A CORRESPONDENCE CIRCLE.
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II.
A CAMPAIGN AGAINST SANDFLY FEVER.

A campaign against this disease, carried out by the Royal Air Force at Malta, has been remarkably encouraging. Following on the investigations of Whittingham and Rook (Transactions of the Royal Society of Tropical Medicine and Hygiene, November, 1923; British Medical Journal, December 15, 1923), a series of recommendations advocated by them was put into execution by the R.A.F. authorities. Briefly, these measures consist of tarring walls of buildings up to a height of three feet, and tarring roads; facing and pointing walls; employment of "swatting parties" in barrack rooms every evening; removal of kits from walls and shelves, by providing lockers; beds moved into the centre of the rooms, feet towards the walls; two large overhead electric fans in each room, with a small fan in one corner to give a cross-current. Calafrana, the R.A.F. station, had a bad sandfly fever reputation in former years. This year, the number of admissions from the disease was but fourteen. No doubt a detailed account of this campaign will be published later in one of the medical journals, and in the meantime our comrades of the R.A.F. Medical Service are to be congratulated on the successful and encouraging results of their labours.

STUDY OPPORTUNITIES AT HOME STATIONS.

An officer writing about additional degrees and qualifications gives much valuable information on this subject. In his own case he was able to arrange his duties so that they did not clash with classes. He suggests that a list of stations where additional degrees, etc., can be obtained, should be compiled. Apart from London and its out-stations, there are the University towns of the Kingdom. I have already received full information regarding the educational possibilities in Edinburgh, which, it is hoped, may be published in this Journal later on; it would be a great boon to officers serving abroad if the possibilities of other stations near medical schools could be given also. If any readers of the Journal have taken qualifications such as D.T.M. and D.P.H. recently, their practical hints on how to go about the business would be very acceptable. The new regulations for D.P.H., however, may debar many from taking it. I expect soon to have notes on the M.R.C.P. examination and on being called to the Bar; notes regarding other examinations which interest officers are wanted also.

A list of stations which have educational possibilities would be most valuable. We cannot all get to London or its vicinity, and it is likely that many other stations, not at present in demand, have facilities which have not been made known.
THE SOLDIER-DOCTOR AND HIS TRAINING.

Strange indeed it is how much we differ in fundamentals from our comrades in other branches of the Army. They learn their jobs after they join; we learn most of ours before. The professional knowledge that we acquire outside is applied within the barrack gates, but we should get back to the outside professional world at intervals if our professional standard is to remain high, for there is not enough clinical material among young, fit troops to go round. The hygienist sees to that. Our Sandhurst and Woolwich, our Camberley, professionally speaking, are represented by the medical schools of the United Kingdom. Educationally, the regimental officer is based on the teaching institutions of the Army; we are mainly based on the teaching institutions of the medical profession.

Another point that should be remembered—when the regimental officer and the medical officer retire with, say, twenty years’ service, the professional market value of the former diminishes steadily as he continues on the reserve of officers. In the case of the latter, however, if he works hard at his profession his market value has not diminished; on the contrary, it is probably as high as it was while he remained on the active list.

THE R.A.M.C. AND THE STAFF COLLEGE.

Among letters received from brother officers was one which contained the following remark: "An executive medical service is a big conception. . . . It would probably involve our people going to the Staff College—a project we always felt keenly in favour of. We're brought up very much in our own ways and only by luck do we learn about other units and general organization; while they know little or nothing about ours."

I think everyone who holds progressive views is agreed that the portals of the Staff College should be thrown open to us. To the non-medical mind it may seem strange, verging upon the ridiculous; yet it is nothing but an obvious, sensible and simple method of increasing war efficiency; it is a reform that will come some day, probably in the British Army before Continental armies.

Not long ago we were an adjunct to an army; soldiers went sick, doctors were required to treat them. As spiritual welfare demanded the presence of chaplains, so bodily welfare demanded doctors. The latter were difficult to obtain, but by means of Royal Commissions and Committees, assembled at varying intervals throughout the Victorian era, the Medical Service was renovated and made sufficiently attractive to induce young medical men to enter. As conditions declined towards unattractiveness and medical men ceased to enter, another committee was assembled, better conditions were offered, and the men came forward. It is an important fact that the history of our Service is staged out in a succession of committees or commissions, the intervals between them being filled in with periods that began with attractiveness and tapered off into unattractiveness, ending with the appointment of another commission.

But this state of affairs, peculiar to a medical service, must terminate,
for the pendulum swings the other way, the boot is on the other leg. Our function has changed and there is now a big market value, a war efficiency value, attached to us. Countries will call medical science to the aid of their armies, not only because their soldiers require doctoring, but because this science is one of the "big noises" of future war. Hence will come a reaction; the young medical man will be sought out and encouraged to combine the study of medicine with that of war, so that he can apply his knowledge better. A medical man engaged in medico-legal work fits himself for the work by being called to the Bar, whereas in medico-military work he cannot at present study soldiering, for it is a closed profession as regards higher teaching.

Thus it is probable that the Staff College will be opened to the medical officer in course of time; war efficiency is the key that will unlock the gates. When this happens, let us hope that his admission will not be made easier on account of belonging to a profession different from that of other candidates. Let him receive no concession; let him gain admission in open competition with his regimental comrades, in a fair field and no favour; if he can do this, his value to the Army is indeed high.

**MEDICAL ARRANGEMENTS FOR TANKS.**

I am indebted to a distinguished officer for a subject that requires discussion, and that is the medical arrangements for Tank warfare. Development of the tank arm has gone on fairly fast. A great deal can be learnt by reading "Tank Training," vol. i. Few of us are in a position to form opinions, as we dwell in stations where tanks are not. He who happens to be au courant with military thought in relation to the future rôle of tanks is best qualified to discuss the subject, as one must know this before one can approach the question of medical arrangements.

Here is an instance where experience of war in Eastern theatres may be superior to that gained in France. The rapid forward rush in the later phases of the campaign in Palestine may approximate nearer to the tank conception than the operations in France. Many officers may possess sound views about the medical arrangements for tanks, and everyone will welcome an expression of these views if they care to write them.

On this subject, Broster's article on medical aspects of tanks, published in this journal a few years ago, mentioned the possibility of medical tanks. After Cambrai in 1917 it seemed to the writer that the tank would become the mobile advanced dressing station of the future, and it was to the regret of Broster and myself that we were unable to induce higher authorities to interest themselves in the scheme. The point was, why form an advanced dressing station in the cellar of a ruined house, or in a dug-out, when almost as much accommodation could be obtained in an infantry-carrying tank, mobile and proof against everything save a direct hit? However, these were the early days of tanks; if this arm is employed on the lines envisaged by Fuller in his "Revolution of War," or even as described in "Tank Training," vol. i, medical tanks will have to be brought into commission.