EXERCISE "MEDICAL MEILANION"

BY

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People attending recent D.G.'s exercises have often wondered if the impressive standards could be kept up, and there were rumours that 1958 would see a utility production. But Colonel T. M. R. Ahern can trot happily off to the land of Mr. Cecil B. de Mille knowing that in this field he has few equals.

"Meilanion" successfully and dramatically brought us up to date in the progress towards preparedness for nuclear war which the D.G.'s team have been able to demonstrate in his previous exercises, and it added a worthy name to the roll call of fine exercises interestingly described by Colonel Ahern in the Diamond Jubilee number of this Journal. I was glad to see an amendment in the October number restored the name of "Horatius" to the list. In my account of "Royal Road" I mentioned Sir Arthur Porritt's address at "Horatius"—"a lantern to light the military surgeon's path." (1)

It was then also that I first heard a voice ring out at Mytchett which rang again at "Meilanion"—a positive carillon—Colonel Crosse. At "Horatius" he was not only a campanologist but a speleologist, as he stumped through that wonderful underground A.D.S. which he had designed. It was at "Horatius," too, that most of us first met General Fasting-Hansen of Denmark and General Dale of Norway, who were at Mytchett again for "Meilanion."

For the first time our visitors included the D.G.M.S. of Yugoslavia and the Consulting Surgeon of the Yugoslav Army, and Brigadier Hesselblad of the Swedish Defence Medical Board. Our Director-General's long-standing friendship with General Nikolis and Colonel Papo, who incidentally was one...
of the D.G.'s officers during the war, was illuminated by an amusing incident at the Q.A.R.A.N.C. Preliminary Training School, where General Nikolis pointed out that Yugoslavia was coloured on the Information Room map as a Soviet satellite. Our D.G. demanded a coloured pencil and corrected the map to illustrate that country's sturdy independent status.

General Hayes, Surgeon-General of the United States Army, came again with some of his officers, and there were representatives from India and Pakistan, from the Royal Navy and Royal Air Force Medical Services, the Ministry of Defence and various War Office branches and directorates. History was made by a brother and sister attending—Colonel Raven, whom we all knew well, and his sister, Miss K. A. Raven, who is Principal Nursing Officer of the Ministry of Health.

Once again the name of the exercise was drawn from mythology, and when I first heard it I just couldn't think who or what Meilanion was, and neither could the Chief Education Officer in Germany. Knowing what army clerks can do, could it be a misprint for Millenium? No, because, although the D.G. insists, like Scharnhorst, that we must always "stand at the head of progress," he would never suggest that we had reached the end of it. Could the chap be the only survivor of the heroes of Thermopylae? Obviously not. Recent progress in the Army Medical Services training entitles the D.G. to claim that significant steps have been taken towards a great increase in the numbers who would survive atomic attacks.

Here is what the programme said about Meilanion:

"Meilanion accepted the swift-footed Atalanta's challenge to a race. Although it was a foot and not an arms race, Meilanion knew that not only was the penalty for losing certain death, but also that he lacked resources required for success. Therefore he devised certain procedures to lessen the odds against him, and took steps to obtain the necessary special equipment. Golden apples were acquired from the Hesperides and the astute use of them more than neutralised Atalanta's greater physical resources. Thus he was able to accomplish a task which had at first seemed impossible."

On a magnificently painted proscenium against a sombre background of hoplites, chariots, and so forth shone the bright figures of Atalanta, reining back in alarm from the first 20 KT golden apple, and Meilanion still well in the lead. Oddly enough, their clothes were made of exactly the same material, a sort of mythological P.T. kit, and as Meilanion had nothing on above the waist, and Atalanta apparently very little below, ribald speculation as to the object of the chase was inevitable. Mytchett in October is not the place for those unidentifiable but undeniably scanty coverings for which the Greeks probably had a word, so Meilanion had been allowed to grow old, and, suitably robed, he made occasional appearances to admonish the audience, and even the directing staff, with that freedom which is always allowed to these distinguished shades at Mytchett.

But now I must be very careful what I say because two of my careless comments on "Automedon" seem to have been overheard at very high levels, with
unhappy results. First the weather, for which I gave thanks last year, did its best to spoil some of this year’s outdoor demonstrations with ill-timed deluges. Then on a slightly lower level my incautious remark about the absence of pre-exercise study seemed to touch off deluges of paper, equally ill-timed since the last few showers occurred at the height of the leave season. But these papers were so interestingly written and so important to our planning for the future that I positively welcomed this unterpapierbeerdeigung. (Don’t look it up. I invented it and wanted to share it with you. I hope it means “burial beneath paper.”)

So there were few who had not already put in some hard thinking when, after the D.G. had welcomed the very representative audience which he had assembled, the Inspector of Training and the Commandant explained the object and setting of the exercise. Once again we were studying the shape of the field medical organisation of the future against a background of a limited war. As tactical and logistical doctrines for the future gradually “firm up,” so it is slowly becoming possible for us to decide what may be the best shape to adopt before the jelly is allowed to set. And there are signs that we may have a homogeneous jelly rather than a trifle with unidentifiable bits and pieces embedded in a spongy matrix—units whose names and functions must be learned anew by the long-suffering staff. Jelly has a measure of flexibility, and perhaps when the final recipe is determined—transport and equipment equal to the task being added—it may have the tough, rubbery texture unpardonable in that dietary disaster of schooldays, blanc-mange, but essential in a structure which must bear the unpredictable stresses of nuclear war. The sub-unit with which the structure will be built is the field medical company, which looks like being the best method of making full use of what medical manpower is likely to be available; and, of course, to deal with the anticipated task some increase in manpower seems to be inevitable. It was proposed that field ambulances and F.D.Ss. with suitable differences in headquarters, which would include transport, should have two companies and C.C.Ss. four. The field medical company is less suited to the function of general hospitals, but it was suggested that one company should be incorporated in each hospital to increase their adaptability to the part which they would have to play in helping to deal with heavy casualties in their vicinity.

Possible methods of deploying such units in the combat zone and rear areas were demonstrated and discussed; and an interesting idea put forward by the directing staff was that, as base areas would certainly be subjected to heavy atomic attacks, hospitals should not be located there but in the communications zone where greater dispersion might be possible. Base areas would be allotted a suitable number of C.C.Ss. for their medical cover and their hospital cases would be evacuated forward into the communications zone. I was one of those who felt that some fallacy might be lurking here, though I remember propounding during Exercise “Avernus” the need to think in terms of what I then called the “two-way flow” conception of evacuation. However, this is not the place in which to develop these arguments, which will be analysed in the official
report on the exercise where you will be able to read about the discussions. One of the liveliest sprang up rather surprisingly on the subject of who should do the sorting of casualties in a general hospital. In the exercise as a whole there was valuable discussion, but I felt that it was a pity that there was not quite enough time for discussion of Problem I, and that a few senior officers were asked for their views instead of opening the subject to the general debate which I could feel seething under the surface, ready to burst forth like a volcano, or rather like a series of geysers all over the gymnasium.

I know from experience on the directing staff of four exercises how difficult it is to fit everything in and to find enough time for discussion. The D.G. of my day was always afraid of discussion “petering out” if too much time was allowed; and indeed there have been occasions when instead of the cleansing gushes of geysers we have had the lazy borborygmic bubblings of marsh gas from a stagnant swamp. But with a gathering of doctors I would always be prepared to take a chance, and on this particular occasion I think that a geyser or two could have profitably spouted instead of the brief serial in which Lieut.-Colonel Mackay-Dick had his leg gently pulled, and we weren’t quite sure if ours were being pulled also.

Perhaps the directing staff thought that we ought to be compelled to spend more time on the most important and far more difficult problems of the communications zone and base. The problems of the divisional and corps areas are bound to be more simple, largely because in real war many factors limit our field of choice in deployment of medical units. But most of us having spent our war in these areas, we feel a special interest in their problems, and of course love of the field ambulance is a Mytchett tradition, and allusions to the “fairy princess” a recurrent theme song. Well, she didn’t really start life as a fairy at all, and to get the record straight I might explain that it all began with the following introductory remarks to a serial in “Cambyses”:

“It is traditional in medical exercises that when the words ‘Field Ambulance’ are uttered the most comatose officers are stimulated into a watchful vigilance. On all sides of the room crouch the dogs of war emitting low growls of disagreement. A little mangy perhaps some of them—and rather inclined to curl up in a warm basket—but all, like the faithful Gelert, ready to spring upon any brigand who should lay a finger on this little princess of medical units. “So this serial—and any parts of our demonstration touching on field ambulances—are offered as incentives to former field ambulance C.O.s. to gather in bars and explain to one another, or to any others who will listen, how much better they did it themselves.”

Prolongation of the discussion of Problem I would have made us late for our meeting with a real V.I.P. the roar of whose arrival shook and deafened us in the gymnasium—the Fairey Rotodyne presented to us by its designer, Dr. Hislop. The capabilities of this amazing new aircraft in transporting personnel and equipment were demonstrated, and in contrast beside it on a lorry stood the Fairey ultra-light helicopter which a real reporter described as “a tiny bubble of a machine that appears to be hardly big enough for the pilot,
but it has room to take a stretcher case." As an indication of the need to make the greatest use of women in war, the field medical company which had been brought in in the Rotodyne consisted of members of the Q.A.R.A.N.C. who marched smartly past us headed by Major Miss M. Munro, R.A.M.C. This was an excellent curtain-raiser to the afternoon’s outdoor demonstrations, which have been described by many experienced reporters in glowing terms which must have helped to impress on the general public the importance of our work and the great strides which have already been taken.

As we approached the demonstration site in Happy Valley a fine mushroom cloud was rising over it. Heavy casualties had been caused in a rifle company moving forward past the dug-in positions of H.Q. Company. These positions, which lay before us, had not escaped damage, and the R.M.O. and his R.A.M.C. sergeant had been killed. But a most efficient R.A.M.C. corporal survived and, together with the stretcher-bearer sergeant, dealt expertly with various casualties and set the uninjured to work at first aid. An ultra-light helicopter soon arrived on a reconnaissance flight and took away one stretcher case; and later four Whirlwind helicopters, making twelve flights in all, ferried in two field ambulance sections with equipment, including shelters. Reinforcement of the R.A.P. survivors achieved, casualty sweeps were soon in progress, first aid being given by R.A.M.C. men before the surviving riflemen carried the casualties to the C.C.P. Some casualties were evacuated in the later flights of the cargo-carrying Whirlwinds, and later evacuation was speeded up by the arrival of four more Whirlwinds adapted to take six stretchers, or four with some sitting cases or attendants. Within half an hour the local situation was well in hand, and now a field surgical team and some half a dozen extra nursing orderlies were seen arriving in the middle distance by the method of "ropeing down" from helicopters, which is used when conditions prevent the aircraft from touching down. These reinforcements came from 44 (Para) Field Ambulance, T.A., and later in the exercise members of that unit, led by Lieut.-Colonel Urquhart, their C.O., demonstrated this method in greater detail, and we also saw them performing the Twenty-Four Procedures in a C.C.S. with great efficiency. The Fairey Rotodyne flew over Happy Valley as a final reminder of the really golden possibilities of the future. From the moment of our arrival there was always something new and interesting happening, and the bustling pace of these events prevented the rain from depressing us. We then went to see an A.D.S. functioning in the "filter" or casualty sorting role; everything reduced to simplicity and directed to a rapid turn-over as casualties were arriving at a rate of some 240 an hour from a near-by nuclear incident from which 1,000 survivors had to be evacuated. The layout of the reception shelter and the drill for rapidly passing through the casualties whilst medical officers assessed them were simple but ingenious and will, I hope, be shown diagrammatically in the exercise report. Efficient work was being done in this A.D.S. by officers and N.C.O.s. of the navy, army and air force of Norway and Denmark, and by R.A.M.C. apprentices under C.S.M. Wright, the son of a serving R.A.M.C. non-medical officer, who was a credit to his corps, his parents, and the training
Exercise "Medical Meilanion"

which he had received. Procedure training, incidentally, was ably demonstrated during "Meilanion" by such widely divergent types as "young men and maidens"—R.A.M.C. apprentices, W.R.A.C. and Q.A.R.A.N.C. O.Rs., some of whom had not seen a patient a week or so before—by Scandinavian allies who mostly spoke good English, and Gurkha combatant soldiers (recently patients in the Connaught Military Hospital) who mostly did not, and by T.A. soldiers. Their conduct supported all that Lieut.-Colonel Brett had told us about the interest and enthusiasm aroused by this training in the experienced and inexperienced alike.

The Q.A.R.A.N.C. medical company which had arrived in the Rotodyne and the paratroopers' surgical team were seen at work in the medical company of a C.C.S. in another part of this afternoon's display; and the final scene near the tea tent was a proposed field hygiene organisation to provide small units which could deal in an advisory, and also in a practical, capacity with the many health hazards of the nuclear battlefield.

Wonderful hopes for the future were stirred up by the sight of helicopters giving what Colonel Ahern called "door-to-door casualty service," by the evidence of how quickly the great majority of untrained people can be made into reliable medical auxiliaries, by dreams of the new medical units in which they will serve, using the many kinds of modern light-weight equipment which we have recently been shown at Mytchett, and the new casualty rations which were shown this year. The D.G. himself has said that we must take our motto from Sir William Slim's words in "Defeat into Victory," and must no longer go "jogging along the highway" but "over the hills and fly away."

We are pressing forward to the day when our outmoded equipment can go to the sign of the three brass balls, never to be redeemed, and we can equip ourselves at the sign of Meilanion's three golden apples.

After I had said in one of the discussions that we must keep enough ambulance cars even in the helicopter age, and the D.G. had shot that one down by asking if I wanted to go back to the bullock tonga, someone said that I might have replied that these had served Wellington very well. So they did, and the incessant shrieking of their ungreased wooden axles seems to have been the most universally vivid memory of the war to Peninsular veterans. But the sufferings they inflicted on the wounded were appalling. Sergeant Donaldson describes it as "excruciating torture" (2); and the French, despite Baron Larrey, seem to have been no better off. An anonymous Saxon rifleman, der junge Feldjäger, who served under Napoleon and, after capture in the Peninsula, under Wellington, says: "No one felt the inconvenience of these carts more than the sick and wounded, who ... in addition to their bodily suffering had to endure this abominable noise for five or six days together." (3)

In its advocacy of the maximum use of helicopters "Meilanion" was preaching to the converted. This aircraft is firmly fixed in the popular mind as the modern medical magic carpet, and if the casualties of any future war should be deprived of its life-giving advantages the public and the Press would very rightly execrate anyone who was responsible. But even when we have all the helicopters, and
the aircraft of the Prestwick Pioneer type (STOL), that we need, there will be, in a European theatre especially, many occasions and perhaps days on end when for various reasons, mainly weather conditions, flying will be impossible. I would suggest that these limitations on flying may be increased by the fog of war likely in certain meteorological conditions to hover over the nuclear battlefield. The weather is noticeably affected by the smoke of the Ruhr which often precipitates local fogs. London's "smog" is notorious. Although the occasional nuclear test may not affect the weather, and although it may be usual for the mushroom clouds to rise rapidly to great heights and be carried away by high wind currents, I wonder if any meteorologist would deny the possibility that the nuclear battlefield may often be a smoggy spot. The faithful ambulance car nosing its way through mists and mud will still have a part to play.

Outside the main theme of the exercise were some splendid professional contributions, and one on the fringe between the professional and the administrative—a graphic account of the Lewisham train disaster by Lieut.-Colonel Lerman, A.E.R., who is consulting anaesthetist to the Lewisham group of hospitals.

After a talk by Mr. Ainsworth, from Porton, on the ballistics of bullet wounds, Colonel A. G. D. Whyte and Lieut.-Colonel J. M. Matheson described the really alarming effects of modern high velocity weapons such as the F.N. rifle. The equally alarming subject of the great amount of whole blood which would be needed in war and the methods by which those needs may be met were brought home to us by Mr. Ruscoe Clarke, of the Birmingham Accident Hospital, and Dr. Maycock. Mr. Clarke's lecture will be printed in the British Medical Journal, and I am sure that anyone who heard him at Mytchett will read this and any subsequent papers by him, and that, whilst reading, they will hear in imagination his impassioned evangelistic voice. During one of the discussions he echoed Mr. Lewin's plea of last year that surgeons in war should above all be general surgeons. Something which Mr. Clarke said in his lecture reminded me of an aphorism of Sir Heneage Ogilvie that "casualties have survived after lying out all night on an ice-bound battlefield who might have died if they had been recovered earlier and been subjected to the additional trauma of movement." Medicine, Pathology, Virology and Army Health were most ably represented in a symposium on viral encephalitides by a team led by the Commandant of the Royal Army Medical College—Colonel Carmichael, Lieut.-Colonels Wood and Lewis and Majors Bryan and Hart. Lieut.-Colonel Wood, who was in jungle green, had just arrived from the Far East and neatly excused his inappropriate clothes by saying that in these days of air travel an officer was more often accompanied by his virus than by his valise.

General Hughes had every reason to be proud of his team. This was one of the finest professional presentations which has been heard at Mytchett, and earned the adjective "brilliant" from the Lancet's Peripatetic Correspondent (4). A passing reference to the long-outmoded term "P.U.O." touched off a violent diatribe by Brigadier Curran, who vigorously underlined the need for prophylactic inoculations against yellow fever in such places as Malaya. As he
Examine “Medical Meilanion”

admonished all and sundry in his best rumbustious manner, regular exercise attenders will not need to be told that he earned rounds of applause and laughter. His contribution was nicely referred to by the Peripatetic Correspondent as “the lengthiest question I have ever heard asked at a medical meeting.”

I am afraid that this splendid symposium also touched off the longest diversion into history so far inflicted upon readers of these accounts of D.G.’s exercises, because it made me wonder if malaria was really the only cause of all that terrible Walcheren fever which in 1809 wrecked what Sir John Fortescue called “incomparably the greatest armament that had ever left the shores of England” (5). High hopes were raised. Roughly handled by the Austrians, who had inflicted 20,000 casualties upon him at Aspern and Essling, Napoleon and his army were on the island of Lobau, where they had to skulk for over a month. Oh for just one 20 KT missile! Think of it—no Borodino or retreat from Moscow; no Leipzig; no Waterloo. But of course it would have been sad to displace what glamour still draped the horrors of their battlefields by the terrors and mathematical torments and templates of today.

By the time the expedition sailed Napoleon had extricated himself, and had won the battle of Wagram. Poor old Britain was “entering the Continental arena just as every one else was quitting it” (6). All the same in resolute hands, with better secrecy, and better luck with the weather, Antwerp might have been taken and great damage done to the French cause. A few weeks later Wellington had withdrawn after his victory at Talavera,* Austria had made peace, and the great expedition had been evacuated—what was left of it. Of the original 40,000, 35,000 survived but over 11,500 were in hospital. The enemy had killed 106 men, and Walcheren fever 4,000. Of course, it was a pity that the doctors were not consulted during the planning of the expedition. But even if they had been, even if they had seen the report of “two confidential persons” about the prevalence and deadly nature of the fever, they would probably have contributed very little, to judge from their deplorable evidence before the parliamentary committee of enquiry (7), and from the fact that throughout the campaign the Medical Board—Physician-General, Surgeon-General, and Inspector-General of Army Hospitals—never once met to discuss the losses from sickness. One member, Sir Lucas Pepys, refused to go to Walcheren, excusing himself with the memorable phrase that “he knew nothing of the diseases of the soldier.” He was the Physician-General. Another, Thomas Keate, made a good initial impression at the enquiry, being confident that preventive measures could have been taken if the doctors had been consulted. But when questioned about these measures he could only answer lamely, “Medicines that might have been administered for preventing the ill effects of the disease by the season, such as Sir John Pringle describes; which I do not recollect exactly.” Later he admitted that he knew nothing of fevers “as a surgeon.” Fair enough—he was the Surgeon-General; but it was to him, when the Board could agree about nothing, that the full medical responsibility for Walcheren had been entrusted by the Commander-in-Chief, Sir David Dundas. “Old Pivot” himself was not too hot at the enquiry, and when he was questioned about the methods of planning such an expedition he answered, “I cannot say; I am so young in command that I have not had a great many opportunities of having these points discussed.” When he said this he was 76 years old, and had been Commander-in-Chief for eleven months. He had commanded a formation equivalent to a corps at the Helder in 1799. The third member of the Medical Board, Francis Knight, the Inspector-General of Army Hospitals, had been mainly responsible for the dissensions in the Board; but in his evidence he sounds the most convincing of the lot, and one of his points has a

* He left some 4,000 wounded to fall into the generous hands of a chubby ex-drummer boy, Marshal Victor. They were in the care of volunteer doctors under Summers Higgins, and their gratitude to him is attested by the fine Talavera cup in the officers’ mess at Millbank of which we are very proud.
familiar ring today. This was the difficulty of getting enough junior medical officers for Walcheren, and other theatres including Portugal, Sicily, and the West Indies. Asked if better pay would have eased the difficulty he doubted it; and said, "I think there are many other considerations which weighed against the obtaining a sufficient number of inferior medical officers."

Although the future Sir James McGrigor was sent to Walcheren in October, and is rightly described by Sir John Fortescue as being "very efficient and energetic," (5) his evidence is not recorded in the official report; which is perhaps just as well, as in his autobiography he admits that he became hopelessly muddled and lost the thread of his argument. That seems to end our only hope of guessing if perhaps some virus, as well as the rightly convicted protozoon, might have been at work in Napoleon's interests. The last word may be given to Mr. Samuel Whitbread, M.P., in the final debate: "Sent to inevitable sickness, even in that sickness our poor soldiers were neglected. Who could wonder at it when they recollected the ill-constituted, ill-arranged, and ill-digested Medical Board (Hear!). Their head, Sir Lucas Pepys, said what he meant by the investigation of camp and contagious diseases was the inspection of hospitals. He might just as well have said the way to judge of diseases of the foot was to look into a pair of cast-off boots (Hear! Hear!)." The redoubtable Mr. Whitbread also had a crack at Mr. Canning and at General Crauford, who took part in the debate. It is an interesting sidelight on those days that "Black Bob" who, on the day on which the expedition sailed, had been hastening to the field of Talavera with his Light Division, was able to leave the Peninsula to attend the debate whilst his division was holding a river line of more than forty miles. Perhaps it is hardly fair to give the very last word to an Opposition spokesman. In a History of the War by James McQueen published in Glasgow in 1815 before the Hundred Days, which is not so much a history as a contemporary pamphlet, full of blood and thunder, (8) Whitbread is scolded as one of those who were always ready, in Gilbert's words, to praise "every country but their own."

Thomas Keate wrote a long paper in self-justification, and really made out quite a good case for himself and the medical services in general; but rather sacrifices our sympathy by ending with the following snivel. "I am myself, however, conscious of nothing which ought in justice to deprive me of the credit and remuneration due to a long faithful and meritorious discharge of the numerous duties attached to the several appointments with which His Majesty was graciously pleased to honour me."

The production of the exercise was as smooth as ever, and Colonel Niven dropped a hint of the hard work which this involves when, as he drank his beer in a playlet set in a Middle Eastern bar, he said, "I say, this is the real stuff—not like all those wretched rehearsals."

It was said of the medical arrangements of Alamein that wherever a man fell a stretcher was waiting to receive him. At "Meilanion," whenever we had to walk a luxury coach was waiting. On the first morning in the one in which I sat some anxiety was aroused in other passengers by a notice reading "Introducing Frank, your courier-driver." Reassured by my refusal to take the wheel, they continued to shudder at the second notice—"Keep your feet off the Moquette."

These journal accounts aim at encouraging people to read the official report, so I will not summarise the lessons of "Meilanion"; but it will be evident from what I have written, and from the Press reports, that the exercise must have brought home to many more people than usual how far the Army Medical Services have progressed in preparation for the possibility of nuclear war. It
Exercise "Medical Meliaonn"

has often been said that chemical warfare was probably warded off largely by the completeness of our preparations to minimise its effects. We talk of the nuclear deterrent, and no one can pray more fervently than a doctor that it does indeed deter. By preparing for nuclear war we may be helping to avert it. Unlike a great deal of ordinary military training, very little of our medical training is wasted if war never comes, and we have a useful point here for recruiting propaganda. Just as in 1809, pay is not the only thing which counts in recruiting. Better pay and conditions help to get the bodies, but to capture their souls and to make them the kind of men we need the emotional appeal is important. Count Alfred de Vigny, who joined the French Royalist Army just before the Hundred Days, said that the soul of an army was the desire for military glory in battle, and he compared peace-time soldiering to the boredom of incarceration in the belly of the wooden horse, waiting to leap out in Troy. (9) The heavy casualties and muddy horrors of the First World War couldn't quite kill this spirit, and it must be admitted that there was much to enjoy in the last war, especially when periods of trial or long arduous defence were succeeded by victorious advances. Glorification of war has never been quite respectable in our country, but the veterans of many campaigns would not talk so much about them had not there been some secret intoxication. It is essential that we should continue to use the glories of our army's history to give men a proper pride in our military ancestry. Much more of this sort of approach is needed if we are to counteract the malign influence of the military mind which chose to signify that moment when a man ceases to have the honour of being a British soldier by the word "Release."

We are told that anti-army feelings in our nation may date from dislike of the military rule of Cromwell's major-generals. The British Public, which does like to be beside the seaside, never doubts that all the nice girls love a sailor. Sea-going heroes have always been popular. Who remembers any landlubberly leaders contemporary with Raleigh and Drake? The lovable emotional Nelson may indeed have been our greatest military leader, but if he had had the misfortune to survive Trafalgar, and Wellington the good luck to fall at Waterloo, who would be on the higher column? Earl Haig may have a somewhat stolid statue, but the picture of Lord Beatty, cap cocked jauntily over one eye, probably has more emotional appeal.

The last war began to redress the balance at last. Many generals have become positively glamorous figures; and many old campaigners have returned to civilian life with proud and happy memories of their army service. And why not? for after all in each one of them, and indeed in the most unwilling conscript, there must be the genes of Henry's bowmen, of Marlborough's and Wellington's men, of Scots and Irish soldiers of fortune who fought for Gustavus Adolphus, or for anyone who would use their swords. Of course, such military ancestry will not be denied, and we all know how interested our soldiers become in battle or manoeuvres. They like to feel that they know what is afoot, and what the brigadiers and the generals are up to. Too often our old anti-army traditions lead them to suppress or to conceal their interest, just as the prep-school boy
would do anything not to be thought a "swot." But it is not too difficult to foster and stimulate in most of them an interest and pride in the great history and traditions of our Army. The Medical Services' share in that history is illustrated in our V.C. room and in the Depot museum; but it is not too difficult to appreciate the reactions in war time of a young man called up to defend his country when he was offered not a rifle but a bedpan. In due course he learned, perhaps by hard experience, that every man who lets off a rifle needs fifteen or more to supply and maintain him, and that of all these the R.A.M.C. must work farthest forward in the combat zone—the brightest feather in the administrative tail. Then, of course, he was able to understand the spirit of comradeship displayed towards its field ambulance by a brigade which has seen action—a spirit expressed in many war memoirs of the past, and notably in a book about the first campaign in which our Corps took part in its present form, written by a young subaltern of the 4th Hussars. (10)

Everyone knows that there would be very important work for us in Troy, and if our case is properly presented we should be able to convince potential recruits that life in the belly of the Wooden Horse need not be boring or unrewarding. There will always be a number of men who would have liked to become doctors, and who see in the R.A.M.C. opportunities for medical training which perhaps their parents could not afford to give them. But the majority are more likely to regard much of the training as women's work taught to them by women. When talking to our soldiers about their attitude to training I sometimes confess that I am sure if I had not myself wanted to be a doctor and had been called up for National Service in the R.A.M.C. I would have resisted N.O. III training to about my third company conduct sheet. But the threat of nuclear warfare has changed all that. Every man in the armed services must now be trained in first aid, and anyone with more advanced medical knowledge or skill in life-saving becomes a valuable member of any community, military or civilian. Their value to the civilian community deserves special emphasis. The soldier on the nuclear battlefield will never see the horrors which his ancestors saw on the battlefields of Marlborough or Wellington, or even those of the First World War. Dispersion alone will see to that. Civilian communities which cannot disperse or protect themselves in various other ways available to armies would unfortunately be called upon to endure far more than would soldiers. The 1951 D.G.'s exercise pointed the way to the protection of troops in the field from nuclear attack, and our Corps has played a useful part in that sphere ever since, whilst also actively studying how to adapt ourselves for our own particular role. The most significant step in the past two years has been the development of what for want of a better term we still call "Procedure Training," and its demonstration to a very wide circle of interested people, both military and civilian, in our own country and Commonwealth, and amongst our N.A.T.O. allies. "Meilanion" focused further attention upon it. Perhaps only those who know a little of India could grasp the full significance of this training being demonstrated by Gurkha soldiers, members of a race of warriors to whom soldiering is their life, almost their religion, and to whom nursing is
woman's work unfit for warriors. During "Automedon" we heard that a prominent authority on nurse training had said that we had trained the untrainable. Gurkhas are eminently trainable when they are interested, but these men had been trained, and it seemed inspired, without even the benefit of a common language. By training our men and women in this way, and by returning a number of trained people to civilian life to carry on the good work, we are doing work of truly national, and even international importance. We can feel proud of this and this pride may well help us to attract the recruits we need if we are to be enabled to continue to play a worthy part in the Regular Army of the future.

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