

The R. A. M. C. / [Redmond McLoughlin].

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Publication/Creation

[S.I.] : Medical Week, 1974.

Persistent URL

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Out of the Crimea War debacle arose the reformed Army medical services. As Redmond McLaughlin points out in his book *The Royal Army Medical Corps* (Leo Cooper Ltd) "it was fortunate that the sheer magnitude of the medical breakdown, coupled with the vigour of W. H. Russell's controversial dispatches to *The Times* and the strong response of the Queen, necessarily lent force to Miss Nightingale's crusade." Part one of a series of extracts from his comprehensive history looks at the beginnings of the R.A.M.C.

The R.A.M.C.

IN THE YEAR of the Mutiny (1857), a Royal Commission was appointed to inquire into the sanitary conditions of troops, barracks, and hospitals. Among other recommendations, it advised that the Medical Staff Corps, which had emerged from the Crimean War as the first corps of medical 'other ranks', should be replaced by an Army Hospital Corps.

But it failed to correct the basic mistake of keeping general medical care on a strictly regimental footing. It also failed to insist that combatant commanding officers should bear a share of responsibility for elementary hygiene in their units.

In 1860, after many delays, the Army Medical School was founded at Fort Pitt, Chatham. This shortly moved to the new military Hospital at Netley - sensibly sited above Southampton Water, and easily accessible to incoming hospital ships.

To move for a moment many years ahead, the School flourished at Netley until 1902. It was then felt it should not be so far from the centre of affairs, and it was transferred to London, at first to temporary quarters.

It was renamed the Royal Army Medical College; and a further move followed as soon as its present splendid site at Millbank - 'next to the Tate' - was ready in 1907.

This centre of instruction for a wide range of subjects (and in particular for hygiene and tropical medicine) was linked with the clinical work of the Queen Alexandra Military Hospital.

They became, and remain, a focal point for members of the Corps of all ranks. It was at the School in its early days that a great figure of the period, Surgeon-General E. A. Parkes, emerged as the first Professor of Military Hygiene, a post he held until his death in 1876.

After the horrors of Crimea, a new Corps faces its first major test...

His reputation was European, and he has been called "the founder of the science of modern hygiene".

It took forty years to sort out the administrative confusion exposed by the Crimean War. Even the strange, and frequently changing terminology (defining the various branches, departments, and units) appears, from the safe viewpoint of a century later, a clear sign of muddled planning.

Not least among the confusion was the Gilbertian situation in which the Army Hospital Corps had no officers, but consisted of men of "regular, steady habits and good temper, and possessed of

a kindly disposition", while the Army Medical Department consisted of officers only.

But it would be tedious to explore all the make-shift arrangements and interim designations of these times, when a doctor might be burdened with such polysyllabic titles as "Brigade Surgeon-Lieutenant-Colonel Snooks".

Yet at least these changes gave some evidence of a steady intent in the right direction. They did in fact slowly improve the lot of the medical staff, and, what mattered far more, offered better prospects to the wounded.

Gradually a fairly competent field medical organisation was evolved; and was available to cope with the series of military campaigns that followed the occupation of Egypt. In 1882 the pacifically inclined Mr Gladstone had become reluctantly involved in extensive warfare in Egypt and the Sudan which lasted on and off for sixteen years.

In the first of these campaigns eight hospitals and 163 medical officers were available; and the standards had evidently much improved.

That stern stickler for efficiency, General Sir Garnet Wolseley, was in command at this time; the expression "All Sir Garnet" had already come to epitomize correctness.

Yet he lacked the foresight to inform his Director of Medical Services of his military intentions, thus destroying any chance of sensible medical planning.

However, he felt bound to forestall the likely criticism at home, and declared: "I never saw men better cared for, and the removal of the wounded was very well done."

In fact, the collecting of wounded soldiers had been made the special task of a newly-formed Bearer Company, with sixteen men provided by each battalion. This was an important advance on the old system, where the



Hospital in Sebastopol... Dr Durgan attending the wounded

work had once been left to the feeble activities of elderly pensioners.

The formation of an Army Nursing Service was not an immediate offspring of Miss Nightingale's urgent reforms, as might have been expected. For it was not till 1881 that this important step was taken, and the Nursing Service introduced at Netley.

Miss Nightingale by this time was mainly preoccupied with army health in India.

However, she did respond to "ladies" acting as nurses to accompany the Gordon Relief Expedition - as it was misleadingly called.

Even the reactionary Wolseley accepted "the great advantage of procuring lady nurses at all stations".

In spite of these modest attempts at progress the conditions of the Army Medical Services continued to be confused. There were anomalies, both in theory and practice, with a growing rift between the civilian and military branches of the profession.

Unedifying

There is little advantage in pursuing the details of this unedifying breach; but clearly the War Office must bear most of the blame, since a succession of War Ministers obstructed the general wish that service doctors should hold military rank and enjoy comparable treatment with other officers, both socially and professionally.

By 1870 the intake of service doctors had almost ceased, and later the medical schools actually advised their young graduates to boycott the Army Medical Service.

In 1897 the British Medical Association set up an influential Sub-Committee to re-examine the impasse. They laid

down four reasonable requirements, covering size of establishment, standard of work, organisation, and conditions of service.

Their able report ended: "It is impossible... to regard with equanimity the prospects of a great war. If such a calamity were to overtake us, it is difficult to see how we could avoid the utter collapse of the medical arrangements. A spectacle of misery and mortality, to equal which we must look back to the horrors of the Crimea, would not be a matter for astonishment."

A year later this formidable document bore substantial fruit. But it takes time to achieve efficiency, and within two years the medical chaos in South Africa confirmed the worst of its fears.

The date of birth of the new Corps was 23 June, 1898.

But much effort, diplomatic as well as administrative, had already gone into its creation.

At a Guildhall dinner there was a glowing speech by Lord Lansdowne, whose predecessors at the War Office had proved so intransigent. He spoke of the need for a fresh start.

He then announced the intention to form a single Corps on a new footing. The aged Queen assented to bestow the prefix "Royal". A badge, with an heraldic blend of serpent, rod, laurel, and Crown, was designed - and the Royal Army Medical Corps was established by Royal Warrant.

It was a step, said Lord Lister, the doyen of Victorian doctors, "which removed a terrible cloud from the medical profession, and a terrible evil from the nation".

Yet in spite of this major advance, there was a disappointing lack of practical change. The regimental distribution of medical officers was left as before; there was no mention of improved remuneration or

prospects of promotion; there were no specialists.

In addition, there was little love lost between a progressive Director-General and the War Office.

It can hardly be a coincidence that Surgeon-General James Jameson was the only Director-General of Army Medical Services since 1858 not to have a knighthood conferred on him.

But in 1901, Jameson, like a true Scot, had taken the brave though dangerous step of attacking his superiors.

He had said: "The Medical Department is looked upon as a kind of excrescence of the War Office. The Director-General is not a member of the Army Board presided over by the Commander-in-Chief."

Energetic

These were fighting words, spoken while the Boer War was still in progress (if that is the right word) and it was some years before a later Director-General, that energetic Irishman Sir Alfred Keogh, finally established both order and goodwill.

But we must go back a little, to 1898, and follow the first tentative steps of the new Corps towards the crucible of war.

The battle of Omdurman, which brought fame to Major-General Kitchener and a taste for cavalry tactics to Lieutenant Winston Churchill, was happily so absolute a victory that only twenty-eight British troops were killed. The wounded amounted to 434, and the untried Corps was not exposed to too severe a test.

Kitchener himself had been sharply criticised for his alleged neglect of the wounded after an earlier battle, so he was ready to praise the work of the Corps in generous terms.



Dr Brett's ambulance litter

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Part II in a fascinating serialisation of an important book . . .

The R.A.M.C.

The Boer War – and the menace of typhoid

WHEN the Boer war broke out in 1899, the serious shortage of numbers in the Corps had not as yet been corrected, since it was only a year old.

And the idea that a few scruffy Boer farmers could give the professional soldiers of the British Army any trouble was thought laughable; this, in spite of the disaster at Majuba Hill 20 years before, where the Boers had annihilated a British force. Consequently arrangements, both military and medical, were hasty and, as events quickly proved, entirely inadequate.

When it was all over Lord Roberts, a charitable man, frankly conceded this failure: "I think that the Medical Department suffered under perhaps greater disabilities than any other Army department. It was very far from being prepared for expansion."

As has shrewdly been said: "The British Army [in 1899] on which years of isolation had conferred a certain rigidity, was revealed fully prepared for the Crimean war."

Yet the medical planning was, as it seemed before the crunch, on quite a substantial scale. Eight hundred and fifty doctors were despatched, backed by 10 hospitals.

But as the war spread, and heavy casualties from ill-judged frontal assaults occurred, the size of the armed forces had to be trebled. By the end of the war, three years later, the numbers in the Corps had reached 8,500, and there were 21,000 hospital beds available. These, of

course, were scattered, like the fighting, over half Southern Africa. Reinforcements took the form of employing "civil surgeons", with a somewhat ambiguous status, at an attractive rate of £1 a day – the same as a well-trained service specialist was earning in 1940! It was believed that Mr (later Sir Frederick) Treves was paid nearly £5,000 a year for his distinguished services.

But these temporary doctors were not always impressed with what one of them, with unusually high qualifications, called "the exigencies of a slowly-grown, iron-bound system, clogged with petty trivialities, and

hampered at every turn".

The view of another witness of good repute was: "The system is rotten; the men did their best".

As always, transport for the wounded was a prime difficulty, and even a short journey for a badly hurt man in an ox wagon, without springs, must have been almost unendurable; it was also seriously damaging, if not lethal.

The liaison between the bearer companies and the field hospitals was poor. When the bearers had brought in the wounded, they usually returned to their parent unit, leaving the hospital seriously short of manpower.

But the main enemy was



Surgeon-Major Beevor took this photograph of an ambulance crossing the Modder River on a pontoon built by the engineers as the British advance against the Boers.

not the resourceful Boer, with his modern Mauser rifle and expert marksmanship.

The typhoid bacillus soon became the chief killer, and the incidence of sick men far outstripped the wounded.

The standards of hygiene were still poor. Field-Marshal Lord Wolseley, now Commander-in-Chief of the British Army, took the view that the sanitary officer was the most useless officer in the Army, who could well be left behind at base.

Simple precautions, such as boiling all drinking water, were often neglected, and the epidemic of bowel infections rose to a total of 100,000 patients.

The general attitude is best summed up in a delightfully unofficial extract from a Royal Commission on this war: "Regarding hygiene and sanitation, Tommy doesn't understand it, and his officer regards it as just a fad".

Small wonder that the sickness rate rose to 958 per 1,000 troops, each year.

The principle of prevention by inoculation was already known, but the exact technique was less certain. Only 14,000 men were given anti-typhoid inoculations, and among these the incidence of typhoid was only halved.

But the home authorities themselves seem to have anticipated a Japanese canard of 40 years later, and believed that this protection might affect that ultimate asset, a soldier's virility; it was therefore restricted to volunteers who were unmarried.

The final score in the rival claims of typhoid and Boer bullets was 14,000 dead from disease and 6,000 killed in action, while the sick greatly outnumbered the wounded.

The nature of gunshot wounds in the field was relatively favourable. The newer

type of modern high-velocity bullet with a hard nose made a far less damaging wound in most cases than the older weapons, particularly the cannon ball.

One pundit even went so far as to use the word "trivial" to describe the typical injury – but it is doubtful if the patients themselves would have agreed!

The soil was not riddled with deadly organisms, as in Flanders; and there was little risk of such later horrors as tetanus (the "lockjaw" of earlier days) and the deadly infection known as "gas gangrene".

locating a metallic foreign body.)

As the operator claimed, in lecturing to a learned society, the surgeons found it "the greatest assistance".

However, the essential horror of mutilation does not change greatly from war to war – even for surgeons who are generally expected to enjoy a state of numbed indifference.

Frederick Treves, who two years later was to save King Edward's life by draining an appendix abscess, tells a grim tale, with a cheerful ending: "The amputation of a leg was in progress when pressure of work (in a small operation theatre) was at its height."

Beneath the table at the time of the operation was the prostrate figure of a man. He had been shot through the face. His big moustache was clogged with blood, his features were obliterated by dust and blood, his eyes were shut, and his head generally was enveloped in bandages.

"I thought he was dead, and that in the hurry of events he was merely awaiting removal. The limb after amputation was unfortunately dropped upon this apparently inanimate figure when, to my horror, the head was raised and the eyes were opened to ascertain the nature of the falling body."

"This poor fellow was attended to as soon as the table was free. I was glad to see him some weeks after in the Assembly Hotel at Pietermaritzburg, hearty and well."

Without close attention to maps it is difficult to follow the tactics and course of the Boer War; and it would be out of place to pursue the military details here.

In general, it was a war of rapid movement, of sieges –

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The Royal Army Medical Corps is being serialised exclusively in The Medical Week

Parts of the first two instalments, March 1 and March 8, are reprinted here.

Further instalments will appear weekly for the next four weeks.

Make sure to follow this colourful serial in The Medical Week

Reprinted from March 8 issue of The Medical Week