THE BIRTH OF A CORRESPONDENCE CIRCLE.

By Major M. B. H. Ritchie, D.S.O.
Royal Army Medical Corps.

Emanating from Major H. S. Blackmore's letter in the June number of the Journal, the idea of correspondence as a means of instruction has appealed to many officers, and it is gratifying to find that those who have expressed their interest in the scheme are not limited to the junior ranks of the Royal Army Medical Corps. The response to the letter in the August number is, on the whole, satisfactory. Several replies have been received, sufficient to justify the impression that a circle of medical officers can be launched.

The objective of the circle is to impart information and to discuss matters of military medical moment; to make the scheme a success, it is necessary that anyone who possesses an idea, and anyone who has a conundrum to solve, should give the circle the chance of developing the idea and solving the conundrum. Modesty need not be outraged, for names can be omitted; absence of high literary standard is no bar; notes need not be typewritten, both sides of the paper can be used; a pencil has equal rights with the pen. It is the ideas and the conundrums that are wanted; let us have something to think about and the circle will flourish.

As regards the method of operating the circle, individual inquirers can be answered direct; perhaps they in turn will assist in the elucidation of other inquiries. Epitomes of opinions on definite topics of general interest, and notes on subjects that have been dealt with, will be sent for publication to our Journal as and when sufficient material is collected. Now to some topics which have been under discussion.

THE PROFESSIONAL AND THE ADMINISTRATIVE.
WANTED, A POLICY.

When we get together and talk "shop"—a group on the ante-room fender seat—a subject that is frequently discussed is the vexed question of administrative versus professional duties for the higher ranks. In the group may be a specialist possessed of a high qualification, result of much expenditure, mental and monetary; he may ask what good it has done him, instancing the case of an officer whose specialist qualifications were a hindrance to his chances of honours or advancement in the late war. Such cases have occurred. Another on the fender seat may bring up the curious fact that a senior officer—or a specialist—is, to put it mildly, not in the least thrilled at the prospect of seeing the morning sick. Can it be that seeing the morning sick is infra dig. compared with seeing the morning correspondence? Are memoranda superior to men?
In dropping scalpel, test-tube, or stethoscope, in a wild rush to seize the telephone on the office table, are we, or are we not, pursuing an administrative will-o’-the-wisp?

Here is a subject that requires opinions from officers of every rank. In it is bound up much of our future efficiency; on it may depend our recruiting; by it may be judged the position that we hold in the eyes of the general public. Much can be said in favour of an upward administrative trend; much can be said also in support of professional duties being carried on by specially gifted senior officers. The civil side of the profession is not quite analogous to the military; again, the profession of medicine cannot be organized on lines wholly identical with the profession of arms. Have we got to scrap our old, and indent for new conceptions?

Is Chlorination Fool-Proof?

A correspondent inquires in what manner purification of water by chlorination is considered “far from fool-proof in practice,” and why there should be any special scope for us in the direction of improving this method of treating water on field service.

As the columns of this journal will demonstrate, much research has been done on this subject of late, but it has been confined principally to the second part of the process, which is chlorination. The point which impresses the onlooker is that much of the success of the process depends upon clarification. It is possible that some more efficient chemical disinfectant may be discovered, in which case bleaching powder will be discarded; but clarification, like the poor, is always with us as a difficult problem. Muddy, dirty water, often inevitable under conditions of active service, must be adequately clarified, or soldiers may resort to untreated waters. Clarification thus seems to be a very important part of the process, and when properly accomplished removes not only suspended matter but also bacteria.

The four water carts once allotted to a battalion have now been reduced to two; and there are the small units and the detached parties to consider; whatever war establishments there may be, small detached parties and units crop up on service, and the essence of disease prevention is thoroughness; every individual must be protected. Portable clarifiers for small units were provided during the late war, but these might be made lighter and more fool-proof.

There appears to be considerable scope for us in this direction. The experimental horizon of the medical officer is not limited by the four walls of a laboratory; nor need the experimenter be a scientist. The tools in a garage in place of the test-tubes in a laboratory, he who takes delight in the “innards” of an old Ford or a motor bike has as much opportunity for experimenting and devising as the scientist. In the appliance of modern military hygiene there is a wide field for the medical officer with a mechanical turn of mind. Why leave these matters to the engineer, when we know best what is required?
The Birth of a Correspondence Circle

But, it may be said, anything of this sort will be done at the College. Perhaps this is correct. Good men and able scientists though they be, the workers at the College have no more experience of water carts and water problems on field service than you. And the College is in London, while you are in a military station among the troops. It is you who are the better placed for the work, which resolves itself into practical application of the chlorination principle to actual conditions in war. The hardest-worked of us get a little leisure; cannot some of it be devoted to one of the numerous problems of war hygiene, such as water purification, or must everything be left to the College? Why not do a bit of thinking for ourselves, and help the old College along with some of the sound ideas that many most assuredly possess?

The Brain of the Corps

A College, a War Office, a high command, in all three cases it is necessary to obtain a clearer conception of what they are humanly capable of doing in the matter of military medical progress. Able, hard-working staffs must be assisted by the ideas, suggestions, results of work, furnished by the Corps as a whole; a closer liaison, an increased supply of mental raw material, as it were, will result in an increased output. An administration cannot be creative all the time; it must be co-ordinative, ready to exploit and develop ideas furnished by the administered. "Picking another fellow's brains," you may reply; but in the Corps there must be but one big brain to which all should contribute. Each one of us, if we only care, can assist the Corps brain. On us now rests the responsibility of maintaining the efficiency built up in the last two decades, and of preparing the way for the greatly increased duties that must inevitably fall to us when our potentialities in war are better recognized.

"Good Losers."

Let us forget our "moan" for a while. Disgruntlement has not helped much; let us now try the effect of collective work. We have got to think bigger. Ours is a relay race; let it not be said that those in the lap before us have done better; in spite of severe handicap let us go "all out" in a sporting effort, and set an example to the next relay. Never let us forget that we know how to be good losers.

Information Regarding Study.

One way in which a circle can be of use to officers is in the collection and distribution of notes and hints for those who contemplate sitting for examinations for the higher degrees and qualifications. It is hoped to obtain information of this nature for the benefit of any officers who may desire to know about the conditions for taking these degrees or qualifications, and Major C. M. Finny has kindly contributed the first of what may eventually comprise a complete series. His article on how to become a Fellow of the Royal College of Surgeons of England is given below.
PracticalHints on How to Become a Fellow of the Royal College
of Surgeons of England.

By Major C. M. Finny, M.R.C.S.,
Royal Army Medical Corps.

Information on the above subject may conveniently be considered under
the following headings:—
(a) Conditions imposed by the College.
(b) Facilities for study in the Army.
(c) Hints on the work necessary to pass.

(a) Conditions Imposed by the College.

The examination consists of two parts, generally spoken of as the
"primary" and the "final." Before presenting himself for the final, a
candidate must be qualified, over 25 years of age and either a M.R.C.S. or
have attended the surgical work of a recognized hospital for one year after
becoming qualified.

Before the war surgical work in a military hospital was not sufficient
to satisfy this last condition; but the College has become more lenient,
and recognition may be given for surgical work in a war hospital. If such
recognition is required, it is wise to make certain by writing to the Secretary,
R.C.S., The Examination Hall, Golden Square, Bloomsbury. The
time spent attending a civil hospital in London during the senior course at
the Royal Army Medical College may be counted. A certificate of attendance
should be obtained from the hospital Dean.

(b) Facilities for Study in the Army.

Though a certain amount of work can be done wherever one is stationed
the examination is difficult to pass without attending hospitals and "grind"
classes. The War Office is usually willing to help in this respect by station­
ing in London officers, who wish to work for the Fellowship.

For the second part of the examination, the best opportunity for study
is provided by the special course in surgery following the general senior
course at Millbank. This surgical course lasts about six months and con­
sists of the Fellowship "grind" classes at the London Hospital. As it
entails no other duties it provides unrivalled opportunities for study—
better, in fact, than most of the civilian candidates can aspire to.

(c) Hints on the Work Necessary to Pass.

The fellowship examination consists of two parts: (1) the primary in
anatomy and physiology, and (2) the final in surgery, applied anatomy and
pathology. There is a popular idea that the primary is the more difficult
of the two, but this is not the case. Doubtless it seems more difficult at
first for a qualified man to rub up his anatomy and physiology than to
study a subject in which he is already engaged; but, apart from that, the
standard of the final is much higher. Anyone, including a medical
student, can sit for the primary, and often as many as thirty per cent are
let through. But in the final rarely more than twenty-five per cent of the
candidates pass, and only individuals with sufficient brains to pass the
primary can compete. Further, it is a common thing to pass the primary
at the first attempt—this has been done by practically every R.A.M.C.
candidate in recent years—but it is the exception for a man to pass his
final without more than one effort.

(1) The primary consists of a paper and viva in both anatomy and
physiology. A very deep knowledge of the subjects is not required, but
the candidate must have a thorough and accurate grasp of the ordinary
pass anatomy and physiology. In addition, he should be able to
describe the various bones fully and accurately, and have a grasp of
embryology and comparative anatomy. The ordinary textbook, such as
Halliburton's, gives most of what is required in physiology, but it is wise
also to be familiar with the details of cutting and staining histological
specimens for the microscope.

As a question is often set on some recent article in the medical press,
it is wise to look up any such article which may have been published
during the previous year.

(2) Final examination.—This consists of surgery, surgical pathology
and anatomy. There is only one paper, which lasts for four hours, with a
rest at half-time. The remainder of the examination is clinical, and viva
voce, with the exception of the major clinical case, which is written up
after examining the patient.

The only really difficult parts of the examination are the paper and the
"spot" cases. The paper gives the brilliant man his chance of scintillating.
The questions are not usually difficult in themselves, but a high standard
is expected, and a knowledge of the more out-of-the-way points is useful
though not essential.

The pathology in the paper is not deep—no deeper than what one finds
in the ordinary textbook of surgery.

The other difficult part is the twenty minutes spent at the "spot" cases. All the rarest and most peculiar cases are collected from the
various London hospitals and the candidate is expected to diagnose at least
five or six in the time—the more the better his chances. It is a distinct
strain to be shown in succession morbid conditions which one may have
never seen before, and be expected to give a diagnosis; but fortunately, in
the more obscure cases, the examiners are often not agreed on a diagnosis
themselves, and so are satisfied with an intelligent guess from the
candidate, particularly if he can back it with arguments.

The remainder of the vivas are no more severe than an ordinary pass
examination as far as questions go, but as seventy-five per cent have got to
be "ploughed" the marking is stiffer.

The amount of work necessary to pass the fellowship examinations
naturally varies with the individual, but on the average two years is
ample. There is no necessity to "grind" for the primary, though it is undoubtedly a help, particularly for the physiology. For the final it is almost essential to attend "grind" classes at a London hospital, though some of the "grinds" by correspondence are a help for the written part of the examination. The chief value of the hospital classes is that it gives one a chance of seeing out-of-the-way cases, and of arriving at a diagnosis and line of treatment which may be criticized before the rest of the class. A man who is able to keep his end up when being "ragged" before his class-mates will not be bluffed into changing his mind by any examiner.

There are, however, two cautions I would like to emphasize. (1) The "grind" class often teaches unnecessary information, and (2) it tends to make the candidate feel once more a medical student.

It is a waste of time to learn up details of obscure diseases or ultra-modern treatments. The examiners are general surgeons who are not interested in such things and dislike being taught by the examinee. This applies particularly to pathology. The "grind" class at one celebrated London hospital includes a series of lectures by the Professor of Pathology. From an academic point of view they are doubtless excellent, but to assimilate them is laborious, and to reproduce them during a viva would probably be fatal.

The candidate must remember that he is a surgeon, not a medical student. He has a right to his own views of a case, provided that they are based on rational deductions. In the matter of treatment he will get little credit for describing complicated operations devised by brilliant Continental or American surgeons, which he would not attempt himself. He will score many more marks by saying what he would do if the case were one of his own patients and dependent on him alone for treatment. This attitude of mind is easy for the Army surgical specialist.

In short, the College of Surgeons does not wish to confer its Fellowship upon brilliant medical students, but upon sound surgeons who know their work and can treat their patients efficiently on orthodox lines.