

## UNITED STATES ARMY AND THE CIVILIAN MEDICAL PROFESSION

BY

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PRIOR to World War II there was little contact between military and civilian medicine. The fault for this situation undoubtedly was not unilateral. Although civilian physicians played a major role in our medical service during World War I, following this conflict there was no attempt to keep up any appreciable rapport.

With the onset of World War II civilian medicine was again called upon and responded magnificently by sending to the Army about 45,000 physicians or approximately one-fourth of the nation's availabilities. (This figure does not include those physicians who entered the Naval Medical Service.) Among these thousands were a great many outstanding teachers and clinical specialists who became Army consultants or chiefs of professional services in military hospitals. Considering that the civilian physicians outnumbered the career military medical man by about fifty to one, the lion's share of the credit for the outstanding medical record made during World War II also must go to the civilian physicians.

At the termination of the recent hostilities, the Surgeon-General of the Army had sufficient vision to realize the importance of keeping military and civilian medicine "in the same stream" and with this in mind every effort has been made during the post-war period to keep old contacts and to make new ones that will result in attaining this goal. As a result of mutual effort and co-operation, the spirit of unity between military and civilian medicine is stronger today than at any time in our nation's history.

In order to understand how Army medical interests are integrated with our civilian professional brethren we might pause a moment and consider briefly the organizational framework of American medicine and how our liaison fits this structure. The basic organization is the American Medical Association. Every physician in the Army automatically becomes a "service fellow" in this organization, without payment of dues, and enjoys all the privileges of civilian membership. The Army has representation with vote in the American Medical Association House of Delegates which is the governing body of the organization. Numerous councils of the Association

have been and are most helpful in assisting the Army in the solution of many of its more serious problems. For example, the Council on Medical Education and Hospitals assisted us materially in the inauguration of our post-war professional training program and the Council on National Emergency Medical Service has been of great help in our efforts to produce physicians during the post-war period of acute medical personnel shortage. The attitude of the Association as a whole toward the military is extremely healthy, the general feeling being that military medical service is as much a responsibility of the Association as is furnishing medical service for the country's civilian population.



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A request made recently by the three Armed Forces Surgeons-General to the American Medical Association for a Section on Military Medicine and Surgery within the framework of the Scientific Assembly of that organization has received most sympathetic consideration. At the last meeting of the American Medical Association the plan was tentatively approved and an opportunity will be given at the next annual meeting of the Association for the military to present a program on appropriate medico-military subjects (chiefly pertaining to post-war research and development) with a view to discovering the amount of interest which such a program will arouse among

the physicians of this country. We have every reason to believe that this "trial balloon" will receive an enthusiastic reception in which event a permanent place for military medicine and surgery in America's most powerful medical organization will be assured.

The medical schools of the United States and Canada constitute the Association of American Medical Colleges and the support currently furnished us by this organization closely parallels that of the American Medical Association. After all, the civilian medical schools represent our sole source of medical personnel and every effort is being made by the medical school staffs, particularly the deans, to see that their graduates are fully acquainted with the attractiveness of a military medical career. The interest of the medical schools in military medicine has increased considerably during the post World War II period because of the inauguration of our graduate professional training program. The Association of American Medical Colleges has invited the Surgeon-General to furnish a liaison representative to its Executive Council and thereby exists a most direct and intimate channel whereby the appropriate military medical problems can be brought directly to the attention of the medical school deans. There are many examples of the concrete assistance which the medical schools have given us in recent years but I will mention only a few. Today, 49 of our leading medical schools have Army Reserve Officer Training Corps units in which are enrolled more than five thousand medical students. The 49 Army medical officers who act as unit instructors are also participating in their respective school professional training programs either as residents or fellows. As a result of the attitude and the recommendations of the medical deans some 1,015 senior medical students applied for the 191 Army internships (plus 54 Air Force) for the year beginning July 1, 1950. The Association sponsored a program which caused many of their teaching personnel to volunteer for active participation either in our overseas consultant program or to take part in the actual task of routine hospital work during the past three years when our own clinical specialists have been developing.

The third great medical organization with which we have established a very close relationship is the American Hospital Association. Service medical administrators are strongly urged and encouraged to participate in all phases of this organization's activities. Army medical officers are currently acting as members of some of the Association's most important committees and councils. Although the type of assistance and co-operation rendered by the American Hospital Association is quite different from that of associations mentioned above, nevertheless, the helpful spirit is equal.

Many other medical organizations are today furnishing the Army with every possible aid. I would be remiss if I did not at least mention the fine contributions which have been and are being made by such groups as the American Specialty Boards, the American College of Surgeons and the American College of Physicians.

So much for the overall organizational structure of American medicine. Let us now see how the civilian physician is actively participating in military medicine.

Acting on the joint recommendations of both military and civilian medical groups, the Secretary of Defence recently has taken two notable actions—appointed a Medical Advisory Committee and established within the Department of Defense an Office of Medical Services. The former includes several of the country's more prominent physicians and dentists and advises the Secretary on military medical policies. The latter, with a civilian physician currently acting as Director, supervises policies, administration and operation of the medical services of the three Departments (Army, Navy and Air Force) and thus assures co-ordination in so far as is compatible with the departmental missions, correlations of effort, prevention of duplication and overlapping, and the attainment of the maximum economy in the utilization of funds, facilities, and medical man-power. Thus at the highest level of our defense structure, civilian physicians are not only wielding tremendous influence but also are accepting the major over-all responsibility for the operation of current military medical service and for the medical aspects of our future national defense planning.

Within the Army itself, the civilian medical profession has assumed an even more concrete assistance role. To augment the post-war shrunken Army Medical Corps, today we have approximately 1,000 full-time civilian reservists on voluntary active duty plus the equivalent of 500 man days (per average month) served by Reserve officers on short tours of duty ranging from one to thirty days, and 375 civilian physicians working full or part-time in military hospitals and dispensaries.

Initially to build up our full complement of clinical specialists and thereafter to replace those lost by normal attrition, the Army Medical Department some four years ago entered the field of "graduate medical education." Today nine of our large continental German Hospitals have been designated "teaching hospitals" and are giving a level of intern and resident training which compares favourably with the better civilian centres. This program, fully approved by the appropriate civilian agencies, would have been impossible unless some 800 of our leading civilian clinical specialists had not volunteered to visit these hospitals once or twice each week and conduct teaching ward rounds, supervise the work of the interns and residents, give didactic lectures and participate in clinical pathologic conferences. Their pride in the success of our professional training program equals our own and their enthusiasm for and their loyalty to our program equals that felt toward the civilian educational institutions with which most of them are connected.

Incidentally, the medical schools which are located near our "teaching hospitals" have warmly supported our program and generously shared their teaching staffs. Fortunately the Army has been able to reciprocate in part



and we now have 29 of our medical officers serving as part-time instructors in these same medical schools.

In addition to our "teaching consultants" some 148 of the same calibre make periodic visits to the smaller continental installations to assist the staffs in their professional problems, do a limited amount of teaching, and advise the Surgeon-General and his Area Surgeons as to the adequacy or inadequacy of the medical service being rendered.

Somewhat more spectacular has been our "overseas" consultant program whereby Army hospitals outside the continental limits of the United States are visited for two or three day periods each month by teams consisting basically of a general surgeon, an internist and a psychiatrist, augmented by one or more representatives of the other clinical specialties. In 1949, 91 highly qualified clinicians participated in this program which resulted in maintaining a much higher standard of medical service than would have otherwise been possible, to say nothing of the favourable effect on the morale of our overseas personnel.

Since World War II the Army Medical Department has for the first time in its history undertaken a military medical research and development program of broad scope and considerable magnitude. Approximately one-half (money-wise) of this program is being carried out under contract by civilian medical schools and outstanding individual investigators. That part pursued in our own laboratories and installations is considerably strengthened by several full-time civilian researchers plus a number of research consultants. It should be mentioned in this connexion that the National Research Council with its innumerable committees and panels advises us on the over-all program and is constantly available for the study of any special problems. Parenthetically it should also be noted that a Medical Sciences Committee of the Research and Development Board of the Defence Department (with members representing the Army, Navy, Air Force and civilian medical research) analyses and approves all programs to prevent duplication and assure soundness.

Few of the accomplishments discussed heretofore would have been possible without the immeasurable support given us by the Society of United States Medical Consultants in World War II. This organization came into being in the Fall of 1946 when 178 leaders in American medicine, who had served as medical consultants with the Armed Forces (principally with the Army) during World War II, voluntarily met, at their own expense, in Washington, D.C., and banded themselves together and offered their service to the Surgeon-General of the Army. This Society has furnished us with an Advisory Board which meets frequently with the Surgeon-General and his staff to discuss and advise on both policy and operational problems. Committees of the Society have helped our professional training program and inspected its progress; our consultant program; our personnel requirements; our Reserve problems; and assisted in procuring medical personnel. Members of the Society have

personally volunteered for all of our various consultant programs and have been instrumental in obtaining other qualified physicians to complete these quotas. It is safe to say that the Surgeon-General has embarked on no major venture within the past three years without discussing it with and obtaining the approval of representatives of this loyal, patriotic, and unselfish group. Their undiminishing enthusiasm, more than four years after the cessation of hostilities, is far more descriptive than any words which I might pen. I am sure that your Director-General, Lieutenant General Sir Neil Cantlie, who met with and addressed this Society at its Fourth Annual meeting, can attest my statements.

#### CONCLUSIONS

(1) The Army Medical Department is determined that military medicine will be integrated to the maximum possible extent with the best in civilian medicine.

(2) Organized medicine in the United States today considers military medicine as one of its constituent parts, recognizes its responsibilities in the conduct of the medical service of the Armed Forces, and is actively and sympathetically assisting in solving our problems and maintains a high degree of medical excellence.

(3) Without the active support rendered by civilian medical organizations and by individual civilian physicians the medical service of the Army today would not have reached its present state of excellence.

(4) It is our constant aim *never* again to let military medicine become *isolated* from the rest of American medicine.