

# THE UNIT PLAN OF ORGANIZATION OF THE MEDICAL RESERVE CORPS OF THE U. S. A. FOR SERVICE IN BASE HOSPITALS<sup>1</sup>

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**I**N civil practice in hospitals it is well known that mediocrity well organized is more efficient than brilliancy combined with strife and discord. A group of weaklings pulling in the same direction yield a better net result than giants pulling in opposite directions — and therein lies the strength of organization for any purpose.

A war falls like a thunderbolt from the blue — a large army is mobilized, and, prepared or not, it must throw itself against an invading foe which may be armed to the teeth and highly organized. Our country has vast supplies of untrained men and of raw materials. Our manufacturers are now learning how to make munitions, but our human material still remains raw. This is neither the place nor the time, however, to discuss our national defense from the military point of view, but rather to consider the medical aspect of our preparedness for war.

When our distinguished American Ambassador, the Hon. Myron T. Herrick, asked me to take a service in the American Ambulance I suggested that it might be better to form a Unit among the men at Lakeside Hospital, and take complete charge of a given number of patients. This proposal was cabled to the American Ambulance and a favorable reply returned. This was the beginning of the University Unit plan of organization for service at the American Ambulance.

This plan worked out so excellently in France that it has occurred to me that, at least for the base hospitals, it would be a workable plan for our American Medical Reserve Corps. After an informal discussion with the Surgeon General of the Army

he suggested that to stimulate further discussion I should outline a plan for a unit to take charge of a 500 bed base hospital. The purpose of presenting this matter before this audience is to invoke thought and discussion and to receive suggestions.

The experience of some of the nations now at war should serve as a solemn warning to us to see that injured soldiers do not lose their lives or their limbs for want of competent surgeons. Because of lack of preparation for the present emergency in Europe, it happened, in the early stages of the conflict at least, that the surgeon was more dangerous than the enemy. For us this danger may in large measure be obviated if we make an adequate organization in times of peace.

In making such an organization of the Medical Reserve Corps, we must be guided by three fundamental principles. *First*, each man should be assigned to the service for which he is best qualified. *Second*, the mobilization of the Reserve Corps should be country wide. *Third*, standard materials should be stored so that we may not be caught by a shortage at a time when industries are paralyzed.

In general, it would seem that the civil surgeons of the Reserve Corps should undertake no administrative duty — such as care of transportation, records, supplies, commissary, etc. The civil surgeon should be *primarily* and if possible *exclusively* engaged in the care of patients. These units will be most efficient if they are made up of men who have had similar training and who know each other well, and if they have associated with them a nursing staff familiar with their methods. This suggests that the first units be

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made up from the staffs of large well-organized hospitals — especially teaching hospitals — and that they be distributed according to population among the states of the union. If not already enrolled, the surgeon accepting this service should receive appointment in the Medical Reserve Corps.

The following personnel is suggested as adequate for each base hospital of 500 beds:

Surgeons:

One chief surgeon, in charge.

Five associate surgeons, each in charge of one service of 100 beds.

Three assistant surgeons.

Orthopedic surgeon.

Anæsthetists, 3.

Pathologist and assistant.

Internist.

Neurologist.

Oculist.

Dentists, 2.

Röntgenologists, 2.

Mechanicians, 2.

Secretary and Record Clerk.

Stenographers, 2.

Nurses, 50.

The general surgical instruments and a supply of apparatus for each unit should be owned by the government and stored in a room set aside for that purpose. There should be meetings of the unit annually or oftener.

Each unit would be assigned to service in a certain contingent of the army and would go on duty automatically with that contingent.

The preparation and construction of the base hospitals would be in charge of the regular army. Army officers would be on duty in each hospital and would have entire charge of its administration.