THE COOPERATION BETWEEN THE ARMY SERVICES OF EVACUATION AND HOSPITALIZATION

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An active, intelligent cooperation predicates a basic knowledge of the objects desired, the mechanism by which they are to be accomplished, the type, character and training of the personnel to be employed, and an estimate of the probable difficulties that will be encountered.

It has been said, that the Army must change its tactics every ten years or suffer defeat. Since the last war, military tactics have undergone momentous changes. The present war has become one of mechanization and movement. The speed of the attack, the greater use of automatic weapons, combined with the moral and physical threats of an airplane attack, has greatly increased the difficulties of the Medical Department. Undoubtedly, the brunt of these difficulties will fall upon the collective, evacuation, and advance hospital services. Though the technic of triage, surgical management, and evacuation will necessarily be adapted to recent tactical concepts of mechanization and movement, the principles governing these matters will remain unchanged.

In the last war, the theater of military operations assumed the traditional fan-shaped pattern, the greater activity being in the periphery of the fan. In sharp contrast to this old pattern, the present military activities extend from the firing line to the home and beyond. In addition to this change of pattern, the tempo of all military activities has been speeded up. The attack is now designed to destroy the nation's vital resources before its full power can be mobilized; thus the defense of the home sector presents the Medical Department with a new problem. It is fair to assume that the Army staff has already worked out a master plan to meet such a situation. Have we as a body of surgeons given thought to such a possibility, have we considered how we can cooperate?

The first principle of military strategy is to assume the worst possible conditions, and then plan to meet them. It seems self-evident, that the only way to cover the medical situation arising in a total attack would be to

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Despite these omissions, however, the work as a whole is comprehensive and a high standard of conciseness and clarity is maintained both in the text and in the illustrations. It should be very useful for those who require a thorough discussion of the general surgical problems of the abdomen without requiring a complete system of surgery.

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CORRESPONDENCE


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Dear Sirs:

It has been brought to my attention that, in discussing a paper read by Dr. Wm. F. MacFee on “Hernia” at the annual meeting of the American Surgical Association held in St. Louis in 1940, I misquoted Doctor Burdick and Doctor Coley to the effect that they had stated that they had failed to master the technic of using fascia and had suggested as a substitute the removal of the testis and spermatic cord. This I regret exceedingly as their papers show that no such interpretation of their statements was justifiable. I shall be very glad indeed if you will give this note the publicity necessary, to counteract any misconception of their views that my remarks may have caused.

Yours sincerely,

W. E. GALLIE, M.D.