

**Album of photographs of Directors of the Indian Medical Service,
1858-1947, copies of pictures which hung in the office of the Director of
Medical Services in India**

Publication/Creation

1952

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37.

Directors of Medical Service
India

1858 - 1947

DIRECTORS OF MEDICAL SERVICE
INDIA

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INDIA

1858 — 1947

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R.A.M.C
MUNIMENT
ROOM

Directors of Medical Service.

India.

1858 - 1947

R.A.M.C
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The photographs in this book are copies of those which hung in the office of the Director of Medical Services in India.

The first two are of Sir John Forsyth and Sir William Linton, who were respectively Director-General, Bengal Medical Service, and Inspector-General, H.M. Forces in Bengal, at the time of the assumption by the Crown of the Government of India in 1858. They shared the chief medical responsibility until 1861, when Sir William was designated Principal Medical Officer of Her Majesty's Forces in India, and officers of the Presidency Medical Services ceased to have administrative control over British troops.

The title of P.M.O., H.M. Forces in India, was borne by Sir William's successors up to, and including, Sir Arthur Sloggett, during whose tenure of office, in 1912, the appointment was renamed Director of Medical Services. The holders continued to be British service officers up to Sir Charles Burchaell.

Thereafter, following the recommendations of Lord Esher's Committee, I.M.S. and British service officers alternated in the appointment, with only slight deviation during the war of 1939-45, when two I.M.S. officers held office successively, followed by two British service officers.

Of the thirty-one officers named in the following pages, only the following are Indian service :-

Sir John Forsyth.

Maj-Gen. C.H. Bowle-Evans.

Maj-Gen. Sir Walter Ogilvie.

Maj-Gen. Sir Ernest Walker.

Lt-Gen. W.H. Hamilton.

Maj-Gen. A.C. Munro.

January, 1952.



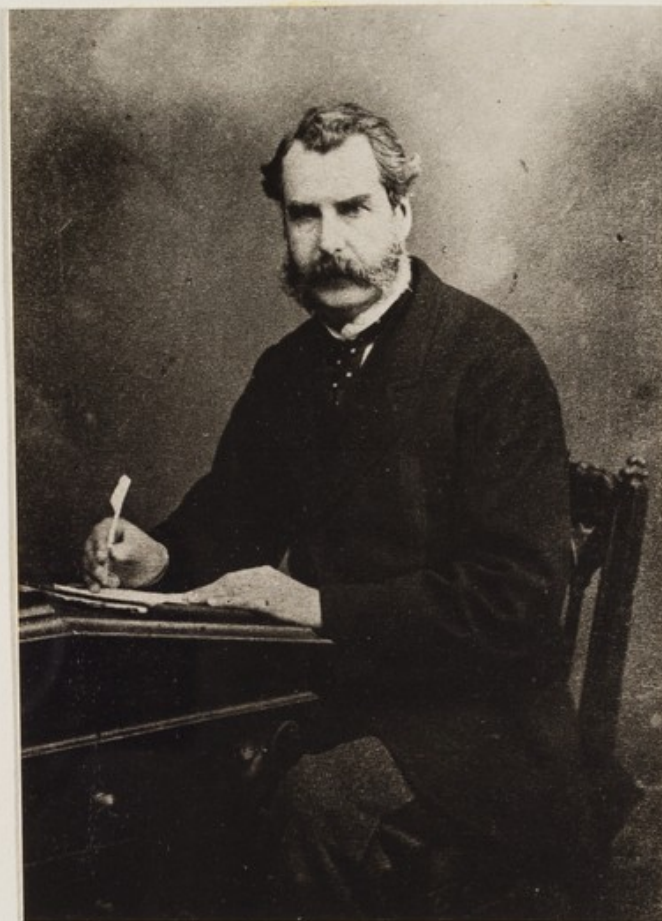
Director - General Sir John Forsyth, K.C.S.I., C.B., Q.H.P.

1857 - 62



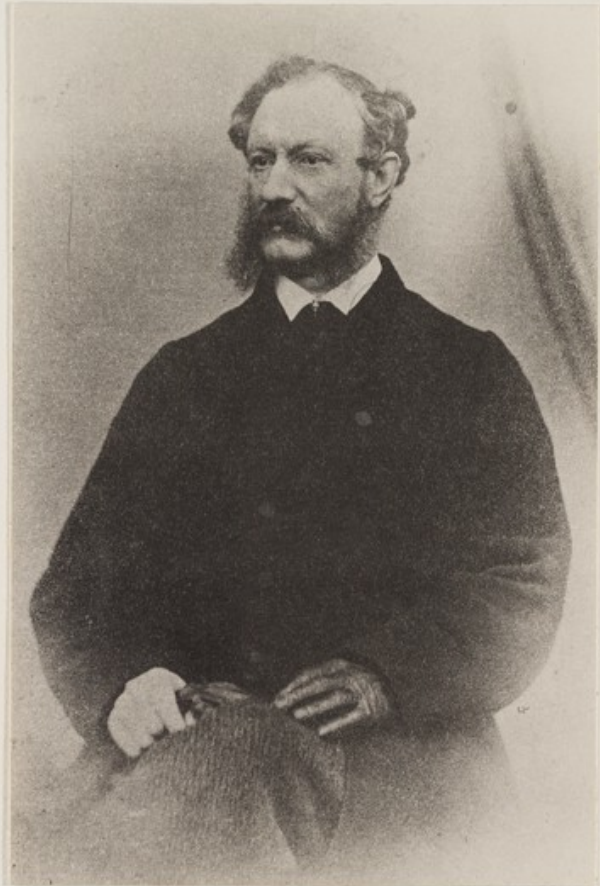
Inspector - General Sir William Linton, K.C.B., M.D., Q.H.F.

1861 - 3



Surgeon - General G. S. Beatson, C.B., M.D., Q.H.P.,

1863 - 8 and 1872 - 4



Surgeon - General S. Currie, C.B., M.D., Q.H.P.

1874 - 5

19

7

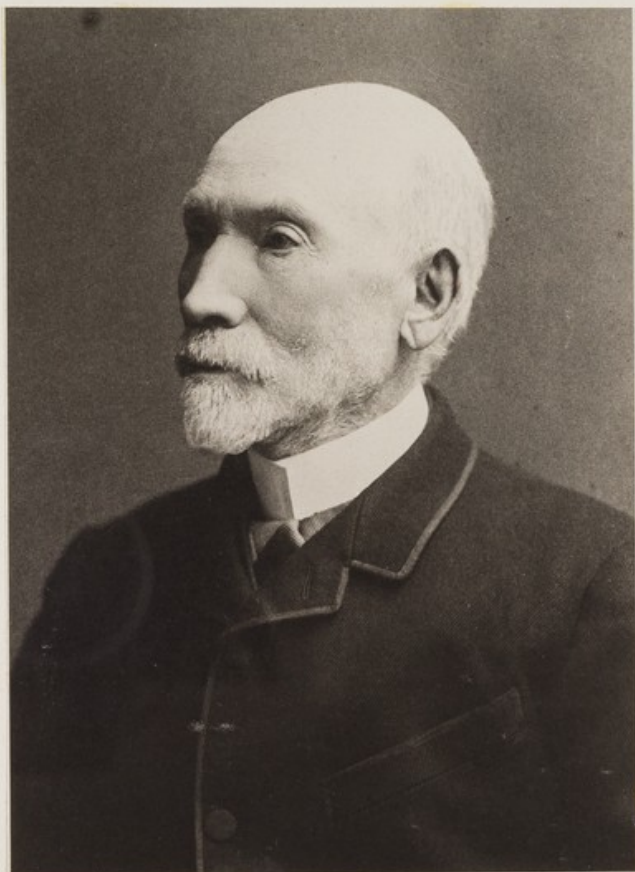
Surgeon-General Sir John H.K. Innes, K.C.B., F.R.C.S., Q.H.S.

1875-80



*Director-General Sir William Crawford,
R.C.B., M.D., L.L.D., M.Ch., F.R.C.P.I.(Hon.), F.R.C.S.I.(Hon), Q.H.S.*

1880 - 2



Surgeon - General Sir Anthony D. Home, V.C., K.C.B., M.D., Q.H.S.

1882 - 5



Surgeon-General C. D. Madden, C. B., Q.H.S.

1885 - 9



Surgeon - General W.A. Thomson. M.B., Q.H.P.

1889 - 92



Surgeon - General Sir Alexander F. Bradshaw, K.C.B., M.A., Q.H.P.

1892 - 5



Surgeon - General A.A. Gore, C.B., M.D., F.R.C.S.I.

1895 - 8



Surgeon-General Sir William Taylor, K.C.B., M.D., C.M., LL.D.(Hon), K.H.P.

1899 - 1901



Surgeon-General Sir Thomas Gallwey, K.C.M.G., C.B., M.D.

1902 - 6



Surgeon-General Sir Launcelotte Gubbins, K.C.B., M.V.O., M.B., R.H.S.

1906 - 8



Surgeon-General Sir Francis Trevor, K.C.S.I., C.B., M.B., K.H.S.

1908 - 11



Lieut.-General Sir Arthur Sloggett.
K.C.B., K.C.M.G., K.C.V.O., F.R.C.S., K.H.S.

1911 - 4



*Major-General Sir William Babbie,
V.C., K.C.B., K.C.M.G., M.B., K.H.S.*

1914-5



Major-General J. G. Macneese, C.B.

1915 - 6



Lieut-General Sir Thomas O'Donnell, K.C.I.E., C.B., D.S.O.

1916-9



*Lieut - General Sir Charles Burtchaell,
K.C.B., C.M.G., LL.D., M.B., F.R.C.P., F.R.C.S.I., K.H.S.*

1919-23

*Major-General C.H. Bowle-Evans,
C.M.G., C.B.E., M.B., R.H.P.
Sep.-Dec. 1923*



Major-General O. L. Robinson.

C.B., C.M.G., M.R.C.P., K.H.P.

1923-7



Major-General Sir Walter Ogilvie.
K.B.E., C.B., C.M.G., M.B., C.M., D.Sc., K.H.P.

1927-9



*Major-General W.H.S. Nickerson,
V.C., C.B., C.M.G., M.B., K.H.S.*

1929-33



*Major General Sir Ernest Walker,
K.C.I.E., C.B., M.B., F.R.C.S.E. R.H.S.*

1933-7



Major-General G.G. Tabuteau, D.S.O., K.H.S.

1937-40



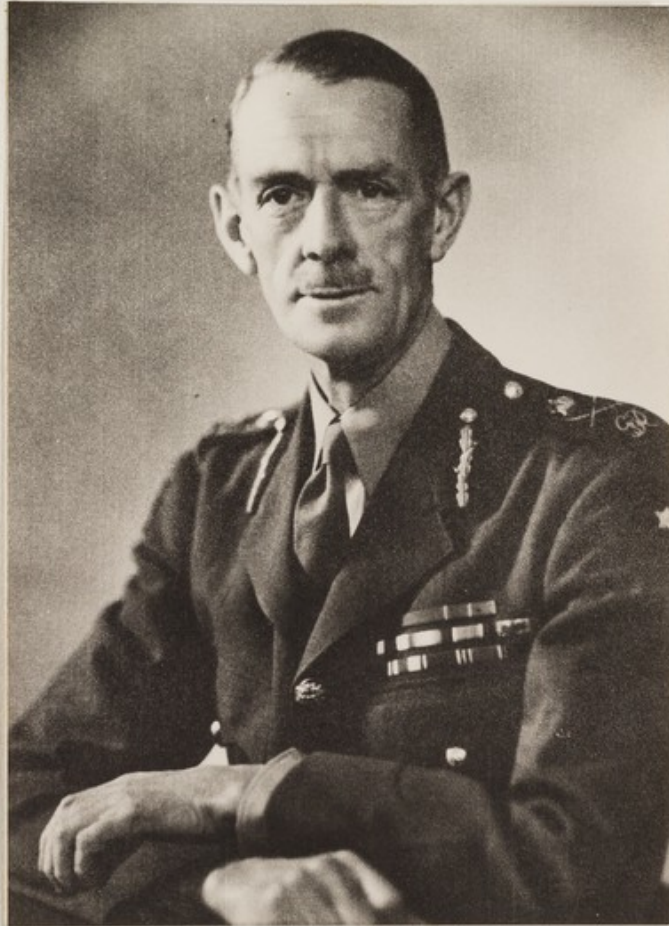
*Lieut General W.H. Hamilton,
C.B., C.I.E., C.B.E., D.S.O., F.R.C.S., R.H.P.*

1940 - 1



Major-General A.C. Munro, C.B., M.B., K.H.P.

1941 - 3



*Lieut-General Sir Gordon Wilson,
K.C.S.I., C.B., C.B.E., M.C., M.B., K.H.S.*

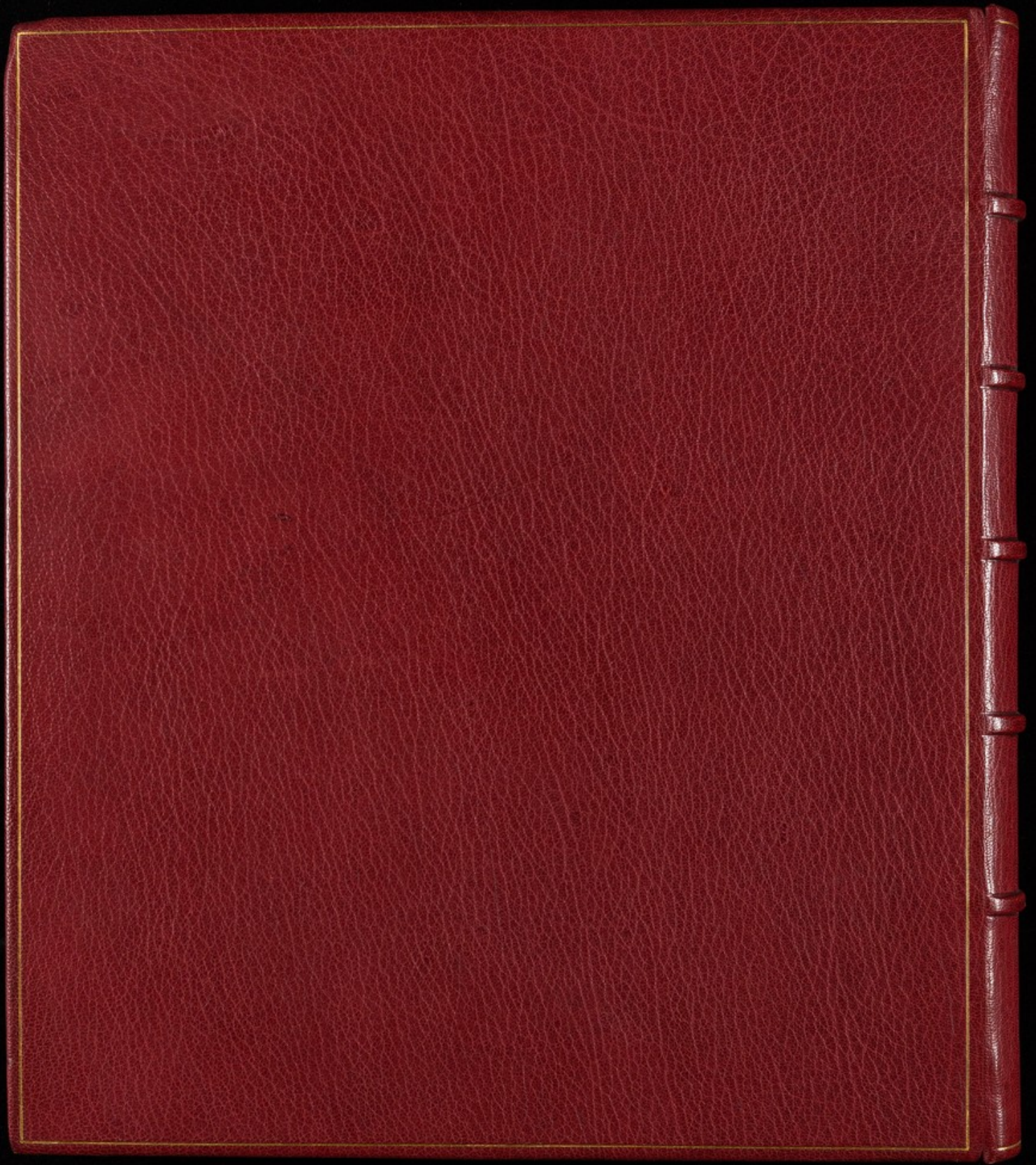
1943 - 6



*Lieut-General Sir Treffrey Thompson,
K.C.S.I., C.B., C.B.E., M.A., D.M., K.H.P.*

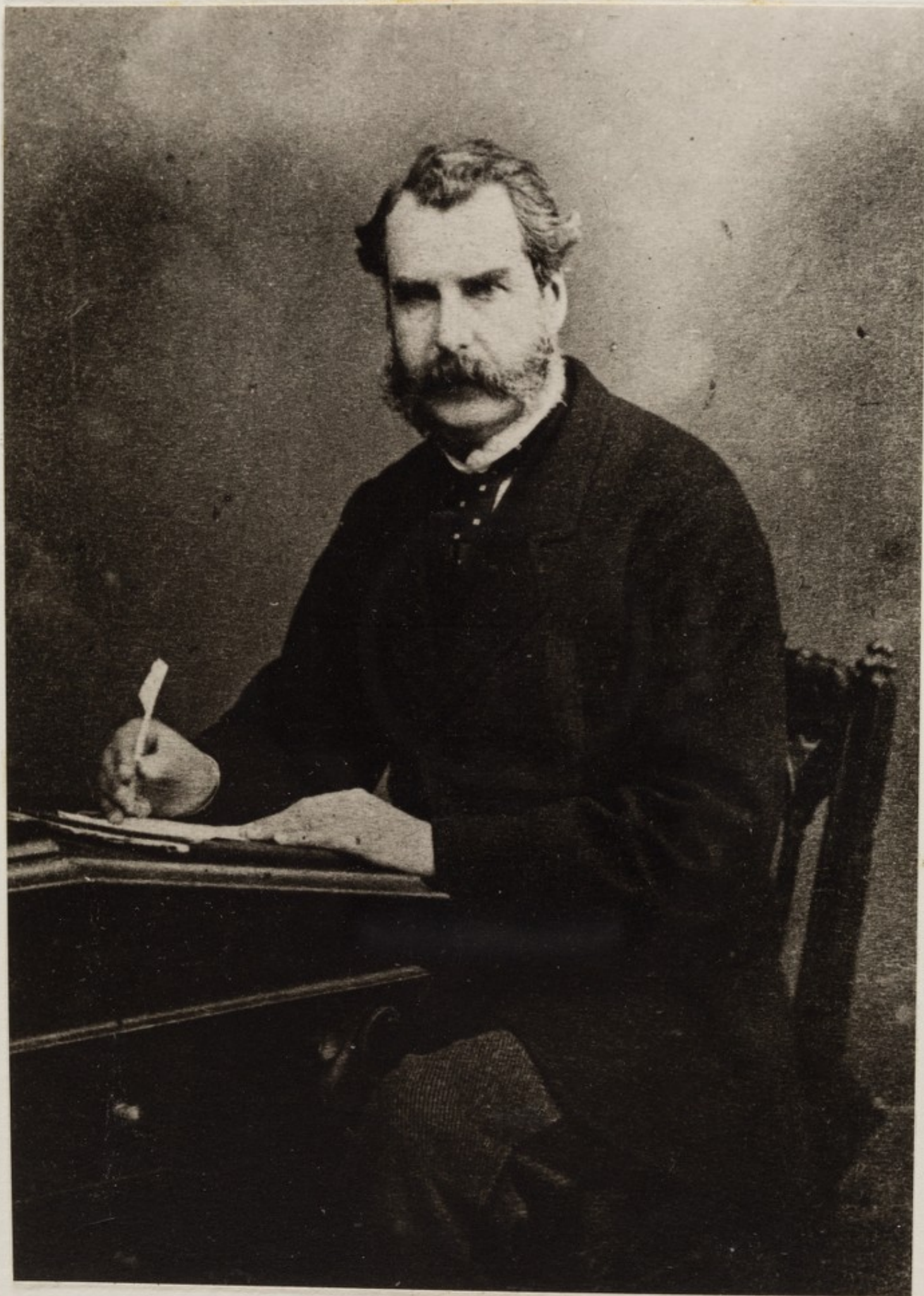
1946 - 7







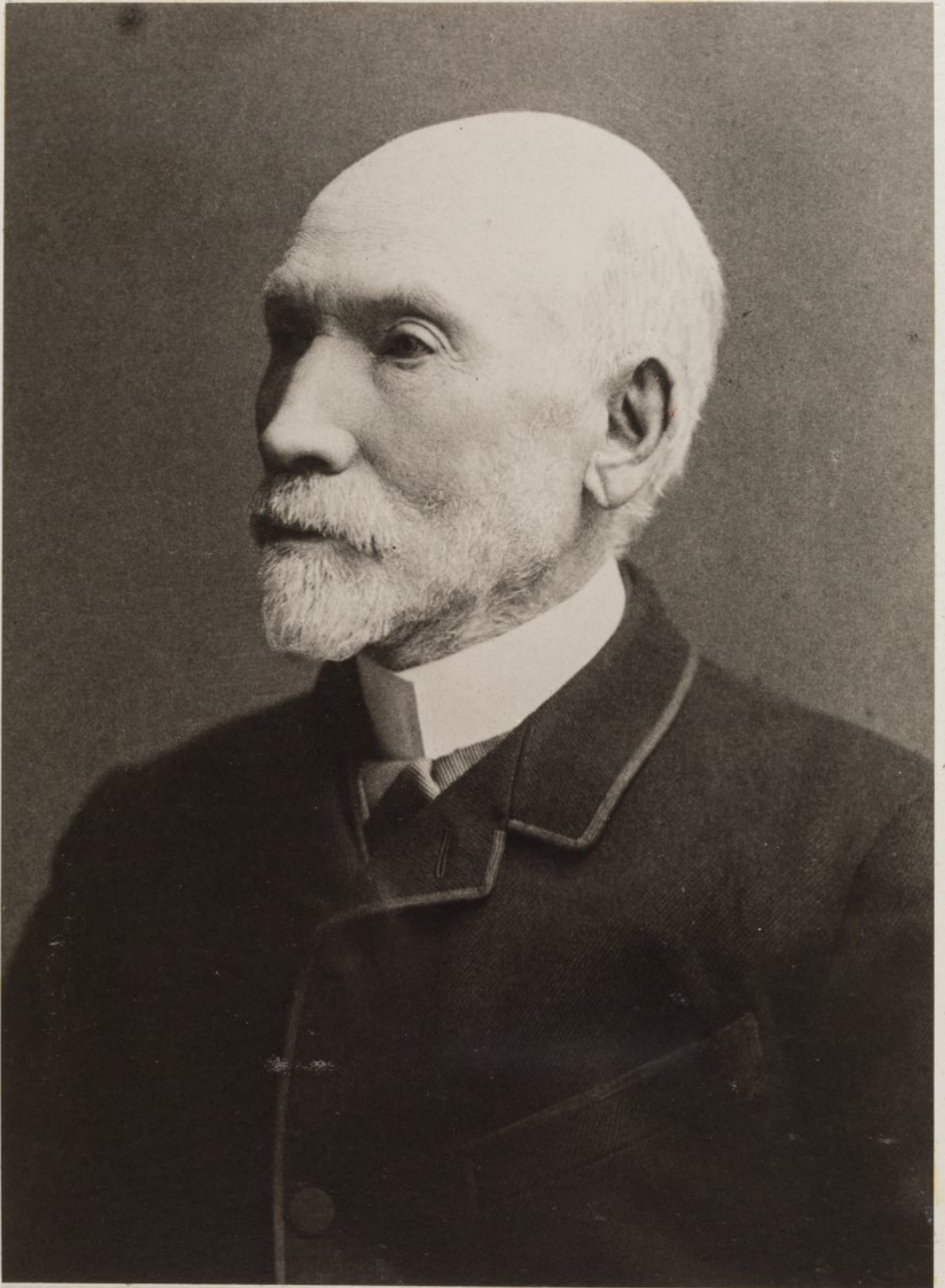




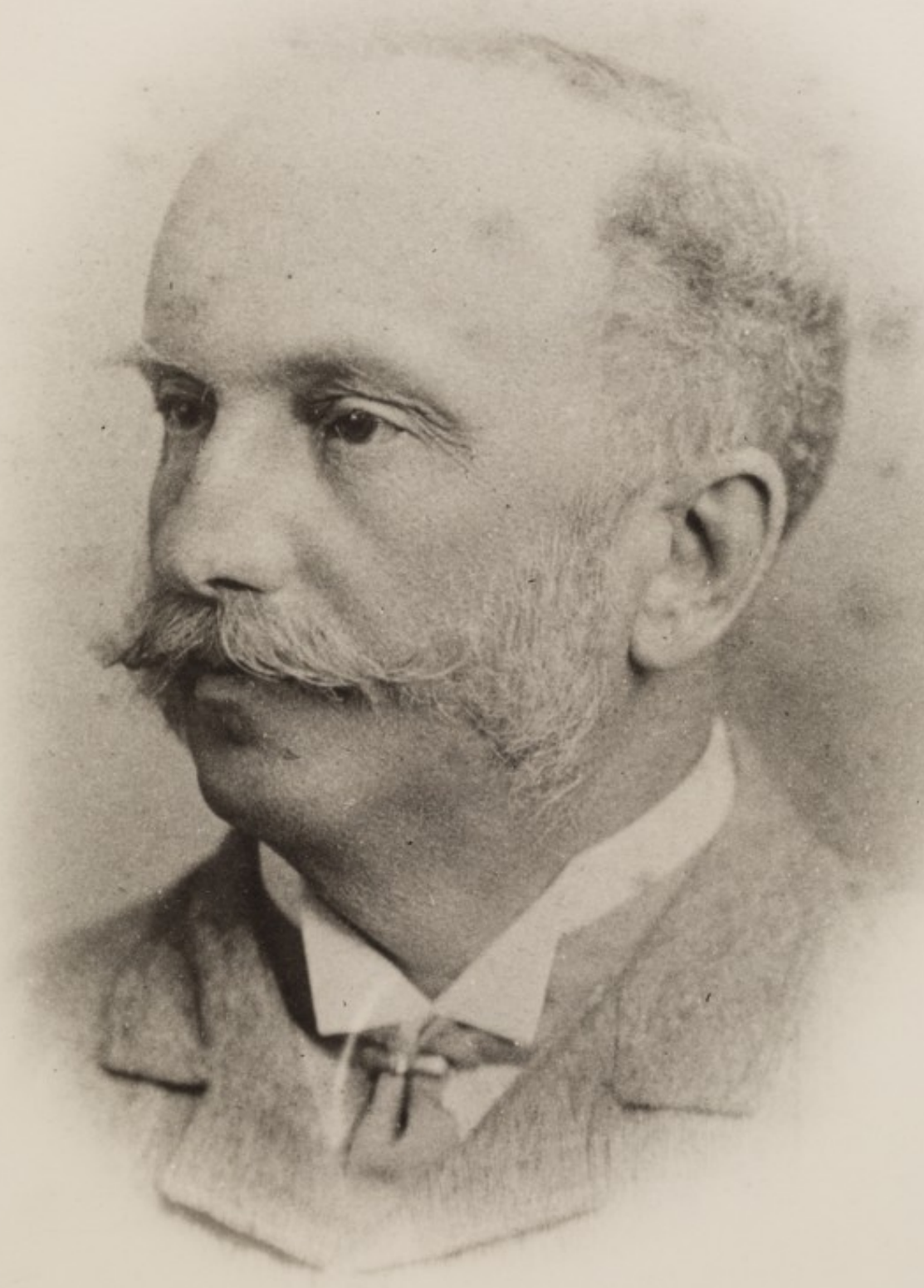




















































Travel and History

THE DIRECTORS OF MEDICAL SERVICES IN INDIA

by

Major J. B. NEAL, T.D.
Royal Army Medical Corps.

R.A.M.C
MUNIMENT
ROOM

STATE
DEPARTMENT
ROOM

Travel and History

THE DIRECTORS OF MEDICAL SERVICES IN INDIA

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Major J. B. NEAL, T.D.
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DURING the period of Crown rule in India, there hung in the office of the Director of Medical Services in India a series of portraits of those who had held the appointment, and each as he came added his own. This, then, is something of the story of the thirty-one officers who, under varying titles,

had the chief responsibility for British Military Medicine in India from 1857 to 1947, "that these men which were the personal and painful travellers might reap that good opinion and just commendation which they had deserved."¹ Considerations of cost alone prohibit reproduction here of all the photographs.

Medical officers had served the Honourable East India Company since 1660, and had, since 1764, been organized into a definite service—or rather, three services, for the presidencies of Bengal (Fort William), Madras (Fort St. George) and Bombay were autonomous under the Court of Directors, and each maintained its own Army. Surgeons of the British Army had done duty in India, under the jurisdiction of the Company, since 1754.² Surgeons were then Regimental Officers, and a surgeon's primary responsibility was to his Colonel, but his hospital and practice were subject to inspection by administrative medical officers of the Company's Army of the presidency in which the unit was stationed. For example, *The Code of Regulations for the Medical Department of the Presidency of Bombay* (1838) lays down that "Superintendent Surgeons [analogous to an Assistant Director of Medical Services of a District] are confined to the superintendence and control of the financial and economical arrangements of the hospitals: the control over them, so far as regards the practice of the medical staff, is vested in the Deputy Inspector of Hospitals [corresponding to a Deputy Director of Medical Services of a Command]: and Superintending Surgeons, in their visits, are not to interfere in it, unless the treatment pursued by the medical officer in charge, be so obviously at variance with their own experience, of the diseases of the country, as imperatively to call upon them to do so." Later in the period of the Company's rule, further supervision, by inspectorial staff of the British Service, was added.

After the suppression of the Sepoy Mutiny, the rule of the Crown replaced that of the Company, the Royal Assent being given to "An Act for the Better Government of India" on August 2, 1858, and Her Majesty's assumption of sovereignty proclaimed in all the major cities of the land on November 1 of the same year. An unofficial primacy attached to the presidency of Bengal, in view of the establishment in Calcutta of the Government of India, and supreme control of British Military Medicine therefore devolved upon the senior Inspectors-General³ of the Bengal Medical Service and the Army Medical Staff, DR. JOHN FORSYTH and DR. WILLIAM LINTON.

Forsyth was the senior, having been appointed Assistant Surgeon in the Bengal Medical Service in 1820, after the customary two years as Hospital

¹ Rudyard Kipling, in his address "The Verdict of Equals." *A Book of Words*: London, Macmillan, 1928.

² Units of the British Army were referred to, in contradistinction to the Company's troops, as "Royal troops," "King's (or Queen's) troops," or, latterly, "Imperial troops." This last term was in use before the proclamation of Her Majesty Queen Victoria as Empress of India on January 1, 1877.

³ Inspector-General was not an appointment but a rank, equivalent either to Brigadier-General or Major-General according to seniority and circumstances.

Mate in the East India Company's sea service. He had seen active service in Afghanistan (1839-42) as senior surgeon with Shah Shuja's forces at Ghuznee, with General Sale's brigade at Jellalabad, at the reoccupation of Cabul under General Pollock, and in numerous minor engagements, as well as being Director-General in Bengal during the Mutiny (1857-9). He retired in 1862, after forty-four years' service, including four and a half as Director-General, but he had to wait nearly twenty years more before receiving the honour of knighthood (*K.C.S.I.* in the Queen's Birthday List of 1881).



SIR JOHN FORSYTH

Linton, whose photograph in the series is a copy of his portrait in oils in the Millbank Mess, had held local rank as Inspector-General since January 1856, before becoming substantive in October 1858. His position as doyen of the British Medical Service in India was confirmed in 1861 by his designation as Principal Medical Officer¹ of Her Majesty's Forces in India.

As the senior British Medical Officer in Bengal during the Mutiny, he had worked hand-in-hand with Forsyth, and they were the only officers to be mentioned by name in General Lord Clyde's despatch of February 21, 1859, commending the work of the medical and commissariat departments. Clyde's tribute, that "the staff and regimental medical officers have well maintained

¹ This Journal, Vol. 19, contains at p. 370 (Col. A. Peterkin) and p. 493 (Lieut.-Col. C. Birt) some notes on the not very creditable origins of the title "Principal Medical Officer." See also the *Fifth Report, Commission of Military Inquiry*, 1808, p. 18.

the credit of their noble profession, and the reputation for self-sacrifice which belongs to the Surgeons of Her Majesty's Armies—a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the hospital," is supported by the award to officers of the (British) Army Medical Department of five Victoria Crosses and six appointments to the Companionship of the Bath. Before going to India, Inspector-General Linton had served in the Crimea, gaining every clasp which was available to an Army officer, and he had been appointed Honorary Physician to the Queen in the original list of 1859. He left India on retirement in 1863, being promoted *K.C.B.* in 1865.

British and Indian Medical Services were still entirely distinct (the presidency services were not united for many years yet), and the series of photographs, after Sir John Forsyth, includes only British P.M.O.s until the third decade of the twentieth century. Linton was succeeded by Surgeon-General GEORGE STEWART BEATSON, the only one of the line to do two tours in the appointment, from 1863 to 1868, and from 1872 until his death at Simla in 1874.

While the number of British troops in India was small, the dual administration, though clumsy, was not burdensome. With the recent increase in strength, the difficulties were magnified. The heads of the three presidential Medical Services were Principal Inspectors-General, and since some degree of pre-eminence attached to appointments in Bengal, the Government of which was largely co-terminous with the Government of India, it was proposed that the P.M.O. of H.M. Forces there should have the same title as his Presidency colleagues. There was also a strong feeling in some quarters that he should be removed from the staff of the Commander-in-Chief in India, and be made responsible to the Civil Government. These factors became part of a plan for a revised system of medical administration, and he, Beatson, strongly represented his view that to discharge his duties efficiently, his relations with the Commander-in-Chief must be preserved, and his jurisdiction over the Service in all three presidencies conceded. In the end, after eighteen months of discussion between London and Calcutta, it was decided that British and Indian Medical Services must continue to be administered separately, with the exception that, for a field force on active service, there should be one P.M.O., who might be drawn from either Service but who would be possessed of full authority over officers of both; that no primacy could be allowed to Bengal; and that the title of Principal Inspector-General was inadmissible.

These rulings were implemented on October 26, 1866, by the issue of *Government of India General Order No. 901*. This provided for one British Inspector-General for each presidency,¹ which was subdivided into "circles of medical superintendence," usually, but not invariably, corresponding with

¹ A second Inspector-General, for the North-West Provinces, was later sanctioned in Bengal. He was responsible to the Government directly, and not through the I.G. in Calcutta.

military districts and divisional areas. The more important circles were administered by Deputy Inspectors-General; the less, by Superintending Surgeons-Major. (An exactly parallel arrangement obtained in the Indian Service.) Officers to fill these appointments were nominated by the Army Medical Department in February 1867; the list included the names of Deputy Inspectors-General J. H. K. Innes (Lucknow) and S. Currie (Poona), both later to be P.M.O.s, India.

A year later, Currie was selected for duty as P.M.O. of the field force for the Abyssinian expedition of 1868. The Commander-in-Chief in India vainly protested that he had not been consulted about the appointment; the autonomy of the Presidency was paramount. The lesson of this episode was not learned. An army in time of peace must have as its primary function the representation of the nation's readiness for war; the two facts, that the systems for peace and war were diametrically opposed, and that active service appointments could be made without reference to the Commander-in-Chief, betokened, not efficiency and preparedness, but a political unwillingness to subordinate expediency to reality.

On the same day that Currie's appointment was confirmed by the Horse Guards, the Duke of Cambridge, commanding-in-chief at home, wrote to the C.-in-C. in India agreeing that there was a need for a P.M.O. for all India, and suggesting that there was "nothing in orders inconsistent with departmental subordination of the minor Presidencies to the Inspector-General in Bengal," and that it was quite competent for His Excellency to call for any medical information he might require from Madras and Bombay through Dr. Beatson. The Duke was, however, at once overruled, and the Indian Government was informed that medical administration must be carried on through C.s-in-C. of Presidency Armies, and not through Beatson, as I.-G. in Bengal, to provincial I.s-G., "as so doing may lead to misunderstanding and embarrassment, as placing an officer of Government in one Presidency in a position of departmental superiority to an officer holding a similar position under Government of another Presidency."

There could be no higher testimony to Beatson's loyalty, ability and tact in working under so cumbrous a system, beset with pitfalls, and of which many of the principles were contrary to his own judgment and expressed views, than his selection for a second tour in the appointment.

In 1868, Beatson was relieved by Surgeon-General (later Director-General Sir) WILLIAM MURE MUIR, who, as D.G., A.M.D., was to be responsible for the abolition of the regimental system and for the unification of the British Army Medical Services, and to be described by Sir Garnet Wolseley, by no means a medically minded General, as "one of the very ablest men in our Army." Muir had an excellent background of active service, and of the treacherous paths which lie between diplomacy and war. He had served in the Crimea as surgeon of the 33rd Foot; as P.M.O. in the China expedition of 1860, for his services in which he was mentioned in despatches, promoted

Inspector-General, and appointed *C.B.*; as P.M.O. of the force sent to Canada in 1861 in consequence of the "Trent" incident;¹ and as a liaison officer with the Union Army during the United States Civil War. Surgeon-General Muir has left accounts of his experiences which are models of military writing. The best are probably the *Medical History of the War in the North of China*, in the Report of the Army Medical Department for 1860, *Sherman's March* (A.M.D. Report for 1864), and *On Regimental Arrangements in India* (A.M.D. Report for 1869), an informed and well-reasoned criticism of the system of unit reliefs then prevailing in that country.

There is nothing of Muir's—with its simple English and lucid style; concise, incisive and vivid; the points stressed by humorous remark rather than by repetition and typographical tricks—that could not be placed in the hands of any medical officer today. Forty years after the time of which we write, Muir was still held in grateful remembrance. Sir Alfred Keogh, speaking at the Corps dinner on June 14, 1909, said, "See to it, Gentlemen, that these young officers are brought up on the principles of McGrigor and Muir." Today, he is inadequately commemorated by the bronze plaque over the doors of the R.A.M. College Library.

Early in 1872, Muir went home to be head of the Sanitary Branch of the Army Medical Department in the War Office, handing back his charge in India to Surgeon-General Beatson, on whose death Surgeon-General SAMUEL CURRIE became P.M.O. of H.M. Forces in India. Currie, whom we have noted as P.M.O. of the Abyssinian expedition, had seen other fighting—in Gwalior (1843), with the Army of the Sutlej (First Sikh War, 1846), and as Field Inspector, under Muir, in China (1860). At the reorganization of 1866, he had been appointed D.I.-G. of the Poona circle, leaving from there for Abyssinia. He has left a clear account of the latter campaign in the A.M.D. Report for 1867, and noted the difficulty of evacuation of casualties in mountain warfare. Currie's tenure of office was short, and in 1875 he was succeeded by Surgeon-General JOHN HARRY KER INNES.

Innes was a vigorous and outspoken man. As an executive officer, he had served, in sixteen years, with six regiments, horse and foot, English, Scottish and Rifles. He had done duty in the Crimea; he had been wounded at Delhi during the Mutiny and was mentioned in despatches for gallantry there; and, as a regimental surgeon, had been appointed *C.B.* in 1858. He had served as a British Medical Commissioner with the German forces in the Franco-Prussian War, and received the Iron Cross and the Steel War Medal. During his tour as P.M.O., India, came the Afghan War of 1878-80, his medical arrangements for which excited wide admiration, and of which

¹ On November 8, 1861, the United States ship "San Jacinto," Captain Charles Wilkes, stopped the British Royal Mail steamer "Trent" on the high seas, and, in defiance of international law, took off by force the Confederate Commissioners-designate to Britain and France. A force was sent to Canada in case diplomatic action had to be reinforced by military, but President Lincoln turned over the commissioners and their secretaries to Britain, and war was averted.

Surgeon-General G. J. H. Evatt, *C.B.*, has given a very readable account (this *Journal*, 5, 276, 412 and 533).

In 1877, further plans were canvassed for reorganization of the Medical Services in India. The official plan provided for separation of the civil element of the Indian Medical Service from the military, which was to be combined with the British Service. The civil Surgeons-General were to be Indian, the military, British Service, in each presidency. All responsibility for medical statistics was to be transferred from the Medical to the Sanitary Branch, then wholly distinct and separately accountable to Government; this division of responsibility was to obtain both with central and with local governments. As the keynote of the scheme, there was to be a Surgeon-General with the Government of India, as head of the Indian Medical Service, but with advisory functions only, having no executive authority over the British Surgeons-General, and equally none over members of the Indian Service doing duty under provincial governments.

Innes roundly condemned the plan: "the subject has been only superficially dealt with; an attempt has been made to perpetuate under a new system the proven errors of the old; and that although certain plans are put forward to meet supposed present requirements, no scheme of military medical organization has been put forward which possesses any stamp of cohesion or permanency, or even which gives promise of present satisfactory operation." He declared that medicine and sanitation were indissoluble, one great Health Department rendering any separate sanitary department superfluous. After this outburst, Innes became constructive and outlined a plan of his own, to which he largely succeeded in converting the Commander-in-Chief. However, Government adhered to its own scheme, despite the Surgeon-General's criticism, the C.-in-C.'s support of him, and Sir Garnet Wolseley's condemnation of the dual system as an expensive anomaly which had "always been injurious to good administration in peace, whilst during war it proved so destructive to efficiency that it had to be abandoned when an army took the field."

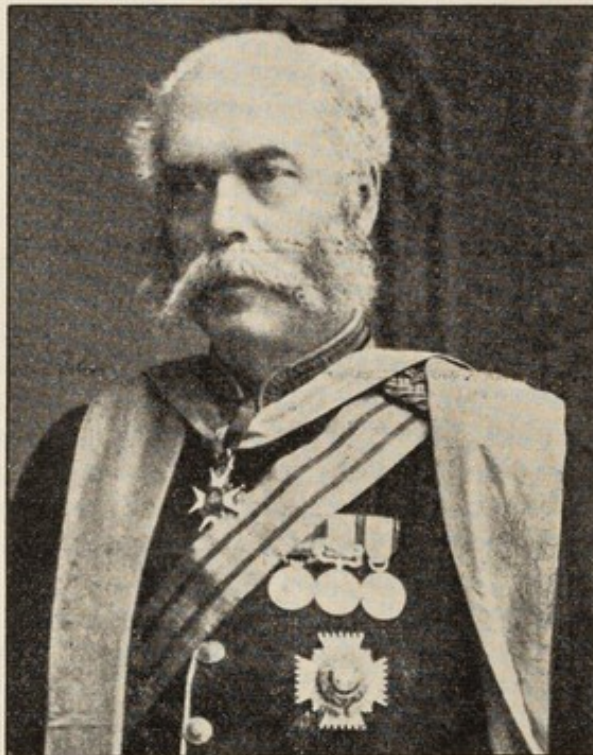
The proposals were then considered by the home Government. Sir William Muir, now Director-General, while not advocating Innes' scheme in its entirety, by no means supported the Government's plan, but despite the bait offered by Sir William, of undertaking supervision of all Indian hospitals by the existing British administrative staff, "without any extra expense in men or money," the Government of India's plan was approved, and published as a General Order on January 2, 1880, to become effective on April 1. All three Surgeons-General on the military side were to be British Service, though the Government of India "reserved the power of appointing specially qualified officers of either Service to any of these positions."

Feelings in the Indian Medical Service ran very high at this apparent slight upon its efficiency. An "Indian Medical Service Defence Committee" was formed, composed mainly of retired officers of the Service and members of Parliament, and Dr. J. F. Beatson, Surgeon-General of the Indian Medical

Department, addressed Government in an immodest and intemperate letter, claiming a presidential Surgeon-General for himself. His claims may indeed have been well founded, but the animus with which he expressed them could excite no sympathy.

In view of Surgeon-General Innes' vehement opposition to the plan, Government's reluctance to retain him as its chief medical adviser for the inauguration of it is understandable. Surgeon-General THOMAS CRAWFORD, from the Bombay Presidency, was selected to succeed him, which he did at the end of February 1880. Innes went home to retirement, speeded by a farewell order, unusually laudatory even for the time and place: "The Governor-General in Council will feel it a duty to bring to the marked notice of Her Majesty's Government the sense His Excellency in Council entertains of the obligations under which Surgeon-General Ker Innes has placed the Government during his tenure of his present responsible position, and especially the military operations [in Afghanistan] in which his arrangements have been so able and successful."

Crawford was an innovator, but one with the gift of introducing and accomplishing his reforms with the least degree of opposition and ill-feeling. He had an excellent Indian record; of active service in Burma (1852-53), as surgeon of the 18th Foot (The Royal Irish Regiment) during the Mutiny, and as an administrator in Afghanistan. His account of this last campaign was printed in the A.M.D. Report for 1880. He was unusual in his time in receiving his honours—a Good Service Reward in 1880, *K.C.B.* in 1885, and appointment as Honorary Surgeon to the Queen—while still a serving soldier.



SIR THOMAS CRAWFORD

Crawford's principal achievement in India was the introduction, in 1881, of station, instead of regimental, hospitals for British troops. This reform had been advocated by Muir as long before as 1861, and introduced, in a modified form for active service only, by Innes. It was the natural sequel to the abolition, in 1873, of the regimental system as such. It is a tribute to Crawford's personality that the change was accepted with more of subsequent nostalgia than of anticipatory opposition.

To provide subordinate staff for these hospitals, the Army Native Hospital Corps was formed under authority of Indian Army Circulars for January 1881. (The title seems never to have been officially altered to "Army Hospital Corps," but the word "Native" is lost between 1888 and 1891.) It was composed of compounders, dressers, barbers, ward-coolies, cooks, shop-coolies, bhisties and sweepers, collectively designated "hospital attendants," and initially recruited mainly from men who had been similarly employed in the regimental hospitals. Dhoolie-bearers and purveyors' staff were not included.

Crawford remained in India only until 1882, when he was called home to become Director-General in succession to Muir. His work there, in consolidating the Army Medical Staff and the Army Hospital Corps (Royal Warrant of September 20, 1884) into the Medical Staff Corps has been over-shadowed by the greater transformation of fourteen years later into the R.A.M.C., but there can be no doubt of the strength of the body of opinion against which Crawford made his point.

Crawford was succeeded in India by Surgeon-General Sir ANTHONY DICKSON HOME, V.C., another officer with a distinguished record in fighting and administration. He had served in the Crimea and in the Mutiny, both he and his assistant-surgeon, W. Bradshaw, whose Cross is in the Millbank Mess, winning Victoria Crosses at Lucknow while serving with the 90th Foot (the Scottish Rifles). This had been followed by the China expedition of 1860, the New Zealand Campaign of 1863-5, in which he gained a C.B., and special promotion to Staff Surgeon-Major, and the Ashanti War of 1873-4, in which he served as P.M.O., being promoted K.C.B. in 1874. After this he spent four years as head of the Statistical Branch of the Army Medical Department, and four as P.M.O. in Cyprus. Sir Anthony's tour in India was uneventful except for the inception, just before he left, of the campaign in Burma against King Theebaw.

The principal medical responsibility for this war fell upon Surgeon-General CHARLES DODGSON MADDEN, who took over from Home at the end of 1885. Madden had joined the service during the Crimean War as one of the despised band of Acting Assistant Surgeons, recruited to fill the deficiency of regular officers. He had seen service also in the Mutiny and in Abyssinia, where he earned accelerated promotion to Surgeon-Major.

The most notable event of Madden's term of office was the inauguration, in 1888, of the Indian Nursing Service (later, successively, the Indian Army Nursing Service and Queen Alexandra's Nursing Service for India, which

amalgamated with Q.A.I.M.N.S. in 1926). Eight sisters, with two Lady Superintendents, sailed from England in February 1888, landed at Bombay on March 21, and took up duty in two detachments, one at Rawalpindi, the other at Bangalore. The new service was blooded almost at once, for, in September 1888, a detachment under the senior Lady Superintendent, Miss C. G. Loch, was ordered to Abbottabad, the base hospital for the Black Mountain expedition, later moving with the Hazara Field Force to Darband. For this service, the sisters were awarded the medal and clasp, Miss Loch and two others receiving the Royal Red Cross also. The employment of sisters led to a remarkable improvement in the standard of work in Indian hospitals, as the only attendance available until then, other than that of the Army Hospital Corps, had been provided by nursing orderlies, so-called, drawn from whatever units happened at the time to be in the station. Not until the 1914-18 War did other ranks, R.A.M.C., serve in India.

In 1889, Madden was relieved by Surgeon-General WILLIAM ARTHUR THOMSON, another former Acting Assistant Surgeon, described by Miss Loch as "a good friend in some ways, and a dear and kind old man." Although eight clasps were added to the (second) India General Service Medal during his tour as P.M.O., India, from 1889 to 1891, the period is unremarkable.

Thomson's successor, Surgeon Major-General ALEXANDER FREDERICK BRADSHAW, came to his position from being P.M.O. in Peshawar after much Indian service, beginning with the Mutiny and including the Afghan War (1879-81) and the Zhob Valley (1884) and Hazara (1891) expeditions. His term, 1892-5, included the period of preparation for the union of the separate Presidency armies (though not yet of their medical branches) into one Indian Army, the reorganization becoming effective on April 1, 1895, just before Bradshaw's retirement. India was now divided, for military purposes, into four commands, the Punjab, Bengal, Madras and Bombay, each having a P.M.O. Of the four, two were to be British and two Indian service, an I.M.S. officer being always appointed either to Bengal or to the Punjab. The commands were subdivided, for medical administration, into "Districts (no longer 'Circles') of Medical Superintendence," each in charge of a Surgeon-Colonel, and these appointments were equally divided between the Army Medical Staff and the Indian Medical Service; Poona, for example, being always British and Bombay always Indian. Peshawar, a junior appointment, to be held by a Brigade-Surgeon-Lieutenant-Colonel, alternated between British and Indian holders.

The reader will have noticed that new titles of rank have appeared in the last paragraph. These were introduced in August 1891 by two Royal Warrants, for the Medical Staff Corps and the I.M.S., as a concession to the feeling that a grudging system of relative rank ill-accorded with the achievements and duties of military medical officers. The hollow nature of the new names, from Surgeons-Major-General down to Surgeons-Major (Surgeons, anomalously, became Surgeon-Captains), is apparent at mere reading. The

rank element, though dignified by capital initial letters, remained adjectival to the substantive "Surgeon." These ranks were in use, except for the Household Cavalry and Foot Guards, only until the issue of the R.A.M.C. Warrant in June 1898 (until August 1898 in the I.M.S.). It is doubtful whether any man could have survived more than seven years of being addressed as "Brigade-Surgeon Lieutenant-Colonel."

Surgeon-Major-General Bradshaw was a vigorous, sympathetic and respected officer who added to the honours he might reasonably have expected—*C.B.*, *Q.H.S.*, *K.C.B.*—an unusual one: on the occasion of the opening of Queen Alexandra's Military Hospital, Millbank, he was appointed a Consulting Physician in the distinguished company of Dr. (later Sir) William Osler and others.

Surgeon-General ALBERT AUGUSTUS GORE took over from Bradshaw early in 1895 and remained in office until 1898. He is more closely associated with West Africa than with India, his *Medical History of our West African Campaigns*, published in 1876, being an accessible and connected account of the largely self-contained West African service. His second book, *The Story of Our Services under the Crown: a Historical Sketch of the Army Medical Staff* (1879) is a greater monument to his enthusiasm than to his industry, though it remains a useful guide in spite of its prodigious number of mistakes in dates and names.

The reorganization in India which has already been noted became effective immediately after Gore's assumption of office, and was completed exactly one year later by the merging of the Medical Services of the three presidencies into the Indian Medical Service on April 1, 1896. A Director-General, I.M.S., was appointed, with supreme control over the new service.

It will be recalled that Sir John Forsyth, with whom this story opened, was Director-General of the Medical Department of the Bengal Presidency, the title having been introduced when the Medical Boards were abolished in November 1857. In 1862, the title had been changed to "Principal Inspector-General"; in 1871, to "Surgeon-General," and again in 1880, to "Surgeon-General and Sanitary Commissioner with the Government of India." The description, Director-General, which has been in use in the Army Medical Department since 1810, was not again altered in the I.M.S. after this reintroduction in 1896.

Reorganization was also afoot at home, for the R.A.M.C. Warrant was signed on June 23, 1898, and Gore was thus the first P.M.O. to administer officers of the new Corps in India. The warrant, among other provisions, granted the simple titles of rank which are now in use, except that a Surgeon-Major-General became Surgeon-General. (Military titles were accorded to general officers in 1917.)

Surgeon-General WILLIAM TAYLOR relieved General Gore at the beginning of 1899, and remained in India until his selection as D.G., A.M.S., in 1901. He had seen plenty of fighting—the Fenian Rising in Canada (1865–9), Jowaki

(1877), Burma (1885-6), Hazara (1888), Burma (1888-9), the Sino-Japanese War (1894-5), Ashanti (1895-6), where he gained special promotion to Surgeon-Major-General, and the Nile (1898). His reports on the two latter campaigns are to be found in the A.M.D. Reports for 1895 and 1898. As, in addition, he had been for four years Surgeon to the C.-in-C. in India, his far-sightedness, administrative ability and determination were founded upon a firm rock of experience.



SIR WILLIAM TAYLOR

As P.M.O. in India, he introduced Specialist Sanitary Officers, one to each command, and arranged for officers to be posted to hospitals for specialized professional duties. The complement to the Army Hospital Corps, the Army Bearer Corps, was raised in 1901, and recruited initially from dhoolie bearers taken over from the Transport Department. All these reforms appear to have been easily established. Those which he later accomplished as Director-General—his plan for the R.A.M. College and the doctrine of training associated with it—were less readily carried through. It would not be amiss to mention here that this Journal principally owes its inception to Sir William Taylor.

His successor, Sir THOMAS JOSEPH GALLWEY, provides an interlude (1902-6) between the medical advances just described and the military changes to come during the tenure of office of Surgeon-General WILLIAM LAUNCELOTTE GUBBINS.

Gubbins came to India with active service experience in the Afghan War

and in South Africa, and having held senior administrative appointments at home and in India. His first reform was the introduction of courses, of one month's duration, in the sanitary methods in use in Indian cantonments. These were held at Rawalpindi, Poona, Lucknow and Bangalore, and attendance was compulsory for all young officers of both R.A.M.C. and I.M.S. A welcome, if unforeseen, aspect of these courses was the number of combatant officers who attended them voluntarily. It would be an exaggeration to attribute to this measure all the credit for the improvement in the health of the soldier in India, but the figures are spectacular; for the ten-year period 1895-1904, the death-rate for British troops was 17 per thousand per year; in 1907, it was 9.8, while by 1910, it had again fallen to 4.6 per thousand.

This period, too, saw a notable change in the organization of the Army in India. The four commands were abolished, ten divisional districts¹ being substituted for them. The four Command Sanitary Officers were replaced by ten Divisional Sanitary Officers, all the appointments being reserved for officers of the R.A.M.C. At the same time, nine Divisional Mobilization Store Officers were appointed in place of the four Staff Officers, Army Bearer Corps; four officers were found from the R.A.M.C. and five from the I.M.S.

These changes, following upon those initiated by Sir William Taylor, notably raised the standard of hygiene supervision and training, but it must not be thought that their scope was confined to simple sanitation: the officers' designation of status was *Specialist in the Prevention of Disease*.

Gubbins went home in June 1908 to be Deputy Director-General to Sir Alfred Keogh, handing over to Surgeon-General W. B. Slaughter, as officiating P.M.O., pending the arrival of Surgeon-General FRANCIS WOLLASTON TREVOR. The latter came to the appointment well equipped, with active service in Afghanistan, the Soudan (1884-5) and South Africa, and administrative experience as P.M.O., Western Command, and, after the alteration to a divisional basis, 6th (Poona) Division. His main contribution to military medicine was securing, early in 1910, confirmation from the Government of India of the practice of sending invalids to hill stations, instead of to England, for the winter months. This had been provisionally instituted under Gubbins in 1907, and found to work well.

Trevor's successor, Sir ARTHUR THOMAS SLOGGETT, was the first to bear the title of Director of Medical Services. He had been present with the Dongola force in 1896, earning special promotion to Surgeon-Lieutenant-Colonel, and in 1897-8 with the Nile expedition, the R.A.M.C.'s baptism of fire, when he received his wound through the heart at the battle of Khartoum and advancement to the higher rate of pay as a reward for his services. An observation in his report of the latter campaign is characteristic of one aspect of the man: "The medical comforts were of good quality: before I started, I insisted that

¹ Divisions were based upon: 1st, Peshawar; 2nd, Rawalpindi; 3rd, Lahore; 4th, Quetta; 5th, Mhow; 6th, Poona; 7th, Meerut; 8th, Lucknow; 9th, Secunderabad; and the Burma Division.

the best brand of champagne procurable in Cairo should be taken (Perrier and Jouet's)." In South Africa, he had commanded the Imperial Yeomanry Hospital, and, later, another general hospital, leaving the colony in August 1902, after eighteen months as commander, Deelfontein District and deputy administrator of Cape Colony. In India, he had been P.M.O., 6th (Poona) Division, before relieving Sir Francis Trevor on December 31, 1911.

In 1912, General Sloggett's appointment was redesignated "Director of Medical Services, Army Headquarters, India," similar changes being made all down the scale; the P.M.O. of a division, if a surgeon-general, became a D.D.M.S., or, if below that rank, an A.D.M.S.; the Divisional Sanitary Officers became D.A.Ds.M.S. (Sanitation), and the Divisional Medical Store Officer a D.A.D.M.S. (Mobilization). Alterations were made in headquarters appointments also, deputy P.M.O.s becoming D.D.s, and secretaries to P.M.O.s, A.D.s.M.S. Of wider significance to India as a whole was the transfer of the capital from Calcutta to Delhi in December 1912.

Sloggett left India in March 1914 to relieve Sir Launcelotte Gubbins as D.G., A.M.S., but his tenure in the War Office was short, as he went to France in October 1914 as D.G., M.S., British Expeditionary Force, Sir Alfred Keogh being called from retirement to fill his place at home in a temporary capacity. (This was the second occasion on which a temporary appointment had been made, Surgeon-General A. F. Preston having officiated for a short time pending the assumption of duty by Sir William Taylor in 1901.)

Two short appointments then follow. Sloggett handed over to Sir WILLIAM BAPTIE, who, after winning the Victoria Cross at Colenso, had spent thirteen years in the War Office, as A.D.G., Inspector of Medical Services, and D.D.G., before taking up duty in India in March 1914. He remained long enough to see India, with the rest of the Empire, plunged into the First World War. An Indian contingent landed in France in September 1914; it consisted of two cavalry and two infantry divisions, with their medical units, and was accompanied by three clearing hospitals, two stationary hospitals, three B.G.H.s, and two I.G.H.s. Another Indian force went to Egypt in November 1914; a third, in May 1915, to Gallipoli; and a fourth to East Africa. The main burden of the campaign in Mesopotamia was borne by India, and the Aden Field Force was an Indian commitment.

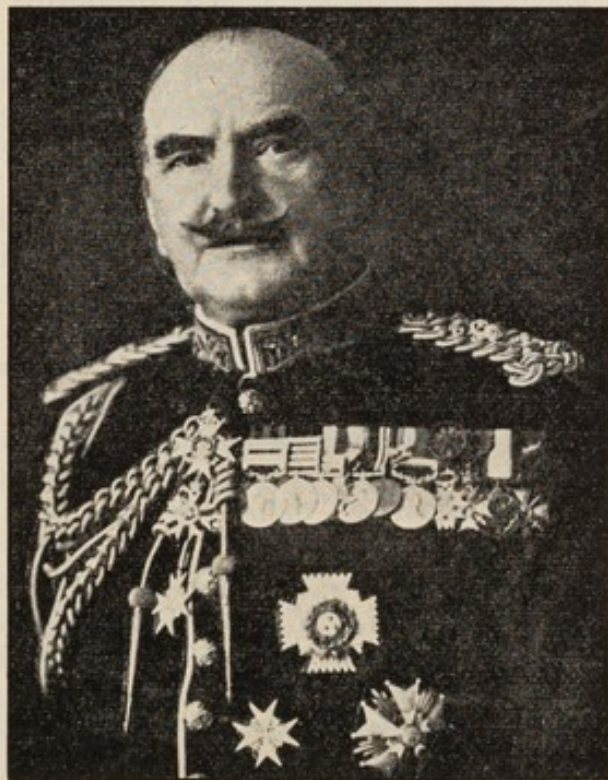
The organization of medical arrangements for all these; the alterations and improvisations required to convert units from a purely Indian basis to meet the demands of such diverse theatres; and, not least, the evacuation of casualties from them: all these provided problems of the first magnitude which had not all been solved when, in June 1915, General Babtie was appointed Principal D.M.S., Mediterranean Theatre, and handed over his Indian charge to Surgeon-General JAMES GAUSSEN MACNEESE.

Macneese had a more extensive Indian background than Babtie. He had served in Afghanistan (1878-80), with the Bozdar Field Force (1881), and in the Zhob Valley (1884); he had been P.M.O. of the 8th (Lucknow), and subse-

quently of the 6th (Poona) Divisions. In addition, he had seen a year's service in the South African War and had been the senior British medical officer at the Messina earthquake in 1908.¹ Incidentally, he was an early protagonist of dental surgery in the Army.

Apart from occasional frontier incidents, war did not come to India between 1914 and 1918. The administration of Indian medical units, once they had left India, did not fall, except as regards reinforcements, upon the D.M.S., and to attempt to follow them would go beyond the scope of this article, and would comprise a lengthy chapter in the history of the Indian Medical Service.

General Macneese was replaced in September 1916 by Surgeon-General (later Lieutenant-General) Sir THOMAS JOSEPH O'DONNELL, and he, in turn, from 1919 to 1923, by Lieut.-General Sir CHARLES BURTCHAELL. It will be convenient to consider these two periods together, in order to continue to survey the further proposals which were made for reorganization of the Medical Services in India. These have not been mentioned since Bradshaw's time, though they had been raised, in forms varying with the relative popularity, from a recruitment point of view, of the R.A.M.C. and I.M.S., only to be dropped again.



SIR CHARLES BURTCHAELL

¹ The Mess Library at Millbank contains a booklet giving a full list of the names of the "Corpo dei medici militari di terra della Gran Bretagna" under his charge, which collectively earned the silver medal and diploma which are framed in the entrance hall of the Mess.

The period 1918-23, however, saw the work of several committees and a great deal of discussion upon their recommendations. Negotiations which had been opened before the war led to the formulation by the India Office, in 1918, of certain principles which were to govern future policy on the I.M.S., however such policy should ultimately be expressed. These were, that the service should provide a satisfying standard of professional work, that remuneration should be adequate, that increasing opportunities should be available for Indians to enter the Service, and that everything possible should be done to eliminate discontent, though misgivings were entertained about the prospects of completely eliminating friction between R.A.M.C. and I.M.S. No exception could be taken to these counsels, or to principles of union of the British and Indian military Medical Services. Dissension arose upon the manner of effecting the change. (It may be noted at this point that Indian practice had been brought more closely into line with British, by the abolition, in 1918, of the regimental system, and, in 1920, by the formation of the Indian Hospital Corps by amalgamating the Army Hospital Corps with the Army Bearer Corps.)

The first committee was set up in 1918, and produced its findings with commendable promptitude. Unfortunately, neither the findings nor the recommendations based upon them were acceptable either to the British or to the Indian side, both of which put forward counter-proposals. The R.A.M.C. aspect of these treaties will always be associated with the name of Sir Charles Burtchaell. It was universally agreed that union could only be achieved by forming a new corps for the purpose: General Burtchaell's plan called for the formation of a R.A.M.C. (India) for all military duties in both British and Indian armies, leaving the rump of the I.M.S. as a purely civil service: General Edwards, D.G., I.M.S., envisaged his service as capable of doing all the official medical duties, military and civil, dispensing with the R.A.M.C. in India altogether.

Before any agreement could be reached, Lord Esher's Committee reported in favour of co-operation rather than amalgamation. Such of its recommendations as could be adopted on a "gentleman's agreement" basis—preliminary training of I.M.S. officers at Millbank and alternation of the appointment of D.M.S. in India between British and Indian Services—were at once put into effect. The others were quietly forgotten, for the committee felt at heart that while there were two separate armies to be served, no united medical service for them was really practicable, and in 1925 this view was officially adopted. Indeed, it is apparent now that not since 1861 had a real opportunity presented itself for whole-hearted amalgamation. Each Service had its advantages, based upon its traditions and conditions of service, and one that, under every change of fortune, had always rested with the British was that up to the time of the publication of the Esher report, it had always found the D.M.S., India. There had never been any reason why an I.M.S. officer should not have been selected, but none had been until September 1923, when Major-General CHARLES HARFORD BOWLE-EVANS¹ succeeded Sir Charles Burtchaell.

¹ I regret that I have been unable to trace any portrait of General Bowle-Evans.

General Bowle-Evans had entered the Bengal Service in 1894, seen active service in Waziristan the same year, and thereafter experienced more fighting than falls to the lot of most men. He was promoted Major-General on September 6, 1923, on assuming duty as D.M.S., and it is regrettable that he was compelled by ill-health to resign in December of that year.

His successor, Major-General OLIVER LONG ROBINSON, was of course, British service (December 19, 1923, to January 2, 1927), and his, in turn, an I.M.S. officer, Major-General WALTER HOLLAND OGILVIE (January 3, 1927, to September 1, 1929). British and Indian officers then alternated through the



SIR WALTER OGILVIE

next ten years of committees, frontier incidents (including the suppression of the rebellion in Burma in 1930-2), and other matters of routine: Major-General WILLIAM HENRY SNYDER NICKERSON, V.C., British, 1929-33; Major-General Sir ERNEST ALEXANDER WALKER, Indian, 1933-7; Major-General GEORGE GRANT TABUTEAU, British, 1937-40.

Major problems were few during this period. Burma was separated from India in 1928, while, in 1929, the divisional reorganization of the forces in India was replaced by a system of territorial commands. In 1929, too, a Nursing Section Reserve was authorized for the Indian Hospital Corps, and the Quartermaster Section was renamed the Stores Section. (An Ambulance Section Reserve had been established in 1925.)

Under General Tabuteau, we pass from peace to war, and this time, unlike

1914-18, war which touched India very nearly. Before the Japanese onslaught in December 1941 Indian troops were engaged in the Middle East, with all its appanages—Abyssinia, Iraq, Persia—and with the development of the war in the Far East, India became further and further committed. Indian troops had taken part in the defence of Hong Kong and of Singapore, and they were soon engaged in the defence of Burma. This settled down to a steady withdrawal culminating in a stand at the eastern gateway of India itself. Defence was then punctuated by attack, though on a small scale: the first Arakan campaign of late 1942 and early 1943, the second after the 1943 monsoon, and the two Wingate expeditions of 1943 and 1944. By April 1944 Indian territory had been penetrated by the enemy: the significance of Imphal and Kohima need no stressing. Thereafter began the liberation of Burma and the end of the Eastern War.

What, then, were the problems confronting those who bore the chief medical responsibility in India in these days? They were problems of despatching and receiving, of training and organization, of an increasing and unprecedented degree of weight and complexity. As early as 1941, before India itself was closely threatened, the *Annual Report of the Health of the Army in India* shows a decline in the well-being of the forces: the rate of admissions to hospitals increased, so did the constantly-sick rate, and the death-rate leaped by over 30 per cent to 4.19 per thousand—an interesting comparison with the figures already quoted for 1895-1910, of which Surgeon-General Trevor could be so justly proud. The increases were explained, reasonably enough, by the influx of inexperienced medical officers, by the inexperience of the troops themselves (somewhat unkindly referred to as "civilian soldiers"), the alteration in the composition of the Army, the withdrawal of the fit men for active service outside India, leaving a higher proportion of relatively unfit, the retention of many who would normally have been invalided, and the return to India of invalids from fighting areas. Some of these factors must be expanded if the picture is to be seen in perspective.

Over 1,000 field medical units were mobilized for service outside India. Evacuation of casualties into the country, especially from Burma, was a matter of the greatest difficulty, and it is to the lasting credit of the senior medical administrative officers that, while they preached the gospel of air-evacuation long before it became acceptable or feasible, they organized prodigious feats of improvisation by ship, train and other means. Something of the detail of this work, and of what it involved at all levels, may be read in this Journal.¹

The existing hospitals in India were woefully inadequate for the reception of the flood of sick and wounded. The deficiency was supplied by the building of vast hospital-cities at Bangalore, Bombay, Secunderabad, etc., by the estab-

¹(a) *Burma Retreat*: compiled from letters by Brigadier (now Lieut.-General Sir) T. O. Thompson, D.D.M.S., Burma, to Brigadier H. C. D. Rankin, D.D.M.S., G.H.Q., India, 90, 23 and 47 (Jan. and Feb. 1948).

(b) *The Burma Campaign, 1942-1945. A History of Casualty Evacuation*. Lt.-Col. R. Wigglesworth, 91, 101 (Sept. 1948).

lishment of a cushion of Advanced Base Hospitals, by the adoption of a clear, simple policy for holding and evacuation at the various levels, and by an extraordinary resilience of staff-work.

It is now a commonplace that it was health-discipline which beat the Japanese. But health-discipline had to be taught, and the need for it inculcated, to all ranks from commanders down to private soldiers, the latter British, Indian and African, while no teaching can be effective which is not based upon conviction of its value in both teacher and pupil. The evidence upon which to secure this conviction was everywhere at hand in the overflowing hospitals: the presentation of it called for strong expansion of effort, which was duly produced.

On the administrative side, mention must be made of the formation, in 1943, of the Indian Army Medical Corps, from the Indian Hospital Corps, officered at first by secondment of the I.M.S. officers who were at the time in military employment, such officers as were subsequently commissioned being appointed direct to the Corps. The Nursing services were expanded by raising the Auxiliary Nursing Service (India) in 1941, in which, by the end of the war, over 3,000 women had served. This side of the story would not be complete without a reminder of the political background, from the early reluctance in some quarters to have India committed to participation in the war, through the negotiations of the Cripps Mission, to the grant of dominion status to India and Pakistan in 1947.

Who were the men who directed these activities? In March 1940 General Tabuteau died in harness, and was succeeded by Major-General WILLIAM HAYWOOD HAMILTON, I.M.S., an officer with high professional qualifications and a distinguished active service record. He was succeeded, in 1941, by another Indian service officer, Major-General ARCHIBALD CAMPBELL MUNRO. General Munro was relieved, on June 1, 1943, by Lieut.-General GORDON WILSON, British service, who took over at a time when our fortunes in the East were probably at their lowest ebb, and remained in office until after victory had been won. Remembering, therefore, the heavy burden which lay upon his shoulders during these years, it is no derogation of his predecessors to record my impression, gained from those who served under General Wilson, that they were led by a man of no ordinary calibre. Considering what a high proportion of their service R.A.M.C. officers spent in India, appointments to the peculiarly Indian orders of the Star of India and the Indian Empire were always comparatively few, and General Wilson's *K.C.S.I.* in 1946 was a well-merited award.

His successor, Major-General TREFFRY OWEN THOMPSON, who assumed office on March 23, 1946, was well qualified to steer the medical services through the phase of decline to the ultimate withdrawal of British troops in 1947. With nearly continuous Indian Service between the wars, his entire war-service of 1939-45 had been spent in the Indian sphere—as Deputy Director of Hygiene and Pathology at G.H.Q., India, as D.D.M.S., first in Iraq, then successively in Burma (1942), Central Command, and Eastern Army. He then became Medical Adviser to the Supreme Allied Commander, South-East Asia, D.M.S., 11 Army



SIR TREFFRY THOMPSON

Group and then of Allied Land Forces, South-East Asia, and D.M.S., S.A.C.S.E.A. This rich experience stood him and the medical services in good stead during the final year, and it was a becoming end that, after serving India officially for so long, he should have offered her two more years (1947-49) as British Red Cross Commissioner for relief work in India and Pakistan.

The medical history of the last war is not yet written; it must include accounts of, and tributes to, the work of these officers and those who assisted them, including the Ds.G., I.M.S., whose story runs parallel with this. It may be permissible to mention here the present D.G., A.M.S., Sir Neil Cantlie, who succeeded General Thompson as D.D.M.S., Eastern Army, and General H. C. D. Rankin, who, as D.D.M.S., Southern Army, which included the enormous hospital bases already mentioned, had charge of that which, as D.D.M.S. at Army Headquarters, he had so ably helped to create. Those who held these high offices are still with us, and it may be that to the honour which their work has earned may be added gratitude for the record of it.

Queen Victoria's proclamation of November 1, 1858, concluded: "And may the God of all power grant unto us, and to those in authority under us, strength to carry out these our wishes for the good of our people." Will any man say that any of these failed in his stewardship.

I am indebted to Lieut.-General Sir Treffry Thompson, *K.C.S.I., C.B., C.B.E., D.M.*, and to Major-General F. R. H. Mollan, *C.B., O.B.E., M.C., K.H.S.*, for the opportunity to write this article, and to General Mollan for permission to

publish it. I am most grateful to Colonel A. M. Pugh for his help in preparing the manuscript.

APPENDIX

List of the officers referred to in this paper, showing highest rank attained, decorations, etc. (The symbol † indicates that the officer afterwards became D.G., A.M.S. (or D.G., A.M.D.); * shows an Indian service officer. There is no photograph available of those whose names are printed in *italics*.)

DIRECTOR-GENERAL AND PRINCIPAL INSPECTOR-GENERAL OF HOSPITALS.

- * Director-General Sir John Forsyth, *K.C.S.I., C.B., Q.H.P.*, 1857-62.

PRINCIPAL MEDICAL OFFICER, H.M. FORCES IN INDIA.

- Inspector-General Sir William Linton, *K.C.B., M.D., Q.H.P.*, 1861-3.
- Surgeon-General G. S. Beatson, *C.B., M.D., Q.H.P.*, 1863-8 and 1872-4 (died in office).
- † Director-General Sir William Mure Muir, *K.C.B., M.D., Q.H.P.*, 1868-72.
- Surgeon-General S. Currie, *C.B., M.D., Q.H.P.*, 1874-5.
- Surgeon-General Sir John H. K. Innes, K.C.B., F.R.C.S., Q.H.S.*, 1875-80.
- † Director-General Sir Thomas Crawford, *K.C.B., M.D., LL.D., M.Ch., F.R.C.P.I.(Hon.), F.R.C.S.I.(Hon.), Q.H.S.*, 1880-2.
- Surgeon-General Sir Anthony D. Home, *V.C., K.C.B., M.D., Q.H.S.*, 1882-5.
- Surgeon-General C. D. Madden, *C.B., Q.H.S.*, 1885-9.
- Surgeon-General W. A. Thomson, *M.B., Q.H.P.*, 1889-92.
- Surgeon-General Sir Alexander F. Bradshaw, *K.C.B., M.A., Q.H.P.*, 1892-5.
- Surgeon-General A. A. Gore, *C.B., M.D., F.R.C.S.I.*, 1895-8.
- † Surgeon-General Sir William Taylor, *K.C.B., M.D., C.M., LL.D.(Hon.), K.H.P.*, 1899-1901.
- Surgeon-General Sir Thomas J. Gallwey, *K.C.M.G., C.B., M.D., Col. Comdt., R.A.M.C.*, 1902-6.
- † Surgeon-General Sir W. Launcelotte Gubbins, *K.C.B., M.V.O., M.B., K.H.S.*, 1906-8.
- Surgeon-General Sir Francis W. Trevor, *K.C.S.I., C.B., M.B., K.H.S., Col. Comdt., R.A.M.C.*, 1908-11.
- † Lieut.-General Sir Arthur T. Sloggett, *K.C.B., K.C.M.G., K.C.V.O., F.R.C.S., K.H.S., Col. Comdt., R.A.M.C.*, 1911-4. (Designation changed from P.M.O. to D.M.S., March 1912.)

DIRECTOR OF MEDICAL SERVICES.

- Major-General Sir William Babbie, *V.C., K.C.B., K.C.M.G., M.B., K.H.S.*, 1914-5.
- Major-General J. G. Macneese, *C.B.*, 1915-6.
- Lieut.-General Sir Thomas J. O'Donnell, *K.C.I.E., C.B., D.S.O.*, 1916-9.
- Lieut.-General Sir Charles H. Burtchell, *K.C.B., C.M.G., LL.D., M.B., F.R.C.P., F.R.C.S.I., K.H.S., Col. Comdt., R.A.M.C.*, 1919-23.
- * *Major-General C. H. Bowle-Evans, C.M.G., C.B.E., M.B., K.H.P.*, Sept.-Dec. 1923.
- Major-General O. L. Robinson, *C.B., C.M.G., M.R.C.P., K.H.P., Col. Comdt., R.A.M.C.*, 1923-7.
- * Major-General Sir Walter H. Ogilvie, *K.B.E., C.B., C.M.G., M.B., C.M., D.Sc., K.H.P.*, 1927-9.
- Major-General W. H. S. Nickerson, V.C., C.B., C.M.G., M.B., K.H.S., Col. Comdt., R.A.M.C.*, 1929-33.
- * Major-General Sir Ernest A. Walker, *K.C.I.E., C.B., M.B., F.R.C.S.E., K.H.S.*, 1933-7.
- Major-General G. G. Tabuteau, *D.S.O., K.H.S.*, 1937-40 (died in office).
- * *Lieut.-General W. H. Hamilton, C.B., C.I.E., C.B.E., D.S.O., F.R.C.S., K.H.P.*, 1940-1.
- * Major-General A. C. Munro, *C.B., M.B., K.H.P.*, 1941-3.
- Lieut.-General Sir Gordon Wilson, *K.C.S.I., C.B., C.B.E., M.C., M.B., K.H.S.*, 1943-6.
- Lieut.-General Sir Treffry O. Thompson, *K.C.S.I., C.B., C.B.E., M.A., D.M., K.H.P., Col. Comdt., R.A.M.C.*, 1946-7.

Correspondence

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SIR,

I should be grateful if you would allow me to correct some errors in my article, "The Honorary Physicians and Surgeons to the Sovereign," which appeared in the Journal for September 1951.

The distinction of being the first officer to be promoted brevet-colonel on appointment as Honorary Physician or Surgeon belongs, not to Lt.-Col. R. S. F. Henderson, R.A.M.C., but to Brigade-Surgeon Lt.-Col. C. E. Harrison, Grenadier Guards (K.H.S., March 13, 1907). It may be noted that had such promotion been authorized before 1879, the only officer to whom it would have applied was also a surgeon of Foot Guards, Surgeon-Major J. A. Bostock, Scots Fusilier Guards.

In the nominal rolls, the date of Major-General J. J. Gerrard's appointment as K.H.P. should be 24.11.19, not 27.1.18; Major-General H. C. R. *Hine* should be HIME: and the list of K.H.P.s should include the name of Col. (temp. Brig.) H. A. Sandiford, M.C., M.B. (23.1.46), above Major-General J. C. A. Dowse. Brig. R. A. Broderick should be included, above Major-General H. J. Higgins, in the Honorary Dental Surgeons, Regular Army, and not in a separate list.

Finally, it should be mentioned that only one officer, the present D.G., A.M.S., has ever been successively both Honorary Physician and Honorary Surgeon.

I am, Sir,

Yours faithfully,

J. B. NEAL,
Major, R.A.M.C.

DERMATOLOGICAL DEPARTMENT,
THE QUEEN ALEXANDER MILITARY HOSPITAL,
MILLBANK, LONDON, S.W.1.
October 15, 1951.

SIR,

To ensure that an article is published correctly most journals take the obvious precaution of forwarding proofs to the author for his approval and for amendment if necessary.

In the recent past, three articles which I have submitted have been accepted and published incorrectly. In the first two there were errors which were rela-

