

The medical profession can do much for the Army by using its great influence to show that to serve the country and to protect the nation, and the individuals of the nation who go out to its defense, the Medical Department of the Army must be sufficiently and properly officered to give efficiency. More than this, as volunteers must be relied on, there should be in the country a number of reserve medical officers whose services can be available in time of need. A medical reserve has been designed to take the place of the anomalous and unsatisfactory contract surgeon system which now obtains.

Surgeons under contract have no rank, and the lack of dignity which pertains to their position has long been the subject of remark as not compatible with the standing of members of a learned profession, whose duties and responsibilities are at least equal to those of other commissioned officers. More than this, it is the experience of all armies that physicians serving with troops can not effectively perform the duties required of them unless they have the military standing given by commissioned rank. To remedy these evils it is proposed to replace the contract surgeons by special commissioned medical officers, whose commissions shall be operative only while the holders are on active duty, but whose commissions are continued so that the holders may be available for service, on their own consent, when emergency requires. Both the increase of the Medical Department and the formation of a Medical Reserve Corps have been carefully worked out, and in the form of a bill is now before Congress. This Association, both through its Committee on Legislation and by individual efforts, has been actively and effectively engaged in a campaign of education to show the need of proper legislation for insuring efficiency in the Medical Department. The medical profession can do much for the Army by furthering the efforts in this direction.

WHAT CAN THE MEDICAL PROFESSION DO FOR THE NAVY?

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An opportunity to tell the medical profession of the United States, through this, its greatest organization, what it can do for the Navy, is one of supreme importance to the body of officers which I represent, and, although the time allotted to each paper is of necessity short, I trust that my efforts will be rewarded by a substantial growth of the interest which first suggested this symposium.

Recent legislation has authorized an increase of 150 in the medical corps of the Navy, to be accomplished by a yearly addition of 25. At the end of five years the corps will have almost doubled itself by a growth from its present strength of 250 to nearly 400 officers. This great increase must be accomplished by the exercise of extreme care in the selection of desirable persons from among the candidates presenting themselves for examination. As this choice is entirely in the hands of the medical corps itself, and is absolutely free from political and other influences, merit alone counts. Permission to appear before the board is extended to all citizens of the United States of good standing between the ages of 21 and 30 years. In all other branches of the service a special designation is required before a candidate may present himself for examination. If this important duty is not wisely and faithfully performed, if the corps is encumbered with indifferent material, then we alone are responsible for the unhappy conditions that will follow.

It is my belief that the medical profession can best serve the medical corps of the Navy by acquainting itself with what the Navy offers competent physicians in the way of a career, and by sending some, at least, of the best products of its schools and hospitals before the medical examining board.

I shall, no doubt, be accused of taking a grossly practical side of the topic under consideration, but I feel that the great importance of keeping up the standard of efficiency in our corps justifies the choice.

The welfare of the entire Navy is largely dependent on the efficiency of its medical officers. We have to decide—and our decisions are final—on the physical fitness of every officer and

man, not only for admission, but also for promotion, and we care for each one during his whole naval career. We must study the hygienic features of his environment, and we must keep up his physical standard, so that when the supreme moment is at hand both officers and men will be found capable of responding to the call as American crews alone can respond. Superiority in personnel has oftentimes overcome superiority in ships, and it always will be so within certain limits.

A glance at the Surgeon General's report for any recent year will convince the most skeptical that the work done in our naval hospitals, the purely professional work, is superb. The field is as broad, in fact, is much the same as that encountered in hospitals of the same size elsewhere.

It has been said by our hypercritical brothers on shore that we hibernate professionally while serving on board ship. To correct that erroneous impression let me tell you that I was at one time the only medical officer of a ship cruising in northern Europe with 800 men on board. We were ordered in haste, by way of the Mediterranean, through the tropics, to northern China, to participate in the relief of Peking. Later, in the same ship, with one assistant, we carried between 900 and 1,000 men from the West Indies to the Asiatic Station. There is a lot of professional work in that sort of service.

It has been said, too, that our field of work at sea is narrow. That has not been my experience. My last sea service was on the battleship *Oregon*, both on our western coast and in China, with 550 men on board and no assistant. In order to emphasize the fact that our work may be of wide range, I have selected from the records of the *Oregon* ten cases which were treated by me to convalescence on board that ship, with but two exceptions—one a case of diphtheria, the other a case of tuberculosis; both were transferred to hospitals. The period covered was six months, and the ship cruised from Puget Sound, Washington, to Hong Kong, China, by way of San Francisco, Honolulu, across the Pacific to Yokohama and Shanghai. The cases were: two of lobar pneumonia, one of fracture of the skull with extensive facial laceration, one of smallpox, one of severe complicated typhoid fever, one of fracture of the tibia, one of malarial fever, plasmodium demonstrated in the blood; one of filariasis, with hematuria and chyluria, filaria nocturna demonstrated in the blood; one of tuberculosis, tubercle bacilli demonstrated in the sputum, and one of diphtheria, diagnosis confirmed on shore. I doubt if any one present, in his individual practice, covers a wider field than the foregoing. The proper diagnosis of some of the cases called for the use of considerable microscopic and bacteriologic technic.

The modern battleship is a floating fortress and machine shop in one. Her men and stores are handled in small boats, and she is frequently coaled from lighters; in her double bottoms poisonous gases are sometimes developed, and have to be guarded against. The naval surgeon must at all times be prepared to meet the emergencies of these hazardous conditions. He must, too, be prepared to meet the emergencies of battle, to give help to those of our own service as well as assistance to the wounded of other nations. Within a few weeks Surgeon H. D. Wilson, of the *Vicksburg*, did excellent work among the Russian wounded after the naval battle off the coast of Korea.

The handling of epidemics in the Navy is a credit to the service, notwithstanding the recent unfavorable comment of a misinformed journal. We have to deal with young recruits, many of them fresh from rural districts where the diseases of childhood are practically unknown; and sooner or later in the Navy they go through the whole list of them.

While cruising our field of work often extends beyond the limits of the ship in which we are serving. For instance, I have removed huge scrotal tumors due to elephantiasis in Samoa, have resected intestine at Guam, and have performed celiotomies in Japan. In this connection I beg leave to state that my surgical experience in the tropics bears out the statements of Major Bannister of the Army, in his recent interesting report of operative work in Manila. The successes and failures are due to the same causes that operate for good and for bad in other climates, and the results are but little, if at all, affected by tropical conditions. This is contrary to com-

mon belief. Tetanus infection is, however, a real danger in the tropics, which must be carefully guarded against. Banister lost one case from this cause in Manila; about 15 years ago I had a similar experience in Samoa.

You will say at once, if naval surgeons have access to so much and such varied clinical material, why have we not heard more of their work? That is not difficult to understand when you realize that we work almost entirely alone during our careers in the service. There is little chance of getting together. We serve for brief periods in many localities, and about the time we are becoming identified with one community we are shifted to another. On account of the shortage of medical officers and the enormous growth of their work of late there has been little chance to specialize in the Navy. After making the required official reports and keeping the records of the service, the impulse to publish our interesting cases for the benefit of the medical profession, from which we have been more or less cut off, soon vanishes. There is another side of it, too. Some years ago I reported from Japan the history of a case of strangulated hernia, large and of long standing, which I had operated on successfully, and was rather proud of "topping off" with a method of radical cure which bears the name of a distinguished American surgeon. When I returned to New York shortly afterward, I found my surgical friends there engaged in "Bassiniizing" recurrences after the method I had practiced in Japan. You must admit that by unrelenting work alone can you who live in the midst of it all, keep pace with the wonderful strides of the present day. Can we, then, be censured for hesitating to contribute to medical literature from remote corners of the earth?

The opportunity to acquire fame in the medical profession in the Navy comes to but few, but so that opportunity comes to but few, relatively, in civil life. We may be doing the same sort of work in the Navy as you are doing in civil life, but our work is confined to a feeble class, and that class, in my experience, is not, as a rule, a grateful one. The work that you do is seen by your colleagues, who seek your help, and afterward the grateful patients spread your reputations abroad, and otherwise substantially add to your well being. Not so with us. The most brilliant treatment is taken as a matter of course; if the treatment is not quite brilliant in its effects, the patients, unhappily for us, live on in the service to the end, and we can not shake them off.

The chairman of one of our most important sections I took on his first ambulance call in New York just 21 years ago. There are several other gentlemen present to-night with whom I served as interne in other hospitals. They are all well known to you, their reputations are national, while I, who have been working along the same lines all these years, am unknown outside the Navy, and in it am but one of a large number who are doing the same class of work.

It is not my intention to paint the naval surgeon's life in sombre hues; far from it. After all, it is not the big fees and the fame that hold us to our work in medicine. Both may be comforting in their way, still it is the consciousness of duty well done, the masterful handling of the sick, the planning and carrying to a successful termination of a difficult operative procedure, the skillful diagnosis and the cleverly applied treatment, they are the real rewards—they alone keep our enthusiasm aflame.

Our progressive Surgeon General has done all in his power to place every instrument and appliance of modern medicine within our reach, and if we fail to properly utilize the material the service presents it is entirely our own fault.

We are not altogether neglected in a pecuniary way. Our pay is sufficient to allow us to live in a modest, unpretentious manner, and may be considered satisfactory. In addition, in case we are disabled at any time during our careers in the Navy we may be placed on the retired list, where we receive three-quarters of the highest pay of the grade in which we are serving, and that for as long as we live. That, gentlemen, is a comforting fact, not generally appreciated outside the service.

We enter as assistant surgeons with the rank of lieutenant, junior grade, and may advance to the rank of rear admiral while filling the office of surgeon general. The rank of med-

ical officers is positive and carries with it all the military honors that go with rank in the other branches of the service.

In my endeavor to stimulate your interest in our corps I have cited some of my own experiences. This I have done because they are average experiences and are, naturally, those with which I am most familiar.

We are sadly in need of your help to properly accomplish this great increase of our corps. Our examining board in Washington is rather remotely located, so far as the great medical centers are concerned, which accounts to a great extent for the indifferent material that appears before it. Out of ten candidates examined recently but one was successful. The examination for entrance is comprehensive but extremely practical. The literary and scientific requirements can be mastered by any one with a good common school education well in hand; in fact, any well-equipped physician, up to the physical standard, should be able to secure a commission.

In trying to keep within the allotted time I have had to pass over many interesting features of naval life. The travel incident to cruising is a never-ending source of profitable enjoyment. Courtesies, which seldom fall to the lot of the civilian traveler are extended to naval officers wherever they may be. Contact with the representatives of other nations at home and abroad adds a novel charm to the life. A cursory study of military law is demanded in order that we may act intelligently while serving on courts martial. To harmoniously and efficiently perform our multifarious duties we must acquire a knowledge of ships, of the principles of their construction and ventilation, as well as a knowledge of the purely military side of the service. You can readily see that to properly perform the duties of the medical corps of the Navy one must be well equipped professionally and otherwise, and therefore, I repeat, that it is the best products of your schools and hospitals that we seek and no other.

Those who enter the corps after October 1 of each year are brought together at the Naval Medical School the following October for a six months' course of instruction. This course is very thorough and far-reaching and includes the hygiene of camps, ships and hospitals; tropical medicine; military and operative surgery and x-rays; bacteriology, animal parasitology, hematology, physiological and general chemistry; naval law; the duties of naval medical officers; tactics, signals and other branches of interest to military physicians and surgeons. With this special training for their chosen careers the graduates of this school should make a creditable showing in the Navy and elsewhere.

The medical corps of the Navy has always been active in adapting to its uses the advances of the medical profession, and the work still goes on.

I can not close my remarks on what the medical profession can best do for the Navy without expressing my appreciation of the great services that profession has already rendered us. Our cruises abroad necessitate the temporary disruption of our homes, a hardship of no mean proportions, but when sickness comes to those we leave behind the situation is demoralizing. Only those of us who have been placed in this most helpless of positions can appreciate the comfort that goes with the thought, that the best medical talent in our land can be had for the asking. For that great privilege, so willingly and so cheerfully granted at all times to us and to ours, allow me to extend to you, gentlemen of the medical profession, the thanks and gratitude of the medical corps of the Navy.

WHAT THE MEDICAL PROFESSION CAN DO FOR THE PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

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It is a great privilege, in response to the invitation of our President and in the presence of a great audience such as always characterizes our general meetings, to say a word for the United States Public Health and Marine-Hospital Service—a service that had its origin in 1798 and has slowly but steadily grown, as grows the tree, by putting out from time to time