

Death of candidates for the Army Medical Service : reply to letter of Secretary of State for War.

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The Royal College of Surgeons of England

DEARTH OF CANDIDATES FOR THE ARMY
MEDICAL SERVICE.

Reply to Letter of Secretary of State for War.



SCHOOL OF MEDICINE,
EDINBURGH, 26th April 1878.

SIR,—The Teachers in the School of Medicine, Edinburgh, in addressing themselves to a reply to the question put to them by Her Majesty's Secretary of State for War, in your letter to them of date 21st March 1878, No. 7332, "as to the specific causes which produce the existing difficulty in obtaining Candidates for the Army Medical Department," and as to the grounds on which, in their opinion, the "great unwillingness to compete for Commissions in the Army Medical Department has for some time existed on the part of Medical Students, and this notwithstanding that many measures for the improvement of the Department have been introduced by Mr Hardy and his predecessors," have ascertained that the unpopularity of the Army Medical Service has arisen from the Medical Officers' actual experience of two distinct sets of specific causes, the knowledge of which by professional aspirants fully accounts for the present dearth of Medical Officers in the Army; seeing that feelings within the Army Medical Department reflect themselves without, and that the Students of Medicine are influenced by the opinion of those who have already served the Government.

The whole matter of the present dead-lock for Candidates presents itself before the Teachers in a twofold aspect, viz.:—FIRST, *the Primary Causes, or Things of the Past*; and, SECONDLY, *the Secondary or Existing Causes* that tend to repel the best men from joining the Army Medical Department.

I. *Primary Causes.*—§ 1. A feeling that, for the last twenty years, faith has not been kept by the authorities towards the Senior Officers in the Executive Ranks of the Army Medical Service; and, therefore, a consciousness of distrust and uncertainty is kept alive

by the recollection of these changes. Notwithstanding the agitation among the younger Medical Officers caused by the constant alterations of the Medical Warrants after 1858, and the abrogation by War Office Circulars of advantages supposed to have been *permanently* secured by Royal Warrants, yet the majority of Medical Officers were content, prior to July 1872; at which date the War Office letter cutting down the allowances for soldier-servants, grooms, and forage of Surgeons-Major was issued, causing widespread dissatisfaction. In addition to this there is the withdrawal of the Roster of Foreign Service from public inspection, and the withdrawal of the privileges and precedence belonging to "relative rank" granted to the Department by the Royal Warrant of 1858. Moreover, much discontent exists at the interpretation given to provisions contained in Warrants from time to time issued from the Department, of some the very letter being violated. And, further, a doubt prevails if anything promised will be kept in the spirit, if even kept in the letter. In short, uncertainty pervades all; no one knows what a day may bring forth. No one can tell that anything guaranteed by one Government may not be taken away by the next, or even by themselves. Changes are made retrospective. A man who enters on certain conditions has no guarantee that he will be allowed to serve on under these conditions, or have the option of leaving with compensation.

§ 2. By the high-handed uncompromising manner in which the Unification Scheme was carried out by the Royal Warrant of 1873, the confidence of the Medical Officers was farther shaken, the bitter feeling against the War Office was intensified, and the Medical Officers at every station were driven to bay. The effects of this were that the several Teaching Bodies loyally backed up the complaints of Medical Officers; their younger brethren were thus warned; this want of trust was communicated to the students, and, as a result, the supply was cut off.

§ 3. The fact that Regimental Appointments are no longer permanent, but that a Surgeon or Assistant-Surgeon is liable to be removed at a day's notice, and thereafter is subject to be constantly shifted about, tells most seriously upon the welfare of the Sick. A Practitioner in private life must take some time before he becomes acquainted with the constitutions of his Patients, and the experience of old Regimental Surgeons enables them conscientiously to affirm that the constant shifting of a Medical Officer from the charge of a Regiment to some other duty, is as detrimental to the well-being of his Patients as the frequent removal of his professional brethren in civil life would be. The Regimental Surgeon knows the Men, Women, and Children of his Regiment, and is interested in their whole welfare more than if they were perfect strangers to him. And as regards the Sick-list itself, the abolition of the "Regimental system" has placed the Senior and the Junior officers in an unsatisfactory position in

relation to their several duties. By the complete setting aside of Regimental Medical Officers, no position more painful than that assigned to an army Medical man can be conceived. He is the only officer there who has no status, he is allowed, only through the courtesy of the Regimental Officers, the comforts of the Mess. The removal of Medical Officers from Regiments was thus destructive of their social status and other attractions of a military life, depriving them—especially the Juniors—of signal advantages secured by the Regimental system. By it the Surgeon enjoyed a home—so to speak—and his social position was recognized by the public, he forming really a part of the Regiment. In short, it is beyond a doubt that a very large proportion of the Medical men who entered the Service were induced to do so by the same motives which actuate combatant Officers and Recruits generally. These are mainly the hopes of getting identified with a Regiment, and of seeing the world in the company of Comrades who know and interest themselves in one another. As long as the Regiment is the unit of the British Army this feeling will remain. The Regimental, with some modification of the present Departmental system, seems to be what is required. But the arbitrary manner in which the old Regimental system was abolished, was indeed a cruel hardship on the great bulk of the Medical Officers of the Army. It entailed on them substantial loss, and so thoroughly embittered them as to have proved perhaps *the* cause that has *most* contributed to the existing break-down.

II. *Secondary Causes.*—§ 1. As specimens of the ordinary War-Office-treatment of Medical Officers—in which, when any rectification of former injustice is granted, it is seldom fully and freely done—there is a hitch or a sting of some kind left—two instances may suffice. In the matter of Departmental Lodging Allowances, approved on 7th January 1877, for all Medical Officers not required to live in barracks, no right was conferred, and each case had to be fought out on its own merits. Again, by the Army Mobilization Scheme—providing a supply of horses for officers under the rank of Major—a *difference* is made in the Artillery Officer being supplied with Officer's saddlery, his Medical comrade with non-commissioned officer's.

§ 2. The great difficulty in obtaining *Leave of Absence* is a fruitful source of discontent. Latterly, on account of the paucity of Officers, Surgeons arriving home after a five-years' tour of Foreign Service have not received one day's leave of absence! Again, leave being restricted to sixty-one days in the year—the same limitation as no doubt applies to the whole staff of the Army, but Medical Officers are exposed to the evil influences of climate and contagion a hundredfold more than the Staff—whereas Combatant Officers, who are not exposed to like depressing influences, have two-and-a-half months at a time, and can get forty-eight hours, and a week, or more at times, not counted out of their long leave.

Medical Officers would not perhaps be conscious of the restraint complained of were Leave of Absence made cumulative if it cannot be granted during any one year, so as to cumulate to the reduction of Service for pension (*see* § 7).

§ 3. The Limitation of *Sick-Leave* marks the injustice to which Medical Officers who have lost their health in the Service are treated compared with the kindness shown to other Officers, and much inquietude is known to exist throughout the Department at the difference made between its Officers and their Combatant brethren in this matter. The latter may have Sick-Leave renewed almost *ad libitum*, or be allowed to serve at the Depôt of their Regiments at home should they have come from abroad. But should a Medical Officer be invalided on account of sickness contracted in and by Service, or break down from the effects of climate, unless he is able to return fit for duty to the Station or climate, within six months, being refused leave to exchange he is at once placed on half-pay, his period of illness not counting over to promotion and retirement, and a result is that a junior Surgeon is put over his head, and, probably also, he suffers a loss of all or part of his pension. For, after a time being ordered out and he unable to go, he is either shunted without any pay at all, or, if over twenty years' service on full-pay, with a diminished income, and this for losing his health in and by the Service. Now, if sticking to one's post in a dangerous climate is to be rewarded like this, how can young men be expected to volunteer? Why should Medical Officers be so hardly dealt with? Pay in the Army is small, and as the expense of a Medical education has increased of late years, a certainty of something is absolutely necessary.

§ 4. The *Short Service Warrant and Bonus*—making the retirement of a Medical Officer compulsory, unlike other Departmental Officers, after ten years' service—as no longer fit for his duty. As a rule, the ten best years of a Surgeon's life are not deemed adequately paid for by a bonus of £1000 in lieu of pension to begin life afresh. The "Ten Years' System" is viewed but as a transparent fallacy. The £250 a year is but a very few pounds more than the 10s. a day with lodging and servant-allowance, which Assistant Surgeons had drawn for years. What good man would enter a service in which at the end of ten years he would be no better off than at starting, with the almost certainty of his being turned adrift with his Bonus, but probably a poorer man than when he entered, and with a great chance of having a constitution shattered or materially injured. We cannot understand how any but the waifs and strays of the Profession could be expected as Candidates. Candidates on such terms are required to lose all home ties without an equivalent, and after ten years of dissatisfied work they run the chance of being cast on the world with the stigma of having proved failures.

§ 5. The refusal to sanction *Voluntary Exchanges* between

Medical Officers of similar grades, which cost the Government nothing, in cases of Medical Officers being sent home sick from abroad. If such a man, in broken health, put on half-pay, never recovers health sufficiently to go out, and has no private means, and no friends to help him, he would seem to have only one path to tread—from the Army Medical Department to the Workhouse. No such rule applies to Combatant Officers, who in such circumstances would probably be granted an Exchange. Combatant Officers are allowed to exchange for other reasons *also* than health, and in all fairness Medical Officers claim the same permission. Were this privilege granted Medical men with wealth would perhaps join if they could hope by Exchange to remain at home, and the social position of the Department, let us hope, would be raised, while those Officers whose broken down health from service in the Tropics might, through the Safety-valve of the free use of exchanges, be in some manner connected with the Reserve Forces.

§ 6. The *increased work without any corresponding advantage*, thrown upon Medical Officers by taking the duties of *Militia Surgeons* from them to save a trifle of their emolument. Few things have caused so much annoyance to Army Surgeons as the examination of Militia Recruits. The necessity of supplying Medical Officers to Militia Regiments, having no surgeons of their own, curtails the chances of leave of medical officers in the District.

Again, enforcing *Subalterns' duties* upon officers ranking as Lieutenant-Colonels. Many of the Medical Officers, who in their time had performed the duties of Assistant-Surgeons, find that now they have no assistants to help them, or relieve them from the drudgery of junior men's work. Once more, it is keenly felt that the staff of *Apothecaries* ought greatly to be increased in number beyond the meagre *three* now existing, and that there ought to be *professionally educated officers as Dispensers* at Hospitals and Stations instead of the duty being undertaken by non-commissioned officers of the Army Hospital Corps. Such a measure would tend to fill up partly the blank in medical services occasioned by the abolition of the position of Assistant-Surgeon. All these things are talked of and written about; all tend to keep up discontent within the Army Medical Department, and lessen the amount of *esprit de corps* in it; and until removed Medical Officers will continue to dissuade their relatives and friends from entering a service that is rife with disadvantages and has been shorn of its attractiveness.

§ 7. *The want of some improved Scheme of Retirement, and also an improvement in the position and pay of the Senior ranks, to which those entering might look forward. The small amount of Half-pay after twenty-five years' service and the compulsory retirement of the "Executive Ranks" at fifty-five years of age.* Medical Officers feel that *their pay* should be increased after twelve years' service, and in an equivalent proportion at the same periods after farther service; and they acutely feel that owing to the abolition of the

Regimental system they are entitled to *compensation* in the shape of increased pay and pension—such as the privilege of *optional* retirement on 20s. per diem after twenty years full-pay service—seeing that no compensation was given to those turned out of Regiments, although they may have paid £200 or more for an Exchange and lost all.

§ 8. Finally, the Teachers consider that until the Authorities shall see fit to improve the condition of the Department generally, somewhat as above indicated, instead of legislating for the lower ranks only—as has been mainly the case for years past—the best Candidates of the Profession will certainly not be attracted to the Service.

I am,

SIR,

Your obedient Servant,

P. D. HANDYSIDE, M.D.,
Convener.

To RALPH THOMPSON, Esq., C.B.,
Assistant Under Secretary of State,
War Office, London.