

GRADES OF MEDICAL OFFICERS IN THE ARMY

BY MAJOR LOUIS L. SEAMAN, M.D.

A GRAVE crisis for the American soldier awaits the decision of Congress—a military question of most serious import—although to the casual observer it may seem comparatively trivial. It is embodied in the bills introduced by Mr. Owen in the Senate, and Mr. Hicks in the House, for “fixing the grades of the commissioned officers of the Medical Corps of the United States Army on active duty, and for other purposes,” and is as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That hereafter the commissioned officers of the Medical Corps and of the Medical Reserve Corps of the United States Army on active duty shall be distributed in the several grades in the same ratios heretofore established by law in the Medical Corps of the United States Navy. The Surgeon-General shall have authority to designate as “consultants” officers of either corps—and relieve them as the interest of the service may require.

Sec. 2. That the Medical Corps, through its officers, shall have supervision and control of the hygiene and sanitation of posts, camps, commands and troops under such regulations as the President may establish, with authority to issue and enforce such orders as will prevent or diminish disease, except that when such orders interfere with necessary war operations the military commander may suspend them.

All of which means as follows:

Shall the American soldier in the present war be sacrificed to preventable diseases, through red tape and the petty jealousies of Line and Staff officers—as has occurred to a frightful extent in past wars—or shall he be allowed to retain his health under the most advanced science of the age?

That is the real question Congress is asked to settle,—and when it is remembered that in every war in which the United States has engaged, indeed in all the prolonged wars

of history (except the Russo-Japanese War), the medical officer has had to combat the foe that has caused eighty per cent of the mortality—never less than four times, and often twenty times as many as the artillery, infantry, mines and all other methods of physical destruction combined, there should be no question as to the result.

The Surgeon General of the Army asks for higher rank for the members of his Corps—that they shall be graded the same as in the Medical Department of the Navy—because it will add to the prestige of the Corps, and thereby increase their influence. Unquestionably increased rank will have some effect, especially when it is remembered that the Reserve Corps to-day constitute over eighty per cent of the total Medical Corps of the Army, and is made up of the cream of the American medical profession. But at the hearing before the Committee on Military Affairs of the Senate on March 15th, when discussing sanitary regulations and recommendations made by medical officers, Senator Owen said:

A brigadier general of the line does not hesitate to disregard advice bearing on typhoid fever or pneumonia which is given by an officer of subordinate rank, and unless the Medical Department has rank it is difficult for the line officers to realize that the advice which the medical officer gives should be taken upon the basis of its merits and not upon the basis of the rank of the one who makes the recommendation. Upon that point I think General Gorgas should explain to the Committee his opinion.

Gen. Gorgas.—I think that is the real argument from the standpoint of efficiency for this increased rank.

Later Senator Hitchcock asked this question:

Suppose a division commander or a camp commander refuses to take the advice of a medical officer—advice which the medical officer deems essential: Has he any way of bringing it up to you, and can you issue superior orders to compel the recognition of the medical officer's advice through your rank as compared with the rank of that officer?

Gen. Gorgas.—Cases of that kind are constantly coming up, where the medical officer disagrees with his division commander. He sends it up through the adjutant general. You know, I am just an advisory officer. I have no direct authority anywhere. The adjutant general sends it over to me practically for advice, but my action would go with regard to it. If I concur with the medical officer, the Secretary and adjutant general would take it into consideration. Of course, they are the final authorities in the matter.

Sen. Hitchcock.—The Secretary and the adjutant general would finally decide the question?

Gen. Gorgas.—Yes.

Sen. Hitchcock.—So that your power is only advisory?

Gen. Gorgas.—My power is only advisory.

Sen. Hitchcock.—And even if there were a brigadier general on the spot, his powers would be only advisory?

Gen. Gorgas.—In the Medical Department? Yes, his powers are only advisory.

Sen. Hitchcock.—So that mere rank does not give authority?

Gen. Gorgas.—It does not give authority.

Thus it is seen the medical officer or department in the Army to-day has no authority. Without some authority—which may be exercised without interfering with the strategy or military operations of war, i. e., when the army is not actually engaged in battle—it is possible his department may again prove a humiliating failure, as it has in every war in which our forces have ever engaged. I have been present, either as an officer or observer, in eight wars—in every continent in the world—and I assert that the medical officer in our Army has not even the privileges which would enable him to maintain the health of the men who are entrusted to his care. He selects recruits because of their youth, health and physical ability to withstand the hardship of war. It should be his business, first, last and nearly all the time to maintain this condition—and he would do it if given adequate authority. Then, if he failed, he should be court-martialed and dismissed from the service. But he has no authority—not even over the ration. The vast majority of diseases which incapacitate an army result from auto-intoxications, which could be prevented by proper dietary. Witness the Spanish-American War, where in a period of three months, as stated in the report of the Surgeon General, “293 men died from battle and other casualties, and 3,681 from disease”; and in this army of 170,000, there were 158,000 hospital admissions, or ninety per cent, although three-fourths of the men never left the camps of their native land. The Japanese army had for the same period about four per cent hospital admissions, *including their wounded*, or about 1/22 times as many. The vast difference in these figures illustrates the value of a medical and sanitary department properly equipped, and empowered to enforce practical sanitation and supervision of the dietary. I believe that if this department had been properly systematized, with

sufficient numbers, with supervisory control over the ration, and with power to enforce sanitary and hygienic regulations, the units of our Army would have returned to their homes at the close of the Spanish-American campaign in better physical condition than when they entered it.

Disease is the silent foe that lingers in every camp and bivouac. It is this foe, as the records for the past two hundred years prove, that has been responsible for four times as many deaths as the guns of the enemy, not to mention the vast number of invalided, and pensions, the cost of which every twenty-five years is equal to the entire cost of the war from which they resulted.

Every death from preventable disease is an insult to the intelligence of the age, and when it occurs in the Army, where the units are subject to discipline, it becomes a governmental crime. The State deprives the soldier of his liberty, prescribes his hours of rest, his exercise, equipment, dress, diet, and the locality in which he shall reside, and in the hour of danger expects him, if necessary, to lay down his life in defense of its honor. It should, therefore, give him the best sanitation and the best medical supervision that the science of the age can devise. For just as surely as the engineer who disregards the signal, or the train-dispatcher who gives wrong orders, is responsible for the loss of human life which follows, so Congress is responsible for the thousands of soldiers' lives stupidly, criminally sacrificed,—not on the glorious field of battle, but in camps from known preventable causes. It is for these men, never for those who fall gallantly fighting, that I offer my prayer.

The rank of Surgeon General should be commensurate with the importance of the department of which he is the head. He should be a member of the War College, and responsible only to the Secretary of War, or to the President. There should be conferred upon him and his subordinates final authority in all matters of sanitation and hygiene, except in the emergency of battle, when, of course, all authority should devolve upon the officers of the line.

The importance of the medical as compared with other Staff departments has never been sufficiently recognized or appreciated in our country. Until it is clearly realized that the most important function of the medical officer is the prevention of disease rather than its cure, the old custom will prevail. To be efficient, the medical officer must not

only be a good surgeon, but a sanitarian, a bacteriologist, a chemist, and an administrator. Upon him devolves the duty of preventing disease, and his part in maintaining the effectiveness of the units makes him a most important factor in the military establishment.

The following resolution was submitted by the writer at the meeting of The International Congress of Military Surgeons in St. Louis, 1904, and, after favorable report by the Executive Committee, was unanimously adopted:

Resolved, That the Association of Military Surgeons of the United States now assembled, respectfully petitions Congress at its next session to reorganize the medical departments of the United States Army and Navy on a broad basis similar to that of the countries most advanced in military sanitation, giving to their officers equivalent rank, dignity, and power, and to their personnel ample numbers for the proper care of the ill and injured in military and naval service.

The adoption of the bills introduced by Senator Owen and Representative Hicks will go far toward rectifying a humiliating failure—one which, if the present war is sufficiently prolonged, may result in the defeat of our army, for more wars have been decided by disease than by bullets.

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THE JEW IS NOT A SLACKER

BY LEWIS P. BROWN

The foreign born, especially the Jews, are more apt to malingering than the native born.

THUS we read in the original manual of instructions for the Medical Advisory Boards connected with our selective draft. In the present manual this anti-Jewish remark has, by order of the President and the Secretary of War, been deleted. Had the remark been made in one of the less advanced of the European countries to-day, it would have occasioned little or no surprise. But in America, and coming from an official source, it is, to say the least of it, rather staggering. An attempt to account for its appearance and for the unhappy anti-Jewish prejudice it is but one manifestation of, gives rise to much interesting speculation.

Now there is no evidence whatsoever to prove that the foreign born Jews more often malingering than the foreign born non-Jews. Similarly it cannot be shown that the Jews, foreign born and native together, are less loyal to their country than are their non-Jewish compatriots. (On the contrary, according to the Bureau of Jewish Statistics the Jews, who form hardly three percent of our total population, have produced over four percent of our total armed forces.) How, then, shall we account for this anti-Jewish prejudice? How is it that even in official circles the notion obtains that the Jew is an almost consistent "slacker"? The prejudices of common people can be completely attributed to ignorance. But not so the prejudices of more or less intelligent and fair-minded officials. How much truth, then, underlies this opinion concerning the Jew?

It seems that at least this much is true: that flagrant instances of malingering on the part of Jews do at times occur. Such instances are marked not by their frequency so much as by their intensity. And because of this intensity they impress