

Correspondence

DRAFTING THE MEDICAL PROFESSION

To the Editor:—An editorial appeared in *THE JOURNAL*, Aug. 11, 1917, p. 474, concerning the selective draft of physicians. The New York State Committee of National Defense, Medical Section, after a most careful and exhaustive study, came to the conclusion that a classification of physicians in the United States should be made with selection of those whose age, physical condition, freedom from family obligation, etc., would make them available and desirable for Army service, such classification to exclude all those whose services were necessary in rural districts, hospitals, health departments and medical colleges, and that authority should be secured to furnish the former to the Army and to keep the latter at home.

The first step in this plan was to send a petition to the Council of National Defense explaining the need and advantages of a selective draft. This petition was printed in *THE JOURNAL*, August 25, and is now being circulated among the physicians in New York state.

Your editorial comment made this proposal appear as an effort to discredit the patriotism of the medical profession. No such thought actuated the framers of the petition. The idea was first formally proposed by the Medical Section of the North Carolina State Committee and has been approved by many prominent members of our profession.

The following statement regarding the selective draft of physicians was prepared by the secretary, Dr. F. T. Van Beuren, Jr., and gives a very clear explanation of the aims and purport of this plan.

1. The principle of Universal Service requires that every individual should serve the Nation in time of need, in that situation which best befits his age, his experience, his talents and education and his economic status.

2. It is founded on the obligation universally owed by every individual to the Nation whose protection and opportunities he has enjoyed.

3. The New York State Committee of National Defense, Medical Section, believes in and affirms this obligation and the principle of Universal Service founded upon it.

4. In war time the medical profession is faced by the duty of

- (a) Furnishing to the Army an adequate number of physicians fit to become medical officers.

- (b) Furnishing adequate medical care to civil communities at home.

5. It is obvious that, in an emergency like the present, when a large percentage of the physicians of this country are needed as medical officers for our own Army and to aid the armies of our Allies (whose available supply of new medical personnel is practically exhausted—see "London Letter" in *JOURNAL A. M. A.*, September 8th, 1917), an orderly and efficient plan of procedure is desirable and will sooner or later become necessary. It is obvious, also, that not all physicians are fit to become medical officers.

6. To be effective then, in fulfilling the duties stated in paragraph 1, such a plan must include two essentials:

- (a) An adequate classification upon which to base the selection of those who are fittest for the Army and those who are most needed at home.

- (b) Authority to furnish the former individuals to the Army and to retain the latter at home.

7. The most efficient plan so far offered for accomplishing these essentials is the one recommended by the New York State Committee of National Defense, Medical Sections, in its Petition for Selective Draft of Physicians. It provides for:

- (a) A Federal classification of physicians by a special Federal Medical Census similar to the recent special Medical Census of New York State.

- (b) Authorizing the President to call into service and commission as medical officers an adequate number of physicians between the ages of 21 and 45 years fit for army service.

8. The selection of these individuals would be made by lot from all those determined by the classification to be available and desirable for army medical service. The selection would be in the hands of the medical profession and the quota to be furnished by each County in the United States would be based upon the number of such available physicians in that County.

The necessary authority would be delegated, in the form of Regulations, to the Surgeon General of the Army and to the County Auxiliary Medical Committee for National Defense. The Judge Advocate General has stated that the legal requirement of such a plan would be constitutional.

It is confidently hoped that when this proposal is thoroughly understood it will receive the cordial support of every red

blooded physician who desires to render the most effective, intelligent and patriotic service to his country in this great emergency.

HENRY L. K. SHAW.

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PRIORITY IN APPLICATION OF HEAT IN CORNEAL ULCER

To the Editor:—I take great pleasure in correcting an error which was made by myself in discussing the papers of Drs. Verhoeff and Shahan at the recent meeting of the Section on Ophthalmology of the American Medical Association in New York.

I participated in this discussion on the spur of the moment, after listening, with careful attention, to the various ophthalmic surgeons. It was a surprise that the authors of these papers did not mention the father of this treatment, one of San Francisco's pioneers in ophthalmology. When I began my remarks on the subject I could not recall the name of Dr. Martinache, and appealed to the audience. Dr. Park Lewis of Buffalo mentioned the name of Dr. Barkan, whom I accepted for the moment, thinking that on my return home I would look up the reference and give credit to the proper person, Dr. Martinache. Since reading Dr. Nagel's letter to *THE JOURNAL*, Sept. 15, 1917, p. 933, I have looked up the data on the subject and can confirm Dr. Nagel's statement, giving credit to Dr. Martinache, whom I had in mind all the time, but whose name I could not recall at the time. "Honor to whom honor is due."

L. WEBSTER FOX, M.D., Philadelphia.

A SELECTIVE DRAFT OF PHYSICIANS BASED ON CLASSIFICATION

To the Editor:—After reading the communication of Major Derby on this subject (*THE JOURNAL*, Sept. 22, 1917, p. 1023), I cannot refrain from writing a few words.

Major Derby is most inconsistent in saying the Army wants the best men of the profession and the younger men. We all know that the youngest men are not the best men of the medical profession. They have not had time to become the best men. And it certainly is cruel and unjust to speak of men who have given up everything—homes, families, profession and incomes ranging from five to twenty times what the government is paying them—as failures and an inferior lot. Certainly, judging from the men who have gone from this part of the country, Major Derby is a very poor judge of the profession and of men.

MRS. C. J. COMBS, Oshkosh, Wis.

To the Editor:—In *THE JOURNAL*, Sept. 22, 1917, I see a criticism of the Medical Reserve Corps from Richard Derby, Major, M. R. C. At Fort Riley, Kan., we have specialists in all lines of the medical profession, a very few men having just finished an internship at some hospital, and a few men just out of college a year or two. But 90 per cent. of the men here are good men, who have been taking care of the sick and wounded from five to twenty-five years, have been successful both professionally and financially, and have sacrificed home comforts and incomes of from \$2,000 to \$20,000 a year. If these men can take care of the sick and wounded men at home I do not see why they are not capable of taking care of sick and wounded men in the Army.

Most of the good men under 30 that Major Derby speaks of are the ones that have made a financial failure of their profession. They are staying at home trying to get a practice by the other man's sacrifice. If Major Derby has a fair proportion of the men described in his company, I am glad that I do not belong to his company.

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Responsibility.—Responsible behavior depends more on sound morals than anything else, and sound morals are sound habits due to sound parentage and a wholesome environment.—George Frederick Arps, *Scientific Monthly*.