

CENTENARY HISTORY OF THE ROYAL ARMY MEDICAL CORPS 1898-1998

J. S. G. Blair, Scottish Academic Press, 1998, pp 544

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The Royal Army Medical Corps (RAMC), which celebrated its Centenary in 1998, has played an important supporting, and at times glorious, role in many military campaigns. The army medical services are justly proud of the record number of 37 Victoria Crosses won by their members, who include two of the only three men to win a bar to their VC. Perhaps paradoxically, the formation of the RAMC actually had its beginnings in failure.

CRIMEAN REPERCUSSIONS

The suffering of the troops during the Crimean War (1853-1856) had been brought home to the public by press accounts, the reports of reformers such as Florence Nightingale and the appalling casualty figures. Those with open minds could not ignore two inescapable conclusions: the clinical and organisational failings of the Army Medical Staff, and the confirmation that, during the campaign, disease had again proved to be at least as deadly a foe as the enemy. The report of a special committee in 1876 led to some improvements in medical equipment and the development of six types of field medical units to treat the wounded, including Regimental Aid Posts, bearer companies, movable field hospitals and stationary general hospitals. The regimental surgeon was replaced by the more versatile Regimental Medical Officer, and a depot of medical stores, and most importantly a sanitary department, were established as well. A more specialist wartime role was confirmed in 1885 when the Medical Department was charged with supporting an army corps with '...an organisation designed expressly for the purpose of speedily collecting the wounded during and after an engagement, and removing them from the battlefield to the field hospitals in the rear'.

However, deficiencies both in the numbers and quality of the medical staff remained unchanged, as did the resistance of the 'Big Army' generals to granting them military rank; worrying reports continued to surface about the inadequacies of medical care in overseas garrisons and in the course of minor campaigns. As so often since, it was the British Medical Association who took the initiative to bring about the necessary reforms, writing to Lord Lansdowne, the Secretary of State for War, in 1897. He later agreed to meet BMA representatives, who pointed out the low status of the army medical services, and argued for the formation of a new, specialist and fully-organised medical corps with a clearly defined career structure. They also insisted on military rank for its staff, and eventually the General Staff capitulated. On 23 June 1898 the RAMC received its Royal Warrant from Queen Victoria.

Some important changes had been introduced since the debacle in the Crimea. These placed a new emphasis

on improving the fitness of the soldier, as well as on hygiene and sanitation, the provision of better and prompter basic medical care in the front line, and accurate clinical documentation to accompany casualties from the battlefield down the chain of evacuation to the base hospitals. These tenets were soon put to the test, as units of the new Corps were smoothly mobilised in September 1899 and set off to South Africa to supplement the existing British garrison.

The outbreak of this Second Boer War (1899-1902) on 11 October was followed by some nasty surprises for the infantry and their commanders, faced with cunning, well-camouflaged sharpshooters organised in mobile commandos. The Commander-in-Chief, Sir Redvers Buller VC, lost two major battles in a week at Magersfontein and Colenso, costing him his reputation and his job, but he retained the affection of the troops, who nevertheless referred to him thereafter as Sir 'Reverse' Buller. The 'Medicals' also experienced unexpected problems, as well as predictable shortages, especially of water, and a high incidence of infectious illness. Eating cordite became common: a shortage of matches encouraged soldiers to extract it from their cartridges to light their pipes and cigarettes, and the narcotic intoxication that they experienced proved sufficiently pleasurable to make the severe associated headache acceptable. Another surprise proved to be the frequency among troops from Scottish regiments of notoriously dangerous bullet wounds to the thigh, as well as burns to the back of their knees, resulting from the lack of protection to the sun offered by the kilt and its value as a target for the enemy. As always in major wars the RAMC was greatly helped by the numbers and experience of contracted civilian surgeons and by the Voluntary Medical Staff Corps, forerunner of the TA, but by and large the Corps did well in its first test and continued its transformation into a fully professional organisation.

Inevitably many deaths were the result of the lack of effective treatments and the medical ignorance of the day: for example, the several micro-organisations causing the endemic and epidemic 'enteric fever' were then unrecognised and an inoculation against typhoid, developed by Almroth Wright but permitted only on a voluntary basis, was requested by only 16,000 men from the 350,000 to whom it was offered. Sanitation and hygiene measures too were still imperfect, and lagged behind those employed in other foreign armies. However, some important advances in treatment were achieved during the campaign, including an improvement in the surgical treatment of abdominal wounds and a reduction in overall mortality among the wounded to the remarkably low figure of 8.7%.

ACCUSATIONS OF INADEQUACY

The new Commander-in-Chief, Lord Roberts, and the media too, were complimentary of these efforts until an intemperate report by a special correspondent appeared in *The Times* in May 1900, the first of several written by

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William Burdett-Coutts, MP. He accused the medical services of becoming distracted by excessive paperwork, of brutality and neglect of their patients, and of providing inadequate nursing and care to the victims of the two-month long typhoid epidemic in Bloemfontein. His observations led to debates in Parliament, and a Royal Commission was set up which exonerated the RAMC and rejected Burdett-Coutts's 'extreme allegations'. However, the Commission accepted that there were deficiencies in strength, training and organisation, and a '...deplorable want of foresight' by the War Office was condemned.

Thereafter, whenever the troops marched off to war or to their far-flung garrisons, the RAMC went too. There have been very few years during the past century when the British Army has not been actively involved in some form of war, campaign, battle, skirmish or combat somewhere in the world. Since its formation the Corps has uniquely taken part in every one of them, in a seemingly unending list of major wars, local actions, peace-keeping operations and anti-terrorist campaigns. Most of them are chronicled in this remarkably up-to-date history, which covers all aspects of the RAMC's wartime and peacetime history up to March 1998.

To have dealt with them so thoroughly in this book is a formidable achievement, more so since the result apparently represents only a fraction of the information available in the various museums, records and Official Histories researched by the author, Colonel John Blair. In the 'Introduction' he informs readers that his book is not written as an official or complete history, that the account has had to be representative of the many units and individuals who served in the Corps over the century, and that the amount of available information was so vast that there had to be selection. So, too, must a reviewer exercise discretion in deciding on which of these many campaigns he will comment. This must also involve an element of subjectivity, and whilst other readers will have their own favourites, my own interest was particularly held by the earlier years of the RAMC's first century, the period most unfamiliar to me.

Following the Boer War the able and far-seeing Sir Alfred Keogh became director-general, his speed of promotion truly remarkable in an era of strict seniority. Keogh recognised the perennial problems of under-occupied army doctors in peacetime, dealing with fit young men and unable to gain the experience they will need in warfare: one series of 212 operations by an RAMC surgeon included 110 adult circumcisions! Like his great, but at times terrifying, successor Sir Alexander Drummond, who identified similar problems and solutions during the run-down of National Service, Keogh also saw the need to improve medical standards and training within the Corps. During his tenure of office he was responsible for introducing a series of significant steps forward. Consultant civilian advisers were appointed, and the Army School of Health became a centre of excellence which was able to direct the non-medical army to take measures to control major infectious diseases. The Queen Alexandra Hospital was completed at Millbank in 1905, to be joined two years later by the Royal Army Medical College which moved up from Netley into its new premises next door to the hospital; clinical teachers were appointed and improved training courses developed, permitting both establishments to be formally recognised for Post-graduate Training and

Research. In addition, field medical units were reorganised and developed to receive large numbers of casualties, and the Territorial medical and nursing services were established. Keogh undoubtedly ensured that the medical services were better prepared for their next big test in 1914.

WORLD WAR I (1914-1918)

The mobilisation and transport to France of the British Expeditionary Force and its regular medical units went smoothly: indeed during the war over 5,000,000 men crossed to France under the watchful eyes of the Royal Navy without losing 'a single man, horse or gun'. Army hospitals now had X-ray equipment and bacteriological laboratories, and MOs were sensibly provided with suitable remedies to treat the minor everyday ailments that still occur in war, a lesson that would sometimes be forgotten during World War II.

However, as so often in warfare, the medical goalposts were moved without warning, overtaking existing medical knowledge and techniques; one new challenge was encountered almost immediately as a consequence of pre-war training of field medical units, directed at setting up their bases but not how they should withdraw from them in the face of an enemy advance! The medical services were now faced with additional and unforeseen enemies: new epidemics, and new medical problems created by the conditions of trench warfare; tetanus and gas gangrene from infected and constantly disturbed agricultural soil; the increased surgical damage resulting from improved missile ballistics; the preponderance of shrapnel injuries over bullet wounds, and the increased risk of sepsis that these wounds caused; the high incidence of skin disease; burns caused by flame throwers; the dramatic effects of poison gases such as chlorine, phosgene and mustard; and the poorly understood psychological reactions to stress, presenting as heart disease, bizarre disturbances of gait, amnesia and other hysterical conversions. Nevertheless the medical services again did well, in spite of the sheer weight of the numbers of wounded - 48,000 admissions in July 1916 alone - and the horrific conditions under which they sometimes treated their patients. Stretcher bearers in particular endured repeated danger, exhaustion and a high casualty rate to bring in the wounded, and doctors and padres were sometimes required to bury the dead. The evacuation of casualties left much to be desired in several theatres, and it is upsetting to read that senior medical officers ignored reports to this effect from their juniors and continued to maintain that all was well. A harrowing footnote on p.201 records one doctor's description of the arrival in the Mesopotamian theatre of a ship crowded with wounded patients '...lying in a pool of dysentery 30 feet square...the ship's side covered in stalactites of human faeces...'. It makes a modern reader wonder just how his predecessors coped - and their patients survived.

As the war dragged on the medical services were gradually able to adapt and improve their response to some of the problems encountered, and to develop some of the principles of military medicine that remain in use today. Research was carried out to identify and combat the scourge of surgical shock; inoculations and anti-sera were used to gain better control of some infections; mortality during the transport of casualties to the rear was reduced; surgeons were now able to tackle wounds of the abdomen and major joints with greater confidence; specialist surgical teams were

set up for neuro-surgery, orthopaedics and, notably, plastic surgery by Harold Gillies. Improved rehabilitation was promoted for those with physical and psychological wounds, and the introduction of Delayed Primary Suture produced a dramatic drop in wound infection, a lesson apparently forgotten by the Royal Navy during the Falklands War!

1946 AND THEREAFTER

However, 'the War to end all wars' conspicuously failed to do so, and since then members of the RAMC have seen active service in Malaya, Korea, Suez, Cyprus, Borneo, Northern Ireland, the Falklands, the Gulf, Bosnia, as well as in many major theatres of operation throughout the world during World War II. Just as predictably, the Corps - which by the end of the Great War was larger than the whole of the original BEF in 1914 - suffered a marked decrease in its numbers, financing, training and morale in the period between the two World Wars. Since the end of National Service (NS) there has been a slower, but steady, decline to the present situation of contraction and uncertainty. As recently as 1995 the dramatic down-sizing of medical services recommended by the Front Line First paper produced the reaction from the then-Surgeon General, a sailor, that '...[these changes] are the best thing that has ever happened to the Armed Forces Medical Services. For the first time their work will equate precisely to the civilian NHS'. This optimistic view is not widely shared by serving doctors: the results of a confidential survey were announced in 1997, showing that there was widespread dissatisfaction and loss of morale, with 90% of respondents of the opinion that conditions were deteriorating, and 59% planning to take retirement at the early pension point!

As they read the final chapters of this book, soldiers of previous generations may find the words of the hymn, *Change and decay in all around I see*, going through their heads; some will remember the peacetime RAMC at its greatest during the decades following World War II. My own memories include scores of military hospitals and units spread throughout Britain and around the world, attractive postings in far-away places, Study Periods graced by rows of senior doctors with their maroon brevets and equally colourful non-regulation socks, a scrum of under-employed NS doctors fighting to clerk each new admission, sports teams full of internationals and superb young players, professionals in another life and permanently held on the strength of the Depot, and the visits of genial Irish brigadiers carrying out less than rigorous monthly inspections before enjoying a lengthy lunch in the Mess. The present reality is that apart from a military hospital at Catterick, 'under review' and likely to go, the RAMC now shares its entire UK in-patient treatment facilities with the other two services at the former naval hospital in Haslar, and in three Ministry of Health Hospital Units attached to civilian hospitals in Aldershot, Peterborough and Plymouth. One MDHU is in my own area, and it is gratifying to hear good reports from civilian friends who have made use of it, in particular finding service medics of all ranks to be approachable and prepared to discuss their case at length.

BATTLE FOR SURVIVAL

It used to be said of the old War Office that it would lose every battle it fought, except the final one. Even now, a

century after being formed, the RAMC is engaged in one of its hardest battles, the fight for its identity, and a struggle which the author of this book is uniquely placed to describe. Colonel Blair, who was asked by two former director-generals to write the history of the Corps seven years ago, is a surgeon, a former serving RAMC officer, a Territorial Army commander and a historian with other books to his credit - as well as a fine golfer. He is also a man of stamina, who since 1993 has been the Chairman of the BMA's Armed Forces Committee. This has involved him in the long-running negotiations between the RAMC and government ministers, the 'Big Army', the Treasury and the medical organisations of the other fighting Services, each with their rival, vested interests. Many who read this scholarly work will themselves have served in the regular or territorial RAMC, and will have first-hand experience of some of the events described in this book. However, I venture that few will be familiar with the contents of the concluding chapter: a fascinating, and diplomatic, first-hand account of current medical socio-politics which I found to be as interesting as any in the book.

Centenary History of the Royal Army Medical Corps is a large book, 544 pages in a typeface slightly smaller than my single eye would have wished, and small criticisms can inevitably be made. Its pages are full of the abbreviations and acronyms so dear to the military; a few of them are missing from the helpful glossary and those with no military background may forget the initial definition in the text. Indeed the occasional page is so crammed with abbreviations, unit numbers, statistics about bed states and establishments, and such inevitably dry facts that the eye moves restlessly on. Although it has been extremely well written and most carefully proof-read - I detected only a single typographical error - the text is fairly dense and largely unrelieved. There are a few hand-drawn maps but no photographs, ancient or modern, other than a frontispiece portrait of the RAMC's durable Colonel-in-Chief, HM Queen Elizabeth the Queen Mother. I thought this was a regrettable omission until I belatedly read the 'Introduction' to discover that there is apparently a separate, companion picture-book, *The Royal Army Medical Corps, Reflections on 100 Years of Service*, which I did not have.

THE PERSONAL TOUCH

The author is clearly alert to the danger of blinding his readers with facts. To keep his story fresh and interesting he has made frequent use of personal stories and reminiscences from letters, diaries, reports and interviews, successfully fleshing out the bare bones of the events described and bringing to life the conditions at the time. The accounts of these officers and soldiers, most of them 'ordinary' individuals, certainly helps to hold the reader's attention and gives a very personal, even family, feel to the narrative. The author describes, too, the political developments which have led to each war, the course of battles and engagements that followed, and the overall disposition of medical units. He also summarises the medical and surgical problems that arise and the advances made in dealing with them during each campaign, for example the introduction of penicillin and the advances in blood transfusion which transformed medical care during World War II. Little escapes his scrutiny, even the grateful response of the troops to a message of support from Queen Victoria, whose thoughts were always with her soldiers,

even if her compassion was occasionally off target. One would give much to have witnessed the reaction of Irish soldier Pte Richard Thompson, who on 5 May 1900 received the rarest of military decorations for his bravery at the Battle of Paardeburg three months before: the Queen's Scarf for Gallantry, one of only eight ever awarded, and hand-knitted by Victoria herself after she had rejected a recommendation for the award to him of a Victoria Cross!

I thought the index was surprisingly modest for a book of this length and complexity, in spite of the inclusion twice of General Sir James Baird, a post-war director general and one of the two midwives to this project. It seemed to be weighted too much in favour of people rather than events or subjects; some of them, such as the cartoonist Bruce Bairnsfather, Croft's Circus, the first woman to command a BMH, and even the commander of the Singapore garrison, General Percival, seemed over-promoted, compared to some other figures mentioned only in the text. It was not always possible to use it to track down and check items previously read; indeed an entry for the RAMC itself would have helped to identify seminal events in the life of the Corps. 'Venereal Disease' earns four references, but Psychiatric Service only a single mention: this refers to a two-paragraph account concerning World War II, though the reader does unexpectedly come across other relevant and interesting paragraphs about mental health matters in the footnotes or text. True, there are also individual entries for 'Soldier's Heart', 'Disordered Action of Heart', 'Shell Shock', 'Not Yet Diagnosed (Nervous)', but these all refer the reader to the same pages and an interesting discussion which also includes other stress and psychosomatic conditions commonly diagnosed during the Great War, such as 'effort syndrome', neurasthenia, and 'exhaustion syndrome'. The development of military psychiatry has been described in more focused works, but from a personal viewpoint I would have liked to have seen more about the RAMC's role in this branch of military medicine: perhaps the development of therapeutic communities, selection procedures, or the management of Post-Traumatic Stress Disorder.

However, this must really be regarded as the smallest of quibbles, since from the start Colonel Baird is at pains to emphasise the necessarily selective nature of his history. Certainly there can be no complaints about the enthusiasm, scholarship, narrative and organisational skills that he has brought to writing this handsomely-produced volume.

The *Centenary History* is an immensely thorough and bang up-to-date work, but not a book to be read in a few sittings. Readers should not, so to speak, 'exceed the stated dose': it is best taken step by step, or dipped into on a *p.r.n.* basis as a reference work. The information given in the many footnotes, some of it anecdotal, is particularly rewarding. Somewhere in its pages the historian or diligent reader is likely to find the information he seeks, whether it be the contents of a 1914 RMO's medical bag in the field, a 'blurb' for the Christmas *Pantomime in France* put on by the members of 17 Fd Amb in 1917, information about the Corps Band or the RAMC flag, extracts from *Camp Pie* the medical magazine of Changi POW camp, the careers of the HQ Mess servants, ration scales, RAMC sporting trophies, a Japanese Order for the disposal of POWs in Camp 6 in Formosa in case of an Allied attack, the establishment for manning field medical units and hospitals, or the closure dates of the last major military hospitals.

The book will provoke nostalgia in those readers who have served in the RAMC. They are sure to come across familiar names, units and events - an old friend was the alliterative reminder of the 'filthy feet of the faecal feeding fly' - and long-quiescent memory traces may be reactivated, as indeed may some of the more humorous or scurrilous incidents and stories which belong in the as yet unwritten alternative history of the Corps! In particular a reference to the civilian entomologist at Millbank, the comical and word-perfect Mr John Grundy, took me back to a Tropical Medicine practical class to identify insects, and one justly famous specimen. Crouched in its tiny perspex case, this creature's bizarre proportions and ill-matched appendages would duly baffle each student, before finally forcing them to check the hand-written legend on the back of the box: 'Not a mosquito!'

At the beginning of this book the author succinctly laid out the task with which he had been entrusted: '... to write a work suitable for academic reference which was to include the history of professional achievement, the ethos and development of military medicine as a speciality, the history of military achievement within the socio-political progress during the century and the place of the RAMC within the Army'. I believe he has done so and most impressively too. It has been a heroic task, but an appropriate one, and a story well worth the telling and well told.

It is also well worth the reading. Although it will undoubtedly provide an invaluable source of reference to the military historian, it can be recommended to many other groups of readers. The 'Big Army' has not always been understood of its medical colleagues, though Montgomery, whose life was saved by the RAMC after being badly wounded in 1914, was a notable exception. Even as recently as the Falklands War contingency planning was made no easier by the unwillingness of commanders to keep the Medicals informed about their plans; the *Centenary History* should become required reading for all senior officers, to help them identify better with the role and problems of their medical colleagues and thus to make the best use of their skills and services. It will serve as an education for the new generation of doctors without military experience, and also for those members of the armed forces medical services who are now serving in such uncertain times. It will not only link them with their professional roots but, as they read of the horrors and sacrifices suffered by their predecessors, perhaps also reassure them that things could be worse. *In arduis fidelis* indeed.