THE R.A.M.C. AS A CAREER.

INTRODUCTORY ADDRESS AT ST. MARY'S HOSPITAL, LONDON,
BY

SIR JOHN GOODWIN, K.C.B., C.M.G., D.S.O.,
DIRECTOR-GENERAL A.M.S.

It was comparatively recently that I realized the near advent of the first of October and the fact that my address was still unwritten. I cast round for advice, I asked one friend as to the nature of the subject on which I should address you; he answered: "Oh, that's quite simple—reply to the criticisms which have been directed at the Army Medical Service during the war." My reply to this was that I had only been asked to give one address, and had not been requested to read a series of papers extending throughout the winter session.

I consulted others, but finally I thought that I would simply be guided by the experience of my daily life during the last eighteen months, and would talk to you on a subject relative to which I answer innumerable questions almost daily—namely, the advisability of adopting the Royal Army Medical Corps as a career, the present conditions and the future prospects of the service.

The R.A.M.C. in the War.

Now we have all heard a certain amount of criticism during the last few years, and, looking back over those years, I suppose that we can all see how things might have been somewhat better. We have made mistakes both of omission and commission, but it is always easy to be wise after the event, and I believe that even the most critical of us must own that the Royal Army Medical Corps has emerged from this war with a record of some good work accomplished and much knowledge and experience gained. I think that perhaps some of us do not quite realize the colossal nature of the task which faced the medical authorities at the outbreak of war, nor the enormous strain, anxiety, and labour which the various problems and difficulties entailed. This condition of affairs continued throughout the war; no sooner had one problem of immense difficulty and magnitude been dealt with than another situation arose which was almost appalling, but which had to be grappled with and overcome if disaster were to be avoided.

Let us consider briefly as to what had to be accomplished in the way of personnel, hospitals, and equipment.

At the commencement of the war we had in our regular Royal Army Medical Corps 1,026 officers and 3,168 non-commissioned officers and men. Every one of these had been detailed for his own specific work in the event of mobilization; every officer knew what his unit was, where it would mobilize, and what his own particular post in that unit would be. Officers had been selected, so far as possible, in accordance with their special abilities and training, and had been detailed accordingly for specific duties on mobilization; for example, officers who had worked at hygiene and had taken special degrees, such as the diploma of Public Health, were posted as sanitarians, others who had held surgical appointments were posted as surgeons to hospitals, etc.

This system was satisfactory so far as it went, but calculations were somewhat upset by the rapid and enormous growth of our armies and by the expansion of military operations into many different quarters of the globe.

Our original medical service of less than 4,500 officers and men rapidly expanded until it eventually numbered more than 13,000 officers and over 130,000 non-commissioned officers and men. Comparatively few of these newly commissioned officers had any previous experience of service in the field or knowledge of field service conditions, and our regular Royal Army Medical Corps officers and men were quickly scattered all over the various theatres of war.

I would say here that the two things which impressed me most during this war were the courage and resource shown by our newly commissioned officers, and the quickness with which they acquired knowledge of their duties. I have known a young temporarily commissioned officer, who had never before seen a shot fired in anger, carry on his duties under a heavy shell-fire with a cool courage

which was beyond praise or description, and this not once but in dozens of cases; and similarly I have seen young men with no previous knowledge of field service conditions start to work in a field ambulance or casualty clearing station, and improve themselves in their work with a rapidity and to an extent which one might have thought impossible.

As regards hospitals, at the commencement of the war we had 7,000 beds in military hospitals in the United Kingdom; these were expanded until at the time of the armistice we had in the United Kingdom alone more than 364,000 hospital beds and 333,000 patients in our charge. The number of hospital beds throughout the various theatres of war totalled at the time of the armistice 637,746, and we had under our care 577,906 patients.

As regards material and equipment, I shall not weary you with masses of figures, but you may realize the magnitude of the work in this direction when I mention that, quite exclusive of the initial medical equipment taken by units, we sent nearly 526,000 cases and bales of medical stores overseas.

To particularize a few items, I might mention 250,000 surgical instruments yearly dispatched, over 96 million bandages, nearly 1½ million splints, and over 6,400 tons of lint and wool. Vaccines—typhoid, cholera, dysentery, etc.—we prepare at our Royal Army Medical College at Millbank, and of these we supplied during the war more than 20,600,000 doses; these vaccines, if purchased in the open market, would have cost us more than 1½ millions sterling. Of the various serums we furnished 11½ million doses. I think that these few figures may serve to visualize the enormous quantities of supplies of medical and surgical equipment which are required for a modern army in the field.

To revert for a few minutes to the question of our medical personnel, it would, of course, have been most desirable to fit every temporary commissioned officer into the particular niche for which he was best suited; but, in view of what I have just told you, you may realize the difficulties.

The Officers' Card Index.

There can be no doubt but that one of the most important requirements in the Royal Army Medical Corps—in war time equally with peace conditions—is that the best possible use should be made of every man; that there should, in fact, be no "square pegs in round holes." Theoretically, this desideratum should present no difficulties which could not be overcome, and with our present system I think that really satisfactory results are ensured. The aims of this system are briefly as follows:

1. To record fully the special qualifications of each individual officer, the work done, and the appointments held by him prior to his having entered the service.
2. To obtain, in a convenient and readily accessible form, an accurate record of the movements, stations, and work of each officer.

In order to attain these ends a card index system has been established; the qualifications, previous work, appointments in civil hospitals, etc., of each officer are entered on this card; the original is kept at the War Office, and the duplicate is forwarded to the head quarters of the command to which the officer is posted. All movements of the officer within that command, and the nature of the duties which he performs, are entered on the card at the command head quarters. On the officer leaving the command the duplicate card, recorded up to date, is forwarded to the War Office, and any additional information is there entered on the card in the main index; the duplicate card is then forwarded from the War Office to the new command to which the officer has now been posted. By this method the card constitutes a brief but complete record of each officer's services, and facilitates the employment of officers on the duties for which they are best suited, thus ensuring a more satisfactory form of service to the officers themselves, and increased efficiency to the army.

The system will provide a means of continuous and accurate supervision of every officer's work, progress, and career.

With regard to the various advantages and disadvantages of the service, I shall endeavour to lay matters before you fairly and without bias or prejudice.

Pay and Prospects.

First, as to monetary considerations—I apologize for putting this first, it really should come last, but, sordid though it may be, I suppose that when a career is being decided upon the question of £ s. d. is bound to be considered by most of us, and as a matter of practice I find that this is usually one of the first questions asked by a young medical man who contemplates entering the Royal Army Medical Corps.

The new Royal Warrant, issued very recently, lays down the pay and allowances for the Royal Army Medical Corps as follows:

On being commissioned as a lieutenant in the Royal Army Medical Corps an officer receives pay at the rate of £1 per diem, and he also receives various allowances, which bring his total emoluments up to an annual sum of £495, if unmarried, and £558 if married.

This pay steadily increases with service; a bachelor captain (to which rank an officer is promoted after three and a half years' service) receives £622 per annum, a major £815, a lieutenant-colonel £907, increasing to £1,189, a full colonel £1,395, and a major-general £2,001. Should an officer be married he receives slightly higher rates.

Now if we read between the lines of official documents we may often, in addition to the bald facts so tersely stated, gain hints which may be of value, and, bearing this in mind, I would point out that, as regards the increased allowance for married officers, there is a proviso that an officer is not entitled to draw the increased married rate until he has attained the age of 30, that being presumably the earliest year of discretion; the inference to be drawn is evidently that an officer should not commit matrimony until he is 30 years of age. Advice on these lines is no doubt excellent; it is frequently given, and I am afraid as frequently disregarded; in fact, I think that nearly all advice on the question of matrimony is prone, like the argument of doctor and saint, to go out "by the same door wherein it went." On this weighty question every man must judge for himself.

There is, however, another inference which you possibly might—but which I beg you will not—draw from these official rates of pay, and that is due to the fact that the rate for a married officer is only some £50 or £60 more than that for a bachelor. Please do not infer from this that the additional expenditure involved by matrimony on any amounts to some £60 per annum. All the best authorities will tell you—and will be quite correct in so doing—that a married establishment involves a much greater expenditure than that of a bachelor; as regards one possible item alone we have it on the authority of *Punch* that a perambulator costs more than a motor car.

Now, as to pension. After fifteen years' service an officer can retire on £150 per annum, and thereafter he can retire on steadily increasing rates, depending on his rank and service, the *maximum* rates being £450 a year for a major, £600 for a lieutenant-colonel, £800 for a colonel, and £1,000 for a major-general.

From the above you will see that you are not likely to make a fortune in the Royal Army Medical Corps, but I would point out that it is not every man who makes a fortune in civil life, and I would also mention a few of the advantages of the service. First, the pay is such that a man can live comfortably, it steadily increases, and the provision of a pension ensures that a man is steadily, throughout his service, providing for the future.

Another advantage to which I would draw attention is the fact that if an officer's health should fail he is granted sick leave up to twelve months on full pay, provided there is a prospect of his being eventually fit for service. So much for the financial side of the Royal Army Medical Corps. Now let us touch on the far more important question of work in the service.

I was much impressed some years ago on reading the address which Mr. Rudyard Kipling gave at the McGill University of Montreal. He said:

"Only use one hand to procure wealth, keep your right for the 'proper work of life,' for if you employ both arms in the game of acquiring wealth you will be in danger of stooping, in danger also of losing your soul."

Now I have heard it said that there was not sufficient work in the Royal Army Medical Corps. I cannot say that I have ever at any time been so unfortunate as to

suffer from an insufficiency of work—the direst evil that can befall any man—and I have more than a suspicion that when a man suffers from an insufficiency of work he is suffering from a neglect to make use of his opportunities.

A man must always be ready to make use of his opportunities; remember that "fortune only favours the man who is prepared." I say with confidence that if a man makes the most of his opportunities he will always find an abundance of intensely interesting work in the Royal Army Medical Corps.

Entry to the service is by competitive examination; the place which he takes in this examination decides an officer's position as a lieutenant in the Army List; after three and a half years' service, and after having passed an examination, he is promoted to be captain; between the seventh and twelfth years of his service an officer is seconded for a nine months' course of study in London; at the termination of this course he undergoes an examination, after passing which he is qualified, on the completion of his twelfth year of service, for promotion to the rank of major.

This nine months' course of study is carried out at the Royal Army Medical College at Millbank and in various of the London hospitals, and a considerable portion of the time is spent in the study of whichever "special subject" the officer may select—for example, surgery, ophthalmology, State medicine, etc."

Specialist Appointments.

Should an officer show special aptitude for a particular subject, and qualify by examination in it, he is eligible for many years of his service (and I draw especial attention to this fact) until he attains the rank of full colonel, to hold specialist appointments in the subject. These appointments have in the past carried additional pay at the rate of 2s. 6d. per diem, but these rates have recently engaged a good deal of our attention as regards revision, and it has now been decided that when we have again settled down to the more or less normal conditions of peace, specialist appointments will be paid at the following rates:

Operative surgery	...	...	5s. per diem.
Medicine	...	...	5s. "
Ophthalmology	...	...	5s. "
Gynaecology	...	...	5s. "
Dermatology	...	...	5s. "
Otology, laryngology, and rhinology	...	...	2s. 6d. "
Radiology	...	...	2s. 6d. "
Anaesthetics	...	...	2s. 6d. "
Mental diseases	...	...	2s. 6d. "

Several of the above rates of pay show a considerable increase over those hitherto in force—for example, pay for specialist appointments in operative surgery, ophthalmology, gynaecology, and dermatology has been increased from the former rate of 2s. 6d. per diem to 5s. per diem. Medicine, not hitherto recognized and paid as a special subject, now receives pay at 5s. per diem, while radiology and anaesthetics have been introduced as special subjects, appointments in which carry extra pay at 2s. 6d. per diem. There is also extra pay at rates varying from 2s. 6d. to 10s. per diem for the charge of a hospital or the medical or surgical division of a general hospital.

You may notice that in the above list of special subjects no mention is made of two very important branches of the profession, branches on which the welfare, indeed the very existence, of an army depends. I refer to hygiene and pathology. Now these two subjects have been dealt with, in official parlance, in another file, and I may say that that file was a very bulky one and entailed a very great deal of work, work which bore good fruit, for it was finally sanctioned this year that there should be two sub-directorates at the War Office, one in hygiene and one in pathology, each with a director at its head, assisted by a deputy director and a staff. Serving under the direction of these directors there will be assistant directors and deputy assistant directors at the various commands at home and abroad, in Egypt, Gibraltar, Malta, Ceylon, Jamaica, Bermuda, etc., and schools of hygiene will be formed in certain commands for the instruction of staff and regimental officers. By this means we hope to keep up to date with all the most recent developments as

regards tropical and other diseases and the methods for their treatment and, even more important, for their prevention.

Administrative Work.

There is one point on which I hear a very great deal, and on which I should like to make my own views clear, and that is the question of administrative and professional work. I had very nearly said "administrative *versus* professional work," for from what I sometimes hear I might be led to believe that a combination of the two was impossible—that they were, in fact, incompatibles.

Now, honestly, I cannot see this. Surely—how can it be seriously questioned or doubted by anyone?—the profession of medicine, to which we all belong, is the bedrock, the essential, of the Army Medical Service; if you sink the profession you are left as a ship without a rudder. But—here I come to my proviso—every man in the Royal Army Medical Corps should endeavour to make himself acquainted with the organization of his corps and of the army, and should hold in his hand at least the threads and principles of administration; it will not only be to his own advantage but also immensely to the advantage of the service if he does so. For think of what would happen on the outbreak of war if the officers of the corps were not acquainted with its organization, with the principles of administering hospitals and other units, and with the functions of field ambulances, casualty clearing stations, etc. The acquiring of such knowledge is most interesting; it is not by any means difficult, and it will in no way whatever divorce him from his profession. Surely every man is the better for being able so to organize and administer any unit that every branch of professional work in that unit may be so carried out as to attain a really high standard of efficiency.

May we consider for a moment the instance of an operating surgeon? We will suppose that this surgeon is as nearly as possible perfect in operative skill, courage, knowledge, and manual dexterity. Now, to my mind, such a surgeon will be lacking in capability and performance if he confines himself simply and solely to the actual operating; he will, in my opinion, be a more efficient and valuable man if he organizes the work in his operating theatre on a systematic basis, if he creates a team of workers, assistant, anaesthetist, theatre sister, etc., and so perfects the work of that team as to obtain the best work from each individual and the most perfect combined result from them all.

By having such organizing and administrative knowledge and power he will lose nothing and will gain much. I could give you numerous other examples—for example, the hygienist with an army in the field who, with his expert knowledge and skill, should be able so to organize the work of hygiene and sanitation in that army as to ensure that it is free from disease, and maintained in fit condition to function as an army.

The pathologist in a new, possibly an almost unknown, tropical country, who knows the prevailing diseases of the country, their causes and the methods for preventing and combating them, he surely, of all men, should best be able so to organize and systematize these methods as to obtain the best results.

My ideal commanding officer of a hospital would be a man who knows his hospital from top to bottom and all the patients in it, who knows his staff, trusts them and is trusted by them, who is really keen on every branch of his profession, and who is able to decide in his own mind without hesitation as to whether the work in every branch—surgery, medicine, pathology, etc.—is or is not being carried out in a manner which will bear the most critical examination.

I should like to see such a man looked to freely and without hesitation for opinion and advice, giving the best work himself, and obtaining—without asking for it—the best work from every one under him. You may say that this is an ideal to which it is difficult to attain; possibly so, but without an ideal you will attain nothing. The fact that a man is up to date and really efficient in his profession is all in his favour when he attains to the higher ranks and administers hospitals and supervises the work carried out in them.

I do not wish to labour the point, but I do desire to impress on you that a man must keep up his professional

knowledge; he must never allow it to lapse into the background; he must keep himself up to date; and, consequently, he must be constantly working; but the whole work of the Royal Army Medical Corps is so interesting that one can hardly call it a labour—it becomes one's life.

There is one point regarding the corps on which I have not touched, and that is the fact that a certain portion of one's service is spent abroad; this fact may be regarded either as an advantage or a disadvantage according to the tastes of the individual. Personally, I have always loved seeing other countries, and regard the foreign service as a great attraction in the army.

Another point which I think appeals to many is the fact that one is working with, and for the good of, one's comrades in the army; the British soldier is the best man in the whole world for whom to work; he is not always easy to understand, and at first I found it a little difficult to realize the qualities which made certain officers beloved by their men. After I had been on active service, now some twenty odd years ago, I understood, and Kipling puts it pretty clearly when he says—

All the years I have known So-and-so I have never known him to say whether he was cold or hot, wet or dry, sick or well, but I've never known him forget a man who was.

I may be biased—though I do not admit it—but I look upon the Royal Army Medical Corps as offering a really good career and a happy life to a young medical man, and, were I starting life again as a newly-qualified man, I should unhesitatingly choose it for myself.

The Future of the Corps.

The improvements and advances which I have seen take place in the Medical Service of the Army during the last twenty-five years have been enormous, and I hope you will not regard me as a visionary or an idealist when I say that I look forward to steady and progressive improvements in the future. I hope and believe that the Royal Army Medical Corps in the years ahead of us will be deservedly looked to as an up-to-date scientific body of men, taking their part in the nation's work in the advancement of science and knowledge, and organized on such a basis that in a time of national emergency they may bear their share—and it is of necessity a very large share—of the nation's burden.

The last five years have taught us much. I do believe that the Royal Army Medical Corps stands now on a better basis with the rest of the army than it has ever done, and I think that we may now regard the Royal Army Medical Corps and the civil profession as being one. The great majority of the civil profession has been—and very many members still are—in the Royal Army Medical Corps, and I honestly believe that we officers in the regular Royal Army Medical Corps are more closely bound by ties of mutual trials, mutual work, and affection to the civil profession than has ever before been the case, and I also hope and believe that the civil profession is in far closer touch, and in much greater sympathy, with the Royal Army Medical Corps than it has hitherto been.

In conclusion, I venture to give you a few words of counsel: Keep your youth, your enthusiasm, your energy; if you permit your youthful enthusiasm to wane you will find difficulty in regaining it. If you would be successful and happy in your work you must give ungrudgingly of your best, for that way happiness lies; as Robert Louis Stevenson truly wrote:

If a man love the labour of any trade, apart from any question of success or fame, the Gods have called him.

The finest men—those who most command our respect, admiration, and devotion—are those who give their all to work for the work's sake, and not for any personal reward; we all know such men, and we know how much the profession and the nation owes to them.

And, finally, I would beg you always to be loyal to your profession and to your brother professional men, and if any of you do eventually enter my service you will, I know, be loyal to it and to the army.

A DIAGNOSTIC hospital, to accommodate 500 cases daily, has been established in New York. The estimated cost is £100,000, and the funds have been supplied by the contributions of some thousand practitioners.