A FEW SUBJECTS FOR CONSIDERATION AFFECTING THE CORPS.

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The importance of combining administrative work with professional work, advocated by Major Ritchie, in the April number of the *Journal of the Royal Army Medical Corps* cannot be over-estimated.

Who has not met the keen professional medical officer who is inclined to ignore administrative questions, and thereby cause endless worry to those responsible for rendering accurate returns and keeping the necessary statistics.

Their point of view is that they are "Doctors" only and nothing else, which is a wrong standpoint.

There is no reason whatever why sound professional knowledge should not be linked with sound administrative capability, and junior officers especially should realize this and equip themselves accordingly. At most stations the training of medical officers is greatly handicapped by the fact that the strength is usually barely sufficient to carry out routine duties and allow for sickness, leave, camps, etc., with the result that officers cannot be posted to the various offices in a hospital and command for instruction.

Junior officers should go out of their way to become acquainted with the work of the various departments of a military hospital; a keen officer will soon find time for this if he has the inclination, and will not regret it during the rest of his service.

At the same time opportunities should be taken, and sought for, of attending courts martial for instruction.

Officers of our Corps may at any time find themselves isolated in some out-station abroad and must be prepared to meet all kinds of emergencies; for this reason surgical specialists should be instructors rather than actual operators, especially in the more common operations that the general practitioner might be called upon to perform. Every opportunity should therefore be taken of performing the more common operations under the guidance of the surgical specialist, and also of administering anaesthetics. Any of us may be so placed in our service that the advice of specialists is not available, therefore full opportunity should be taken of working under their guidance whenever the chance offers. No Royal Army Medical Corps officer can afford to work in watertight compartments; his knowledge must be general, his activities great, his initiative high, and his *esprit de corps* always at high-water mark.

The idea of "travelling instructors" put forward by Major Ritchie
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appears to be very sound, and would be a big asset to the Corps if the right
officers were chosen and the task was congenial to them.

Lecturing and imparting knowledge to others is an art in itself—not in
the possession of everybody. A good lecture is often ruined by a bad
lecturer.

Medical debating societies would doubtless be instructive, and should
not be confined to purely professional subjects; these debates must always
be conducted in the right spirit, and no officer must feel that he will be
"sat upon" if he expresses views that may at first appear "out of order." Frank
discussion may discover some good points in an otherwise impossible
proposal.

II.

Would a medical staff course for senior captains and majors, lasting
about three months, be a feasible proposition for the Corps?

Such a course, to be of practical value, should be limited to twelve or
fifteen officers to allow of individual instruction.

Writing of operation orders and medical appreciation of a situation
would form an important part of the instruction along with general staff
duties of the Army, Navy, and Air Force.

Our officers generally have very little opportunity of studying these
important subjects from the practical standpoint.

Map-reading, both theoretical and practical, must not be neglected.

Many officers of the Corps had very little instruction in this
important subject prior to proceeding on active service during the late
war; the knowledge they possessed was picked up by experience—but such
a thing might easily lead to "regrettable incidents."

How many of our officers are cognizant of the method of reading a
"gridded" map, now in use in the Service, and how many have received
instruction in the method?

It is a curious fact that the "Manual of Map Reading and Field
Sketching," is not amongst the books to be held by Royal Army Medical
Corps officers according to K.R. paras. 1667-1670; though it will be noted
that an official copy is issued to officers of the R.A.V.C. Surely the
medical service has more need of such knowledge in their front-line work
and in intercommunication with battalion headquarters, advanced dressing
stations, ambulance headquarters, brigade headquarters, and A.D.M.S.
division.

Such a medical staff course could not help but be of value in our training
and selected officers could officially attend the medical manœuvres of
foreign powers. Might not such a staff course replace the present examina-
tion for promotion to Lieutenant-Colonel, and be equivalent to the Senior
Officers' School of the combatant branch of the Service.
The question of foreign service in the Corps is becoming very acute and hits the married officer, with a family to educate, very hard indeed. It is often impossible, or extremely difficult, to obtain any information about the foreign station to which one is ordered to proceed.

Could not particulars of every foreign station be kept at the "Central Mess, Millbank," giving useful information as regards quarters, hotels, climate, schools, local allowances, etc. The mess secretary could ask some officer serving in the station to keep the records up to date. I would suggest such information be printed in the form of a handbook or pamphlet for each station and the requisite one forwarded, on application, to each officer detailed for foreign service; a small charge could be made to defray expenses, and I am sure officers would greatly appreciate the information thus obtained.

A service, if it is to be efficient, must be a contented service. Are we in that happy position?

We want officers to join the Corps with the full intention of making it their life's work and not as a stopgap for ten years or more, during which time they see the world at Government expense, take all the Army can give them and then vanish into civil life with a gratuity. One cannot blame them under existing conditions, for the remedy is to make our Service so attractive and efficient that it will attract and retain the very best men the medical schools have to offer.

Personally, I am in favour of every officer joining the Corps, spending the first three years of his service living in a mess, either one of our own or a regimental mess; by this means he comes into close contact with his brother officers off duty and becomes imbued with service traditions and customs. I am quite aware that this proposal means that no officer could marry till his promotion to captain, but would this entail such tremendous hardship? I maintain it would not and that the benefit, both to the officer and the Service, would be of undoubted value.

Those of us who spent our early service living in messes have, I am sure, never regretted it, for they provide the very finest training ground for the young officer.

The medical journals of the present day, including our own Journal, are tending to become more and more specialized in the subjects they deal with. Such articles are, without doubt, of absorbing interest to the specialist concerned, and in view of the lines along which medical science is progressing, the bacteriologist comes in for most attention.

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1 This is now being considered. See Corps News Supplement, Journal of the Royal Army Medical Corps, January, 1925, pp. 10-11.—Ed.
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No doubt such articles are read, as they should be, by many who are not specialists, but I would appeal for more articles touching on the everyday work of the general practitioner.

Many officers in the course of their service must pick up many useful tips from their experience which are not to be found in textbooks. In this connexion I would ask those medical officers who have left the Corps and gone into general practice, not to forget our Journal and to forward for publication any articles they may write for the medical journals.

All medical officers should be encouraged to pass on their knowledge, and I would suggest that a few pages of our Journal each month should be given up to "Practical Hints," which can be put shortly and concisely, and should include sanitary and other subjects in addition to those of professional interest.

I think everyone will agree that the articles on "Staff Tours" and other administrative questions which appear in the Journal from time to time are very welcome. They are often the only means of instruction for many officers.

I would strongly advise officers to keep bound "extracts from the Journal," comprising articles they find of interest; it is impossible to carry about complete volumes of the Journal and these bound "extracts," if properly indexed, form a most valuable textbook for easy reference on every conceivable subject.

Lastly, could not the roster of officers on the active list, published in the Supplement, be republished more frequently, say every quarter?

Owing to frequent changes the roster soon becomes out of date, and it is a most useful means of keeping in touch with officers one has served with.