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WAR BOOKS

WITH THE ROYAL ARMY MEDICAL CORPS (R. A. M. C.) AT THE FRONT

AT THE FRONT SERIES

WITH THE ROYAL ARMY MEDICAL CORPS (R. A. M. C.) AT THE FRONT

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CHAPTER I

The Corps—Its Composition and Duties

To the average British civilian, the British Army, either in peace or war, is one whole organisation; one soldier is exactly like another soldier to the man in the street, for the volunteer system of service, peculiar to British rule as far as European civilisation is concerned, has set the Army quite apart from civilian life and ways of thought. To-day, with the fate of civilisation itself hanging on the doings of armies, there are men in Britain who do not know the difference between a squad and a squadron, between a combatant and a non-combatant unit,

Most people, however, know that the Royal Army Medical Corps is a non-

combatant unit, made up of officers and men whose efforts are devoted solely to the care of the sick and wounded of the British Army—and of such of its opponents as may fall into British hands and need medical care. To quote the strength of any department of the Army at the present time would be impossible, owing to the augmentation which war has imposed on all branches and all departments. We must take as a working base the latest available figures, which give the total strength of officers and men of the R. A. M. C. on the 1st of October, 1913, as 4,798.

The whole medical department of the Army is administered by the Director-General of the Army Medical Services, under the Adjutant-General of the Army. The officers and men are formed into a corps designated the Royal Army Medical Corps, which replaced the old and not too well organised Army Hospital Corps of Crimean and even later days. The officers and men of the corps are charged with all duties connected with the care of the sick and wounded in peace and war, and the

officers are responsible for everything pertaining to the sanitation of barracks and camps, water supplies, etc., and the medical inspection and approval of recruits for the Army. Among combatant units of the service it is frequently remarked that there is only one man whose word carries further than that of the general officer commanding, and that man is the medical officer. The statement is simple truth, for the order of the medical officer in any matters that come within his province—and they are many—is final and absolute, while one is at liberty to appeal against the ruling of the general officer commanding.

Under the Director-General of Army Medical Services, who ranks as a Lieutenant-General, are nine officers called Surgeons-General, who take military rank as Major-Generals; under the commands of these nine are all the officers and men of the Corps, who hold the same ranks as officers and men of combatant units, from colonel down to lance-corporal and private. The Corps is divided into thirty-five companies, which are

distributed among the different military commands and stations at home and abroad. The headquarters of the Corps is at Aldershot, where three depôt companies are devoted to the training of recruits, and there is also a training school for medical officers, and a school of Army sanitation. At Aldershot, also, is located the Record Office of the Corps, which deals with all statistical matters connected with enlistment of recruits, communications with reservists, and all that may be classed under the head of business organisation as regards the Corps itself.

Under the system which the R. A. M. C. replaced, officers were appointed so that each regiment had its medical officer, but, except in the case of the Household Cavalry, this is no longer done, and medical officers are posted for duty to the various military hospitals at home and foreign and colonial stations; the duties of each station are divided among the officers of the Corps, under the control of the Deputy-Director of Medical Services of the Command—a Command being a particular area, like the

Eastern Command, which, with headquarters at Colchester, embraces all the military stations of the eastern counties. The non-commissioned officers and men of the Corps are appointed to the various military hospitals, and are employed in the various duties connected with the management of the hospital and the care of the sick. With regard to this, however, more will be said later.

In connection with and under the control of the Army Medical Service must be mentioned what is officially known as Queen Alexandra's Imperial Military Nursing Service, and is more commonly spoken of as the "Red Cross" nursing staff. It consists of ladies who have been trained as nurses, and who, when approved by the Nursing Board of the Medical Service, are admitted into the Army as nursing sisters or as staff nurses—the former being the higher of the two ranks. Non-commissioned officers and first-class orderlies of the Royal Army Medical Corps also undergo special training in connection with the Imperial Military Nursing Service, and these when qualified

and passed as such are known as "Queen Alexandra's Staff" men. The total number of matrons, nursing sisters, and staff nurses of the Imperial Military Nursing Service at the outbreak of the war was about 300, distributed among the large military hospitals at home, and in Mediterranean stations, South Africa, and Egypt. Except in the matter of commissioned officers of the R. A. M. C., the Army in India is independent of the British medical service, and must be considered separately. As regards the Queen Alexandra's staff of nurses, a reserve has been recently formed to supplement the regular service in time of war, in addition to numerous voluntary organisations which work under the control of the Red Cross Society.

Although the system of attaching a medical officer to each cavalry regiment, artillery brigade, and infantry battalion in time of peace has been abandoned in favour of a definite hospital staff to each station, in time of war each unit of each arm has a medical officer of the R. A. M. C. attached to it, with a cart carrying full medical equip-

ment, and two men of the R. A. M. C., acting under the orders of the medical officer accompanying the unit. In the cavalry sixteen men per regiment, and in the infantry sixteen men per battalion, are trained in first aid work and told off as stretcher bearers, a title which indicates far more extensive duties than it implies at first sight. The sixteen men, the two men of the R. A. M. C., and the medical officer, form the medical staff of each unit on field service.

Recent campaigns have demonstrated the tremendous importance of sanitation on active service, for all experience proves that the effective strength of an army in the field is reduced more by disease than by casualties in action. In the South African war the ratio of deaths from disease was 25·6 per thousand, while the ratio of killed and died of wounds was 12·7. In the Russo-Japanese war, the Japanese ratio of deaths from disease was 40·5 per thousand, and that of killed in action and died of wounds was 88·5 per thousand. But here another factor enters

to modify the figures; in the case of men admitted to hospital wounded, or men killed in action, the number of deaths represents very nearly the total loss of effective strength; in the case of admissions to hospital for disease, however, the percentage of deaths does not nearly represent the number of men rendered ineffective as combatants. The percentage of admissions to hospital in the Russo-Japanese war is not known, but that of the British troops in the South African war was 55·5 per thousand.

The work of the Medical Corps is rendered more difficult by the fact that, the longer a campaign lasts, the greater becomes the percentage of admissions to hospital for disease. The holding of a position for any lengthy period, siege works, and measures which demand the retention of any considerable body of men in one place for a length of time, invariably increase the proportion of disease to the total of the force employed. Again, men weaken under sustained effort, and an instance is afforded of this in the present war by the state of affairs in Austria,

where cholera has broken out among the troops. Under normal circumstances, it would be possible to stamp out the infection, but in time of war, under the conditions imposed by war, the most rigid sanitary measures are not sufficient to counteract the physical weakness of men subjected to long marches on insufficient rations, bad weather, and all the incidentals of a campaign. It may be said that once a disease of epidemic nature has come to an army in the field, it has come to stay, though of course rigid sanitary measures and an efficient medical staff can do much to mitigate the severity of the disease and to reduce the number of cases.

To this end, in addition to the actual medical staff detailed for service with each combatant unit, the commandant of each unit is held responsible for the compliance of his men with the sanitary measures ordered by the medical officer, and a sanitary detachment of one non-commissioned officer and eight men per unit is provided to act as sanitary police, to supervise the destruction of refuse, the construction of ablution and cooking

places in standing camps, and to do all necessary sanitary work.

The purity of water is a matter to which much attention has been paid in recent years, since it has been recognised that bad drinking water is a fruitful source of disease in military forces. Three men of the Royal Army Medical Corps are attached to each cavalry regiment and brigade of Horse Artillery, four are attached to each Field Artillery brigade, and five to each Infantry unit, their special duty being to assure the purity of the water supply by sterilisation and the thorough preparation of all drinking water. These men are under the orders of the medical officer attached to the unit concerned, and are intended to assist in the care of the sick and wounded when necessary. Their special duty, however, consists in maintaining the health of the unit by means of a pure water supply.

So much for units in the front of the Army in the field, and their medical service. Lines of communication are divided into districts as the circumstances may require for sanitary purposes, each district being under

the charge of a specialist appointed as sanitary officer, with a sanitary section of twenty-six men of the Royal Army Medical Corps under his orders. His duties are analagous with those of the civilian medical officer of health in a trade centre; he is charged with the supervision of all food and water supplies, the destruction of sewage and refuse, the disinfection of infectious or possibly infectious places, and the taking of all measures necessary to prevent the spread of contagious and infectious diseases. Although on lines of communication the conditions of service under which men work are more conducive to physical fitness than "at the front," yet the fact that camps are usually established for a greater length of time renders more stringent sanitary measures necessary, and the post of the sanitary officer is a highly responsible one. The business of the Royal Army Medical Corps is not only to attend to wounded men from the firing line, but to keep the whole Army in health, and provide as many effective men as possible for the firing line, and in this the sanitary officer

on lines of communication plays a very important part.

Field hospitals are divided into four classes. There is first of all the field ambulance, which is immediately in rear of the firing line, and is charged with the business of first aid to such men as require it, either on account of wounds or disease. Next in order come the "clearing hospitals," designed to work quite near the combatant forces for the treatment of such men as are so severely wounded, or otherwise incapacitated, as to need immediate attention of a more thorough nature than could be rendered by the staff of the field ambulance. The clearing hospital also acts as a sort of classifying station, retaining for treatment such men of the combatant force as will recover quickly to rejoin their units, and sending those whose treatment will be a prolonged matter down to the stationary hospitals, which form the third class of those recognised in the organisation of the medical service.

The stationary hospitals are placed sufficiently in rear of the combatant forces

to warrant their dealing with any class of case, and at the same time are sufficiently near the firing line to ensure that men recovered can be drafted back to their places with the greatest possible speed. Serious cases, or those whose treatment is likely to involve a long convalescence, are not kept in these establishments, which are designed mainly with a view to feeding the Army with fit men. Protracted cases go to the "general hospitals," which form the fourth class, and are staffed and equipped with a view to dealing with all cases that may be sent to them from the other three classes of hospital.

The medical organisation of the Army in the field is further divided into three "zones." The first of these is the "collecting zone," which embraces the area occupied by the combatant units. The sick and wounded are "collected" here by the staff of the Royal Army Medical Corps, and passed on to the "evacuating zone," which corresponds with the lines of communications between the firing line and the base from which fresh

troops and supplies are obtained. The business of the "evacuating zone" is to afford temporary treatment to all men received from the "collecting zone," and to pass these men on, as opportunity offers, to the "distributing zone," which is calculated to occupy the rearward or safest part of the lines of communications, the base of operations, and the territory outside the area of operations. In the case of the present war, the "distributing zone" is Britain itself, and the "evacuating zone" is all the area of conflict with the exception of the immediate vicinity of the firing line, where men needing treatment are "collected."

The collecting zone is occupied, in a medical sense, by the field ambulances, and the medical establishments with each unit of the fighting force. The evacuating zone comprises the clearing hospitals and the ambulance trains which convey men from front to base. In the distributing zone are the stationary hospitals, the general hospitals, convalescent depôts and camps, hospital ships, and military hospitals

in home stations devoted to the care of wounded from the front. In emergency, the work of the military general hospitals is supplemented by the great civilian medical establishments of the country, and in this connection it may be noted that the London Hospital and other establishments of the metropolis have afforded invaluable assistance to the Army Medical Service of late, whilst various provincial centres have also assisted in the work of caring for sick and wounded.

The field ambulance, which forms a definite unit in the establishment of the R. A. M. C., is made up of a bearer division and a tent division, and is intended to supplement the work of the medical staff actually attached to each unit at the front. The bearer division consists of three medical officers, three sergeants, three corporals, and 118 buglers and privates of the Royal Army Medical Corps. This constitution admits of division into three sections, each complete in itself, when required. The "tent division" of the field ambulance is constituted of seven medical officers, one

warrant officer, ten sergeants, six corporals and 41 privates of the R. A. M. C., while there are also attached 42 drivers of the Army Service Corps for the management of the ambulance wagons. Of these wagons ten are provided for each field ambulance, together with fourteen other vehicles for the carriage of stores, medical outfits, etc. Each ambulance wagon will carry four patients lying down, or twelve men sitting, the former being known as "stretcher cases."

Each section of a field ambulance, when constituted separately, consists of one-third of the whole field ambulance, and is complete in itself. A section is further sub-divided into six "stretcher squads," drawn from the "bearer" division of the field ambulance, and the whole six under the command of one medical officer. Three field ambulances, each of the strength and composition detailed above, are included in an Army Division as a part of its regular strength. Each cavalry division of the Army has allotted to it a field ambulance constituted as above in form, though the

total strength is smaller, consisting of only 124 men with horses, ambulance wagons, and equipment, capable of being divided into two sections.

The "bearer" division of the field ambulance collects the wounded and sick from the field or takes them over from the regimental medical service men, and brings them into the dressing stations formed by the "tent" division—this in the case of stretcher patients, for those able to walk are directed to the divisional collecting station of the Army division concerned. At the dressing station the most urgent operations are performed, and as soon as possible the wounded are sorted out, after which those adjudged to be fit for duty again within three days are passed back to their units for treatment by the medical staff of the units, while all others are passed back to the clearing hospital to which the field ambulance is responsible for its work. The business of a field ambulance is not to cure patients, but to get rid of them after treating them sufficiently to enable them to undertake the

journey to the clearing hospital, and for this purpose any empty transport wagons that may be returning down the lines of communication are made use of, ambulance wagons being utilised for serious cases and such as require careful transport.

One clearing hospital is mobilised for each Army division in the field, and is available for the use of that division at the head of the lines of communication. Its capacity is for 200 sick or wounded patients, and, when a large number of casualties from the firing line is anticipated, it is the duty of the staff of the clearing hospital to get up into touch with the field ambulances, so as to relieve the latter of their sick and wounded as soon as may be, passing them back to the stationary hospitals on the lines of communication as quickly as possible, in order to prevent either field ambulances or the clearing hospitals themselves from being overrun by too many patients at once. The military officer of the combatant forces who acts as the director of transport is charged with the duty of providing the necessary transport to deal with a rush of sick and wounded, and

the clearing hospital, like the field ambulances, passes wounded men on as quickly as possible and gets them off its hands for treatment at the base.

Stationary hospitals, as their name implies, are definitely established at posts on the lines of communications, each one being equipped for dealing with 200 cases at a time The staff of R. A. M. C. consists of eight medical officers, and 86 men of other ranks of the Corps. General hospitals are established at the base of operations and at other suitable places for dealing with patients who may require prolonged treatment. The staff of a general hospital consists of 21 officers of the R. A. M. C., 43 nursing sisters, and 143 non-commissioned officers and men of the R. A. M. C. Where railways are available, as in the present campaign, ambulance trains are a part of the medical equipment; each train is arranged for the conveyance by rail of 396 stretcher cases, and the medical staff of the train consists of two officers and 45 non-commissioned officers and men of the Corps.

It is estimated from observations over a prolonged period that, during the ordinary

marching and general work of a campaign, without serious fighting, the average number of sick and wounded will be about 0·3 per cent. of the total force engaged in operations. After a general engagement, however, it is estimated that the casualties will be at least five per cent. of the total number of men engaged, while in prolonged and severe actions the number of cases may rise to 20 and 30 per cent. of the whole. The establishment of the medical service is based as far as possible on averages, with a view to affording prompt and efficient treatment to as many wounded as there may be after a severe engagement, but on certain occasions the service gets tried beyond its strength. On the whole, however, the Corps has proved equal to all demands.

It may be noted in passing that, when considering the composition of the medical staff for active service, the first time in the list that the nursing sister is mentioned is in enumerating the staff of the base hospital—the nursing sister goes no nearer to the firing line than that, as far as the British medical service is concerned. It would

remove a good many misconceptions if this fact were more generally known, for the nursing sister of romance and melodrama is usually found somewhere near the firing line, while in actual practice her work is nowhere near it. The services of fully trained lady nurses are invaluable in cases requiring prolonged treatment, and especially in connection with the medical cases arising from diseases, as distinct from surgical cases—the wounded from the firing line. But in the field of action itself there is no room, as a rule, for the work of the nursing sister. The business of the medical staff and on the lines of communication is to pass men on as rapidly as possible to safety and quiet surroundings, and for this class of work nursing sisters are not required.

It may also be noted that, while combatant units of the Army merely train for their work in time of peace and actually do the work in time of war, the Royal Army Medical Corps, in common with most departmental corps, works all the time. For in time of peace hospitals are required for accident cases and for cases of

sickness; medical officers and the men of the Corps are constantly gaining practical experience of the work they will have to perform under war conditions, and as a whole the Corps works while other branches of the Service—the cavalry, artillery, and infantry—train for their work. War brings not a difference of work, but an augmentation of exactly the same work, to the men of the Corps; for the medical officers there is certainly a difference, for the treatment of wounds and the casualties of war differs from the treatment of men incapacitated in more normal ways. But even this difference is not so great as is generally supposed, for it must be borne in mind that cases of disease in war are quite as frequent as cases of wounds. Those whose work changes most in character are the medical staffs of units in the firing line, when wounded are given first aid and urgent necessary treatment, and at once sent back to the field ambulances. The medical officer of a regiment is required to be a man of quick judgment and thorough surgical knowledge, since the decision of a minute may save a life.

HISTORY

CHAPTER II

History

)RGANISATION of a medical staff as a eparate department of the Army is, com-aratively, a very modern business, and as a ation we can claim with some pride that Britain led the way in official organisation at he time of the Crimean War, and other ations followed. Even well into the last entury there was no definite organisation or the care of the sick and wounded in war, nd it is due to the persistent and heroic ork of one woman, Florence Nightingale, hat the British medical service is what it is o-day. For though doubtless, with the dvance of science and the extension of umanitarian principles, a medical service ould certainly have been organised either ith or without a Florence Nightingale to oint the way, at the same time that lady

must receive the honour due to her, and must be acknowledged that her efforts in th time of the Crimean War first wakene military authorities to the need for adequa official provision for the care of wounde and sick. The economic side of the questio the fact that an army is more efficient as i medical service is more complete, followe naturally on the first provisions, and to-d the British medical service has little to lea as regards the prevention of disease, a measures for securing the physical efficien of combatants.

It is on record that certain chirurgeo were at work at the battle of Barnet, duri the Wars of the Roses, and many we attested incidents are to be found in milita history of the care of wounded, though t military forces of older civilisations, to s nothing of savage and semi-civilised fighte simply killed off their wounded and unfit the easiest way of disposing of material th had no further fighting value, and that mi prove an encumbrance rather than a he In the Crusades, the care of wounded a sick was a pious duty devolving on a

individual who might be at hand, and probably this is the first occasion in history in which wounded soldiers received due attention on the field. Actual medical organisation with a view to the care of wounded in the field dates only from the last decade of the eighteenth century; it was in 1792 that Larrey of the French Army introduced a system of *ambulances volantes*, or "flying ambulances," designed to travel from place to place with speed, to give the necessary surgical help of the moment, and to remove the wounded quickly out from the fighting line to places of safety. Napoleon the First accorded every support to the scheme, and Larrey's efforts were seconded by Baron Percy, a principal surgeon of the French Army, who formed a corps of stretcher bearers for field work. These men, like Larrey's, were trained for their work specially, and were charged with the duty of collecting wounded and removing them from the field. There have been base hospitals for the treatment of wounded from the time of the Peninsular War, but matters remained as Larrey

and Percy left them from the time of the first Napoleon, more especially with regard to field treatment, up to the period of the Crimean and American Civil Wars. There was only a very slight and imperfect official organisation for dealing with the wounded on the field, and avoiding the tremendous waste of life due to lack of prompt treatment. Practically all nations that sent armies into the field in the first half of the Nineteenth Century, also sent stretcher bearers and field ambulances modelled on the pattern suggested by Larrey and Percy, but medical provisions were as a rule miserably inadequate. Not that the need for a medical service was not realised, for such men as Sir J. M'Grigor, Millingen, and other surgeons who went through the Peninsular Campaign made many suggestions on the subject. Millingen drew up a scheme for the care of wounded in war, which has since been adopted by the German Army, but in the wars in which Britain was engaged, in India, China and elsewhere, during the first half of the nineteenth century, the

military medical service remained stationary and inadequate.

The outbreak of the Crimean War found the British Army minus a separate medical corps or ambulance material, and an ambulance corps of military pensioners was hastily raised, only to fail from the utter unfitness of the men for their work, as well as from their physical incapacity to cope with the demands made on them. Then a corps of civilians was tried, with equally small success, for the men had no knowledge of military discipline, and little of medical work. The forms of sick transport that were tried were little better than the bodies of ambulance men with the troops, but, as the troops were stationary for the greater part of the Crimean Campaign, the lack of transport provisions was felt less than would be the case in a campaign where troops were constantly on the march from position to position.

Meanwhile the despatches of war correspondents, who for the first time in the history of war were able to keep the public

thoroughly abreast of happenings at the front, revealed a grossly defective organisation and a tremendous waste of life through wounds and disease. The direct result of this was the despatch of Miss Florence Nightingale, in company with, and in charge of, a staff of trained nurses, to assume command of the administration of the military hospitals—a new departure in the conduct of war which drew the attention of the civilised world, and caused other nations to bestir themselves.

The sentimental side of the experiment is that which appeals most to the popular imagination, and the heroic lady who did so much not only for soldiers in the Crimea, but for all soldiers who have fought since, is generally pictured as smoothing the wounded soldier's pillow and taking his messages for relatives at home. But Miss Nightingale did far more than this: at that time, the principles of sanitation were just beginning to be understood, and Florence Nightingale knew all that was to be known at the time about this all-

important branch of military medical service. She and her nurses not only attended to the immediate needs of the sick and wounded, but they also thoroughly reorganised the administration of the military hospitals, brought order out of disorder, enforced cleanliness, and made sanitation a military reality. The work thus begun led to the organisation of the Red Cross Society for the care of the wounded in war, but it led also after the lapse of a long time—and this is the more important branch of the work—to the establishment of a definite sanitary system for armies in the field, and a reduction of the wastage in strength through lack of proper sanitary measures.

After the Crimean War came the usual cry, that it was the last great war, and consequently that the maintenance of a costly ambulance system for war purposes, in time of peace, was not a necessity. It was argued that the only need was the formation of a nucleus, on which a complete system could be built in case of war ever occurring again on a large scale—and the nucleus was

formed, in the shape of the Army Hospital Corps. This Corps provided military officers, non-commissioned officers, and men, under the command of Army surgeons; there were thus two controls, the military and the medical; orderlies were appointed as servants to the ambulance surgeons and to other officers, and were expected to give their full attention to the sick and wounded in time of war—a bad system, since the whole time and effort of these men should have been given to training for and performance of their legitimate duties. The organisation was bad, the dual control rendered discipline a difficulty, and the many voluntary organisations which sprung up could not be considered definitely subject to military discipline. In the sixties and seventies of last century, the British medical service made practically no progress in the all-important matter of sanitation and the care of healthy troops. The American Civil War brought about important changes in American medical administration, and the war of 1870 taught the Germans how to organise an effective medical service, but Britain stood still in this way as in others.

In matters military as a whole, it was thought that the "splendid isolation" policy which was pursued at the time would remove the possibility of any great conflict for Britain, and so even the necessary advances were not made.

In 1864, however, there came about an international decision which had effect on the medical services of all armies. In this year the European Convention was signed at Geneva, by the terms of which, under certain regulations, the wounded and the official medical staff of ambulances and their equipment were rendered neutral. Wounded were no longer to be considered prisoners of war by the enemy, and the medical staff and equipment were not to be taken as prisoners on the field. The signature of the Convention went far to further the development of ambulance provisions, but many cases are on record in which these provisions have not been fully adhered to. In a way, war makes its own rules, and no modern war or comparatively modern war has been fought to an end without some infraction of the rules of war being credited to both combatants. It

is not likely, if a field hospital falls into the hands of an enemy, that the enemy in question will not immediately make use of the medical stores and medical men for his own wounded—and yet this detention of the field hospital for such a purpose is an infringement of the letter of the Convention. Further, not to make prisoners of war of such wounded as may fall into the hands of a force is to release potentially effective men for the hostile force, for wounded men recover and rejoin the fighting line. As a rule, however, a liberal interpretation is given to the rules of the Convention, which has had the effect of developing the care of wounded in war to an extent undreamed before.

The Army Hospital Corps lasted well up to the last decades of last century, consisting of eleven "captains of orderlies," ten lieutenants, 264 sergeant-majors and sergeants, and 1,060 rank and file. The medical ranks varied from "surgeon-general" to plain "surgeon," and of actual medical officers there was a total of 1,107; 476 of these were employed in home stations, 130 were

distributed among troops serving in various colonial stations, and the remaining 501 were appointed to Indian garrisons. Comparison between this service and the staff of the Royal Army Medical Corps of the present day will attest the eventual recognition of necessity for a fuller and differently organised staff.

Some slight changes in organisation were made when the title of the Army Hospital Corps was abandoned in favour of that of Medical Staff Corps, and there was an augmentation of staff in connection with this change. Toward the end of the last century the Medical Staff Corps became the Royal Army Medical Corps; in this latter each surgeon is a military officer, and thus the old and bad system of dual control, medical interests conflicting with military interests, disappeared. The medical officer of the R. A. M. C. enters the Corps as a lieutenant, and works up through all the various grades of military rank, ruling his men in matters of discipline as well as performing his duties as a surgeon and physician.

The matter of hygiene has come more and more to the front in recent years, and has received much attention from the Army Medical Advisory Board, a body composed of representatives of the Army medical service and distinguished civilian medical men. The board is under the chairmanship of the Director-General of the Army medical service, and its recommendations to the Army Council on the subject of Army hygiene and sanitation have brought about many reforms in military medical administration.

The Royal Army Medical Corps, as constituted to-day, is an efficient organisation. It is, at the same time, the latest branch of military service to conform fully to the requirements of the Army, and its history is only begun. Since every war differs from all other wars, and conditions of service in every campaign modify rules of conduct by the experience they afford, there can be no doubt that extensions and alterations in medical procedure will be adopted by the Corps as time goes on, and

it is very probable that the present war will bring about many changes, especially in clerical work and administration on the medical side. Not only in the British Army, but in all armies of the world, the history of medical service in war has only just begun.

HOW THE MEN ARE TRAINED

CHAPTER III

How the Men are Trained

Although, in time of war, the soldier of the R. A. M. C. is not really a soldier, since he is not nominally liable to attack by either side, yet he has to be trained in every way—with the exception of the use of arms—as a soldier. For the essence and object of discipline is to inculcate in a man the habit of quick and intelligent obedience to orders, and this is required of the medical orderly to as great an extent as in the case of the infantryman with his rifle, or the artilleryman with his gun.

Consequently, on enlistment, the recruit to the ranks of the R. A. M. C. is drafted to one of the depôt companies at Aldershot. Here he finds that his work consists first of all, not in learning how to tend patients in bed, but in learning to march and

execute military formations, in the care of clothing and personal equipment, and in the performance of duties which seem to the man being taught to have no relation to his real work. As a matter of fact, though, these seemingly irrelevant items of training have a very real relation to the work of the Medical Corps, for men must be taught to walk before they can be expected to run, and inculcation of the first principles of discipline is all-important in the making of a first-class medical orderly.

Under charge of a drill sergeant, the men are instructed in stretcher drill, which to the uninitiate looks like a lot of purposeless running about, but is designed with a view to teaching men how to perform their work in the field, and how to act in all cases of emergency, without getting in each other's way. A stretcher case, such as men are constantly being called on to deal with on active service, must be treated according to the peculiar needs of the case, and a wounded or in any way disabled man must be lifted and moved according to the position and nature of his

wound. This part of the orderly's work must not be left to chance, and so a part of the regular training of the R. A. M. C. private consists in teaching him how to lift and handle each particular class of case.

Then there is the routine of hospital work to be learned, just as in the great civilian hospitals the probationer nurses have to be taught the routine of their work. The private of the R. A. M. C. is an adept at blacking stoves, scrubbing and sweeping floors, polishing brass fittings, and imparting cleanliness to everything with which he comes in contact in his daily work—for the dominant note of medical perfection is absolute cleanliness in every detail of equipment and surroundings. This class of work is taught to the men not only in the hospital itself, but also in their own quarters, and the R. A. M. C. barrack room is usually a place worth seeing, more especially the Aldershot barrack room, for there the extent of the medical organisation renders frequent inspections desirable, and the men under training are kept up to their work to the fullest possible extent.

The actual care of patients is taught last, and it must be borne in mind that the training of the men goes on for the full period of their service—in the course of their work they are constantly learning, and the conclusion of one course of instruction merely marks the beginning of another. All the time, the men are subject to military discipline just as much as combatant troops: should a man of the R. A. M. C. misbehave himself, he is taken before the principal medical officer of the station, and is punished by "days to barracks" or "detention," just as in the case of a man of any one of the three arms of the combatant service. Days to barracks involves not only the restriction to the barrack area, but the doing of all the odd jobs, and especially the dirty jobs, of the Corps in one's spare time. Detention is a more serious form of punishment, and corresponds practically to the imprisonment of civilian life; it is not imposed on men until the milder punishment of days to barracks has been tried and found ineffective, or in the case of really serious military offences. In time of peace, the soldier—whether of a

combatant unit or of the R. A. M. C.—who commits an offence in a civilian sense is handed over to the civilian authorities for trial, and the military chiefs punish only offences against military discipline, many of which are not offences at all in a civilian sense.

To revert to the training of the men, the way in which details of work are taught is worthy of note. Thus there is a definite way of "making up" as of "making down" a hospital bed. "Making up" is making the bed so as to leave the wire mattress bare and the hair mattress, sheets, blankets, pillows, etc., rolled and folded at the foot of the bed in a definite and particular way. Convalescent patients "make up" their own beds under the supervision of the orderlies of a hospital, and the training which the orderlies have received is strikingly demonstrated when opportunity affords for watching an orderly make up one bed and a patient another. The orderly gets through his work in half the time, and at the same time the bed looks more neat and trim at the conclusion of the task than that which the patient has made up.

"Making down" a bed is the term used for actually making the bed for the reception of a patient, and this, again, must be done to a pattern, the said pattern being so arranged that changing of sheets and all else that is required can be done with the least possible discomfort to the patient. The training of the orderly in the hospital is so arranged that, in the field ambulances and clearing hospitals which are established on active service, he is able to tackle all the work that falls to the lot of women nurses in civilian hospitals, and do it just as carefully as would a woman. At the same time, the man must retain his ability to do all that falls to the lot of a male attendant; he has to act often in a dual capacity, to be nurse and manservant at the same time, in his regular hospital work.

Orderlies in hospitals are graded as first, second, and third class; a recruit starts as third class orderly, and as such has to familiarise himself with the more menial tasks that fall to the lot of the hospital attendant. Later on in his training, when he has learned all the minor businesses, he is promoted to second and then to first class orderly, when

he learns the various ways of bandaging, the use of simple remedies, how to take temperatures and pulses, and all that pertains to the nursing of serious cases. Assuming that the orderly in question is a satisfactory man in every way, he may be recommended for a course of training in Queen Alexandra's Imperial Military Nursing Service, from which he emerges with an extra sixpence a day in the way of pay, an extra rate which he retains in all ranks to which he may attain.

Hospital organisation involves a good deal of clerical work, and there is a separate clerical section of the Corps to cope with this. Another separate section is that of cookery, for which men have to be specially and carefully trained; for invalid cookery is an art by itself, and a man fully qualified for ordinary cookery might be quite useless if called on to do hospital cookery. Then, again, the sanitary section of the R. A. M. C. is one that requires special training for its peculiar duties, while yet another branch of work for which men must be trained is the sterilisation and preparation of drinking

water for troops in the field. When the various necessary activities of the service are borne in mind, it will be seen that, as the work of the R. A. M. C. goes on all the time, the training is equally continuous, for unless a man goes to the cookery section, or to the clerical section, he is constantly being trained in new branches of work, so as to render him capable of taking a place in one of many capacities.

In the training of the men, one fact that is never lost sight of is that the men are soldiers as well as nurses for patients. Care is taken that the men of the Corps shall always be disciplined, always military in character. The rest of the army calls them "poultice-wallahs," and affects to look down on their branch of the service, but in this is far more of affectation than reality. And incidents on the field, recorded since the days of the old Army Hospital Corps up to this present war in Europe, have gone to prove that in personal bravery and devotion to duty the medical orderly is no bit behind his combatant fellows of the Army.

At first sight, there seems little need for the

enforcement of a rigid discipline on a neutral and non-combatant force, but, in reality, the R. A. M. C. men need discipline even more than the men of other units, for, when on duty in a hospital, the private of the R. A. M. C. is superior to and in charge of non-commissioned officers who may be patients in his ward or tent. He is required at all times to exercise authority, and the ability to exercise authority only comes to those who are trained to obey authority, a fact that is so well recognised that in most companies of the R. A. M. C. the discipline is quite as severe as in infantry units, though the work is much harder and more strenuous than that of the infantryman. The latter works for a stated number of hours each day, and then has done; the medical orderly works more hours, and his periods of work are uncertain, depending on the number of patients actually under treatment in the hospital concerned, and the number of men available as orderlies.

In the Indian Army, the equivalent staff to privates of the R. A. M. C. consists of men who volunteer from the various

combatant units for a course of training as medical orderlies. The medical branch of the Indian Army is under the control of the Quartermaster-General, and according to his requirements officers of the R. A. M. C. are supplied for service with the British troops serving in India, while there is also an Indian Medical Service which supplies medical officers for the native troops. Non-commissioned officers of the R. A. M. C. are replaced in India by non-commissioned officers of combatant units and by Eurasian "apothecaries" who, trained in medical work, are almost equally capable with the European doctors as regards ability, but form rather a source of friction, owing to their positions as superior to white men who volunteer for training as orderlies. The medical orderly of the Indian service, however, is under the orders of the British medical officer for the most part, and though the system of organisation is not so perfect as in the case of home and colonial stations, it fulfils its duties admirably. It must be remembered, too, that such extensive organisation as is required in the case of the

Army at home is not required in India, for the British Indian Army is merely required for garrison purposes, and, since the suppression of the mutiny, has no need for keeping up a war organisation like that of the Army which, serving at home, must always be prepared for conflict on a large scale. The attitude which, unfortunately, prevented development of the medical service at the end of last century as far as home troops were concerned, may quite justifiably be maintained in India at the present day, since need for rapid expansion is not only improbable, but almost impossible.

Thus, now that the system of training medical orderlies from combatant units has been abandoned as ineffective in the case of the home Army, it is retained in India, and in the treatment of diseases peculiar to the Indian climate—or rather, prevalent in India—the system works with remarkable success. Men who make satisfactory medical orderlies are kept at medical work for years, while those who pass back to their units take back with them a thorough knowledge of first aid work, so that a unit returning

from India to home service is always in possession of a full staff of sanitary and other orderlies. Another advantage of the system is that it admits of the rejection of such men as are found unsuitable for nursing work. The making of a first class orderly is largely a matter of careful training, but the capacity must be there in the first place, and that is largely a matter of temperament. Recruits to the R. A. M. C. at home, whatever their temperament or capacities, must remain in the R. A. M. C. and become medical orderlies, though perhaps they would make better infantrymen or cavalrymen; in India, on the other hand, such men as volunteer for medical training come from their units fully disciplined in a military sense, and the medical officers are at liberty to send the men back to their military duties if they prove unlikely to make good medical orderlies.

For war purposes the Indian medical organisation consists of the Army Hospital and Bearer Corps, comprising 44 field hospitals for British troops and 90 for native troops. There are also nine British

and ten native general hospitals, each of 500 beds, and medical store depôts for the provision of supplies both for field and general hospitals On the whole, the training and equipment of the Indian Army in things medical is fully adequate to any demands that may be made on it, and, since the Indian Army cannot depend on voluntary aid, in case of need, to the extent that the home Army can look for this class of assistance, the regular service is organised with a view to meeting all emergencies independently of outside effort.

Nursing sisters, equally with officers of the R. A. M. C., serve in Indian stations; their work is usually very strenuous, for in an Indian summer the cases of enteric and other fevers are numerous in proportion to the number of European troops stationed in the plains garrisons, while the staff of a garrison hospital usually includes only three sisters and a matron. To them is allotted the care and control of a ward of nearly a hundred beds, most of which are occupied continuously from the end of March until

the end of August or middle of September in each year.

A possible objection to the training for medical work of men of combatant units for medical service with the Indian Army might be found in that combatant troops, or troops trained for combatant purposes, cannot be regarded as neutrals according to the rules of war. Against this must be set the fact that such wars as are likely to engage the attention of the Army in India itself are fought with hill tribes and other opponents who know not the Geneva Convention nor consider rules of war as observed by European nations. On the other hand, as soon as troops of the Indian Army are taken for service outside the country, they come under the rules of the home Army, both as regards medical service and in every other way. So the objection cannot be allowed.

The training of officers is, naturally, mainly completed before they take their commissions, for a medical officer must be fully qualified in a medical and surgical sense before he takes his commission, while

uch military routine as he has to learn is minently simple, and causes him little rouble. Training in medical work under the eculiar conditions of military service, which rings some diseases into prominence and lmost eliminates others from the surgeon's onsideration, is afforded by the general ospitals of the great garrison stations, uch as Aldershot and Colchester. Netley ospital, however, ranks as the chief training station for medical officers; situated as t is, Netley has to deal with all cases nvalided home from foreign and colonial tations, while as regards home service the vord of Netley on matters medical and urgical is final. The acres of wards fronting on Southampton Water are homes of xperiment and research, and the average oldier will declare that at Netley they can take a man to pieces and put him together gain," a claim that is made with some ustice. Out of all the military hospitals f the world, Netley stands first as regards nethod and research, and the experience ained there in military medical service has een found of great use, not only to the

medical service of the Army, but also to civilian medical establishments and hospitals in England and abroad. A lieutenant takes up his commission in the R. A. M. C. fully qualified in a civilian sense to act as a medical man, but after he has passed through Netley he is a specialist in some things, notably in the tropical diseases of which the average practitioner does not get a case in five years.

OFFICERS AND MEN

CHAPTER IV

Officers and Men

A review of the various ranks of officers and men serving at an average general hospital in a home garrison will help largely to a true conception of the Royal Army Medical Corps as a whole, and of the work that the various branches of the service perform in time of peace. As has been already remarked, the work of the corps in war is merely an amplification of peace work, with the exception of the duties of officers and men actually serving with units in the firing line. For the rest, the great hospitals at the base and on lines of communication are housed in canvas, frequently, in place of the brick and mortar of barrack life, and there are more patients needing attention than in time of peace—but the character of the

work of orderlies and officers is little changed.

At the head of the general hospital in time of peace is the colonel or lieutenant-colonel of the R. A. M. C., whose duties are more of organisation and administration than actual medical work, though his knowledge of the latter is usually extensive, and he can keep the younger officers from making mistakes, while all admissions and discharges of patients to and from the hospital are made with his sanction and knowledge. He is in control of all the other medical officers, and also of the nursing sisters—he is the administrative head of the hospital, and, except at such times as a surgeon-general comes round on a visit of inspection, he has absolute control of all medical and sanitary matters in the station to which the hospital belongs. If the colonel in charge of the hospital should choose to forbid a parade of troops or a series of night operations on account of weather conditions, the general commanding the station cannot reverse the order, for the word of

the medical officer is final and beyond dispute.

There is at least one medical officer of the rank of major on the establishment of a general hospital, and he acts to a very great extent as consulting physician and surgeon on serious cases, while often he also has charge of the analytical laboratory. Generally, the major of R. A. M. C. is a man who has seen a good deal of foreign service, and is conversant with the many peculiarities of tropical diseases, which troops often bring back with them from foreign service and retain for some time. Malaria, for instance, is usually a subject on which the major-doctor knows the very last pronouncement, while he can diagnose enteric or typhoid at a glance, and, what is still more important from a military point of view, can tell when a man is trying to be far more ill than he really feels in order to "dodge parade." By the time a medical officer has reached the rank of major, he is usually a fairly good psychologist, and though shirkers may chew cordite, smoke incessant cigarettes, and

play other tricks with a view to getting excused from the duties, the major at the hospital can pick out the man who is "working it" from among those who are really ill, as a rule.

The captains of R. A. M. C., of whom there are always two or more in the establishment of a general hospital, are charged with the more responsible tasks of medical routine. Thus the business of morning medical inspection of the sick of a regiment or battalion is the duty of a captain or of a major. At this medical inspection, the men to be treated and to remain with their units are sorted out from among those who are admitted to hospital, a fairly responsible task, especially when it is remembered that hospital accommodation is limited and there are always a few men in a unit who would like to get into hospital for a few days' rest. Not that many soldiers are shirkers of this kind, but there are black sheep to every flock. And yet the inspecting officer must not err too much on the side of severity of judgment, for if that were done it would be easy to send a man back to duty when

he ought to be in hospital, and a doctor's mistakes on this side are not easily remedied. In the inspection rooms of combatant units, the military medical officer learns much of one side of human nature; he learns to understand the soldier, whom he treats for all things from toothache to ingrowing toenail—unless the latter is so painful as to necessitate a visit to hospital and a minor operation. The treatment at the medical inspection room is confined to the equivalents of the "out-patients" of civilian hospitals, and all the more serious cases are sent from the inspection rooms to the hospital itself, for bed, diet, and treatment.

Either a captain or a major of the Medical Corps is detailed for married quarters' work, and, once a medical officer has received this appointment, it remains peculiarly his, as a rule. For the diseases and small ailments of soldiers form a far different list from that of the diseases to which women and children are subject, and though every medical officer of the service is supposed to retain the knowledge and ability of a general practitioner, yet it is

understood that in medicine and surgery more than in any other profession experience counts, and thus the married quarters medical officer, having been appointed to his post, is practically a permanency in that post. And, since the average of married people with families is not less than twenty to each unit of a garrison, the medical officer in charge of the married quarters, between the duties of a purely medical and surgical nature and those involved by the superintendence of sanitation, has his time fully occupied.

To each ward of the hospital a lieutenant or junior captain is appointed as medical officer in charge. In this post he is held responsible for the treatment of all the patients in the ward, which he visits twice daily, once in the morning and once in the evening, as well as being at hand if an urgent case requires his presence at any other time. Lieutenants of the Corps take turns as "orderly medical officer," in which capacity they are available at all hours of the day and night for urgent cases coming into the hospital, and are also charged with

the duty of superintending the well-being of the men of the R. A. M. C. in the station. They hear and adjudge on complaints, inspect meals and barrack rooms, supervise measures of sanitation, and act as inspecting officers generally during the period of their orderly duty.

The sergeant-major of a general hospital, who holds warrant rank, has a post as responsible in its way as is that of the colonel in charge of the hospital. It falls to the lot of the sergeant-major to train the men and supervise the training that is undertaken by the non-commissioned officers. He must be an authority on all matters of drill and discipline, and he is held especially responsible for the efficiency of non-commissioned officers, while he is also in charge of the "orderly room," or office, of the detachment of R. A. M. C. apportioned to the hospital by way of staff. Should it be necessary to bring any man of the Corps before the colonel or any other officer for punishment, the sergeant-major must be at hand with details of the charge and the offender's previous record. Almost

invariably the sergeant-major is a "Queen Alexandra's staff" man, and knows almost as much about treatment and diagnosis as the medical officers, owing to the many years of experience that are his in hospital work. Classes in stretcher bearing, in first aid to wounded, and in all other branches of medical and surgical work find him at hand, and another department of his work is the instruction of newly joined medical officers in matters of discipline and military routine. The sergeant-major of R. A. M. C. must be a many sided man, one able to enforce respect and strict obedience, and yet able to deal with patients, should opportunity require, in gentle and kindly fashion. And, always, the sergeant-major is a man who has risen from the ranks, a fact which renders his tact and ability yet more conspicuous.

Next in rank are the staff-sergeants, who act in various administrative capacities. A staff-sergeant is usually appointed as orderly room clerk, where he has control, with the assistance of a corporal and a man or two, of all documents relating not only

to the men of the R. A. M. C. detachment, but also of all patients admitted to and discharged from hospital, with record of their diseases and treatments. For every soldier who enters the Army has a "medical history sheet," on which are inscribed his age and all the particulars taken at the time of his enlistment, particulars of every admission to and discharge from hospital, diseases to which he has been subject, and in every way a full record of his history from a medical point of view subsequent to his joining the Army. The system is an excellent one, for when a man is transferred from one station to another his medical history sheet is also transferred, and, in case of his admission to hospital, the medical officer who has never seen the man before is at once in possession of facts concerning the man which may help him immensely in the diagnosis of the case. And the compilation of these sheets is the work of the staff-sergeant and his assistants, though the colonel in charge of the hospital signs and approves the entries. It is worthy of remark, in passing, that on the medical history sheet of every non-

commissioned officer and man who shared in the defence of Ladysmith in the South African war the word "Ladysmith" was inscribed, for the effects of the siege and its trials on the men who endured them were considered equivalent, from a medical point of view, to the effect of a definite disease, although the men concerned might have shown no sign of disease during the period of the siege itself.

To revert to the work of the staff-sergeants of the Corps, this work is by no means confined to orderly room duties. Staff-sergeants, after a definite course of training, act as dispensers, take laboratory duties, and in many ways take on responsible tasks and assist the officers of the Corps in their work.

The work of the sergeants of the Corps is multifarious. A sergeant has charge of a ward, of a barrack room, of the drill of the men of the detachment—he is a clerk, a drill instructor, and a general utility man, at ordinary duty, and at the same time he is expected to exercise authority over the men of the Corps. The rank of lance-sergeant involves the performance of all the duties of

a sergeant, at a lower rate of pay; the lance-sergeant, in fact, is a corporal on probation as a sergeant, and receives his full rank after a probationary period of duty.

There are sergeants on the clerical staff, on the nursing staff, and on the cooking staff. The first-mentioned are clerks pure and simple, being concerned with reports and army forms, conduct sheets and "returns" of various kinds; on the nursing staff the sergeants are placed in charge of wards and of the men of the Corps, being held responsible for the efficiency of the men under them and also for the state of their wards; on the cooking staff a sergeant has full charge of the cookhouse of the hospital; he has undergone a special course of training in invalid cookery before taking up his post, and has also been fully trained in ordinary cookery. For the working of a military hospital is such that there is more ordinary cookery than invalid cookery; a large percentage of the patients are surgical cases, able to take ordinary diet, and then all the cooking for the staff is done in the hospital cook-house as well, while the sergeant in charge is responsible for the

whole. The post of cook-sergeant to a military hospital is one of the most onerous that falls to any man of the Corps.

Corporals and lance-corporals of the Corps assist the sergeants in the maintenance of discipline, the work of the wards, and, on the clerical staff, in the work of the various offices. They live in the barrack-rooms with the men, except in the case of married corporals, and are held responsible for the state of the rooms and what may be termed the domestic work of the men in their own quarters. As for the men themselves, they are divided into various classes according to the nature and responsibility of their work. There are first class, second class, and third class orderlies, clerks, and cooks, as well as sanitary orderlies of the three classes and privates of the general duty section, the last-named being usually recruits who have not yet been trained sufficiently to enter on any special section of work. For, although the duties of the men of the Corps seem simple, they are of such a responsible nature that training is a matter of some time—a first class orderly or cook is not turned out as

efficient in a year, but it takes two or three years to give a man the self-confidence and experience that is necessary in addition to the initial training. In the Royal Army Medical Corps, more than in any other branch of the Army, a man must be so well trained that he is beyond making mistakes, since, especially in the nursing section, but in the other sections as well to a certain extent, a mistake may mean the life of a patient.

The rates of pay are slightly higher than in the infantry, cavalry, or artillery units of the service. A sergeant-major, who ranks as a warrant officer, is paid at the rate of 5s. 6d. a day; a staff-sergeant gets 4s. 3d. a day, a sergeant 2s. 8d., and a lance-sergeant 2s. 4d. The corporal's pay is 2s. 1d. a day, the lance-corporal's 1s. 5d.; buglers and privates get 1s. 2d. a day, and boys under eighteen are paid 8d. a day, the rates throughout being increased by 6d. a day for all ranks admitted to Queen Alexandra's Imperial Military Nursing Service. All non-commissioned officers and men of the Corps below the rank of staff-sergeant are also granted "Corps pay" when at duty,

though not when sick or on leave. The rates of Corps pay are a shilling a day for all sergeants and practically all lance-sergeants, eightpence a day for corporals, and for lance-corporals and first class orderlies, clerks and cooks. Second class men are allowed sixpence a day Corps pay, and third class men fourpence. Altogether, the R. A. M. C. is a fairly well paid body of men, when their advantages in the way of quarters and food are considered, and more especially when the rate of pay of combatant units is borne in mind. For "Corps pay" is peculiar to the departmental branches of the Army, and is not granted to men of the "three arms."

But, on the whole, the non-commissioned officer or man of the R. A. M. C. earns his pay. He has to work as well as train, for the whole period of his service, and his work is far more exacting and responsible than that of the ordinary soldier, no matter what may be his particular branch of activity. As a rule, he plays his part well, and the "poultice-wallah" is in no way behind the man who carries arms in efficiency and courage.

THE CORPS IN TIME OF PEACE

CHAPTER V

The Corps in Time of Peace

A very good idea of the work of the Royal Army Medical Corps as a whole can be gained by following a first class orderly through one day of his work, taking any general hospital by way of instance. The day begins early; reveille is at five o'clock or thereabouts, and the corporal turns out the men of the detachment for their work. The orderly gets up, has a wash, makes his bed "up," and turns out on early morning parade, whence, having answered to the roll call, he departs for his day's duties.

On arrival at his ward, he turns out the convalescent patients, and allots to them various tasks in connection with the routine of the ward. Two are sent off to draw the rations of such patients as are on ordinary diet, others are set to cleaning brasswork in

the ward, sweeping out the ward and corridor, and various other tasks that demand more application than skill. Meanwhile there are probably three or four cases in the ward that require very careful attention, and the orderly, having taken over all particulars from the man on night duty, sets to work himself to wash these patients and prepare them for the day. He will have another man of the Corps to help him in making the beds of such as are too ill to be moved out for that process, and by the time all this work—no small amount in a ward of thirty or forty beds—is done, it is time to see about getting the patients' breakfasts.

Breakfast in a hospital ward is a complicated business, for there are half a dozen or more of diets to be considered, and no mistakes will be excused, while patients, often half-starved in their best interests, are on the look-out that they get their full allowances, and a bit over, if possible. The man on "milk diet" is willing to trade off a cigarette with a fellow patient for some bread or other eatable—and the orderly

as to put a stop to it. Sick men, too, are vice as good as healthy men at making omplaints, and it falls to the orderly to djust all the little difficulties; by the time he orderly is at liberty to go to his own reakfast, he has had to do as much work nd exercise as much tact as would last any men through the day.

He gets half an hour for breakfast, and hen, returning to the ward, must finally mooth beds and square up matters in reparation for the visit of the medical fficer. All the time he is under the orders f the nursing sister, who ranks as an officer, akes temperatures and pulses, administers nedicines, and generally superintends the vork of the ward. While preparing for he medical officer's arrival, the orderly has o attend to the needs of the patients, and hough there are usually several convalescent patients able to assist him in this, he has his hands full all the time in attending to his multifarious duties. When the medical officer comes round the ward, the orderly must be at hand with diet sheets and temperature charts, and, after the officer

has gone, the orderly can sit down and make out the indent form for the various diets and extra foods and drinks ordered for the various patients. By the time this is finished, and the materials for dinners, etc., have been drawn from the hospital store, it is time to think about getting the patients' dinners from the cookhouse. Generally convalescents are available to help in bringing over the trays of dinners; if not, then the two orderlies of the ward have to do it all themselves. The dinners must be portioned out, and in the event of very serious cases, some of the patients have to be fed. When this is finished, the orderly on duty may go and get his own dinner.

The afternoon is a slack time, so one orderly remains on duty in the ward to attend to the patients, and, as a rule, the other man, or men, attend lectures, go out on stretcher drill, or in other ways improve knowledge of the many duties that fall to the lot of a first-class medical orderly. Should there be no class, the orderly off duty usually has a snooze until four o'clock,

when he must go back to the ward. There are the patients' teas to be provided; then there is his own tea, and after that there is the business of washing patients for the night, possibly icing down a man with a temperature, making beds again, and all the odds and ends of work that must be got through before the medical officer comes round on his evening visit.

And the orderly must be a perfect encyclopedia when the medical officer is present. There may be details required of some case or other; the orderly knows that one man had a fall from his horse, another has come back to hospital after having been out at duty only six months, a third had pneumonia last year—whatever the peculiarities of the case, the orderly usually knows about it. And it is not as if these cases were of long standing, or as if, having learned the round of the ward once, the orderly can rest content with his knowledge. Every day brings its discharges and admissions—and the orderly must be at hand to check the man's kit into store on his admission, as well as to see that his hospital

kit is complete and in good order when he hands it in and takes back his own outfit of clothing.

With the departure of the doctor for the night, the orderly sets about squaring up ready for the night orderly's arrival. Fires are made up, the ward is tidied, and at last the orderly is free to go off duty. He may go out in town, if he likes, or the next day may be a field day for the garrison, and he may have to get his marching kit out and ready for an early morning turn-out with the ambulance wagon. Or, if otherwise disengaged, he may go over to the canteen for a supper of sorts, after which it is near on a quarter past ten and "lights out" in the barrack room.

There is the normal day's work, in outline only. For it is impossible to put into words the various tasks and trials to which the orderly of a ward is subjected in the course of a day—they are too many and varied. Each case brings its own tasks, and for each patient there is something to be specially remembered. Night duty is easier, except that in the summer months the night order-

lies get the bed patients washed before going off duty, to lighten the work of the day men. In case of need, a nursing sister is within call, and a medical officer is always on duty if a patient should require his services during the night.

Causes of casualty in time of peace are very numerous in home stations, the varieties of disease and ailment in a ward being almost as numerous as the patients themselves. Operations are infrequent, except for cases of varicose veins and hernia—minor operations, on the whole. Broken collar-bones come from cavalry units with monotonous frequency, and of minor surgical cases the cavalry and artillery naturally supply far more than infantry units. Heart disease is far from uncommon, and is sometimes attributed to the strained posture of attention being maintained too much and too long, especially on guard duties; it is more than likely, however, that excessive cigarette smoking has as much to do with this as anything else, for the soldier is not the class of man who considers rules of health to a meticulous extent.

Indian hospitals are more than half filled by cases of heat apoplexy, enteric, and malarial fever. Cases of heat apoplexy are very frequent in June, July, and August; enteric is common throughout the summer months, though it is being gradually stamped out by improved means of sanitation, and malaria makes its appearance all the year round, though more in summer than in winter, and especially during the monsoon season. It is a very common thing in an Indian hospital ward to find two or three orderlies told off for the nursing of single cases, and these picked men of the staff are examples of what a nurse should be, as a rule, anticipating the wants of the patient before they are expressed, and fulfilling their duties admirably in every way. In home stations there are usually several convalescent patients to each ward to assist the orderlies in the performance of their duties, but in an Indian ward it frequently happens in the summer months that nearly every patient in a ward is too ill to make his own bed or even get out of it—and then the orderlies have to work nearly night and day

But the sanitation of Indian garrison stations has been much improved in recent years. New systems of drainage have been introduced, a more careful inspection of the food supply has been adopted, and the purity of water supplies is far more carefully supervised. These things have brought about a revision of the statistics as regards admissions to hospitals, and service in India is by no means the unhealthy business of even twenty years ago. Still, the percentage of deaths is considerably higher than in British garrison stations, and in all probability always will be, since men are more liable to succumb to disease in foreign climates than in their own country.

A point worthy of note in military hospitals as a whole is the number of convalescent patients to be seen in any ward, in comparison with those of a civilian hospital. Two causes contribute to this state of affairs. In the first place, the civilian hospital gets rid of its patients at the first opportunity, and lets them complete their convalescence in their own homes, for every day that a patient stays in the hospital means additional claims

on the charities by which the hospital is supported; in the military hospital, on the other hand, there is no question of charity, for the soldier in hospital contributes to the cost of his illness, and the rest is provided by the Government service. In the second place, the patient in a civilian hospital usually has some kind of home in which he can convalesce, but as far as the soldier is concerned, he might just as well stay in the hospital for full recovery as go back to the barrack room, where he is not wanted until actually fit for duty.

The "blues," or hospital outfit of clothing, supplied to patients, is the ugliest thing ever perpetrated in the way of uniform—and there is good reason for this. On admission, every stitch of a man's own clothing is handed into the hospital store—for fumigation if he is suffering from any infectious disease, and for safe keeping if he is not—and he is supplied with a separate outfit of under and outer clothing, the latter being of a bright sky-blue colour, immensely conspicuous and immensely ugly. If this were not done, there would be nothing but a very strict watch to prevent convalescent patients

from getting out of the hospital at any time they felt the monotony of life too much; with the blue clothing, however, getting out is an impossibility, and a man must wait till the day of his discharge from hospital, when he can have his own clothes back.

Cases of men transferring from the R. A. M. C. to combatant arms of the service are not uncommon, and though the transfer is attended with some difficulties it is a very wise provision, so much so that it has been felt that transfer ought to be made easier for men. For there are some men who would never make good hospital orderlies, and in fact would never be successful at any kind of hospital work, but would make excellent soldiers. The duties of the Medical Corps, as far as the rank and file are concerned, are not only many and complex, but they are peculiar in comparison with those of combatant branches of the service; for the ideal medical orderly, a combination of tact and authority such as is not very often found is required—the work differs altogether in character from that of the average soldier, and a special class of man is required in

order to make a success of his work. In this the Indian system, of training orderlies from combatant units, has a decided advantage over the system of definite enlistment for medical service, though, on the other hand, the latter system trains men more thoroughly by releasing them from the possibility of combatant work.

Possibilities of promotion for the men of the Corps are many ; one of the surest ways to promotion is admission to Queen Alexandra's Imperial Military Nursing Service. While, in ordinary combatant units, a little knowledge combined with strict attention to duty and a good character will take a man a long way, in the R. A. M. C. intelligence counts, and the man who cares to train and fit himself for the higher branches of medical corps work finds plenty of room at the top. There is scope for the exercise of initiative, and, to an even greater extent, there is scope for tact and the exercise thereof, especially in general hospital work. Staff employment, such as employment in the cookhouse, on the sanitary staff, or as

medical orderly to a combatant unit, is usually shunned as much as possible by men desiring promotion, since it involves the efficient performance of a particular task, and the man who is found fitted for that task is usually allowed to keep it, just as the medical officer in charge of married quarters keeps his post until promotion reaches him automatically—if at all. An intelligent man of the Corps who intends to get promotion sticks at duty in the wards and in general hospital work, and, if he is worthy of stripes, he gets them in due course—the number that he gets rests with himself entirely.

In general character, the soldier of the R. A. M. C. is usually a quieter man than the soldier of a combatant unit. His work in the hospital or office tends to keep him quiet, and he sees the ugly side of life—not of military life, but of life as a whole. To the man outside the Corps, there is something noble about the work done by medical officers and men, but the reality of the work is a wearying, patience-demanding business of work never ended, often sordid,

and generally infinitely tedious. Nursing the sick is an ideal occupation—at a distance; at close quarters it is an occupation that demands far more courage than actual fighting, for it calls for patience and self-repression, for self-forgetfulness and the finer qualities which win no Victoria Crosses, but demand that the very best men have to give shall be given night and day. There are very few occasions for acts of sudden heroism, which, after all, is easy by comparison with the prolonged strain to which men of this Corps are often subjected, in peace just as much as in war. "You must go on smiling when you're tired," said one private of the Corps, in a period of overwork consequent on epidemic disease in a general hospital, and the sentence expressed better than half a hundred fine phrases the spirit that must animate the men of the Corps. When the Army is in the centre of the stage, watched by the whole nation, the men of the R. A. M. C. are somewhere back out of sight, very tired, but still smiling, that the sick and wounded may take heart.

SERVICE HOSPITALS

CHAPTER VI

Service Hospitals

When it comes to actual service in the field, the clearing hospitals and other establishments of the R. A. M. C. in the vicinity of the firing line are often far removed from the normal. An instance of this occurred after the four days' fight round Mons, when the wounded were transferred to one of the buildings in Maubeuge, which had not then fallen into German hands. Out of that comes a very good story which is told by one of the R. A. M. C.

The man in question had been wounded in the arm while at his normal work with the field ambulance, and had been taken into Maubeuge in company with many other wounded French and British soldiers. In the next bed to him lay a French soldier who had been shot in the chest, and who

was perfectly certain that he was going to die. All through the afternoon following the time at which he was brought in, the Frenchman lay and moaned, as if in his last moments of life. Doubtless he was in pain, but there were others, and at last the R. A. M. C. man in the next bed leaned over toward him:

"If you're going to die, I wish you'd be a bit more quiet about it," he said.

The uncomprehending Frenchman looked across the intervening space. "*Vive l'Angleterre!*" he responded, and went on groaning.

A little later, the building received a severe shock, and one of the end walls partly disappeared—the German guns had got to work at shelling Maubeuge, and had as little respect for the Red Cross as for anything else. A non-commissioned officer of the Corps came into the improvised ward and shouted that all patients who were able to dress themselves must do so at once in readiness to be taken to a place where they would be safe from the German shell fire, while those who were unable to attend

to their own needs would be carried out to safety.

"And," said the man who told the story, "that Frenchman forgot all about dying. It's true I had only one arm for use, and that may have had something to do with it —but he had his trousers on and was running down the ward after the others before I had begun to think about it, nearly."

In those early days of the campaign, the Germans had no mercy on hospitals when once they got their guns in position. There was the case, also after Mons, when a dancing hall at Mervin, just outside Mons, was hastily improvised as a hospital. The Red Cross flags were run up, and the orderlies were just beginning to make Bovril for the wounded, when the Germans deliberately shelled the bearers and ambulance wagons as they were bringing the wounded into the hospital. As soon as they got the range of the hospital they deliberately shelled it, "gave us hell," as one of the officers put it, and men of the Corps were wounded while removing the

wounded to a place of safety. One of the men attached to this field hospital staff brought back a story of an officer of the Royal Irish, who, wounded in the back by a lump of shrapnel, sat up and shouted to his men—"Give 'em hell, boys, give 'em hell!" This was at the beginning of the fighting outside Mons.

In this present campaign, and especially at the time of the great retreat to the position of the Marne, the men of the R. A. M. C. were often able to see as much of the fighting as men of combatant units. Thus the men of the 6th Field Ambulance, who were located for their work in a sugar factory at Mons in the early days, were practically in the line of attack when they got the order to retreat. They got the wounded out from the factory as quickly as possible, but so late had the order come to them that, just as the last man reached the outer gate, a German shell dropped on the factory and practically demolished it. The men of the Field Ambulance had to keep on the run with their wounded charges, and, just before reaching Landrecies, they saw the

famous charge of the Lancers and Scots Greys. Some 500 of the men of these two regiments, from the account of one of the Medical Corps men, rode at about 1,500 German infantrymen, who on the approach of the cavalry threw down their rifles in token of surrender. When the Lancers and the Greys had passed harmlessly through the German infantry ranks, the infantrymen took up their rifles and opened fire. This was one of the first instances of deliberate treachery in the conduct of the campaign, and the Germans paid for their conduct, for the troopers charged back at them, and this time they did not ride harmlessly. Not many of the German infantry remained to boast of their exploit, for no prisoners were taken from among them.

In the matter of numbers, the word of the soldier is not always to be trusted. This story is told as of 500 cavalry against 1,500 infantry, but probably a less number of infantry and a greater number of cavalry would be more nearly correct. The service strength of a cavalry regiment is 617 officers, non-commissioned officers, and men, and,

allowing for previous casualties, there would most likely be about 500 men of each regiment present in the charge, while the German infantry would probably amount to one battalion, shrunk by casualties to something in the vicinity of a thousand men. If even numbers on each side are allowed, the estimate will probably be about correct. It is one of the incidents on which even official records will probably be vague as regards the actual numbers engaged.

Published lists of casualties show that many officers of the R. A. M. C. are "missing," while some have already been listed among the brave dead, and there are many wounded men of the R. A. M. C. in the hospitals in this country. The work of the field ambulance is just as dangerous in its nature as that of the men of combatant units, and, in cases where infantry are firing from entrenched positions, the R. A. M. C. have to face fire in order to get wounded back out of the firing line while the combatants are under shelter. The "poultice-wallahs" in this war, officers and men alike, have shown themselves capable of just as great bravery

and self-devotion as the men who go into the field armed—and in a way the heroism of the R. A. M. C. is greater in the firing line than that of combatant men, for the latter have at least a chance of defending themselves, while the Medical Corps officers and men have to depend on the Red Cross for their safety, and experience has proved that the Germans no more regard the Red Cross than they regard the lives of women and children in Belgium.

Cases of the shelling of hospitals are too numerous for one to keep count of them. It is definitely stated by at least one man, a non-commissioned officer of the R. A. M. C., that many wounded men are being lost through the action of the Germans in shelling hospitals. He states that a temporary hospital was established in a farm, and, whether intentionally or not, the Germans subjected it to siege gunfire. As many as possible of the wounded were removed, but some simply had to be left, since it would have been throwing away lives to go back for them, toward the end. On returning later to the farm it was found that the road leading to

the hill under which shelter was found for the wounded was simply torn up by siege gun shell fire.

The sights in the base hospitals are only endurable by reason of their utter banality—men grow hardened sufficiently to assist at operations of all kinds after a time without flinching, but it is terrible work after a big engagement, for in the base hospitals there is not the heat and excitement of conflict to keep men up to the point at which one forgets self altogether. Most men come in from the field ambulances and clearing hospitals crippled, and some are bandaged from head to foot, while uniforms are cut and gashed by sword, lance, and bayonet thrusts. The treatment accorded to these, friend and foe alike, is far different from that meted out by German captors to the wounded of the Allied forces. One man who had been wounded by shell fire tells how his hands were tied behind his back and he was dragged along by mounted men, while German lancers pricked him in the back with their lances and passing drivers lashed him with their whips. In the end he was

flung into a cellar and left there by the retreating Germans. Here he starved until, hearing firing in the streets of the town about him, he called out and was answered by British soldiers, who rescued him and sent him down to a base hospital. In this connection the conduct of the Germans on the field is beyond all pardon. They rob the clothes from men lying wounded on the field, and show no respect whatever for the Red Cross. At least one well-authenticated case has been quoted of a major of R. A. M. C. being shot dead while attending to wounded on the field, and this deliberately. Accounts generally go to show that in the first days of the war the Germans stopped at nothing, pillage and cruelty being the rule, in all branches of the German armies.

From Vailly comes the story of the nuns of the convent there, who aided and tended the wounded throughout the day, since the fire on the approaches to the village prevented the R. A. M. C. orderlies from coming in to their work. It was impossible for the R. A. M. C. to get into the village

until six in the evening of the day's fighting, and that they made the attempt before is well attested by the fact that a company of the Corps, together with three ambulance wagons and six horses, tried to cross the bridge which led over the Aisne to the village, only to be blown to pieces. Throughout the night these brave women of Vailly helped the men of the Medical Corps in dressing the wounds of soldiers.

Stories of this kind are plentiful, for there has been no lack of courage of the highest kind on the part of the French ladies in the area of conflict. Another story of hospital work under difficulties is told by a medical officer in France. He was working in a field hospital which contained about forty-eight cases, all serious ones, and at ten in the morning the first intimation of coming danger was given by the sound of an explosion, which occurred about a hundred yards away. A little later a shell struck the end of the building which was being used as a hospital, instantly killing a patient and wounding two hospital orderlies who were attending him. The whole room was

wrecked, and the medical officer, who was trying to stop the bleeding of a shattered leg with which a man had been brought in, was driven from his work by a shell, which burst outside the window close to him, and threw tables, dressing cases, and stretchers to the ground, filling the room with smoke. About an hour later, when matters had become composed again, a shell went through the roof without bursting, and practically at the same time another shell wrecked the kitchen, wounding two more men who were working there. At three in the afternoon a shell struck the first house which had been occupied for hospital use, bringing down the roof and large blocks of masonry from the walls with a crash. The wounded crawled from their mattresses towards the door, and begged that they might be removed. One man with a shattered leg died as he reached the middle of the room, and shortly after this the shelling became practically general. The roof of the hospital building was split open from end to end, and it was seen that the wall of the garden round the

house had quite disappeared, while an ambulance wagon which had stood in the garden was blown to pieces. And now comes the great note of this story, for the narrator says: "We had no orders to move. We had done what we could, and so we waited. During the last hour we sat waiting for the shell that was to finish us. At 5.30 it seemed to have come; there was a deafening crash immediately beyond the hospital, all the shutters opened outward, and the house was filled with smoke. The rattle of falling masonry continued for two or three minutes, and the house trembled from end to end. Then everything became strangely quiet, and no more shells came."

In that sentence, "We had no orders to move," is heroism fine as any that this war has shown. It is not the dash of excitement in which a man is strung up to great deeds, when the hard things of normal life become easy, but such strength and quiet courage as no unit of the Army has ever surpassed. It is worthy of note that the hospital which underwent this shelling was

flying the Red Cross flag, and according to the laws of war and of civilised nations was a neutral area, not liable to bombardment or capture by either side.

On the great retirement the men of the R. A. M. C. had orders to get the wounded away to the rear as soon as possible, for if any men had to be left when a force retired they were often murdered. One man of the Corps who went out with a party of four others returned alone—the others had all been shot by German troops. Another man, a corporal of the R. A. M. C., tells how his field ambulance worked for fifty hours without a break, some 500 wounded passing through the hands of the medical officers and men. Referring to the conduct of the wounded, he says: "Give them a cigarette and let them grip the operating table, and they will stick anything until they practically collapse. I am corporal in charge of the operating theatre, and I can tell you that modern methods of warfare do not handle flesh and blood very carefully." And, when one comes to consider the power of the shell thrown and bursting from an ordinary field

gun, it is possible to gain some conception of what the scenes in the field ambulances and field hospitals must be like. By the time the wounded reach England again, they are operated on and bandaged into comparative comfort—it is the medical men at the front who have the handling of the ugly work, and just in rear of the firing line there is neither time nor opportunity for the refinements of the operating theatre of a base hospital. When fifty men are waiting to be treated for the first time after wounding, all that can be done is to assure that each case is handled in thoroughly antiseptic fashion, and as little pain as possible is caused in setting or amputating limbs, extracting bullets, and tying up arteries. Speed is a necessity, for the time that might be spent in chloroforming one man might mean that the lives of four or five others would be sacrificed. And again, time after time the field ambulances themselves are under fire, this not only during the great retreat, when such a thing might have been attributed to the chances of the German advance. On October 6th news came

through that Sergeant Prince of the R. A. M. C. (one of the Army's finest footballers, by the way), was killed by the Germans during the deliberate shelling of one of the field ambulances. When incidents of this sort are occurring, there is little chance for slow and detailed work.

In the four days of Mons, the R. A. M. C. field ambulances were shelled out of their quarters four times in succession, and many men of the Corps were themselves wounded. The work of the Corps was further complicated by the state in which the men were, for no man had time or opportunity to wash for days at a time, and the infantry who came back into Compeigne had been marching for four days and nights. Only one who has undergone such a march can realise all that this means. There were men who had no time to wash their faces, to say nothing of their underclothing, for at least a week—and in this state many of them came into hospital, wounded, and needing not only instant operations and treatment, but thoroughly antiseptic conditions for recovery. It is all to the credit of the R. A. M. C. and

their helpers that the casualties have been kept down so low in proportion to the number of wounded in the force sent out, for men in such a condition as this are doubly liable to septic poisoning from their wounds. So good has been the management of the hospitals as a whole that men wounded apparently past hope of recovery have come into Netley and other British hospitals and already have gone out again as convalescents, some of them with the hope of going back and again taking part in the great struggle before it ends. Neither on the part of the men of the R. A. M. C., nor on that of their patients, is there any sign of "backing down," but the majority who have come home wounded ask only for the chance to get back.

Of such stuff is the British Army made. The spirit is hard to define, for it is not what passes commonly as patriotism, neither is it the bravado that seeks the limelight. It is undefinable, the spirit of the British soldier from the days of Crecy—the spirit that will go on winning battles when Crecy is twice as old a name as it is to-day.

IN THE FIRING LINE

CHAPTER VII

In the Firing Line

There is nothing in the French medical service for the field that approaches the British R. A. M. C. at the present time, although, as previously noted, the idea of field ambulances to accompany troops was originally a French one, and in the time of Napoleon the French Army alone had its corps of stretcher bearers. A marquee, a deal table with dressings, bottles and instruments—and that is all, so far as the French field service of to-day is concerned. More reliance is placed on getting men away to the regular hospitals than in the British service, which benefits from an organisation fitted to cope with medical duties on the other side of the world, as well as at such a short distance from its base as on the battlefields of France.

"*C'est magnifique!*" said a French doctor, referring to the organisation and equipment of an English field hospital on which he came near Mons. "All is here—every drug, every instrument, and such an operating table as one expects to find only in great hospitals."

Yet the French field hospitals do admirable work in the rear of the firing line. Where the British benefit by perfect equipment, the French benefit from their "every citizen a soldier" rule, which places at the disposal of the military authorities for the time of the war the very best of medical and surgical skill. The greatest of French surgeons are working in this war from five in the morning till ten or eleven at night, and sometimes all night, in the service of France and of humanity as a whole.

Even up to Waterloo station and on to the hospitals in London the completeness of the organisation of the medical service is evident. The best of corridor railway stock has been mobilised and fitted for use as hospital trains; a large red cross

diversifies the outside of each long carriage, and the interior is fitted with spring mattresses and every possible comfort for the wounded who arrive at Southampton and other ports. On arrival in London, such men as are able to walk either with or without assistance are first removed from the trains, and then the stretcher cases are brought out and taken by ambulances to their destinations. War of to-day is carried on as a business, and completeness in detail is taken as the chief means of efficiency as a whole. Back in the time of the Crimea, there were hundreds who died needlessly, owing to the lack of the organisation which sends men back to the firing line of this war from the hospitals and convalescent homes in a month or so.

As has been the case since the formation of the Medical Corps, the men who see most of the combatant work among the total of the medical staff are the orderlies and medical officers attached for service with the different units of the Army. A lieutenant of the R. A. M. C., who joined an infantry battalion for service in the beginning of

September, was subsequently on the move with the troops for weeks. Together with the rest he "stood to arms" at three o'clock every morning, his arms being the case of field dressings and instruments, and an hour or two hours later he moved on with the battalion, after a breakfast that varied according to the time and opportunity for cooking. Some mornings there would be bacon, some mornings only tea and biscuits. The sleeping places were more varied than the diet, ranging from ploughed fields and orchards to "billets," which in the state of the country in which the troops were fighting meant simply the floor of a house. "I am no martyr," says this lieutenant in a letter to his friends at home. "I am doing less than the men. Just think of them—march, march, march, and then when we sleep it falls to the lot of many to guard the outposts, with no chance of shelter, and then next morning marching on wet, hoping to dry as they go. Only the highest praise can be given to these men."

He tells, also, of how they came at last to entrenchments, where they stayed for five

days. For the whole of the first day they were under fire, with very little protection, and with seventy as the total of killed and wounded in the battalion—the lieutenant is silent as to the work that fell to his share then; the men would be lying down behind such cover as their entrenchments afforded, but his duty involved journeys along the line from man to man.

The bravery of such medical officers as are engaged in this work in the firing line is attested by many cases of which details have come through from their comrades. One definite case is that of Doctor Huggan, who was attached to the 3rd Coldstream Guards at the battle of the Aisne. He was recommended for the Victoria Cross for organising and leading a party of volunteers to remove a number of wounded from a barn that had been set on fire by German shells. The shells from the German guns were still bursting about the building when Huggan and his party carried out their work, but all the wounded were saved. Two days later Doctor Huggan was killed by the enemy's fire while at his duty.

The sense of humour is of value in the firing line and its vicinity, and its possession is evidenced by the men in half a hundred ways. "I hung my shirt out to dry all night on a tree," said one non-commissioned officer of the Corps. "At daylight I found that a piece of shell had taken the elbow off it. Good job I wasn't in it." One realises that man sleeping peacefully through the night, or more or less peacefully, rather, while shells burst so close as to rip pieces from the shirt hung out to dry. And one may take it that the shirt was not far from its owner, for a shirt is a thing of value on service, and if it were hung in such an isolated position as to seem unattached the finder would not stay to make enquiries as to who had lost it. He would wear it and say nothing.

Another man of the same class and spirit tells of how they had "a good deal of marching—20 to 25 miles a day"—which means that they did more than is usually asked of troops under far more favourable conditions. They went to bed at midnight and rose again at about two in the morning, and one day is described as "the nearest to Hades

that I have ever been. We marched about 15 miles, and then were kept standing for four hours in a perfect deluge, while some of us lay down in the road in about a foot of mud. When the order came to march on again we marched about another mile into a ploughed field and were told to make ourselves 'comfortable.' Then we wanted the road back again."

Yet another, a corporal, tells of resting in a church, where the detachment had 50 or more of wounded under its care. After twenty minutes of this "rest" a shell from a German gun removed a corner of the church, and shrapnel bullets began to fly about. A driver and a corporal of the Corps were wounded, and the church was abandoned as quickly as possible. "We have had several narrow squeaks," says the narrator of the incident, "but that was the tightest so far. Lucky isn't the word for it! A piece of shrapnel took a lump out of the shoulder of my jacket, and seared my skin, so I shall have just a little bit to show for it."

Yet another one is reminiscent of other

things than war, in describing his impressions of the German guns and their work. "Shells were flying all round us," he states, "and they looked like small barrels of beer in the air before they burst." The simile is an illuminating one.

Stories of the work of the R. A. M. C. in the firing line testify to their courage time after time. There was one officer who stood over the body of a wounded private, who had previously saved his life, and at last fell seriously wounded himself, to be avenged the next minute by a sergeant who bayoneted the Prussian who had attacked a Red Cross officer. A non-commissioned officer of the R. A. M. C. accompanied a party of Fusiliers who went to the aid of their maxim gun party, when Uhlans came out from a wood and threatened to render the position of the gun untenable. The Fusiliers accounted for twenty Uhlans, and lost but one man—and the medical man came out unhurt.

After an engagement, the columns that have been engaged bury their own dead, for the R. A. M. C. have all their time taken

up with the wounded, without acting as grave diggers. From the field ambulances and men serving with the troops, back to the hospitals at the base, the R. A. M. C. work without ceasing, for the toll of wounded is heavy.

In one village a hospital was improvised in the house of the doctor and the school buildings, using the church for the convalescents and the priest's house as quarters for the medical staff. These four buildings practically formed a square, and although in the line of fire had passed untouched until the men of the Medical Corps took them over for use, except that "Archibald," as they named the German big gun, had sent one shell through the church wall straight on to the altar. The morning after the hospital had been formed, however, "Archibald" began, and sent in "sixteen of the best." Five of these went into the church, where the convalescents were, and all patients in the doctor's house and the school buildings were at once placed on the ground floor and in the cellars. Twice a day, as long as the buildings were occupied

as hospital, "Archibald" sent in a cargo of sixteen, no more and no less. The captain of the Medical Corps who relates this story ends with "there were a few stray casualties, including women and children."

In some places the French women have come quite into the trenches to the help of the wounded troops. "The French women seemed to think that the best cure for shrapnel or bullet wounds was a bottle of wine and a raw egg," one man states, "and one day the women brought hot potatoes and new bread right into the trenches and firing line. I can assure you they are the bravest women I have ever met." It is the spirit that made the revolution after centuries of oppression, the spirit through which France has risen again and again from utter disaster, an unquenchable spirit that animates the women of the nation as well as its men.

Yet another gleam of the humour that characterises the British troops comes out in, "If singing could wipe the Germans out they would all be dead by now," a statement

by one of the R. A. M. C. in the firing line.

In no previous war in which British troops have been engaged have private people and their property in the area of conflict suffered as in this. In the villages whence the inhabitants have not had time to flee before war came on them, houses fall under shell fire, and a medical orderly goes in among the ruins and leads out or carries out a civilian, wounded more or less severely. Lyddite blows houses out of existence, at times, without giving the inhabitants a chance of escape. "The miserable inhabitants come off so badly," one medical orderly states. On the great retreat, many wounded among our men were unavoidably left behind. One officer, galloping to give the order of retirement to a battalion, drew a heavy fire on himself, and was hit in the abdomen. He was laid up in a house at Troisville, being in too much pain to go on with the troops, and a captain of the R. A. M. C. gave him morphia and left an orderly with him, since movement at that time would have probably been fatal to him. Both wounded officer

and orderly fell into German hands, for the retirement swept back eighty miles beyond Troisville.

There is one story that the R. A. M. C. orderlies told, regarding Corporal Lancaster of the Coldstreams, that will bear many repetitions. Lancaster received a terrible wound in the neck while he lay with more men of the battalion under shelter of a haystack, waiting the German advance along the line that stretched from Noyon to Nancy. "Be quiet," one of his comrades whispered to him, "if you groan you will give away the position," and the wounded man lay silent. The Germans advanced, to be met at a range of a hundred yards by machine gun fire—Lancaster's silence and that of his fellows had not been without result. At the end of the day he was taken up by men of the medical corps, and thence sent back to England for recovery.

The stories of the men of the R. A. M. C. in the firing line and with the field ambulances are practically endless, both as regards their comrades of the Corps and the men of combatant units. It is very rarely

that a man talks about his own acts, for that is not the way of the British soldier, and practically all the stories are about the things that others have done, the experiences others have undergone. But from the foregoing may be gathered some idea of the work these men have to do, and the life they must live with the troops in the firing line. In all probability, the worst of their work is over, for there is nothing so utterly disheartening to every unit of an army as a retreat, and in the three weeks of retirement to the position of the Marne our troops were tried to the uttermost. With the combatant line in retirement, too, the R. A. M. C. have the worst of the work, and at times are literally forced back from the wounded on the field by the fire of the approaching enemy. At the best, they have to pick up the casualties and again get behind the retiring line, in order to keep the wounded out of harm's way, while in an advance they can follow on in comparative safety, and in work in entrenched positions they share to some extent in the cover afforded to infantry and artillery. In a retirement, the most

strenuous marching and the hardest work falls to their lot, and the field ambulances are kept working night and day without break or rest.

As regards work with the firing line in entrenched positions, one man speaks of being well up in the firing line, with a perfect natural shell proof position, and the wounded sitting at the entrance—such of them as are only slightly wounded—and watching the "Black Marias" burst on the plain of the Aisne. So perfect was the shelter that the percentage of wounded was far less than that of the Germans opposed to this force, while inoculation kept away typhoid, that curse of entrenched positions. This man observed that the German gunners out to the front had "a special spite" against a potato field which lay near the position he was occupying, for they wasted hundreds of shells on it, although there was not a trooper or gun within a quarter of a mile of it. This, however, may have been due to a German idea that land mines had been laid in the potato field, for the most inaccurate of gunners are hardly likely to send shells a

quarter of a mile distant from the nearest mark, especially to the number of hundreds.

In Belgium, beyond doubt, the cruelty of the Germans both toward the wounded and the civilian population has been unspeakable, but in France the principal atrocities were committed at the beginning of the war, and later incidents seem to reveal some of the German troops as possessed of reasonable human impulses, up to a point. It would appear that the policy of terrorising has not paid to the extent that was at first imagined by the invaders, and orders have consequently been given that more moderate tactics should be employed. It may be, even, that already some vague idea of possible final defeat is entering German brains, and thus they are tempering their conduct with a view to mitigating the final retribution. From time to time stories come to hand of kindness, even, at German hands, and even the occupation of Antwerp, a Belgian city, passed without the acts of fiendish cruelty that characterised the opening phases of the campaign in Belgium. One man who wrote home a few days before

the fall of Antwerp, a R. A. M. C. orderly with the British contingent, gave an idea of the quality of the work he was called on to perform by the final remarks of his letter. "We are attacking at dark to-night," he wrote, "and I am with the attacking party. I have a feeling it will not be exactly pleasant."

No further letter from him is available to tell how "pleasant" or otherwise the attack proved, but there is little doubt that such of the wounded in Antwerp as fell into the hands of the enemy were far better treated than those who were left behind in the great retreat. "Frightfulness" was the watch-word at the beginning for the German forces, but that policy has been found ineffective, and the later days find men among the German ranks in place of mere brutes.

THINGS MISSED

CHAPTER VIII

Things Missed

Up in the vicinity of the firing line, one of the things missed in case of stress of work is anæsthetic treatment, and in many cases operations are performed with the patients fully conscious, when under ordinary circumstances anæsthetics would certainly be administered. But in the field hospitals time is of value, and if the chances lie between giving a man chloroform and saving his life and that of others by prompt treatment, there can be no doubt that the latter alternative will be adopted. At the same time, it must not be thought that it is the rule to perform operations on fully conscious men, for anæsthetic treatment is a feature of the British field hospitals, and again, if men are able to stand the journey before being operated on, they are sent down to the base

for treatment. As already remarked, the business of the field hospital is not to cure men, but to give them first aid and get them out of the way to make room for more.

The nursing sister, of course, counts among the missing from field hospital work, for her duty lies in the base hospitals and the medical establishments where prolonged treatment can be given to patients. In this connection it is worthy of remark that one of the amateur nursing establishments, intended to be auxiliary to the regular Red Cross staff, maintained its members in mounted kit, and taught them to go to camp as horsewomen, evidently under the impression that, when needed to augment the Red Cross staff, they would be turned out in squadrons and sent on with the troops into the area of conflict. It was wasted energy, misapplied zeal, for these ladies will not be required to do more than the trained Red Cross nurses, who, without riding-school work or any warlike accessories to their kit or training, are making easier the lot of patients in base hospitals. The attempt to make soldiers of women, which

is what this Mounted Nursing Corps amounts to, is useless, for the Army needs nurses who have given all their time of training to essentials, as have the regular nursing staff, both men and women alike.

One thing missed by the men up in the firing line is the cigarette. Here is what one man of the Medical Corps has to say on this subject: "The other Saturday night we were fast in a bit of a corner, and dared not shift. I was as dry as a fish, and there was no water and nothing to eat. If I could have only had a 'wet' and a packet of cigarettes, it would have been better than an eight-course dinner. I saw a fellow give two shillings for a packet of 'Woodbines' in the trenches the other night. It is 'After you with the fag-end,' for a cigarette has to go the round a dozen times, at least. I was on a hospital train, but it got blown up, and I am in the firing line now. It is a bit more exciting."

The same writer is rather amusing with regard to his excitements in the firing line. He states that he and his comrades had been located round a French fort for over a

week, and could not shell the Germans out of it. "They got their guns concreted in while we were retreating from Mons, but we are now all round them. They have some splendid guns, but the men behind them are no good. They don't know what they have to go through when they do come out. May the Lord look on them sideways!"

There has been at least one case in which our troops have given lessons to the Germans in the matter of treatment of the wounded. It happened near Rheims that some German wounded were placed in a wood for protection from rifle-fire and shelter against the rain, when the German artillery opened fire on the wood, and with the incendiary shells that were being used the trees were soon ablaze. A party of British troops got permission from their officers to go into the wood and carry the wounded Germans out to safety, and in performing this task they were under heavy fire all the time. The man who tells of this adds at the end of his story: "The wounded men were very grateful." One hears the

irrepressible British soldier inquiring, after his fashion, "Why?"

The other side of the picture is well shown by the story of a private of the Black Watch, who tells how he lay for hours, wounded, on one of the positions of the Aisne. A German came along, and, under a heavy fire, bound up his wound. When he had made the wounded man comfortable, the German was about to leave, but a bullet killed him instantly, so that he fell dead beside the man he had befriended. Another case of the same kind is related of a youngster of the Northamptons on the Aisne, who, when found, was in care of a German infantryman, who held a water-bottle to the wounded man's lips and tried to soothe him. The man of the Northamptons was delirious, and the German stayed with him till he died, trying to make pain easier for him.

Things like this are worth remembering in the final reckoning, for they go to prove that the leaders of the German troops are far more to blame than the men for the examples of "frightfulness" of which such

terrible accounts have come through from Belgium and the earlier battles of the war. The policy which brought about the barbarities of Louvain and other towns and villages was deliberately organised with a view to producing a certain effect, beyond all doubt, and the rank and file of the German Army were driven to torture and pillage as they were driven, in solid masses, on towards the rifle fire of the troops opposed to them on the great retreat that ended along the position of the Marne.

Yet the moral effect on the German troops themselves of this policy has been terrible; the abuse of the white flag, and other acts of deliberate treachery, can be traced to the absolute inhumanity which was inculcated as a definite doctrine at the outset. The following account is given by an officer of the R. A. M. C.:—

"It was wicked work trying to get the wounded away. Those cases which could possibly walk had to walk; the other cases we put in the ambulances or carried ourselves. Several of our fellows were killed by the shrapnel, and some of the wounded

received worse wounds while lying helpless. It was not nice at all, seeing first one corner of the building go, then one side, and so on, until it was like a sieve. We had not left five minutes before the oaken roof fell in. It gave our nerves a very severe shaking, and a rum issue was appreciated by most of the fellows that night."

This, though it tells of the shelling of a hospital building, counts among the chances of such a war as this, and men have grown to look for such experiences up in the firing line. But the officer goes on: "The Germans are very fond of the 'white flag' trick, and hundreds of our men have been killed by it. They show the 'white flag,' and come forward in columns to give up their arms. When our men come out of the trenches to take them prisoners they open out and disclose maxim guns, with which they immediately open fire and mow our men down. They have abused the flag so often now that the order is going round, 'No notice is to be taken of them in future; fire is to be kept up just the same.' Five hundred Germans were wiped out the other

afternoon by our fellows when hoping to bluff the troops as of old."

Thus they fight, and the trick described is no doubt due to their having been instructed in treachery and cruelty at the outset of the campaign. But on the other hand they will certainly accuse British troops of abusing the white flag, since they have definitely shown it and, on the word of this officer, been fired on just the same. A puzzling situation has been created, for evidently, if this writer's statement may be taken at face value, the order has been given to disregard the white flag, and yet bodies of German troops will at times endeavour to use it in all sincerity, and will meet the fate of the traitors who have caused this token of surrender to be disregarded. It is an *impasse* from which there is no way out, and points to absolute extinction of German forces in the field. Bearing in mind the nature of the forces who indulge in such treacherous tricks as this, perhaps extinction is the best end to the battles on which they enter.

Practically every newspaper brings its list of "stories from the front" in these

closing days of 1914, but portions of the lists must be regarded at least with suspicion. One of the leading journals, for instance, told a moving and pathetic story of a man who saved another's life, and gravely stated that the hero of the incident was "Gunner" somebody or other of the Inniskilling Fusiliers. With the civilian ignorant of Army terms, that story would pass as authentic, but a soldier, when told of a gunner of the fusiliers, would respond with a reference to horse-marines, without hesitation. Yet another story of the same kind was attributed to "the riding master of one of our most famous infantry regiments." Now an infantry regiment consists of two or more battalions, which hardly ever serve together—the regiment is not the unit of infantry as it is of cavalry or artillery. And no regiment or battalion of British infantry ever possessed or is likely to possess a riding master, which is a rank held only by a commissioned officer of cavalry or artillery. Further, it should be remembered that there are many journalists in Fleet Street who can tell "stories from the front"

with as great realism and thrilling detail as those who are actually serving there, and the sub-editor who is caught placing gunners in a fusilier battalion and riding masters in the infantry is just as likely to be caught by the moving story told by the experienced and imaginative journalist. Such stories as are told in these pages of the doings and experiences of the R. A. M. C. at the front are not absolutely beyond suspicion, for none of the stories are that, but they have been chosen with a view to reliability, and the statement of fact.

There has been published a letter which, it is stated, was written by a member of the American branch of the Red Cross with regard to the effect of melinite on the German trenches. The writer states: "I saw the German trenches as the French guns left them. They were filled with dead, but with dead in such posture as the world has never seen since the destroying angel passed above the Philistine camp in that avenging night of Scripture. It was as though some blight from heaven had fallen on them.

"There they stood in line, rifles to shoulder, a silent company of ghosts in the grey light of dawn. It was as if a deep and sudden sleep had overtaken them—only their eyes were open. They might have been there from all eternity thus, their rifles at rest."

This is very impressive—too impressive, in fact. It may be perfectly true that the writer saw what he described, but he has a marvellous journalistic talent of description, and not altogether of relevant description at that. "Destroying angel," "blight," "ghosts," "grey dawn"—these are the phrases of the man or woman employed in journalistic work who writes for the sake of effect, of "telling the story" with far too little regard to its skeleton of fact. It is to be questioned whether even melinite would leave trenches full of men standing "rifles to shoulder" as is described so thrillingly and faultlessly, for the death that comes as a sudden shock generally affects men unequally, and the trenches would be more likely to show confusion—the confusion of a second or less, perhaps,

but different from the stark and grisly order of which this writer tells. This story is too impressive to be credible, although it bears no definite mark of having been written in other than good faith.

Such stories as are told by the men themselves, though true in the main, often err grossly in detail. This has already been alluded to in the charge of the Lancers and Scots Greys, of which a R. A. M. C. man tells as a charge of 500 men against 1,500, These men, in telling their stories of happenings, tell the truth *as they see it*, but impressions swiftly received, and often received while under fire, are likely to be erroneous in detail. The main facts are true, but the proportions are false, and it takes experience of matters military to adjust the story to the actual happening, often. This is especially true of definite actions, when estimates of time and numbers are absolutely unreliable. The time between the firing of a big gun to the explosion of the shell is, to the man in front of the gun, far longer than the seconds which actually elapse, and conversely the man in a tight

corner, busy firing—or in the case of a medical orderly attending to wounded—finds minutes passing like seconds, so utterly absorbed is he in his work. As for estimates of numbers, one may judge their reliability by watching a body of troops at a distance, trying to estimate their numbers from a glance, and then comparing the estimate with the real figures. The estimate is more likely to be either half or double the real number than a correct one.

The stories told by officers are far more likely to be correct in detail as well as in the main. By this no disparagement is intended on the magnificent troops who have fought in France, but the officer is trained to observe, to a far greater extent than the man, since it is a part of his duty to observe and report correctly, and to teach his men—if the instructor were no better at his task than the men whom he instructs, he would be of little use. From time to time cases occur in which it is possible to compare the accounts of two or more officers, and those of two or more men, concerning the same occurrence. If the reports of the officers

are compared, it will be found that each has told the same story, allowing for different view points or the different arms of the service to which the officers belong. The stories of the men may be more picturesque, but they vary more; their picturesqueness is not due to any attempt to elaborate details, but their view points differ, their similes are often intensely picturesque. The officer, trained in the writing of dry official reports, puts in only the dry details—and often from these a far more impressive story can be constructed in the mind than from masses of similes and fine phrases. In this connection the earlier reports of the "eyewitness" with the British Expeditionary Force were wonderful examples of what can be done by merely reporting the facts, without adjectives or any kind of elaboration, and they gave such a story of the first days of the war as no newspaper correspondent compiled—in their terseness was their strength, and every word carried conviction to the reader. Later, however, either the original "eyewitness" tried his

hand at descriptive work, or his identity changed, for reports came through that told nothing, not only of tactical and strategic moves, but of the actual fighting. There were accounts of French families eating artichokes, but this could have been seen in Soho by any readers of the reports who cared to investigate the occurrence. In the very attempt to tell a picturesque story, the writer killed the main interest of his work.

But this criticism, possibly a captious one, has taken us far from the R. A. M. C. and its tasks in the field and on the lines of communication. It may be said as a final word on the subject, that no soldier, either of the R. A. M. C. or of any other unit, tells other than the truth as he sees it when writing home from the front or from any portion of the lines of communication. When one comes to consider it, there is no reason why he should; his errors are of detail, and such stories as owe their origin to the brains of inventive journalists carry their own condemnation for such as have eyes to see.

THE WAY HOME

CHAPTER IX

The Way Home

In the far back days of the South African War, which men now serving in France describe as a "picnic to this," the way home was a long one; it is not likely that a European war will ever see such a way home as was open to wounded and sick troops then. Field ambulances, in the later stages of the war, were practically non-existent, for the medical officers and orderlies attached to units were able to cope with the casualties that occurred, and the next stage on the way was the clearing hospital, established at one or other of the "dorps" that dot the South African plains. At such centres as Bloemfontein, De Aar, Kroonstadt, Johannesburg, and the like, were established the general hospitals to which the worse cases of disease and the

severely wounded men went for treatment, and behind these again were the hospital trains and the hospital ships, to transport men able to stand the journey across to England, where Netley took up the work and completed the cure, operated or nursed, and sent the men out to civilian life with a small pension or back to their work, according to the nature of the casualty. There was little beyond what peace organisation had to cope with before the war, except that in the first few months the medical staff were badly overworked, and up to the end there was a steady trickle of cases of enteric and dysentery into the hospitals, for these two diseases accounted for most of the casualties from disease throughout the war.

Practically all the clearing and general hospitals of those days were established in marquees beside the towns, and near to the line of rail. Over them flew the Red Cross flags, and they went inviolate from shell fire—there were well authenticated cases of firing on the white flag in the South African war, but a case of firing on the Red Cross by design is hard to find. For many

columns that cruised about the veldt the war was little more than a "picnic," for in the latter days there was more trouble in finding the enemy than in fighting him, and men rode for days and weeks without a chance of a shot, save that perhaps some stray sniper would worry a camp from shelter in far-off hills, or a commando would stay to kill a horse or two, and possibly a man or two, before galloping away again out of reach. Such actions as Magersfontein, Paardeburg, Stormberg, and the set battles in Natal gave the men of the medical corps all the work they could do, and kept field ambulances busy, but these days passed, and left a situation in which disease was far more dangerous than rifle fire, claiming far more men for the hospitals and causing far more deaths.

The way home was a long one, and not an unpleasant one. There were plenty of R. A. M. C. officers and men at every point on the route, there was abundance of effort in the interests of the sick, and on the whole the medical work of that campaign may be regarded as a training school from which the

men engaged in this gigantic European conflict have benefited. In matters of field sanitation, hospital establishment, and similar things, there can be no doubt that the South African War was of enormous benefit to the R. A. M. C.

A survey of the conditions in France reveals a violent contrast. There are the medical officers and men attached to units, working their hardest all through every day, and often working all night as well. There are the field ambulances, all too few for the tremendous number of casualties that the closely contested actions bring, and also working night and day a great part of their time. There are the clearing hospitals tending men and passing them on, in the knowledge that the next day may bring as many more of wounded, and beyond the line of coast there are the general hospitals at Netley, Aldershot, Colchester, and other military centres, with auxiliary civilian establishments full and overtaxed in the matter of finding room and providing treatment. So vast are the operations of the armies in the field that the demands made on the

Army Medical service have reacted on civilian England, where the hospitals are feeling the shortage of medical men, consequent on the demands made on their staffs by the war and the numbers that have volunteered for service with the troops.

In theory, there are the three definite areas of medical and surgical work in war; first the firing line with its field ambulances and the medical establishments with units, then the clearing hospitals and ambulance trains in the "evacuating zone," and lastly the distributing zone of stationary hospitals, general hospitals, convalescent depôts, and all that pertains to the curing of men after they have been passed out from the danger zone. But every war brings its own peculiar conditions, differs from all other wars, and in this the work of the various medical and surgical sections overlaps in many cases. On the great retreat, for instance, it was difficult at times to distinguish between field ambulances and clearing hospitals, for the troops coming back swept back all the establishments in rear with them, and with the best will in the world men cannot move faster

either forward or back than their best pace. At Mons, so hasty was the retreat after Namur fell that one complete hospital establishment fell into German hands; it was the chance of war, and, if the forts of Namur had held as was expected of them, the issue of Mons would have been different. But then one may conjecture regarding alternatives in war to an infinite extent. "Ifs" after the event are as easy as they are useless.

There remains a survey of the way home for the wounded—and it should be borne in mind that, for these first three months of the war, at least, the way home has been utilised almost solely by wounded, for the great percentage of cases of disease that were conspicuous in the South African war is non-existent in this. The lessons taught in that campaign have not been forgotten, and with a pure water supply efficiently supervised, a commissariat department that has never before been equalled in any campaign, and rigid sanitary measures, diseases are kept down to the minimum. It seems that the chief cases of disability through other causes than wounds are of rheumatic and kindred

fflictions, and sanitation or preventive ıeasures can do nothing to alleviate these vils. For war demands that men shall pend days and nights in wet trenches, sleep ı the open when the rain is pouring down, nd march in wet clothing day after day. These are chances that all must take as long s war exists, and as far as can be seen at resent they cannot be eliminated. All that an be done is to provide good food for the ıen and to give them clothing as suitable as ossible for their work.

The way, for wounded British troops, is y way of the field ambulance to the hospital rain, and thence to the coast and to a British hospital. Clearing hospitals are set p, as in one case already noted, in churches, chools, and private houses, as the line goes lowly forward on its work, but they are lmost indistinguishable from field ambuances. Cases of rheumatism and pneuhonia, contracted through lying waist deep ı water in the trenches, sometimes for days t a time, cannot be treated in these estabshments, but are sent farther back and on) England as soon as possible, as are the

severely wounded. It must be remembered that slight wounds and disabilities count in war as they never count in peace. Under ordinary circumstances, if a man's boot fitted badly and grazed his heel, he would make light of the irritation, and would wear other boots. Yet on the retreat to the Marne this small disability cost one man his life—he could not keep up with the marching troops, and the rest of his story needs no telling. Little disabilities count, and must be considered equally with the serious cases: hence the field ambulance staffs are kept busy all the time.

From the position of the Aisne one medical officer, writing home, gives a good idea of the work done by the clearing hospitals. He states that the staff of the hospital were busy day and night dealing with wounded and sick, to the number of 1,500 in three days. Night after night the staff had to perform field ambulance work, going out across the river to a town to collect wounded, and crossing a pontoon bridge in the darkness, under shell fire all the time. Night after night the shrapnel shells were

ırieking in close vicinity to the hospital, nd the town in which it was established 'as in ruins, with dead horses lying about ıe streets. "What we are very hard up ɔr," says this doctor, "is cigarettes. Have ad none for three weeks. I am at present moking a cast-off pipe belonging to my ıajor."

Fifteen hundred in three days, if the gures are considered, gives some idea of ıe reason why men wounded are hurried ack to the base. In the next three days ıere might be another 1,500 for treatment, nd thus the hospital must be cleared as it lls. Discomfort to the seriously wounded ıay be involved, but such abnormal needs ring abnormal measures, and the men stand emporary discomfort without complaint, nowing that the best is being done for ıem.

In this connection may be mentioned the ıe or two letters from soldiers that have een published with regard to (as it seemed them) disorganisation of the medical ser- ce. The letters are not worth quoting, for ıey give the view point of the man who

sees but a very little part, and cannot understand the working of the whole. Overwork for the medical staff at times is inevitable, and isolated cases of lack of proper medical appliances, and even of medical staff, are inevitable, but the system as a whole is worthy of all praise, for never before in the history of war has medical work reached such a state of thorough efficiency. Let it be borne in mind that, at the outbreak of war, the total strength of the R. A. M. C. was under 5,000 officers and men, who were suddenly called on, with such voluntary assistance as could be obtained without delay, to deal with the casualties of an army of over a quarter of a million men. This small regular staff and its voluntary assistants have been faced, not only with the medical treatment of this huge army (huge by comparison with the medical staff itself), but have been called on to treat an unprecedented number of casualties in the history of British military expeditions of modern times. The percentage of wounded has been higher than ever before, and so far not one case of neglect

not one case of avoidable suffering, has been recorded. As to complaints on the part of the men, every force that takes the field has its percentage of grumblers, who, to use the Irish expression with regard to their kind, are never happy unless they are miserable. When credit is given to the Army as a whole for the work it has accomplished, the R. A. M. C. must be remembered for the way in which its officers and men have kept the Army as a whole in health, and dealt with the many wounded who have come into their hands.

Writing early in September, a medical officer tells of what the work on the first stage of the way home—as distinct from work in the firing line—is like. He tells how he amputated the arm of a German officer who, in civil life, was one of the judges of the Berlin courts, and how in two days he saw buried more than fifty German and English dead. "They lie side by side in the same grave in an orchard, the German prisoners and our boys standing round as the Major read the burial service. In one spot sixty

German gunners lay dead and mutilated around their shattered battery. The Germans are now (September 11th) in full flight before the British; we are going over the ground they have covered, and it is heartbreaking to see the wreckage left.

"To-night we are lodging in a kind of boarding-school for girls, with 61 wounded Germans and about an equal number of English, together with a number of prisoners."

Such a letter as this is worth quoting, illustrating as it does the point of effective description without effort. In reading, one is able to realise the state of the country that the German forces have devastated, and the terrible effectiveness of artillery fire on the German battery which left "sixty German gunners dead and mutilated." This without any reference to the grey light of dawn or destroying angels; a man has spoken sincerely, here, of the things he has seen, and his simple phrases carry conviction and have full descriptive power, without forced similes.

In all places of this kind the sanitary

measures are of the most rigid description. The fact that typhoid had appeared among the German troops meant that all suspected areas on which our troops came had to be disinfected by the medical staffs, all drinking water had to be examined, and every possible precaution taken to avoid a similar outbreak among our own men. For the gathering of a number of men together under abnormal conditions, necessitated by war, facilitates the spread of disease of epidemic character enormously, and that which in peace time would be a simple case for treatment becomes in war a threat against the health of the whole force. Along all the lines of communication sanitary measures are insisted on to the fullest extent, and every camp has its sanitary staff, devoted to the preservation of health rather than the treatment of sick and wounded.

On the way home the wounded man finds that certain things which have formerly appeared as part of the daily routine of life have become utter luxuries. Imagine, for instance, the man who has been lying in wet

trenches for a week or two, and who gets the chance of a warm bath in hospital. It is an event, a tremendous luxury, and the clean clothing that follows forms an equally great event, while the fact of being able to smoke a cigarette and know that another of the same kind is waiting to be smoked later is almost too good to be true. Little simple things assume great proportions, for endurance of the abnormal conditions of war gives one a better sense of values, and the man who has undergone the ordeal by fire is never quite the same afterward.

The contrast between trenches or lines of fire and the hospital is sufficient to impress the most unimaginative. On the one hand, mud and the reek of cordite ; meals snatched hastily ; a chance for a wash in a bucket in which other men have also washed, occurring perhaps once a day, and perhaps less—sometimes men have to go for a week without a wash ; no chance of changing clothing, cigarettes only as memories, and the knowledge that a shell may take away even memory itself any minute—and the sight of other men killed and wounded, carried off

from sight. On the other hand, cleanliness and comfort as that is understood outside the area of war. Trimly kept wards, a quiet that is almost oppressive at first; deft orderlies and sympathetic nursing sisters to attend to all needs; time to eat, the chance to smoke, sufficient clothing and a comfortable bed. The soldier notes all this, though he does not often put it into words, and the effect on him of such a contrast is permanent. Always, in the future, he will consider a bath and a cigarette differently from his old way of considering such things, for he has learned to estimate more truly, and is all the better for it.

The fact that such a contrast is possible is due to the organisation of the medical staff, which brings the wounded out from the firing line, affords first aid in the nearest possible place of safety, drafts the men back to the field ambulance, which hands them on to the ambulance train or to the clearing hospital staff, which in turn passes them on to the hospital ship, and they come by way of British ports home to recovery under such care as no man could buy fifty years

ago. The organisation that has brought to pass such a state of efficiency as this is worthy of all praise and all assistance that may be asked.

In arduis fidelis, the motto of the Medical Corps, is worn by its officers and men on their badges, beneath the badge of the laurel wreath, enclosing the rod of Æsculapius with a serpent entwined. The R. A. M. C. is one of the youngest of military units, but already it has fully justified the motto that distinguishes its members, who have been found faithful in every danger they have had to face in the course of their duty, and able in every department of their work. And as for bravery, twenty-two V.C.'s had been earned in the corps before this war began.

WAR'S EFFECTS

CHAPTER X

War's Effects

A gunner of the Field Artillery, who was wounded at Mons, gives an idea of the way in which men were tended even in the hurry and confusion of the first days of war. Wounded by shell-fire, this man crawled for over a quarter of a mile under fire, and was then picked up by an ambulance wagon, where he stayed for two days. His next stage was a motor lorry, in which he remained for four days, and thence he was transferred to a field hospital, where for a time it was thought that he would not recover. In the end, however, he was able to be transported home, and made satisfactory recovery, though he will not go back to France to fight again. He counts among the permanent effects of war, though of actual fighting he saw but very little.

One of the worst effects, when positions have to be held, is the number of bodies of horses that cannot be buried at once. Along the position of the Aisne the bodies of whole teams of horses lay piled up, struck down by shell-fire and left to rot. The British troops did their best in cases of this kind, but it was impossible to bury all the carcases, and thus the work of the sanitary section of the R. A. M. C. was rendered doubly hard, for in those decomposing carcases was danger of infection to the troops for miles round.

A curious point in the earlier engagements was that nearly all the wounded who returned had been hit in the legs or feet. This was accounted for by the fact that, on the retreat, there was no chance for digging trenches, as was done later in positions that were held for some time, and the dropping shell-fire from the German guns fell behind such cover as the men selected for their positions on to their legs and feet. It is an old rule with regard to "taking cover" that men should keep as close up to their cover as possible, in order to avoid danger from

ropping shots; in the case of shell-fire, this anger cannot always be avoided, except by roperly constructed entrenchments, for a ursting shell drops its bullets at a much teeper angle than rifle-fire.

There is a story of a man of the West Yorks who, in the trenches one night, took off his coat and wrapped it round a wounded omrade, who lay waiting for the ambulance o come and remove him to the rear. Throughout the night the Yorkshireman tood in the trench in his shirt-sleeves, vith water nearly up to his waist and the emperature not far above freezing point, laying his part in returning the German ire. In the morning he owned to "a bit of a chill that a drink of tea and a smoke vould soon put right," but later on he was ent down to the base with pneumonia. There is no need for comment on such tories as this.

One definite effect of the war has been to end out to the front so many doctors and urgeons that there is danger of the civilian medical staff being reduced so far as to ake away, especially in rural districts, the

men absolutely necessary to the safeguarding of health. In many cases retired medical men have come forward with offers of assistance, but the possibility of the war lasting through the winter, when disease among the civilian population is always greater than in the summer months, has been looked forward to with serious doubts as to the means of providing for the medical needs of the poor. The great hospitals have given of their best men almost too liberally; of the fifteen house officers of St. George's hospital, thirteen received appointments in the Army and Navy medical services, and visiting surgeons have become resident in order to overcome the shortage. In the case of St. Bartholomew's hospital, the lack of medical men is so great that the only chance of keeping the hospital open lies in the possibility of Territorial medical officers being sufficiently near to assist in the work at "Bart's." At St. Mary's, only three surgeons of the resident staff remain to do the work of the whole staff, and the same story has been told by practically every one of the great establishments for the medical

relief of the poor of London and the large provincial centres. In addition to this, the hospitals are supplementing the work of military general establishments by taking in wounded, so that the sick poor who depend on hospitals as a rule are bound to suffer, unless such measures are adopted by all as have been taken in one case, where the hospital authorities refused to release more than a certain number of their medical men for duty with the troops.

Both in regard to the troops under training at home, and the Army in the field, the statistics of health are very satisfactory. In order to assure the continuance of healthy conditions, it has been decided to establish at the War Office a sanitary committee, consisting of military and civilian members, to advise on all matters affecting the health and well-being of troops at home and abroad. In addition to this the Director-General of the Army Medical Service has made a thorough inspection overseas of the medical arrangements, co-ordinating the work of the Army Medical Services with that of the St. John's

Ambulance and Red Cross Societies. If, fourteen years ago, a reputation for "muddling through" in all departments of the Army was deserved, it is evident that there shall be no "muddling" of the same kind in this war, which in the matter of commissariat arrangements, of equipment and transport, and of the British medical service, is conducted with an efficiency of inverse ratio to the number of war correspondents at the front.

The transport of the Royal Army Medical Corps is a matter that has come in for a good deal of criticism at the hands of various experts—and others. There are those who would have us believe that motor ambulances should be exclusively used, but these people know nothing of the realities of war, or they would understand that the horse-drawn ambulance can get to spots where a motor vehicle would have no chance of reaching. The motor service for the wounded is confined to the use of roads, and troops do not always fight near roads, so that a general use of motor transport would involve much

stretcher bearing work over comparatively long distances, with consequent discomfort and pain to the wounded men concerned. For use along lines of communication, the motor ambulance is an ideal vehicle, owing to its speed and ease of running, but near the firing line there will always be a place for the horse-drawn ambulance, which must always form a part of R. A. M. C. equipment. Another of the suggestions which the war brings by the hundred is to the effect that the Army Service Corps drivers attached to the R. A. M. C. to take charge of the ambulance wagons should be superseded by men of the R. A. M. C. itself, specially trained as drivers. Now, as regards the wounded themselves, the point is one that makes absolutely no difference. Theorists would have us believe that R. A. M. C. drivers would be able to attend to the needs of the patients as well as performing their duties with their teams; in practice, the man with an ambulance wagon and a team of horses to manage has so much on his hands that he has no time for anything else, while an

ambulance always carries its staff of orderlies of the Medical Corps to attend to the sick and wounded on the wagon stretchers, and again, the necessity for training men as drivers, whether of R. A. M. C. or of Army Service Corps, leaves no possibility of training them thoroughly in the work of medical orderlies as well. Theorists are always able to suggest a better way of doing things—one that has never been tried and looks well on paper—but the ways of the Army and those of its medical service are based on practice, and sufficient experiments are made every year to assure that the ways chosen embody the best and most reliable methods.

In connection with transport, it is worthy of note that the war has brought about a mass of experiment with regard to the use of motor traction. Cars have been adapted as ambulances, with varying degrees of success, and it has been definitely ascertained that, as a rule, only the chassis of a car is of use in the adaptation of the average touring car to ambulance requirements. The quickest and best way to turn a touring car

nto an ambulance vehicle is to lift the body altogether away from the chassis, and have an ambulance body built on, for the average touring body will not adapt to the use of stretchers and surgical appliances, though several more or less successful contrivances to this end have been sent out for use on the lines of communication.

Among these motor services may be mentioned a volunteer establishment of a motor ambulance convoy, accepted for service with the expeditionary force, and consisting of 41 ambulances, two travelling workshops, three stores lorries, three officers' cars, and ten motor cycles, with a personnel of five officers and 144 non-commissioned officers and men. This convoy, the first of its kind to be used as a complete unit in war, forms a permanent unit of the Army Service Corps, and is under charge of Captain George du Cros. Prominent firms in the motor and other industries have contributed ambulance wagons to the outfit of the unit.

The auxiliary services aiding the R. A. M. C. are many. The Red Cross Societies and the St. John's Ambulance

Corps are chief among recognised helpers, and the outbreak of war has brought into existence many more organisations for the relief of sick and wounded. All these various auxiliary branches must, for the period of their service, count themselves as military units, subject to military discipline and subsidiary to the R. A. M. C. The trouble with the old-fashioned Army Hospital Corps lay in the fact that the medical staff was separate from the military organisation and not amenable to rules of discipline, and this definite disability is only obviated by rendering every man engaged in hospital or ambulance work with the Army subject to such discipline as the Army itself has to undergo.

To a very great extent, the R. A. M. C. works in the limelight. Wherever wounded are to be seen, there the men of the Corps are also, and thus the work has a popular appeal, while the very nature of the work is one that appeals to the vast majority of people and calls forth offers of aid of every kind. Tending the wounded, in the abstract, is an ideal occupation—but the

reality is far from ideal, especially under such circumstances as the battlefields of France have afforded. It is a business with no romantic side, a business of dirt and utter suffering, of danger from fire with no chance of reprisal, such as the ordinary soldier has against his enemy. It is a work, not of suddenly heroic deeds, but of stolid endurance in the face of great and sustained trial, and the man who would make a success of Army medical work is one who, not necessarily built on the lines of a popular hero, has infinite capacity for suffering and endurance of the sight of suffering. It is a work that calls not so much for bravery as for real courage, not for spurts of endeavour, but for prolonged effort. It is defined in the sentence, already quoted—"You have to go on smiling when you're tired."

In picturing the neat hospital ward and the sisters and orderlies at their work, trim beds and flower-decked tables, one gathers a view of only a part of the work of the R. A. M. C. Rather should one picture the medical officer who stood over the body of a wounded man on the field of action, until

himself shot down, or the men of the Royal Army Medical Corps who crossed a shell-swept pontoon bridge every night to bring the wounded out from the firing line, or the corporal in charge of the field operating theatre, at his work while wounded men "grip the edge of the operating table" and are glad of a cigarette, while other cases for operation wait their turn by the dozen. One should picture men sleeping in their cloaks in ploughed fields, occupying the trenches with the fighting men, wounded themselves, or swept out by shell and rifle fire to things beyond humanity's ken. In all their work "Faithful in danger," and, no matter what branch of service they may be called on to undertake, playing a noble part.

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