

Army he will have the opportunity to study and treat the cases himself, whether operative or otherwise; and at the same time have the privilege of consulting with the best medical talent in the world. There is not a physician, whether he be a general practitioner, a surgeon, or a specialist in any line of work, who enters the Army who will not come out of it better prepared to practice his profession.

The prestige which Army service gives to physicians will be worth much to them after the war is over. Doctors who refer patients to specialists, and laymen as well, understand the educational advantages of the Army. A banker recently said to the writer: "The doctor who goes to the war will have a great advantage over those who remain at home, because he will have had such a vast experience in treating the sick and wounded, and he will, therefore, be better prepared to look after his patients when he returns to his practice."

The people of a country that goes into war with no selfish motives, but for the noble purpose of fighting for democracy and for fair dealing among all nations, will appreciate the patriotism of the men who serve for them. The way in which the soldiers who served in the Civil War have been treated suggests what may be expected after the present war ends. After the war, the veterans were given the choice positions in all walks of life. Senators, congressmen, governors and all public officials down to bailiff, who were elected by popular vote, for thirty or forty years, came from the ranks of veterans.

The doctor, while not in politics, is dependent to a great extent upon personal popularity, and Army and Navy surgeons after this war will be favored in many ways. All of us know how we looked up to and revered the veterans, the men who wore the gray, or the blue, as the case may have been, and after this war is over it will be pleasant to think that we may be so respected by our friends and their children.

One eminent physician who is over age facetiously remarked that "after the war the fellows who went will do all the talking, while those who stayed at home will not have anything to talk about." There is no question that the men who serve in the Army will be drawn together by strong ties, that they will be looked up to and revered as patriots, and that through the veterans and other organizations they will form a select class which will be envied by those not so fortunate.

A prominent internist said that the impelling thought with him in deciding to enter Army service was "What can I say when my boy or girl asks, 'Daddy, why did you not go to the war?'" For a man's own self-respect, and to hold that of his family, and to maintain the esteem and confidence of his friends, it is worth while making the sacrifice to go to war. The public, generally, understands the great need of physicians for the Army, and the sacrifice of those who go will be appreciated; while those who ought to go, and who do not, will lose the respect and confidence of their clientele.

A very good reason for entering the Reserve Corps now is that those who have had the training in the medical officers' schools, or who have had experience in the various Army hospitals,

will be given, and rightly so, the most desirable appointments, and preference in promotion.

The patriotic motive is enough to make physicians give up the comforts of home and the emoluments of a successful practice; but it is also well to consider what some may call the practical side of the question, or what others call the cold selfishness of the situation. Whatever may be the impelling cause for the one to enter the Reserve Corps of the Army or Navy, in many ways he will be the gainer by joining the ranks of patriotic physicians who give up many things to serve their country; but in so doing, they gain much that is satisfying to the human heart, and much that will make for success after victory has been achieved.

THE RANK OF MEDICAL OFFICERS

It would surely seem that medical officers of equal age, attainments, authority and length of service should have the same rank as those in the line of the Regular and National Armies. Yet such is not the case.

In an infantry brigade there is one brigadier-general to 160 line officers, and in the field artillery one brigadier-general to 127 officers. This does not include the major-generals. In the Medical Corps there is at the present time only one brigadier-general to each 2,100 officers.

There are fifty or more major-generals among the line officers, yet the only surgeon ever given that rank is Major-General Gorgas, and then by special act of Congress in recognition of his epoch-making achievements in the sanitation of the Canal Zone. Certainly no Major-General in the Army has a more responsible position than the Surgeon-General. He has under his immediate command and care more officers and more men than any other general officer in the service, with the one exception of the general in command of the entire Army.

Allowing 10 medical officers for each 1,000 commissioned officers and enlisted men will give us 20,000 medical officers for 2,000,000 men—the French experience shows that more than this will be needed.

We need at least one dentist to every thousand officers and men, or 2,000 dental officers; we need 2,000 veterinary officers; and we need 2,000 sanitary officers, or a total of 26,000 commissioned officers for 2,000,000 men.

In the Medical Department of the Army, including the enlisted men of the Ambulance, Hospital and Sanitary Corps, there is authorized at present a personnel of 10 per cent. of the total enlistment. This is 200,000 men for an army of 2,000,000. The experience of the British Army has shown that we shall need, in order to take proper care of our sick and wounded, a number of beds equal to 25 per cent. of the total number of men in our Army. This means 500,000 beds for an army of 2,000,000. Experience has taught that at least one nurse to every ten beds must be allowed. This will mean 50,000 nurses for 500,000 beds. Twenty-six thousand officers, 200,000 enlisted men, 50,000 female nurses is 276,000 in personnel before we have considered any sick or wounded men, all of whom must be cared for and provided for by the Surgeon-General. This, with 500,000 patients, makes 776,000 men and women that this man with the grade of Major-General is supposed to care for, and when the present incumbent has ceased to occupy the office it becomes a brigadier-generalship.

Of these 26,000 officers in the Medical Department of the U. S. Army, 444 was the number in the Regular Service a short while before this war commenced, and at that time, if the JOURNAL is correctly informed, there were less than 700 commissioned officers in the Medical Department of the Army, including dentists and veterinarians. Twenty thousand of the 100,000 available physicians in the United States have been commissioned into Army service; and one Brigadier-General is the allowance made for such patriotism.

This discrimination against medical officers has become so apparent that one of

the ablest statesmen of the Nation, Senator Owens of Oklahoma, author of the Federal Reserve Bank Act, which many regard as the greatest piece of constructive legislation of the century, has introduced a bill in the Senate which, though it does not place the rank of medical officers on the same scale as the line officers, it, to a great extent, does away with the injustice to the splendid surgeons in the regular Medical Corps and the patriotic physicians in the Medical Reserve Corps.

This bill will probably increase the rank of the Regular medical officers more than those in the Reserve Corps. This they deserve. In the first place there are no higher types of gentlemen, nor are there men of greater attainments, whether they are West Pointers or graduates of other professional schools, then the physicians—usually the best prepared men in the leading medical schools—who won their places in the Army by competitive examinations. They paid for their own education, and they have given the best years of their lives to the Army. They are as well prepared for the higher or administrative ranks in the Medical Department as the line officers are for the duties of the most important positions in the Infantry, Cavalry or Artillery; and Congress should see that their services are rewarded and their attainments given the proper recognition.

Neither have the officers of the Medical Reserve Corps been given the rank which they deserve. When one considers the sacrifices that have been made in order to serve their Country in this great crisis by men like Crile, Finney, McGuire, the Mayos, Martin, Janeway, Thayer, Pepper, Elliott and thousands of other physicians in all the various specialties in medicine and surgery, and recalls that the highest rank which can be given them is Major, while Brigadier-Generals, Colonels and Lieutenant-Colonels by the score were mustered in among the line officers of the National Guard, the injustice is startling.

The medical profession of the United States should let our Senators and Congressmen know that we feel this discrimination; that more than 100,000 of the most influential citizens of our Country desire to see this wrong righted; and that hundreds of the constituents of each Senator and Congressman are interested in the passage of the Owens bill.

HISTORICAL NUMBER OF THE KENTUCKY MEDICAL JOURNAL

Dr. J. N. McCormack, Editor of the *Kentucky Medical Journal*, journal of the Kentucky State Medical Association, is to be warmly congratulated upon the unique donation he has made to the American medical literature in presenting to the profession "The Historical Number" of that journal (November 1, 1917, Vol. XV., No. 11), under the caption of "Some of the Medical Pioneers of Kentucky." This issue is most attractive and complete in all of its appointments, reflecting great credit upon those compiling the exhaustive data relative to the lives and works of such men as the McDowells, Samuel D. Gross, Cowling, Sayre, Dudley, Drake, Cooke, Yandell, Bodine, Austin Flint, Samuel M. Bemiss, Sutton, and others of equal prominence.

The intrinsic value of the issue is apparent and the work is an inspiration to the members of the present-day profession, who have manifold handicaps over those distinguished, able pioneers of medicine who immortalized and endeared themselves to the entire medical fraternity, but especially to the profession of the Southland.

Those who have seen the issue, in its original offering, readily recognize its value in the library and, therefore, it will be gratifying to physicians throughout the South to know that "arrangements have been made to put this volume in handsome binding * * * for the use

of all members who may desire to incur the small personal expense necessary to enable them to possess and transmit it in this permanent form as a heritage."

IN MEMORIAM DR. FRANKLIN PAINE MALL

Dr. Franklin Paine Mall, Professor of Anatomy at the Johns Hopkins Medical School, Baltimore, Md., and one of the leading anatomists of this country, died at the Johns Hopkins Hospital on November 17. His death was due to complications following an operation which he underwent the latter part of October for acute cholecystitis and cholelithiasis.

Dr. Mall was born in Belle Plaine, Iowa, September 28, 1862. He graduated from the University of Michigan in 1883, and shortly thereafter went to Germany, where he engaged in post-graduate work and research study, particularly in the field of embryology. Returning to this country, he became a fellow and instructor in pathology at the Johns Hopkins University in 1886. In 1889 he went to Clark University, where he served as Adjunct Professor of Vertebrate Anatomy until 1892. He then went to the University of Chicago as Professor of Anatomy, where he was allowed to remain only one year before being induced to accept the Chair of Anatomy at the Hopkins in 1893, which position he held until his death.

Dr. Mall was an indefatigable research worker and a prolific writer. His numerous contributions in the domain of human anatomy and embryology are of inestimable value and of the highest scientific excellence. In recognition of his work in embryology, the Carnegie Institute at Washington was established in 1915, with Dr. Mall as Director. His collection of human embryos, both intact and serially sectioned, which are available for study at his Hopkins laboratory, is the finest and most complete in existence.

His anatomical laboratory set a new