. Lovatt Evans has arrived.

Mr. Evans says that the "B" reaction is of little use. This has not been my experience, for I have found that the difference in the amount of the deposit yielded by the "A" and "B" reactions is, as a rule, an indication of the degree of active inflammatory reaction in the pancreas. Like all other comparative tests, however, that are not capable of accurate measurement, its interpretation is to a certain extent dependent on the care with which the experiments are performed and on the experience of the