SOME THOUGHTS PROVOKED BY A YEAR IN THE UNITED STATES

BY

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From August, 1952, to August, 1953, I had the good fortune to be posted, on exchange, to take over the Dermatological Service of the Percy Jones Army Hospital, Battle Creek, Michigan. These remarks are the outcome of my experiences. I should like first to express my deep gratitude to the Commanding Officer of this large American hospital, and all his officers and other ranks, for accepting me as one of their number, and for making my stay exceptionally interesting and enjoyable.

The Percy Jones Army Hospital was of capacity some 1,000 beds, capable of expansion to 1,500. As it was also an orthopaedic centre, many of the patients were on convalescent leave following surgical procedures, so that the actual work was less than might be supposed. The Dermatological Department was part of the Medical Service, and under the direction of the Chief, Medical Service. This "direction," however, was administrative, and there was no interference with professional activities. There was no practical limit to the number of beds at my disposal, but in general there were some ten or twelve dermatological cases in the wards at any one time. The majority of the work was in the clinic, and here out-patients were seen from the military installations in the Mid-West Area, and from families living in and around Battle Creek. As the cost of medical treatment in the United States is high, Army dependants tend to settle around the Army hospitals, so that dependant out-patients in my department out-numbered military by something like two to one.

In addition to the main services, there were naturally adequate ancillary services, and it was practical to provide a comprehensive training programme for interns. Recognized specialists were available in all fields, and consultants from civil sources visited regularly. There were various weekly staff meetings, and these included a tumour conference, medical and surgical service conferences, an X-ray conference, and an excellent clinico-pathological conference, at which case histories were exhaustively discussed, unrehearsed, by various members of the staff prior to a comprehensive final elucidation by the highly competent pathologist. His study included finely reproduced coloured post-mortem slides and histological demonstrations.

All types of work were carried out at the Percy Jones Army Hospital. Being an orthopaedic centre, there were many cases from Korea, and the Physical Medicine Section was effective and well equipped. Superficial and deep X-ray therapy was carried out under the direction of the radiologist. There was also
a large Dental Section, in which specialization was carried out to a degree uncommon in this country. For example, routine examination and diagnosis was done in one room; fillings in another; extractions in a third; there was even a specialist in periodontal disease. All in-patients had routine dental care, and were not permitted to leave hospital without dental clearance. The standard of dental hygiene was consequently high, but, on the other hand, the stay of patients in hospital was often prolonged.

All in-patients, regardless of their disorders, were completely investigated. Routine tests included urine examination, complete blood count, blood serology, chest X-ray and naturally a complete physical check, including a blood pressure examination. This example might well be emulated in British hospitals. Much more is likely to be learned from a blood-pressure estimate, a chest X-ray, and a blood count and serology, than from all the routine soundings with a stethoscope that are performed, often perfunctorily, without other investigation.

Venereology was not a separate speciality. Syphilitic patients came to the dermatologist, and these included cases requiring estimation of positive serologies. These problems were not uncommon, particularly in coloured Americans. To assist in the estimation we had the facilities of the laboratories of the University of Michigan Hospital at Ann Arbor. The Treponema pallidum immobilization test could be performed there. Cases of gonorrhoea were treated in the “Dispensary” by the doctor who first made the diagnosis, with laboratory confirmation from the direct smear. Cases of non-specific urethritis were handled by the genito-urinary specialists. This system seemed effective. Venereologists must forgive me if I suggest that modern drugs have made their speciality practically redundant. Venereal disease departments should continue to function, because their administrative arrangements for record and follow-up purposes cannot easily be replaced.

As one might imagine, there were differences between the medical services of the American Army and our own, which are pertinent, particularly in these days when service in the R.A.M.C. is ceasing to attract doctors. Some of these differences might well be examined.

First there is in America a large Medical Service Corps (Non-Medical) which is responsible for almost all administration. The Senior M.S.C. Officer, a Colonel, had his office next to that of the (Medical) Commanding Officer. All equipment is the responsibility of the M.S.C., and doctors and nursing staff are not responsible except indirectly. Doctors are left relatively undisturbed to carry on their medical work. At the same time an effort is made to remove “rank consciousness.” Medical Officers are always referred to as “Doctor,” and their status is accordingly raised in a community in which the professional man is respected. These points are less trivial than they may seem. Nothing is more irritating to a man interested in the practice of medicine than continual administrative interference.

Furthermore, a specialist is promoted while remaining at his work. To reach the highest rank, as in the R.A.M.C., one must turn to administration.
At the same time any competent specialist can reach the rank of colonel and continue his job. Here is another elementary principle. These men are trained to compete with their civilian counterparts. Few competent physicians or surgeons will wish to sacrifice their experience and skill and exchange their vital functions for those of officials willingly. Either permit your specialist promotion within his field, or lose him.

Doctors and M.S.C. officers in America have adequate secretarial aid. Admittedly there is money to spend. But it is obvious to anyone that if there is a complicated administrative system, it will not be run efficiently by untrained National Service boys attempting to type on antiquated typewriters with one finger. One trained permanent secretary at a permanent installation such as any one of the larger military hospitals in the U.K. could do the work of three or four untrained N.S. boys twice as efficiently. I add the proviso that she (or he) should be supplied with some modern equipment: typewriters, filing cabinets, secretarial desks, and good lighting. Many potential fighting men would be released thereby. It is a false economy to “make do” with ineffective material.

In the ways I have described the doctor and the specialist is left free to run a medical practice in the Army. The American Army specialist is well trained. He is of equivalent status to his civilian counterpart, and his training has been precisely similar. For example, a dermatologist has had a three-year course at a recognized teaching centre, and is in possession of the American equivalent of a higher degree. I emphasize again that status is of importance if you wish to attract good men into the Corps.

I would not have my reader suppose that in my view everything in the American garden (or should I say “yard”?) is lovely. But they are ahead of us in the ways I have enumerated. Rather curiously, the American service doctor is “under-paid” compared with his potential earnings in civil life. Add to this the fact that the “draft” for doctors is (at present) more rigorous than for other classes of the population, and the fact that the “Regular” is seldom permitted to retire, and it will be appreciated that there is much dissatisfaction. Also, I have said nothing about the “American way of life,” of which we hear so much. It is not my intention to criticize the American for his way. I would, however, like to say that we in England too have a way of life, and there is much to be said in its favour.

There were many unimportant aspects of American Army hospital life that were strange to me, the visiting Englishman. I was never able to comprehend, nor could anyone inform me, why it was that, winter and summer, all windows were half covered with blinds to exclude the sun and the light, while all the artificial lighting blazed. I made occasional attempts to let in the light and the air, but soon had to desist. My American friends pulled my leg about it. I was the mad Englishman who enjoyed fresh air and playing games and walking for pleasure. It was also a little disconcerting to meet a Hollywood starlet or two, with very little on, on a hospital corridor; or to find Edgar Bergen and Charlie McCarthy outside the hospital theatre.

My sergeant was an excellent and intelligent fellow of Norwegian extraction.
who had, characteristically, very little education. He drove to work in a new “Plymouth,” and was very patronizing about my antiquated 1946 model (which I thought wonderful). “Why don’t you stay with us, sir?” he would ask me. “You’d make a million!” And in the next breath, “How lucky you are with your Queen, and not having to have elections and things!”

God bless all you wonderful American people who made our visit so varied and entertaining, and memorable! And hi, England! It’s mighty fine to get home!

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ANNOUNCEMENT

The 61st Annual Convention of the Association of Military Surgeons of the United States will be held from 29th November to 1st December, 1954, at the Hotel Statler, Washington, D.C.

The programme will cover a wide range of professional and scientific subjects, which will include the area of surgery of trauma, preventive medicine, chronic disease and preventive psychiatry. On display at the meeting will be exhibits of the latest advances in the military medical sciences.

For the entertainment of the members and guests, a full schedule of events is being arranged. As in the past, one of the outstanding features is the Honours Night Dinner, on 1st December, at which the Sir Henry Wellcome Medal and Prize, the Gorgas Medal, the Titt Award, the Louis Livingston Seaman Prize, and the Founder’s Medal will be awarded.

The Association extends a most cordial invitation to medical and scientific personnel to be present at the convention.