Extracts, &c.

THE BEST METHOD OF FORMING AND REGISTERING A RESERVE OF RETIRED OFFICERS (R.A.M.C.), CIVIL MEDICAL MEN AND MALE NURSES, FOR SERVICE (A) AT HOME, (B) ABROAD, ON MOBILISATION.

By Major F. Smith, D.S.O.
Royal Army Medical Corps.

Every officer of the Medical Service on the active list ought to be available for service in the field at short notice.

Officers of the Reserve are required, in the first instance, on the outbreak of war, to fill up any or every position now occupied by Royal Army Medical Corps officers at home or abroad on the peace establishment.

Should we have a war which draws upon our resources beyond the whole strength of the Royal Army Medical Corps, the Reserve will be required to find men for any of the field appointments which do not call for the possession of special administrative capacity in the holder. In extreme cases the Reserve must be prepared to furnish administrative officers for field service. The method of forming and registering the Reserve will be easiest discussed under three headings.

(A) The Reserve of Retired Officers.—The retired officer is at present liable for service up to the age of 55; the majority of retired officers are fit to serve up to 65.

The officer who joins the Reserve should be given a retaining fee. Bearing in mind that we have no right to expect the retired officer, any more than the civilian, to sacrifice his pecuniary interests on the altar of patriotism, it then becomes a business question as to what would be a sufficient retaining fee.

An alternative to this system is that every officer retired from the Royal Army Medical Corps should be liable to serve till 65 in the Reserve—an excellent alternative, too, but of no use to us at present. For such a condition cannot, in fairness, be made retrospective, and if put into the Royal Warrant to-day it will not begin to provide a Reserve until twenty years from the date of entry of the next batch of Lieutenants-on-Probation.

The changes in Army methods are so frequent that in a year or two of absence from military life the retired officer loses the run of things.

1 Read at a meeting of the Portsmouth Military Medical Society on December 20th, 1906.
By way of remedy for this I have to propose a plan which would go a long way towards introducing content among Royal Army Medical Corps officers on the active list. Leave is now difficult to get in the Corps, more so, probably, than in any other branch of the Service. The remedy is, to keep the retired officers up-to-date in Service matters, by employing them for short periods, so as to allow a proportion of active-list officers to take leave.

The Reserve might also be utilised to release regular officers for training with troops. Officers cannot be spared for training under present conditions, and this state of affairs is not good for either the Royal Army Medical Corps or the rest of the Army.

All officers of the Royal Army Medical Corps (Reserve) should be of the same status, rank for rank. There should be no invidious distinctions between retired officers and other members of the Reserve, though the fact of the retired officers having served should not be lost sight of.

The retired officers in the Reserve should be of all ranks. With a view to keeping these officers on a level with their brethren on the active list, they should be eligible for promotion in the Reserve—promotion to be by selection tempered with consideration for seniority.

Any medical officer who resigns his commission after not less than six months' service on the active list, or who retires with a gratuity, or on retired pay, should be eligible to apply through the Director-General, Army Medical Service, for appointment to the Reserve. If approved the officer should be gazetted into the Reserve in the rank which he held on leaving the Regular Service. These officers will have an initial advantage over non-regular members of the Reserve, as concerns position on the roster—only a minority, indeed, will join the Reserve with a rank below that of Lieutenant-Colonel. Officers who resign their commissions before they have completed six months' service in the Regular Army should be eligible to join the Reserve only as civil members, but should be allowed to count their Regular service as part of the training period described further on, provided such service has been on full pay.

The Reserve pay, over and above pension, should be as follows:

<table>
<thead>
<tr>
<th>Rank</th>
<th>For General Service</th>
<th>For Service in Europe</th>
<th>For Service only in the Country in which living—either at Home or Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon-General</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Colonel</td>
<td>100</td>
<td>80</td>
<td>70</td>
</tr>
<tr>
<td>Lieutenant-Colonel (selected)</td>
<td>80</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Lieutenant-Colonel</td>
<td>74</td>
<td>62</td>
<td>58</td>
</tr>
<tr>
<td>Major</td>
<td>70</td>
<td>60</td>
<td>55</td>
</tr>
<tr>
<td>Captain</td>
<td>60</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>50</td>
<td>45</td>
<td>40</td>
</tr>
<tr>
<td>2nd Lieutenant</td>
<td>40</td>
<td>35</td>
<td>30*</td>
</tr>
</tbody>
</table>

1 For explanation of this rank see under "Reserve of Civil Medical Men."
Every member of the Reserve must be domiciled in British territory—this to be the only restriction as to place of abode.

Members of the Reserve to be registered by the Director-General as well as by the Administrative Medical Officer and Principal Medical Officer of each district or command. It should be the duty of the Administrative Medical Officer to keep the record up to date in regard to the whereabouts, &c., of the members. On the date of being gazetted to the Reserve the member should receive his retaining fee in advance, and afterwards on the same date in each year of service in the Reserve. A medical certificate of fitness, signed by a medical officer on the active list of the Army, will be produced as a voucher for each annual payment. In time of peace a Reserve officer should not be called upon to serve out of the district in which he customarily resides, but he may be allowed to serve elsewhere at his own request. No officer to be obliged to serve for more than one month in any year in time of peace, but at his own request, if his services be required and no other members are available, he might be allowed to serve for a longer period. No officer should be allowed to serve for more than two years without putting in one month of duty, such duty to be ordinary duty, not drill. When a state of war exists, members of the Reserve should be liable to be called out for service in any part of the area in which they had contracted to serve—the King’s proclamation that a state of war exists being a sufficient authority for calling out the whole or any portion of the Reserve for service while the war lasts. Officers should count all service when called out, either during peace or war, as service on the active list, and should add this to their previous Army service for the purpose of fixing rates of pay and retired pay. Officers should draw the full pay and allowances of their rank when called out—rank in the Reserve counting as Army rank for this purpose, as well as for wound pensions, widows’ pensions and so forth. Rank in the Reserve should be equal in every respect to Army rank for discipline. Officers of the Reserve to receive retired pay as follows: After twenty-five years’ service, half the Reserve pay. For any less period than twenty-five years, one-fiftieth of the Reserve pay for each year served—provided that the officer has thirty years’ actual service of all kinds, or has been retired for age, or invalided on account of disease or injury contracted in and by reason of military service. No deductions to be made from the Reserve service for periods when called out for Army service. Officers who have served twenty years in the Reserve, or who are retired from the Reserve under the age clause, after not less than ten years’ service in the Reserve, to be eligible for a special decoration granted by the King and entitling them to use the letters R.D. after their names. A few of the more highly placed or distinguished officers of the Reserve should be recommended for companionship or higher positions in the Orders of Knighthood.
Having formed and registered the Reserve it will remain to include the members in our mobilisation scheme—to have each officer told off to the position he will have to occupy on mobilisation. Such a Reserve, under a not too harsh management, ought to become popular. There is no reason why it should not be able to take up all the administrative appointments and thus release the Royal Army Medical Corps for active service.

The uniform of the Reserve of retired officers to be the same as that of the Regular Service. The main points of the scheme for a Reserve of retired Royal Army Medical Corps officers as above set forth are:—(1) Payment of retaining fees according to rank and according to extent of services contracted for; (2) employment for short periods on full pay in peace time by way of keeping the officers up to date; (3) promotion in the Reserve; (4) service when called up in peace or war to count for increased Army retired pay; (5) service in the Reserve to count towards Reserve retired pay; (6) officers of the Reserve to rank with Regular officers for discipline and, when called out on actual military service, for wound pensions, widows' pensions, &c., as well as for pay and allowances; (7) officers of the Reserve to be eligible for a special decoration.

(B) Reserve of Civil Medical Men.—In forming the Reserve of civil medical men there are a few main requirements to be borne in mind, thus:
(1) The appeal must be made more to pocket and pride than to patriotism—it would be unreasonable to expect medical men to be more self-sacrificing than their contemporaries in other professions; (2) the remuneration must be in proper proportion to the value of the services contracted for and to the possible loss through being called out—it is obvious that the established practitioner will not be tempted out by the same honorarium which would attract the man newly placed on the register; (3) the military rank accorded to each member must be equivalent to the professional position which he holds at the time of appointment; (4) military training must interfere as little as possible with the civil professional work of the members of the Reserve; (5) the whole expense of training must be borne by the public.

Militia and Volunteer Officers should be allowed to join the Royal Army Medical Corps (Reserve).

Young medical men at the outset of their career are the ideal material out of which to form Reserves. They are, too, more likely than older men to join and to be able to afford time for training. Our first reserve men cannot be taken only from the newly qualified, for if they were it would be such a long time before the Reserve attained any considerable numerical strength. The suggested constitution of the reserve of civil medical men is as follows: Ranks of members—Surgeon-General, Colonel, Lieutenant-Colonel (selected), Lieutenant-Colonel, Major, Captain, Lieutenant, 2nd Lieutenant.
Appointment.—Qualified medical men who pass a modified physical test as to soundness, and who are not more than 60 years of age, may be appointed during the first five years of the Reserve’s existence; when five years have elapsed, forty years should be the limit of age on joining. I may remind the reader that among the most active, hard-working medical men in South Africa were some nearer 70 than 60 years of age, managing National Hospitals and so forth. Only energetic men such as these would want to join at the age of 60. Pay and allowances, rewards, honours and promotion to be the same as for retired Royal Army Medical Corps officers. The ranks of individual members on first appointment to be decided by the Director-General, assisted by the Advisory Board. A leading consultant would expect to be made a Surgeon-General or Colonel, and so on down the scale. After the Reserve has been five years in existence, no first appointment to be made in higher rank than that of Captain, and the usual rule to be that the rank on joining shall be 2nd Lieutenant.

In order to give confidence in the Advisory Board, two additional members should be appointed to it, one from the ranks of the retired Royal Army Medical Corps officers in the Reserve, and one from the Reserve of civil medical men. An additional King’s Honorary Physician and an additional King’s Honorary Surgeon should be added to the establishment of these appointments, in order that one of each may be appointed from the Reserve of civil medical men.

The question of command seems the crux of the whole question. But this need not really deter us. To ask a London consulting surgeon to take over the duties of a Principal Medical Officer Lines of Communication would be to place him in a false position. There is already precedent for according rank without command—the Colonels of Army Service Corps serving under a former departmental warrant, for instance. There are many cases, too, in which the officers commanding a garrison or force on land or sea are not the highest in rank of the officers present and doing duty in the garrison or force. If all officers who join with a higher rank than that of Captain are placed on a supernumerary list and do not take command in the Corps unless specially asked to do so, there will be no trouble in working smoothly. In every other way the officers of the Reserve of civil medical men should rank with Regular officers. Under the system of training, to be explained below, the officers who join the Reserve in the lower ranks will be fit to exercise command, in emergency by the time they reach the higher ranks. In any case, there is rarely difficulty in arranging matters by posting the officers advisedly (just as we arrange for Regular officers now), so long as the Principal Medical Officer, Army, be the recognised head of affairs, no matter what his rank.

Uniform.—The field service uniform of the Royal Army Medical Corps with “Res” on the collar, provided by the public, along with a field kit.
No other article of uniform to be compulsory, though uniform as for the Royal Army Medical Corps may be permitted at the wearers' expense. Officers of the Reserve to be provided with horses and saddlery at the public expense when their duties require them to be mounted.

Training.—Those members who join the Reserve during the first five years after its formation, with a higher rank than that of Captain, need not be compelled to undergo any training, but should be invited to wear their uniform during short periods of attachment to the Royal Army Medical Corps for duty appropriate to their rank.

All other officers, except those who have completed training in the Regular Service, to be attached to the Royal Army Medical Corps for six months on appointment, and to receive pay and allowances at Royal Army Medical Corps rates during the period (2nd Lieutenants to receive the same pay as Lieutenants). The training during this period to be apportioned as follows:

- Two months at the R.A.M. College.
- Two " " R.A.M.C. Depot.
- Two " " Headquarter Hospital of a district.

There should be an examination at the end of each of these periods—similar to the examination of Royal Army Medical Corps Lieutenants-on-Probation. To the marks so gained should be added marks by the Commandant of the College, the Officer Commanding Depot and the Officer Commanding Military Hospital, for general efficiency and Service capacity. The officers should be gazetted in the order of their combined marks, and should be given a commission dating from the time they joined the College, or from the date on which they were individually accepted as candidates. Officers should afterwards by allowed and encouraged to come out for a fortnight's training annually on full pay, and every opportunity should be taken of employing them in place of Regular officers on leave, &c., in the manner set out under "Reserve of retired Royal Army Medical Corps Officers." Every officer who has not been up for duty or training for at least a fortnight every two years to be suspended.

The rank of these officers should always be used as a title, thus: Captain H. Jones, R.A.M.C. (Reserve), and the officers should be encouraged to regard their rank as an honourable distinction and to employ it habitually. Having due regard to any limitations above-mentioned, the duties of this Reserve are as set forth for retired Royal Army Medical Corps officers; they and the retired Royal Army Medical Corps officers of the Reserve form one and the same Royal Army Medical Corps (Reserve).

The Reserve of civil medical men to be registered by the Director-General, Principal Medical Officers, and Administrative Medical Officers, as detailed for the Reserve of retired officers. Similarly, each member should be told off to his place in the mobilisation scheme.
A Reserve such as I have sketched would, I feel sure, be easily filled—would have a military spirit—a feeling of comradeship with ourselves. If we receive it with open hearts we shall be helping to create an efficient Army Medical Service ready for any emergency, and a Reserve which will work loyally side by side with ourselves for the good of the soldier, the Army, and the country, as well as for the honour and glory of the Royal Army Medical Corps, of which it will be by no means the least important part.

(C) Reserve of Male Nurses (Royal Army Medical Corps Reserve).—Nursing is not a popular occupation among men. The male nurse is not required in the civil hospital, so we are not likely to get the civil hospitals to take up the duty of training male nurses. Military hospitals must be the training schools for our Reserve. The civilian who is willing to be trained to nurse soldiers would probably want to join the Corps straight away—so unless we take men who are not up to the physical standard of the Army, or who are over age, we shall not get men at all, so long as the Army is open for recruits. Real nurses cannot be made out of ordinary men except by long training. Moderately skilful attendants cannot be produced by less than, say, six months' instruction. There is one class from which we might get a Reserve of reliable men, and that is the old soldier class. The men who used to join Class D of the Army Reserve, and who are now lost to the Service altogether, unless they are serving in the Militia, would no doubt provide a good many men for us.

The Reserve I propose should consist primarily of men who have served their twelve years in the Army and Army Reserve; and, in the second place, of men who are too old for the Army. In the third place, we might, if necessary, include men who, though suffering from no organic disease, are below the physical standard for the Army.

Duties.—The main duty of the Reserve should be: To take, in our hospitals, the places of Regular men ordered out on active service. In case of necessity, but not so long as Royal Army Medical Corps Regulars are available, they should be employed in hospital ships, and at the base, and on the lines of communication. In extreme cases it might come about that they would be required with the mobile Army, but by that time many of them would have served some time at home and at the base, on the lines of communication and in ships. These men should be advanced and their places taken by fresh Reserves.

Conditions of Appointment, &c.

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Age on Joining.—Civilians, 18 to 35; time-expired soldiers, up to 45.

Retirement.—At the age of 50, or voluntarily at any time before that age.

Training.—Six months would be enough for the initial course of instruction. A longer course would be better, but is unlikely to be

1 Class D opens again this month.—Editor.
sanctioned. Moreover, the longer the course of training the less ease there will be in getting civilian members. The members should not become soldiers living in barracks, but stay outside wherever they like, coming in daily to their work. Training to be undertaken by the Royal Army Medical Corps and Queen Alexandra’s Imperial Military Nursing Service of all ranks at the larger military hospitals in every district—the staffs being increased if necessary in proportion to the extra work thrown on them. A separately organised staff for instruction is not required, or, indeed, desirable. The training in nursing to be carried on from the very beginning of the six months, without any period of preparatory drill. A few afternoon parades to teach the men to wear their uniform, to march and salute, are all that is necessary. The uniform need only be worn at work. In the case of men who had belonged to the Nursing Section of the Royal Army Medical Corps, the six months’ training might be dispensed with, as also in the case of men who have been trained in the Reserve and rejoin after having voluntarily left it. At any time during the six months’ training a member may be discharged the Service by the Administrative Medical Officer, on a written report by the Officer Commanding and the Matron of the hospital that his retention is undesirable. After having been trained and approved, a member should not be discharged against his will except by the Principal Medical Officer of the command.

A member must put in a week of continuous duty every year after the termination of his first six months. This week may be spent in any occupied military hospital of not less than twenty beds and at any time chosen by the man.

Pay.—£1 weekly when actually up for duty in time of peace, in whatever part of His Majesty’s dominions he may be residing. When called up in time of war to take the places, in military hospitals, of men who have gone on Service, the pay to be £1 a week. When called out for duty with a field force or on a hospital ship, the pay and emoluments to be those of a second class orderly, Royal Army Medical Corps (Nursing Section), with wound pensions, pensions for illness or injury of a permanent nature due to military service, widows’ pensions or gratuities, and so forth, the same as for privates of the Royal Army Medical Corps.

The male nurse of the Reserve shall be styled “Hospital Attendant.” There shall be only one grade in the Reserve.

The pay while the “Hospital Attendant” is in Reserve to be small—2s. a week, paid quarterly or annually, subject to physical efficiency.

The principal inducement to join the Reserve is to be an old-age pension on attaining the age of 60. This would prove very attractive. The pension should be 1s. a day. The certainty of having 7s. a week in his old age would mean a great deal to the working man. For this pension, thirty years’ service in the Reserve should be necessary, but previous service in the Army and Army Reserve, in the case of a man not drawing an Army pension, to be allowed to count as service in the
Reserve, provided that less than five years' service in the Reserve of male nurses shall not count.

The old-age pension scale, then, would be as follows:

<table>
<thead>
<tr>
<th>Total Service</th>
<th>Old-age Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>6d.</td>
</tr>
<tr>
<td>20</td>
<td>8d.</td>
</tr>
<tr>
<td>25</td>
<td>10d.</td>
</tr>
<tr>
<td>30</td>
<td>1s.</td>
</tr>
</tbody>
</table>

Uniform.—The field service uniform of a 2nd class orderly of the Royal Army Medical Corps, with the letters "Res" on the collar.

The registration of the Reserve to be with the Administrative Medical Officers of districts and commands, as also with the Officer in Charge of Royal Army Medical Corps' Records.

In a discussion which followed the paper, Colonel J. J. Morris, A.M.O., Lieutenant-Colonel Bedford, C.M.G., and Lieutenant-Colonel Thomson took part.

Lieutenant-Colonel Bedford pointed out that the reader of the paper had included in his scheme for retired officers some conditions already in existence. He objected to the proposal that a qualified medical man should serve in so low a rank as 2nd Lieutenant, no matter how short the period, and he thought that the scheme did not take sufficient account of the Militia, Volunteers, and various Voluntary Aid Associations.

The idea of most of the officers present seemed to be that few retired officers would rejoin, especially if the gains and possible losses were not very definitely laid down beforehand. The bare possibility of having ultimately a smaller pension than that held when recalled to service on the active list, was thought to be the greatest deterrent to retired officers.

Major Smith replied to the remarks on the subject of the paper.

Reviews.


According to the author, "few diseases are attended with the good fortune that the demonstration of their cause is at the same time the indication of the remedy. But this may be said to be the case with beri-beri. For, speaking generally, it may be said that all that is needful is to secure a liberal and wholesome dietary, to avoid the use of rice or its extracts, and the disease will not appear.

"Where rice cannot be abandoned, where it is the staple food, all that is necessary is to avoid the use of uncured (stale cleaned white) rice, to eat only the fresh or cured sort, and freedom from the disease will be equally secured.

"It is true that in a certain proportion—i.e., when it forms not more than one-third of the total bulk of food eaten—even toxic rice has been