THE MEDICAL PROFESSION AND THE MEDICAL OFFICERS' RESERVE CORPS

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THE National Defense Act, approved June 3, 1916, and as later amended, establishes the Army of the United States, the components of which are (a) the Regular Army, (b) the National Guard while in the service of the United States, and (c) the Organized Reserves.

Under this law, all Reserve units—including Medical Department units—after being organized become part of the permanent defense forces of the United States. As such, they are destined to share in whatever military operations and successes may be engaged in by the nation in the future. A Reserve general hospital allocated to California, for example, has the same permanency of history and function as a regiment of Regular Army cavalry at Monterey, or an infantry regiment of the California National Guard. The same need for their organization and maintenance dominates them all, and is an obligation laid by the nation at large on each local community. So far as the personnel and units of the Medical Department are concerned, they represent a definite obligation laid by the nation upon the medical profession of such communities.

The Regular Army has its duties in peace as well as in war. The National Guard may be called out by the state authorities in case of local trouble, or in a national emergency by authority of the President. The Organized Reserves can only be called out in a national emergency declared by Act of Congress. *In the latter case, the man-power of the nation generally can and will be called out, whether it belongs to the Organized Reserves or not.*

In general terms, the Regular Army and National Guard represent the first line of defense; the Organized Reserves represent the second line of defense. Behind these combatant lines, the bulk of the burden falls on Reserve personnel and Reserve units.

The latter fact is particularly true in respect to the Reserve Medical Department. The Regular Army has its few fixed hospital establishments, adequate for its own needs in time of peace, but susceptible of only limited expansion in time of war. The National Guard has its medical service attached to troops, but no provisions for hospitalization. The Organized Reserves, through the Medical Officers' Reserve Corps, are expected to meet not only Organized Reserve needs generally, but the hospitalization, and other needs back of the combat zone, for an expanded Regular Army and the eighteen Divisions of the National Guard as well.

The maximum effort under the National Defense Act calls for the raising of 6 Field Armies, which include 9 Regular Army Divisions, 18 National Guard Divisions, and 27 Reserve Divisions. Besides these 54 combatant divisions, the plan calls for a large number of special troops, and the co-ordinate organizations and establishments of special branches. The total personnel required for these six Field Armies is approximately 4,000,000 men, all of which are to be raised within one year.

The part which the Medical Department is called upon to fill in this vast general plan of defense is very great. Its required personnel will aggregate over 500,000—officers, nurses, and enlisted men—and this personnel will handle hospitals aggregating some 400,000 beds. The minimum officer requirements to be provided for the Medical Department are 43,156; of which 30,783 are medical officers, 5188 are dental, 2766 are veterinary, and 4419 are medical administrative and sanitary.

The raising of this force is apportioned among the states of the Union according to their military manpower, and these states are grouped, for purposes of military administration, into Corps Areas.

The Corps Area of local interest is the Ninth Corps Area, which includes the states of California, Nevada, Utah, Wyoming, Montana, Idaho, Washington, and Oregon, and the territory of Alaska.

The Reserve medical problem allocated to this Ninth Corps Area includes the raising of 2050 medical officers of the Medical Department and their organization into specific medical units.

The last medical directory shows the number of physicians licensed to practice in the above states and Alaska to be 12,443. Out of this total, 2050, or 16.5 per cent, are required for the Medical Reserve Corps. If all states furnish Medical Reserve officers in proportion to their licensed physicians, their respective quotas are shown in the following table:

State	Physicians registered	Medical Reserve Officers required
California	7,549	1,243
Nevada	140	23
Utah	497	82
Wyoming	263	43
Montana	568	94
Idaho	452	75
Washington	1,756	289
Oregon	1,158	191
Alaska	60	10
Totals	12,443	2,050

While many branches of the service can and will enroll officers from any or all walks of civil life, only the medical profession can furnish medical officers. Its part cannot be confused or misinterpreted. The number of physicians who actually enroll themselves in the above states will clearly evidence the relative degree of patriotic and professional interest therein.

The fundamental patriotism of the medical profession at large was abundantly shown in the last war. Physicians then enrolled for service by the tens of thousands, often at great personal sacrifice. **For enrollment now in the national defense no sacrifice is now required. No duty is asked which the Reserve medical officer may not wish to give. All that is required is that the physician be willing to serve his country in national emergency, and, in the meantime, to lend his name and influence to the building up of effective medical organizations, fit for prompt service in case of such emergency.**

If in the meantime he desires to be in line for promotion, he has the opportunity to fit himself by correspondence course training, or by attendance at summer camps, for the duties and responsibilities pertaining to the higher grades open to him.

The matters of appointment and promotion in the

Medical Reserve Corps are governed by Army regulations. Former officers in the World War; physicians who contributed to the success of the war by service on the Council of National Defense, as a draft examiner or a member of draft board; a former officer of the Navy or Allied Armies, or who was connected with essential public establishments as educational institutions, hospitals, public health organizations, or was a public administrative officer, may be originally appointed in a grade commensurate with his age and standing in civil life. Others enter as first lieutenants and are promoted by regular steps in gradation to fill vacancies for which they are qualified. *Rank is not an index of professional ability, but of competency in a military sense.*

That there shall be appropriate gradations in age and experience as well as rank, Army regulations require the following periods of service, by grade, of qualified officers: As first lieutenant, two years; as captain, five years; as major, five years; as lieutenant-colonel, three years. A young physician entering the lowest grade could thus be promoted into the grade of colonel, with command of the largest medical units, in the short space of fifteen years—or a little more than half the time it takes for a medical officer of the Regular Army to reach that grade and command.

Medical service may be defined as "combat" and "non-combat" service. "Combat" medical service is that performed by medical officers directly attached to combatant troops. It is usually of an emergency nature and not professionally definitive. "Non-combat" medical service is that performed in units not attached to combatant troops, and often far in the rear of the lines of defense. It gives definitive medical treatment and professionally approximates the work of the medical practitioner in a civil community. In round numbers, the assignments of medical officers as to these divisions of service represent about one out of four for "combat" service, and three out of four for "non-combat" service. Whichever type of service is chosen depends on the personal preferences of the individual medical officer.

At present, the need for Medical Department officers particularly relates to "non-combat" units. Within the Ninth Corps Area, a total of eighty-one such units are required. Some idea of their nature and numbers may be inferred from the fact that the following totals are required: Three hospital centers; 14 general hospitals; 10 evacuation hospitals; 15 station hospitals; 8 surgical hospitals; 8 hospital trains; 5 medical laboratories; 1 army medical laboratory; 1 medical supply depot; 1 convalescent hospital; 2 corps medical services; 2 medical regiments; 1 veterinary convalescent hospital; 3 veterinary evacuation hospitals; 2 veterinary station hospitals; 7 veterinary general hospitals. To staff the foregoing units with medical officers, alone, will require a total of 1214 such officers.

The foregoing units have been apportioned to states within the Ninth Corps Area, and within states they have ordinarily been assigned home stations at large centers of population. The allocation of these units is as follows:

California, 43; Oregon, 15; Washington, 12; Utah, 4; Idaho, 3; Montana, 3; Wyoming, 1; Nevada, 0.

In assigning an officer to a unit and duty, his preference and that of the commanding officer of the unit considered are habitually consulted. The general considerations for assignment are that the unit is located in the community or vicinity of the residence of the officer concerned, that an appropriate vacancy exists in the unit for a man of his technical qualifications, and that such assignment would be acceptable to all concerned. The latter point is more important in a Reserve unit than any other. Regular Army, and even National Guard units, have a more or less rapid turnover of personnel. *But the personnel of a Reserve medical unit established in a community, and officered by the physicians of that community, will, except for death, and ordinary casualty, remain largely unchanged and permanent in its make-up of personnel.*

In time of peace, no Medical Reserve officer can be ordered out for a longer period than fifteen days for training in any one year. Any objection that this might some time be inconvenient is purely hypothetical. Funds are not available to send to training camps more than a very small percentage of even the present enrollment. As a matter of fact, they are not sufficient to send to training camps more than a fraction of those who apply for the privilege. Those who are thus ordered out, of course, receive the pay and allowances of their grade while so serving, and those who have attended such training camps have been enthusiastic over their interesting and enjoyable experience. *But whether an officer goes to training camp or not depends upon his own desires.*

As to service, in time of war declared by Congress all Medical Reserve officers will be ordered to the colors. So, too, will the medical profession at large under the draft law. The Medical Reserve officers, who already have commissions of high rank and positions of authority, will be in command of the late-comers.

There are physicians who have not yet enrolled in the Medical Reserve Corps, thinking that it would be sufficient for them to offer their services in time of war. Such delayed action is not the full measure either of patriotism, humanitarianism, or self-interest. In respect to patriotism, such delay stands in the way of the desired development by the nation in advance, of the organizations which will be sorely needed immediately on mobilization day itself, to care for the illness and injury incident to aggregations of men. As to humanitarianism, delay up to the eleventh hour means that the nation's defenders in the first line will not receive that efficient, systematized medical and surgical aid to which they are entitled. From the standpoint of the self-interest of the individual, it means disappointment. *The draft will become effective, medical men needed will then be enrolled without the privilege of volunteering, and they will be given such lower rank, status and professional assignments as conditions may warrant. In other words, they will take what is left, irrespective of their prior good intentions and professional standing in civil life.* Medical officers who have helped to build up the nation's relief establishments in time of peace, and who have tried to prepare themselves for their duties in connec-

tion therewith, *will not be displaced from positions of rank, authority, and professional congeniality in order to meet the desires and personal interests of belated patriots.*

As to who should enroll in the Medical Officers Reserve Corps, there is need and place for any practicing physician who can satisfy the physical and other requirements. The service is of such nature that general practitioners are essential. Likewise, with units of such diversified nature and function, specialists in all the major professional specialties are required.

The older men, and especially the veterans of the last war, are needed to lend their prestige and experience to the creation of these great relief organizations, and to ensure their proper development and smoothness of operation. Their patriotic assistance will very likely take no further shape than a contribution to preparedness.

Younger men of the coming professional generation are needed to round out these organizations, to maintain them, and to succeed to their control. Future actual medical emergencies must be met largely or wholly by medical personnel of the future. It devolves on the younger professional generation to take the colors from weakening hands, and press forward.

Medical men who enroll in the Reserve Corps in advance of emergency are assured of rank, steady promotion as they demonstrate fitness for it, increased pay and authority, an assignment to such professional duty as they are best qualified to perform, and association with a congenial unit made up of friends and neighbors of their home communities.

In so enrolling, they are rendering a great humanitarian, as well as patriotic service. They are helping the nation to prepare for its needs in an hour of extremity. They are helping to avert unnecessary suffering from its future defenders. They are helping the medical profession to avoid many of the general and personal difficulties it experienced in the last war, lending their aid to the plan for medico-military preparedness.

THE TIME HAS COME FOR THE MEMBERS OF THE MEDICAL PROFESSION TO STAND UP, BE COUNTED AND, AS MEMBERS OF THE MEDICAL RESERVE CORPS, TO COME TO "FRONT AND CENTER."

"There are some forms of propaganda issued in support of the periodic health movement which would lead the readers to believe that preventive medicine and public health movements originated outside the profession and were being forcefully thrust upon physicians, as part of their citizenship duties.

"The author of these apparently has never heard of the Hittite inscription that appears on the aged temple walls in Cappadocia. As in ancient times, this same inscription covers today the services of the physician. It says:

"'*Then Zarthustra, the Sage, stood forth and spake: 'Go often to your physician, O, people, that you may know yourselves. Some, being in good health, he will instruct, and keep so; some have beginning maladies—these he will make whole; some have illnesses—these he will help or cure; some are beset with dire diseases which exist not except in imaginings—these he will reassure.'*" *(Ohio Med. Jour.)*

PRESIDENT'S ADDRESS, UTAH MEDICAL ASSOCIATION*

By SOL G. KAHN, M. D.

ELECTED to the highest office in the power of this Association to bestow, I am deeply sensible of the sincere compliment you have paid me and of the great trust you have placed in my hands, and I wish to assure you of my appreciation of this mark of your favor, this evidence of your confidence. I wish also to thank you and my associates in office for the efficient co-operation and active support which have been accorded me, all of which will have served to make this, the thirty-first annual meeting of the Utah State Medical Association as successful as its outlook promises.

Great changes have taken place in the period covered by the life of our Association, and we may speak with pride of the achievements in both medcine and surgery during this generation, but I scarcely need remind you of them in detail. Every physician is proud of the record, and happy to live in an age when so much has been done for the comfort and well-being of the human family by the noble profession to which he belongs.

The delivering of an address by a retiring president is an ancient and honorable custom, and frequently consists of many words and consumes much time. Since "brevity is the soul of wit" and "tediousness the limbs and outward flourishes," I will not, I trust (after the same manner as Shakespeare's Polonius) "be brief," nor shall I attempt to be witty.

A few topics must be outstanding ones in my talk:

First, Change of Time of Meeting—In the hope that the general interest in the work of the Association might be promoted, your officers and committees, gentlemen, have seen fit to make certain changes in the scientific program for the meeting this year. Instead of breaking into two weeks, it was decided to combine the time of the committees scientific work, and education and post-graduate work into one week of intensive study and application. This also gives us the benefit and pleasure of having here at our meeting the medical men who come from outside the state to give our post-graduate work. We hope this innovation will meet with your approval and that the experiment may prove a success.

Second, the Matter of the State Board of Health—It is gratifying to note the increasing spirit of co-operation between the medical profession and the State Board of Health. There can be no question as to the physicians' importance in the public health program, and it should be their duty to acquaint themselves with the work and aims of the health officials who may be depended upon to welcome their co-operation and assistance.

These facts were especially demonstrated in the recent goiter survey of the State Board of Health.

In another instance, our advisory committee to the University was able to aid in the correction of

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*Delivered at the banquet of the Thirty-first Annual Meeting of the Utah State Medical Association held at Hotel Utah, Salt Lake City, Utah, September 8, 1925.