THE WAR AND OURSELVES.¹
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As befits one who wears this uniform, I am about to exhibit a variety of courage—the courage to speak on a subject of which I have no special knowledge and about which the opinions of many who are here can rightly claim far more weight than can mine. However, I choose to entertain the notion that the prime purpose of these meetings is not the utterance and acceptance of doctrine but the presentation, evaluation and exchange of opinions. I offer some of mine for your consideration and if, as a result of the discussion which, I hope, will follow, I find cause to jettison any of them, I shall have suffered no loss, for none of them is precious to me. Indeed I am always rather glad to change an opinion for I find that if it is held too long, there develops a tendency to grip it tenaciously so that it becomes a conviction out of which can spring prejudice to grow into hatred and oppression.

When discussing this subject, we have to acknowledge at the very beginning that not only are we members of the medical profession but that we are also members of a particular human society to which the name British has come to be associated. This being so we shall find it difficult, if not impossible, to disentangle our interests and reactions as medicals from those which relate to our associations with this society.

We, as Britons, are taking part in the fashioning of history, possibly even in the reshaping of the world. If this is not so, then this war can have no meaning for us. We are not inanimate flotsam drifting listlessly upon the deep unquiet waters of circumstance: we are conscious sentient participants in a great biological drama. I wish to submit for your consideration a point of view which, to my way of thinking, is to be accepted as a basis for all present argument and action. The further evolution of mankind and of the social institutions which it has invented, lies not in the lap of some capricious god but is even now being determined and will continue to be determined by mankind itself. The rate and the direction of this evolutionary process will be decided by the magnificence or otherwise of human aspirations and by the quality of human intelligence.

We, with reason, entertain the view that, faulty as our present political and social structure is and imperfect as our achievements as a society have so far been, the ideals and ambitions which now mould our national and international attitudes and launch our actions are infinitely finer, far grander and much more worthy than were those which they have replaced.

¹ The opening contribution to a discussion arranged by the Edinburgh Branch of the British Medical Association.
hold the view that not only are we ourselves the product of an evolutionary process but that so also and equally are our social institutions and our political creeds.

We, as a people and as a society, have grown, progressing towards an ever increasing individual and social dignity. In proceeding towards a social maturity we have put away many of the impertinances of political juvenescence. We assess our quality as a people and are content to be judged by others by, for example, the development among us of a growing determination never again to impose our preferences upon others. This attitude is not to be regarded as a sign of our decadence as a political group, but rather as a token of our increasing social worthiness. The Empire that was builded as a testimony to our unrestrained fertility and to our militant might, has now been transformed into a Commonwealth which includes those parts of the earth which we have truly colonized in a biological sense and others in which we could not flourish but which we merely exploited. We no longer intend to batten on these and we claim with truth that we are there only until their peoples themselves can take from us the responsibilities for the further guidance of their political and social destinies. This may be an instance of the conversion of a biological necessity into a political virtue but it is not hypocrisy; it is an intelligent recognition of realities. We, through suffering, have profited from experience; we have achieved a relatively high degree of intellectual, political and economic freedom, ever demanding more, and we have given and are giving to others those privileges which we ourselves enjoy.

We have been eagerly attempting to provide the optimum environment in which an equality in respect of opportunity should be the birthright of all; to create an age of plenty and of leisure. Our achievements have, at all times and in all ways, fallen far short of our aims but saddening as the recognition of this may be, it is, in fact, merely a testimony to the quality of our aspirations. We have, as a human society and according to our lights, achieved much, and not so long ago we had every reason to think that we would, in time, have made of this country a place fit to live in and have created a humanity fit to live in it. During this recent evolutionary phase we have, at all times, taken care to avoid tyranny within our country and to prevent domination from without. This has ever been the problem of those who would be free and we, like all other human societies, have, for this very purpose, evolved a system of government by committees and created and maintained armed forces. These latter, with us, in the recent past, have been instruments fashioned by Society and used by Society to give effect to the public will. They have been the servants of the people.

History shows that whenever military forces are called into being within a society there invariably develops between the military and the civilian interests a conflict which, in many societies, has proved to be disastrous. The instrument fashioned to prevent tyranny has often become tyrannous, dominating the society which created it and subjecting its people. We
have learnt from history and so it is that our community, now wholeheartedly devoted to the furtherance of a peaceful evolution, mistrusts the military spirit and in times of emergency when the military forces are unleashed, the civilian mind is inclined to hinder the military even though both are striving to a common end.

Some few months ago we watched, sad and anxious, as peace lay adying and then in the flames of war we saw our hopes destroyed. For the time being, most, if not all, of our schemes for human and social betterment have had to be restricted or else abandoned and we, as a society, are required to devote ourselves to the single firm purpose of defeating the enemy: not the German who has been taught to hate the Briton but the forces that are inimical to our philosophy of life, that would prevent the further development of our society with its worthy social and political creeds and practices. This war is a clash of cultures and we who, with reason, so much prefer our own are prepared to defend it. If this be our attitude let us remember that never again must we allow ourselves to impose, or to attempt to impose, by force, our views upon others who prefer their own. Preferences must in the future be fought with argument and example and not with force.

If what I have been trying to say is warranted then you and I, not only as Britons but as doctors also, are heavily and professionally concerned. Into the very fabric of our society, our profession has been intimately woven to occupy a very prominent place and the price for prominence is responsibility. We especially have been responsible, personally and as a group, for the promulgation of ideas and for the elaboration of schemes which promise and produce human and social betterment. We have been the architects of the new world in which our people shall live. We, above all others, have reason to hold the view that this war is peculiarly our own, for it is our work in the field of social reconstruction that is now threatened with destruction. We need peace, long and continued, if we are to secure the opportunities we seek to give to mankind the great gifts of medicine. We are men of peace, but when tyranny threatens to destroy not us but the ideals for which medicine pre-eminently stands, there is but one thing for us to do, to defend them with our lives.

I say this deliberately in order to clear away any misconception concerning the role of our profession in a total war. There is a notion abroad, eagerly nurtured by tribunals, which suggests that the medical in war is a kind of benevolent neutral, standing sadly aloof and garbed in somewhat saintly dignity, behind the serried ranks of lustig men who kill and die, tending the hurt with gentle unsoiled hands and soothing the frightened with cool benignity. This simply is not true, and we must not deceive ourselves or other people. The fact that we succour the enemy’s wounded is definitely related to the further fact that these, being saved, are still lost to the enemy. As far as our own troops are concerned we prevent illness, repair defect and save life solely in order that life may be destroyed.
are more actively engaged in killing by proxy than are all the rest who are
serving the fighting man.

We must not hide behind those who through our efforts are sent forth
to kill; we must not seek the shadow of that presently outmoded symbol
of relative decency—the Geneva cross. We must openly acknowledge
that we in our own ways are militant in attitude and in action, eagerly
and violently engaged in the struggle for the preservation of our social
creeds, for the perpetuation of those ideals and aspirations which have
taken root and blossomed in our Society and which we have tended.

It will never be enough for us merely to be active, busily absorbed in
satisfying energy-expenditure which leads to comfortable fatigue and dull
forgetfulness. We owe it to ourselves and to our profession eagerly to
inquire if the profession is now giving the best possible service to the com-
community and further to cogitate concerning the possible effects of this war
upon our Society and therefore upon our profession in its relation to Society.

War has the quality of simplifying and intensifying the life of a com-
community. Under its whips a multitude of social projects, many of them
mutually conflicting, and a great diversity of opinions, give place to one
single simple plan and one desire, that of organizing the community in such
a way that everyone and everything in it may contribute to the utmost
towards the overthrow of the enemy and the return of peace when once more
we can turn our thoughts to creative and enlarging dreams.

It is pitiful that a catastrophic event such as war should be required to
stimulate a people into activity of this kind and intensity; that hatred or
fear must be evoked before a people can become unified in endeavour.
You and I could name enemies far more antagonistic to our community
than is the creed which Hitler in his person symbolizes. Poverty, faulty
education, stupidity, preventable suffering, these are powerful enemies
which threaten to overwhelm us, yet no armies oppose them, against them
fight no Ministry of Information, no Ministry of Economic Warfare. For
their conquest we should need a general staff even better than that of the
German war machine and a leader even more attractive to us than Hitler
is to the Germans.

I like to toy with the idea that the organization which this war will
provide and which will be used for the time being for the relatively un-
important purpose of preserving our present social organization, will be used
when peace returns for the much more important task of creating a new
social order which will be in harmony with our aspirations.

As far as our profession is concerned, it seems to me that, in the rearrange-
ments made necessary by changed circumstances, it will evolve an
organization which will enable us to give individually and as a group our
most effective service to the community. Furthermore, there is no reason,
so far as I can see, why this organization, developed as a reaction to war,
should not prove to be the best in the peace that will follow. As far as
we are concerned peace is war, though the enemy may be different.
We must not look upon the organization of the profession as it is to-day as being that which will exist when the war has run its tardy-gaited course for several years. To-day, nothing would be easier than for any one of us to provide an illustration of what might be regarded as an instance of crass stupidity or of gross mismanagement on the part of those who are attempting to cope with the unexpected and unforeseen problems relating to medical organization. But these are really the faults of unpreparedness and merely furnish added proof for the contention that those who wish for peace do not easily prepare for war. Besides, if we criticize, we do not criticize ourselves! If there has been unclear thinking and imperfect planning, then we ourselves are at fault, we who so often and so loudly have announced our claims to wear the robes of the elder statesman.

The task before the profession in its reorganization for war was that of providing adequate reinforcements to the medical services of the armed forces and, at the same time, so rearranging the civilian medical services that these, in addition to enlarging and intensifying all those activities which are concerned with the maintenance of health of the general population and with the prevention of defect and derangement, could cope with civilian sick, air raid casualties and great numbers of expeditionary forces casualties.

Though it would seem to be easily possible to regard these varied activities as parts of one concerted plan, it was but inevitable that, in the beginning of the reorganization, there would develop a certain conflict between the interests of those who were medically responsible for military casualties and of the others whose first charge was the preservation and adaptation of the civilian medical machinery. Until very recently there has been a raging battle of the beds. Obviously since the number of military hospitals and of military beds in this country in 1938 was no greater than the number in 1914 and since it is impracticable to build and equip new military hospitals in a night, so long as the military demanded that military patients should be in military beds and so long as civilian hospitals were retained for civilian patients or kept empty until air raids filled them, so long would the conflict of interests continue and become intensified. However this war of the wards is now ending as all wars should end, before they really begin, in a laughing recognition that the whole affair has been ridiculous and futile. It is now agreed that the occupant of a bed should not be chosen by reference to the colour of his pyjamas. The military and the civilian medical authorities are now working in the closest harmony to provide the best possible hospital service for the population as a whole, and the population includes the combatants no less than the colliers.

This integration of the profession, so far as the hospital services are concerned, is indeed most heartening and we should praise those who have made it possible. We should do more; we should do everything in our power to make this rapprochement between the military and the civilian branches of our profession even more complete. To begin with we should
combat and eradicate the notion that it is more meritorious to serve in khaki than in mufti, that there is a greater opportunity for real devotion in the trench than in the slum. I know that the pernicious patter of propaganda attempts to make it appear that this is so. But we of the profession must never allow ourselves to forget that we are in medical charge of the population as a whole. If, in our eager search for what is termed glory and which these days is so readily rewarded with rank and ribbons, we neglect the homes and the crèches of the people, we shall have failed in our duty. The uniform all of us wear is the robe of a learned profession and we must not allow any shade of blue or brown to hide it. Obviously some of us must be enrolled in the medical services of the armed forces but we must strenuously oppose the view that those who are called are greatly to be praised or envied.

One of the most saddening experiences I now all too commonly endure is that of meeting medical men who are confessedly glad to escape from the practice of civilian medicine. There is something radically wrong here, either with the men or else with the system.

I wish to submit that the profession has erred grievously in encouraging an unwarranted distinction to be drawn between the specialist and the generalist in medicine. The two can, in the present emergency, if not always, be measured by one yardstick, the value of their respective contributions to the public weal. Undoubtedly, neither is more valuable than the other; the community needs both; each gives of his best.

Yet we have been content to carry into war the silly distinctions which unfortunately were allowed to develop in peace. I suppose a specialist in medicine is one who is content to subject himself to relative and transient penury in order to equip himself with qualifications and techniques, which later, in exercise, will yield high financial recompense and social prominence. The generalist on the other hand, is one who earns as he learns. In peace, in our Society, by the nature of things, there was room for fewer specialists than generalists and so, since we too commonly assess the value of things by reference to their relative rarity, we paid the specialist more. In the organization for war when every man is required to specialize, that is to say, to become supremely good in a limited field, spurious peace distinctions might be expected to be broken down. But this is far from being the case.

For reasons that I completely fail to comprehend it has been accepted that the medical man who cares for the whole individual is of less worth than is he who tends to his throat or to his eye, or whose knowledge of human and social biology is limited to his microscopical acquaintance with bacteria. Anyone who knows so much of the arts of medicine and of man mastership that he can help keep 1,000 men contented and comfortable, stands every chance of being regarded lightly by higher authority; but any youth with the ink on his specialist diploma not yet dry has been hailed as the profession's most precious gift to the Services and has been rewarded in three ways, being given high rank, specialist pay and, above
all, the privilege, denied to all others, of cultivating during the war the very techniques by the exercise of which he will, when peace returns, earn his lavish livelihood.

The fault for this, and it is a grievous fault, lies largely with us. We inside the profession have encouraged the development of the entirely false notion that the function of the University Medical Schools is the mass production of the general practitioner—that is what everyone is supposed to be on graduation, and if anyone, being ambitious, wishes to become something better he must put in another two years or so of study and take a higher degree. I maintain that two years in general practice spent as earnestly as are two years for a D.P.H., for example, are followed by as great or as even greater development. We are wrong, utterly wrong, in depreciating the quality of the service that the generalist in medicine gives to Society.

If I remember aright it is usually accepted that there are three kinds of antisocial acts, sins of omission, of commission, and of emission. We, as a profession, are guilty of sins of the second kind. I should have thought that there was enough intelligence among us to have devised a scheme according to which the yardstick used in the giving of commissions would have been that of age. Age is the only measure of experience and of social responsibility that can be used at all generally. As things are, young men with diplomas have entered the Services to find that their incomes have been doubled whilst older men with families and of wide experience are required to make unequal sacrifices, and so the seeds of discontent, which will grow into weeds that will choke true patriotism, have been sown.

But enough of carping criticism from me. Of the spit and polish for which the Army is renowned, I prefer the polish. It is true to say, I think, that the mistakes that we have made have been recognized and will not be repeated. To make mistakes is not blameworthy; not to profit from these is in these days completely criminal. May I turn now to the other and more important aspect of this topic? What of the future?

When I look around the medical services as they are even now taking shape I marvel at their comprehensiveness and their promise of completeness, at the simple beauty of their design and at the efficiency of their functioning. And I am led to wonder whether we as a Society can ever be content to let this organization disintegrate when the war ends.

In the first place the war has called into being a mechanism which is being used for a comprehensive survey of the bodily and mental qualities of a very large section of the community. The recruiting boards are engaged in a stock-taking that can, if their findings are properly analysed, give us a starting point for all future medical policies. The real wealth of this country in peace as well as in war is to be found essentially in the healthiness or otherwise of its human population. These recruiting boards are disclosing defect and derangement before these have led their possessors...
to the consulting rooms of the profession or to the out-patient departments of the infirmaries. Never before have we had such a magnificent opportunity for determining the incidence and distribution of healthiness in its various grades in our population. Furthermore, any defect which may have passed too easily through the sieve of these recruiting boards is quickly recognized by the regimental officer and non-commissioned officers and passes through the regimental medical officer on to the command medical specialists in a military hospital or in a (military) general hospital to be repaired or else returned to civil life by way of the standing medical boards. The Ministry and Department of Health should come to possess, as this war progresses, a great mass of information of the very greatest statistical importance. If this is properly used we shall be able to know exactly what are the outstanding problems facing our profession and thus we shall be able to plan for their solution. Surely it will not be denied that during peace as well as in war we need information such as this. If this be granted then it follows that in peace we need a mechanism, as precise as the present one, for the critical, co-ordinated, systematic collection of this information and for the exploitation of the knowledge that it yields.

May I now call your attention to the Command Medical Specialist Centre which is an important feature of the present military medical system. Of these there are many, but I will speak of what I know. Into the registry of the Military Hospital at the Castle nearby there flows a stream of some 4,000 out-patients every month. They have been sent in by the regimental medical officers for examination by the specialists. Of these there are specialists in surgery, medicine, psychiatry, ophthalmology and E.N.T. In addition there are the Command Laboratory and the Command Dental Centre. These constitute the population of a polyclinic and as I watch the working of this I am unable to avoid the conclusion that here in this city there is even now taking shape a model of the system which will be universally adopted in civilian medical practice in the near future. I do not suggest that this system is best for the doctor who flourished in our most imperfect society before the war, but that it is best for the community is, I think, a view that can be considered by the open mind. As things now are, the doctor discloses defect before it has been recognized, he challenges derangement whilst this is still slight, he smells out fears and anxieties before they have become obsessions, and behind him there is this team of specialists working in close contact and in complete harmony to give him aid. But, note this, if we in the Castle anatomicize a man, sending his heart to one room and his mind to another for deep investigation, we return the whole man to his own regimental medical officer and to the environment whence he came. The specialists recommend, the generalist decides. This orientation of specialist and generalist is not yet complete, even yet the man who is concerned with the individual as a whole and in relation of his environment is too much inclined to treat the whole of a man according to the prescription of the specialist who has examined a part and that part
in vacuo. But this unbecoming modesty will surely disappear when the
generalist has been encouraged to realize that he has a part to play that is
equal in importance to that of the specialist.

I see no compelling reason to think that this war will evoke any large
and sudden advances in general medicine and surgery but you will not
have overlooked the significance of the institution of special hospitals—
for effort syndrome, for head injuries and such-like—which are not merely
hospitals in the ordinary sense, but are, in fact, research centres brought
into being by the war. In the field of psychiatry, however, I do expect
great advances and for two reasons. In the first place, this is a young
and rapidly expanding branch of medicine which is being nourished because
of its great promise and usefulness to society, and secondly, because an
organization for its practice and extension has already been brought into
being by the war. These are the factors which lead to the rapid develop­
ment of a branch of medicine, a recognition of its potential value on the
part of society and the construction of an organization for its systematic
prosecution.

It is now fully recognized that a man’s fitness for service is largely
determined by his mental qualities, and the Army which formerly thought
itself complete if it had its complement of chiropodists now has added to
itself a team of psychiatrists, and as a result our chances of victory are all
the greater. If this is necessary and desirable in war, surely it is even more
necessary in peace that these healers of the mind shall have their prominent
place and shall be as readily available to the community as they are now.

Finally, let us look for a moment at the organization of the laboratory
and research services which have been so greatly amplified and extended.
The Medical Research Council, in respect of its power and of its usefulness,
is never so important in peace as it is in war. That this is so is but another
instance of the fact that the rate and the direction of research are determined
by the expressed needs of society. I merely present the view that there
must be no slackening in research with the return of peace, for the com­
community will stand in more urgent need of new knowledge than it does
even now. War has this advantage over peace: during war new knowledge
is exploited and applied much more quickly and much more thoroughly.

No one will deny that the Emergency Bacteriological Service and the
Blood Transfusion Service and such-like should be regarded as weapons
to be laid aside when our armour is doffed: these, being modified, should
certainly be incorporated into the services which the profession will provide
in peace. The war has sharpened all our tools and, being carefully tended,
can be used later for creative work, for the building of a new social order.

I have attempted, I hope successfully, to provoke you to disputation.
The view I have endeavoured to present is that the continued evolution
of the profession, as an instrument of society, is a process that will and must
proceed; that the trend of this evolutionary development is already clearly
to be seen and that the effects of the war upon this development are such
as to quicken its pace. We, as a profession, recognizing the direction of
this process, can increase its rate or attempt to retard it.

In a former age I was garbed in the sombre role of a professor of genetics
and not in the motley of a prophet, and what I see is still viewed through
somewhat dusty windows of a laboratory. Even so, it seems to me
that inevitably there must come into being a clear recognition of the fact
that the organization of the medical profession for war is infinitely better
than was its very partial and imperfect organization in peace; that we are
now able, thanks to this organization, to give to the community a much
better service, and that this being so, when peace returns the present
organization must therefore continue.

But the new conditions will demand a new type of professional man,
and therefore a new type of education. The future equivalent of the regimental officer, the generalist, will be a specialist in disease prevention and
disease detection, the polyclinic will be the place where disease is removed
and individuals are repaired. All aspirants to medical degrees will need
to be such as can respond ardently to the appeal of a great ideal—that of
taking a prominent and active part in the building of a new society in
which healthiness of mind and body shall be regarded as a cardinal virtue;
in which a sense of serving humanity to the utmost of one's ability shall
be one's chief reward. To wear the spiritual uniform of a doctor will in
those days be a great privilege and an even greater responsibility.