ally in nations which resent laws for the protection of the community as an infringement of the liberty of the individual, and the enforcement of sanitary measures as "medical tyranny." This is one of the penalties mankind has to pay for the realisation of the democratic idea.]

REPORTS.

The report of the Secretary showed that the membership of the Association was now over 10,600, being an increase of between 1,500 and 1,600 in the course of the past year. This was a larger increase than in any previous year in the history of the Association.

In the report of the Executive Committee attention was directed to the fact that 391 papers appeared on the programme this year, as against 491 in 1900.

The report of the Board of Trustees showed that the Association was in a very flourishing condition. On January 1st, 1900, the cash assets were 28,000 dols. (£5,600); on January 1st, 1901, they were 31,864.07 dols. (about £6,372), and on June 1st, 1901, 45,254 dols. (about £9,050).

The report of the Committee on Legislation stated that the Committee had aided in securing the rejection of the Antivivisection Bill, which had met with such a crushing defeat that it was not very probable that it would be brought up again. Among other things accomplished was the appointment of a Committee to secure unification of medical practice Acts, and of another to aid in promoting better State medical organisation.

THE REORGANISATION OF THE ASSOCIATION.

The report of this Committee contained the following recommendations, chiefly regarding a business section, to be known as the "House of Delegates":

1. The Delegate body shall hereafter be known as the "House of Delegates of the American Medical Association."
2. The House of Delegates shall consist of not more than 150 members, and shall be created as follows: (a) One delegate for every 500 members or fraction thereof of the State or Territorial Societies recognised by the American Medical Association; (b) one delegate from each of the sections of the American Medical Association, to be elected as are officers of the section; (c) one representative each from the United States army, the United States navy, and the United States marine hospital service.
3. Delegates representing the State societies shall serve for two years, one-half, or as near as may be, of such delegates to be elected the first year for one year only.
4. Whenever the number of delegates exceeds 150, there shall be such a reappointment among the affiliated State societies as will bring the total membership of the House of Delegates below that number.
5. The House of Delegates—as the sections—shall hold its sessions daily, from 9 A.M. to 12 A.M. and from 2 P.M. to 5 P.M., or so much of such time as may be necessary, provided that it shall hold no session on the morning of the first day of the annual meeting, nor during the time of the general sessions.
6. The general sessions of the American Medical Association shall be composed of members and delegates who may be in attendance at the annual meeting, and the time of meeting shall be 11 A.M. on the first day of the annual meeting, 7.30 P.M. on the first three days of the annual meeting, and 12 noon (or such other hour as may be agreed upon) on the last day of the meeting, which session shall be for the installation of the officers for the ensuing year, and other concluding exercises.
7. All the officers of the Association shall be elected by the House of Delegates, but no member of the House of Delegates shall be eligible to any office whose incumbent is elected by that body.
8. No one shall be elected a member of the House of Delegates who has not been a permanent member of the American Medical Association for at least two years.
9. The election shall take place on the morning of the fourth day of each annual meeting.
10. No one shall be elected to any office who is not present at the annual meeting at which the election occurs.
11. The officers elected shall be installed at 12 o'clock on the last day of the annual meeting.
12. The membership of the Association, in addition to the delegates, shall be composed of permanent members, honorary members, and associate members.

The report of the Committee was adopted.

NEXT MEETING.

It was decided that the next annual meeting should be held at Saratoga, New York.

Abstracts of the principal scientific papers will appear in due course in the EPIHOME.

CERTIFICATION OF AN INEBRIATE REFORMATORY.—The Home Secretary has certified the Church Army Newdigate Farm Home, Dorking, as an inebriate reformatory for the reception of twelve men committed under the Inebriates Act, 1898. The Secretary of the Home is Mr. Colin F. Campbell, 130, Edgware Road, W.

THE ORGANISATION OF MEDICAL AID IN A GREAT WAR.

By W. WATSON CHEYNE, M.B., F.R.S.,

Professor of Surgery in King's College; lately Consulting Surgeon with the Field Force, South Africa.

THE suggestions contained in the report of the Hospitals Commission fall into two groups, namely: First, the improvement and the increase of the existing army medical establishment, so as to suffice for the needs of the army in times of peace or in small wars; and, secondly, the best way of supplementing the Royal Army Medical Corps in the case of a great war, where the existing establishment is insufficient.

In complying with the request of the Editor of the BRITISH MEDICAL JOURNAL to make some remarks on the suggestions of the Commission, I shall not go into the first group for the more important points have been pretty well threshed out and agreed upon. I shall therefore confine myself to the second question, namely, the best way of supplementing the Royal Army Medical Corps in wars for which the existing establishment is insufficient.

The necessary increase under these circumstances involves, of course, both material and personnel. As regards material, nothing need be said, because there is always a plentiful supply of tents, medicines, etc. to be obtained at home, and the only question with regard to the proper supply of material is the means of transport available.

The personnel, however, cannot be added to simply by going into a shop and ordering what is necessary. The personnel must be made up of individuals specially trained for the work required, and consists of two distinct bodies—namely, doctors and nurses.

As regards doctors, there is always a plentiful supply of young men only too eager to offer their services, and no difficulty need be feared as regards deficiency in numbers of the civilian doctors.

It is quite different as regards nurses. The custom in the Army Medical Department is to devolve the actual nursing of the sick on male orderlies under the supervision of female nurses, and it must be remembered that as trained male nurses are not much used in civil work, there is no large reserve supply available. Hence if men are to be employed in war for the nursing of the sick and wounded, large numbers of more or less untrained men must be added to the corps. The suggestion has been made that volunteer corps should be established in times of peace from which the army could be supplied, but even if such corps were established the orderlies would have to be largely recruited from men who had been trained in the army, and who, unless they took up private nursing, would very soon forget what they had learned. Practically, as there is only a very limited field in civil life for male nurses, the supply of trained nurses is certain to be inadequate, hence for efficient nursing it is necessary to fall back on women, and for my part I believe that they are, as nurses, in every way far superior to men, and that if matters could only be so arranged that they could be employed in military base hospitals as fully as in civil hospitals in peace, it would be a great advantage to the sick and wounded, while there would be no difficulty in getting an ample supply.

In attempting to provide for the emergency of a great war the main question is how to utilise the civilian auxiliaries so as to get the best results. In the present campaign in South Africa the civil surgeons were more or less mixed up with the army surgeons. Both base and field hospitals contained a certain proportion of civil surgeons, and in times of stress civil surgeons had to be sent in charge of regiments or otherwise employed in the field in the place of the trained men of the Royal Army Medical Corps. Civil surgeons were, in fact, temporarily incorporated with the Royal Army Medical Corps, and were treated as belonging to that corps. That they did their work well has been universally acknowledged.

As regards nursing, both in the field and at the base, the army system of male nurses was adhered to as far as possible, but as the supply of trained orderlies was very soon exhausted fresh orderlies were largely recruited from St. John Ambulance men and others who were imperfectly trained, and in time of stress nursing had to be done by privates in the army without any training whatever. Further, as regards these privates, it

must be remembered that they were the least efficient men in the regiment, for no officer could afford to part with his most intelligent fighting men for hospital work. Women nurses were no doubt employed in larger numbers than in times of peace, but not in any sufficient numbers to replace the orderlies and carry on active nursing as in civil hospitals.

In this campaign also the army medical resources have been added to by the establishment of special hospitals, which have been of the greatest value, but which have been run more or less on semi-military lines.

Now I think that no one who has had experience of the campaign will deny that both the officers and orderlies belonging to the Royal Army Medical Corps are eminently fitted for work in the field, more fitted for these particular duties than the average civilian, for they have been trained to that special work and have also had considerable experience of it in minor campaigns. As regards the professional attainments of the officers, individuals vary very much as they do in civil life, and as is only to be expected, owing to varying opportunities of acquiring experience in times of peace, and to the absence of any organised system of post-graduate instruction. There were, however, a number of men in the R.A.M.C. of high professional attainments, and quite equal to the best civilians. But apart from purely professional attainments, they struck me as being men exceptionally endowed with common sense and eminently fitted for work with the army in the field. If the whole of the Royal Army Medical Corps and of the trained orderlies had been free to go to the front they would have probably sufficed for the needs of the army, but to do this would have left few or none available for work at the base. At the same time the most efficient work at the front would be, in my opinion, obtained from men exclusively belonging to the Royal Army Medical Corps.

On the other hand, the more senior civilian surgeons had more professional experience and were probably on an average more qualified to treat the sick and wounded in the hospitals, but they had no knowledge of military matters and of the multifarious duties which a surgeon at the front may at any time be called upon to perform. Consequently a civilian surgeon might have to be put in a position where, quite apart from his medical knowledge, he had to exercise qualities in which he had not been trained. For example, he might be left in charge and have to supply his unit with rations, equipment, transport, etc., without knowing how to go about it. This is a somewhat risky experiment, and will not on the whole work so well as if a member of the Royal Army Medical Corps were in charge.

To put what I mean in one sentence, from my experience I should hold very strongly that the place of the men of the Royal Army Medical Corps is at the front, and that the place for the civilians is at the base. Hence I would suggest that in the case of a great war matters should be so organised that the work at the front should be done by the Royal Army Medical Corps while the work at the base is entrusted to the civilians. I do not think that the mixture of the two both at the base and at the front works well. To put a good civil surgeon at a base hospital under a less efficient Royal Army Medical Corps man (and the Royal Army Medical officers are selected by seniority rather than by professional ability) is to lead to friction or to breed contempt of his superior officer in the mind of the civil surgeon. Neither is favourable to good work. On the other hand, to put a civilian at the front where he is not acquainted with the various duties which may be required of him—with the method of obtaining transport, equipment, rations, etc.—is apt to irritate the army medical men in charge owing to the civilian's apparent incapacity, but in fact to his want of knowledge of the arrangements.

As regards nursing, while women naturally cannot move with the army at the front, I cannot see any possible objection to their being as fully employed at the base as in civil hospitals in London, and if this were done there would be a large number of fully-trained orderlies available to nurse the sick at the front, and there would be but little necessity to recruit the orderly staff from partially or entirely untrained men. At Capetown, Bloemfontein, Johannesburg, etc., for instance, large base hospitals could have been placed in the hands of civilians with a few army medical men attached to act as connecting links with the army; nurses could have been easily got in large numbers to supply

the places of the orderlies, and had this been done a number of efficient officers and men would have been set free for the work at the front, while the work at the base could have been carried on in a most efficient manner.

Two objections may be urged to this scheme. In the first place it may be said that the treatment of the sick and wounded must be an army medical matter, and cannot be handed over to civilians. The records of the cases must be kept and the supply of the materials must be in the hands of the military, and so on. My proposal does not involve a complete separation; I would certainly have a connecting link, and to show by example what I mean I would take as an instance the hospital I know most of, namely, the Portland Hospital, which was carried on very much on the lines I am thinking of. Everyone will agree that it was most ably managed and was a complete success; its connection with the army was fully maintained through Surgeon-Major Kilkelly. It would have been just as easy for Mr. Bowlby and Dr. Tooth to have organised and run a hospital of 500 beds or more on the lines of a civil hospital under army control as to run a hospital of 100 beds. I do not think that if the details of the organisation of these base hospitals were thought out beforehand there would be any difficulty in placing them under the care of senior civil surgeons and physicians, with a staff of junior civil medical men to do the work, and in preserving complete and cordial relations with the army. It would only require an officer, as with the Portland Hospital, and a small clerical staff to see to returns and records of cases to keep up the connection with the army.

In the second place it may be objected that by placing the large base hospitals entirely under civilians a large field for experience would be taken away from the officers of the Royal Army Medical Corps. If the Royal Army Medical Corps were fully manned this objection would certainly hold good, but the scheme which I outline has reference to the present undermanned condition of the corps. The question is how to do the best for the sick and wounded under the existing circumstances. During war the object of hospitals is not to serve as teaching institutions or as places for gaining experience, but for the treatment of the sick and wounded, and for that alone.

At the same time I do not think that by such an arrangement the Royal Army Medical Corps need be deprived of an ample field of experience. In the first place they would have full experience of the early treatment of the cases at the front; while, in the second place, arrangements might be made by which they could utilise the experience to be gained at the base hospitals. The army medical officer, when first sent out to the seat of war, could, unless pressure existed for his immediate services at the front, be temporarily attached to the base hospital for some weeks. He would thus have an opportunity of brushing up his knowledge and qualifying himself for the work which he would presently be called on to do. Indeed at the base hospital classes might be held for the benefit of those not at once drafted to the front, and for those on leave, and thus a certain amount of post-graduate teaching for the Royal Army Medical Corps might possibly be done in the civil hospitals.

My proposal, therefore, would not be to mix the civilians and the Royal Army Medical Corps together, but to keep them more or less separate, to send to the front men belonging to the Royal Army Medical Corps, to send out surgeons and physicians of high standing to take charge of the medical and surgical work at the base hospitals, and plenty of women nurses. These hospitals should be managed on civil lines, the necessary connection with the army being maintained by an army medical officer, as in the case of the Portland and some other civil hospitals during this war. Plenty of young civilian surgeons should be sent out to take up the work in the hospital under the civilian heads. It would not require a large number of senior surgeons and physicians in these hospitals: one man might easily be placed at the head of a hospital of 500 beds. He would carry on the work much as is done in the ordinary civil hospitals in German towns, where there is one surgeon or physician and a staff of assistants. If this were done there would be no necessity for the appointment of consulting surgeons and physicians as was done in this campaign. The civilian surgeons and physicians who would be placed at the heads of these large hospitals would be men of the same standing as the consulting surgeons, and they could

easily be made available for consultation in the neighbourhood in which they were stationed, or indeed they might occasionally make a round of visits to the military field hospitals in case assistance was required.

Whether consulting surgeons are employed in future or whether senior men are sent out to take full charge of the large base hospitals, it would be well that these senior civilians should be identified more or less with the Army Medical Department in times of peace. They would thus become known to the members of the Royal Army Medical Corps, and would come to be regarded as an essential portion of the department, so that when they were sent out to take up the work at the base there could be no idea on the part of the Army Medical Department of any displacement or any implication that the *personnel* of the R.A.M.C. were incapable of carrying on their work. These senior civilians would only be taking up the position for which they were destined in time of peace. A list would be made of those senior civilians willing to take up this position in time of war, and this list need not be large, perhaps eight or ten physicians and surgeons, and it would be revised every year. It would be of course essential that anyone on this list should be at the disposal of the Government in time of war, therefore it would be necessary to ascertain year by year whether they were willing to give up their work and go to the seat of war if necessary. The time would come when it would not be possible for some to go on duty, and then they would resign the appointment to make way for those who could.

Their connection with the army in time of peace might also be maintained in other ways; for instance, they might form the Examination Board for admission into the Army Medical Corps.

Further, in organising study leave for members of the Royal Army Medical Corps, special facilities might be given to them for attending the clinics of these civilian surgeons and physicians. Proper organisation of post-graduate study for army medical officers is a matter of great importance, and one on which much stress is laid by these officers themselves, but the full consideration of this comes under the first group of recommendations of the Commission. It is, of course, evident that there must be some arrangements made for this. It would not do just to turn the men loose and let them go anywhere.

Further, the civilians on this list might be made available for consultations in the military hospitals at home either by the patients being sent to the town in which they live, or by certain districts being assigned to each man in which he may be called upon to visit the military hospitals in cases of special difficulty.

Of course, in such a scheme a good many details would require working out, more especially as to the organisation of the hospitals—for example, to the material, tents, etc., which would need to be kept in stock and so forth; this would probably have to be left entirely in the hands of the Army Medical Department; but once the material has reached its place of destination, the actual organising of the staff and nursing arrangements would probably be best in the hands of the civilians, subject in any case to a final veto by the Army Medical Department.

THE IRISH MEDICAL ASSOCIATION.

ANNUAL MEETING IN BELFAST.

THE sixty-second annual meeting of this Association was held in Belfast on June 11th. Prior to the commencement of the proceedings, the members present were entertained to lunch by the President-elect, Dr. William Whitla, in Prince's Restaurant.

Dr. McLAUGHLIN (Strangford) took the chair, and Dr. GICK, Secretary, reported that the result of the ballot was as follows:—President, Dr. William Whitla (Belfast). Vice-Presidents—Leinster, Dr. Bradley; Ulster, Dr. MacLaughlin; Munster, Dr. Cotter; Connaught, Dr. Kinkead. The usual number of county councillors and general councillors were also elected. Dr. WHITLA then took the chair.

PRESIDENT'S ADDRESS.

In his address he thanked the members for electing him, and promised to endeavour to further the interests and aims

of the organisation. He said that the Association did not confine its efforts to the redress of the many serious grievances under which the Irish Poor-law medical officers were still permitted to suffer. He hoped all ranks of the profession would combine in the endeavour to redress the grave injustice still surrounding the dispensary medical doctor. The Association had already achieved success in its efforts to establish the rights of prison surgeons, factory and constabulary surgeons, consultants' fees, lunacy fees, and sanitary prosecutions; it therefore deserved the support of every medical practitioner in Ireland. The urgent nature of the grievances under which the Poor-law medical officers suffered compelled the Association to place such important questions as "superannuation," "abuse of the ticket system," "*locum tenens*," and "annual holiday" in the forefront of its programme; but all reaped the advantages, and all should become enrolled in its membership. At present only about one-fourth of the 2,500 medical men residing in Ireland were members.

ANNUAL REPORT.

The annual report was taken as read, and adopted. It dealt chiefly with the question of "superannuation;" and drew attention to the fact that for the last twenty-five years the Association had been endeavouring to educate Boards of Guardians in Ireland on the question of superannuation to medical officers who have spent their lives in its service. The Bill the Association had been promoting was abandoned in favour of that of the Poor-law Association, which was identical in principle, but more comprehensive; it was probable that facilities would be given for passing of the measure. Regarding leave of absence, although the Local Government Board was most favourable to the amendment of the rule, it was doubtful whether that Board had the power to compel Boards of Guardians to fix a definite period for leave of absence. It was instructive to know that medical officers of health had no authority to call to their aid professional assistance to confirm or otherwise an opinion as to an alleged case of infectious disease; but the same doctor acting as dispensary medical officer could obtain assistance when the condition of the patient rendered it necessary, and the guardians were responsible for the consultant's fee. Upwards of £158 had been spent in law costs during the year, the greater part of which was incurred in endeavouring to obtain the four weeks' leave of absence.

RESOLUTIONS.

The following resolution, moved by Sir CHARLES CAMERON and seconded by Dr. BENSON, was carried unanimously:

That the Council be instructed to take such proceedings as may seem to it advisable in support of the Poor-law Officers' Superannuation Bill now before Parliament.

Dr. MYLES (President of the Royal College of Surgeons, Ireland) proposed, and Dr. J. B. STORRY seconded, the following, which also was carried unanimously:

That as the duties of Poor-law medical officers require ceaseless attention at all hours, day and night, it is in the interest of the sick poor as well as of the medical officers that a period for needful rest be provided; and that the Council be instructed to continue their exertions to have Article 28 of the dispensary regulations so amended as to secure to medical officers their reasonable demand for an annual vacation.

Dr. KIDD (Enniskillen) moved, and Dr. AGNEW (Lurgan) seconded, the following resolution, which was adopted:

That the Council be requested to consider the advisability of revising the articles of association generally, and especially with regard to the formation of Branches, and making the Association a defensive one.

It was resolved, on the motion of Dr. KIDD (Enniskillen), seconded by Dr. COATES:

That the Council be instructed to ascertain if arrangements can be made to hold the annual meeting of 1903 in Enniskillen.

Dr. DELAHOYDE (Dublin) moved:

That this meeting declares that the salaries at present paid to the dispensary and workhouse medical officers are inadequate and totally disproportionate to the labour involved in the onerous and important duties they have to discharge; and therefore that the Council be instructed to take this question into immediate consideration with a view of formulating a scheme whereby a minimum salary rising by periodical increments to a certain maximum shall be fixed for all Poor-law medical appointments, and that copies of this resolution be sent to the different licensing bodies, and their co-operation requested to attain its object.