

*SUGGESTIONS FOR THE ORGANIZATION OF THE ENGLISH VOLUNTEER MEDICAL SERVICE AND FOR THE UTILIZATION OF VOLUNTEER MEDICAL AID IN WAR.*

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XXVI.—COMMISSIONS IN THE VOLUNTEER MEDICAL STAFF.

We have in the preceding paragraph shown that to-day the students are learning the elements of this ambulance work. When the specially-trained student has been doubly qualified as a physician and surgeon, I would then offer to him a volunteer medical staff commission as surgeon, or if many applied for it, I should again select by competition the number annually needed.

I would allow the young men thus commissioned to go to any part of the country and settle in any medical capacity they desired, keeping their commissions, and serving in the volunteer medical staff according to the rules laid down in the first paragraph of this paper. They would join the district medical staff and earn the annual capitation grant for the district corps in any of the ways we laid down in the efficiency paragraph.

Thus far we deal with the home service peace aspect of the question.

XXVII.—ORGANIZATION AS A WAR RESERVE.

To the number of young men yearly leaving the schools doubly qualified and trained in ambulance work, and if they desire it, commissioned in the volunteer medical staff, I would say, "I want this year, 1885, 50 young volunteer surgeons to go on a year's campaign," wherever it may be. "You will go out with volunteer commissions, uniform, defined position, in every way an officer in the volunteer service, and when you return you will retain your volunteer commission, and wherever you settle in practice will join the district volunteer medical staff, and rise in it. But we need qualifications and terms to be stated beforehand.

XXVIII.—QUALIFICATIONS FOR WAR VOLUNTEER MEDICAL OFFICERS.

- (A) *Age*.—The age of such an officer should not be over 30, so as to prevent his having to serve under regular medical officers perhaps his junior in age, a very fertile cause of undiscipline in any service.
- (B) *Physical Fitness*.—To be tested by examination by a medical officer of the regular army, and by a personal statement of efficiency from the candidate.
- (C) *Double qualification in Medicine and Surgery*.—This is of course essential.
- (D) *Riding*.—A certificate from some public person that the candidate can ride is essential.
- (E) *Drill and discipline of Medical Volunteers*.—A certificate from the instructor or adjutant of the school company or corps that the candidate is acquainted with his drill and is able to command a bearer company. This is an important test as showing a knowledge of military detail.
- (F) *Examination Test*.—In para. 16 we laid down the "certificate of proficiency" to be needed from volunteer surgeons in the ordinary volunteer service. This examination is capable of very full development.

We propose to allow no young volunteer surgeon to go out as a war aid who does not pass this test. Three army medical officers would form a board and examine the candidate in the treatment of army diseases in war, military surgery, military hygiene, the principles of military medical organization, and the general principles of military law.

There is no real difficulty in passing such an examination, but we need a test, and this test is the volunteer "proficiency" standard. The adjutant or instructor of the school companies would teach the outlines of this work as part of his ordinary duty.

XXIX.—TERMS OF EMPLOYMENT.

To encourage young men to join such a volunteer aid for war the terms need to be liberal and honorable, and there is no difficulty in arriving at an understanding. There should be honors and rewards, and liberal pecuniary recompense for good service, just as there would be trial by court-martial and dismissal for neglect of duty.

- (A) *Outfit allowance, or advance of field allowance*.—It is needful to give a fair sum to enable the young volunteer officer to provide uniform and to purchase his field kit, and to make arrangements at home for safe custody of his effects. £100

would be a fair sum, as it is essential that uniform be provided by the officer. It is a great aid to discipline—and the want of that would be highly injurious to the working of the scheme.

- (B) £50 for a horse—if a public horse is not provided. This is as allowed to an army surgeon going to war.
- (C) The daily pay and allowances of every kind of a young surgeon of similar rank in the regular service including batta, prize money, half-pay for sickness, pension for wounds, &c., as in the regular service.
- (D) To be eligible for special promotion in the volunteer medical staff, in the same way as regular medical officers are promoted in their corps for special and distinguished service.
- (E) Medals and decorations as for the regular medal service. The red-cross decoration to be divided into classes, and to be available for such officers as shall volunteer aid in war.
- (F) A certain number of specially recommended volunteer war surgeons who have done good service in the field, to be allowed to enter the regular medical service by a *qualifying*, and not by a competitive examination.
- (G) *Gratuity or Deferred Pay on termination of war*.—A gratuity of one year's pay of rank for every year employed in the field. It is better to give good deferred pay than to pay a high daily rate, as this causes unpleasantness.
- (H) *Free passages in every direction the officer may be sent*, and to be brought back to England after the campaign.
- (I) *Contract for Service*.—If needed a contract to serve for so many months should be drawn up to prevent abrupt termination of service; but practically any army officer can retire at any time in war or peace.
- (J) *Commission to be Retained*.—The commission of the volunteer war surgeon to be retained on his return to this country, and to continue his when he resides down in his district. Such officers would be a backbone of great strength to the volunteer medical service.

XXX.—EMPLOYMENT OF WAR VOLUNTEER SURGEONS.

There are many positions where such volunteer officers as those we now propose may be usefully employed. They would not be, of course, so efficient as a trained army surgeon habituated to discipline, and accustomed to war work. For this reason, whenever I would withdraw an army surgeon I would replace him by two young volunteer surgeons. Thus in the hospital ships we could withdraw one or two of the regular army doctors, and replace them by two or four volunteer surgeons.

Again: at the base hospital the same process might go on, limiting the volunteer element to one-fourth of the medical staff.

Again: in each of the stationary hospitals on the communications, we could withdraw one of the army surgeons and replace him by two volunteer surgeons.

Probably place might be found for a volunteer surgeon in addition to the stated staff of the bearer companies, and two volunteer surgeons might replace one of the surgeons in each of the advanced field hospitals.

Again: we now allow but one medical officer to each battalion in war, as a battalion surgeon. Probably, with our present strength of regular doctors we can afford no more; but we all agree that it is too little for the strain of tropical war, and we could supplement him by a volunteer surgeon acting as an aid in each battalion. Every continental army allows at least this number of medical officers to a battalion when mobilized for war.

By this system we could increase our field medical staff by a small amount, but we would set free for other duty some thirty regular army medical officers in an army corps, and from these officers we could easily supply our present urgent need for staff and secretariat aid to the different chiefs of the medical service in the field, as well as lessen the demands on our permanent medical service for war contingencies.

Unless a medical officer returning from a tropical climate, or from a hard campaign, has at least three years' home service to recuperate and recover from his fatigues and exposure, he is not fit for a new campaign, or a new tour of foreign service. This volunteer aid would diminish, in a small way, war demands upon us.

Further, we could post a senior medical officer, to be the chief medical officer of each infantry brigade in war, to act as the sanitary officer of each brigade, and the adviser of the major-general commanding the brigade on medical matters, and who could see that the different battalion doctors were doing their work thoroughly. This brigade doctor everyone seems to agree is needed in war time—he is always missed if not present.

(To be continued.)