THE ARMY MEDICAL SERVICES: A BRIEF HISTORY*  
BY  
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It is difficult to decide when medical officers were first appointed to the army, for before coming to a decision one must differentiate between appointments made solely for the benefit of the king and those for that of others. If the reader agrees with me that where we have information that only one appointment was made we may consider it a personal one, then 1345 is the first date on which I can trace the army having been thought of from a medical attention point of view. In this year a surgeon was appointed to the king's household, four for the army of North Wales, and three for that of South Wales. In this year, too, I found mention of inferior surgeons, who were called barbers, and others known as field shavers, and confess that my knowledge of the early history of surgery and medicine is not sufficient to distinguish between the roles of these people.

Early accounts of what we would now call medical attention make most amusing reading, and I cannot refrain from giving a few examples and extracts.

Henry V, in 1415, engaged Master Nicholas Colnet, a physician, to serve him for one year in Guyenne, or France. He was to bring three archers with him, and his wages were to be forty marks for the period plus a further twenty for the archers. In the same year Thomas de Moretede was appointed surgeon and had to bring with him twelve other surgeons and three archers. His pay was to be a shilling a day and half that for each of his assistants. He was allowed two horses and a wagon for his transport, but his request for money with which to buy instruments was refused. In the next year a William Bredewaldyn was appointed to assist Moretarde, with instructions to impress as many more surgeons as he could, as well as artificers to make instruments.

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The degree of medical skill reached on the Continent in 1536 is well illustrated by the following remarks made in papers published in 1619. They state that wounds made by fiery engines should be cauterised with oil of elders mixed with a little treacle.

A famous Turin surgeon of the time is said to have used a balm for wounds which, if variety is the spice of life, might have prolonged it on that score alone without whatever therapeutic value there might be in the ingredients. The balm was made from "two young whelps, one pound of earth worms, two pounds of the oil of lillies, six ounzes of terebinth of Venice, and an ounze of aqua vitae." Having prepared this mixture, the surgeon then called on God to witness this balm which he used on all gunshot wounds.

It is a great pity that we have no statistics concerning the mortality rates during our earlier campaigns, for we could compare them with the remarkable figure of 6 per cent which was that published for the wounded after the landings in Normandy—a figure which does more to describe the efficiency and skill of the present Corps than many thousands of words of eulogy could ever hope to do.

In 1557, during the reign of Mary, surgeons were appointed to each of the generals at a salary of a shilling a day, and further on in the same account I read that they were appointed to the cavalry at two shillings a day, and to the infantry for one shilling and sixpence. We are left to form our own conclusions as to whether the price refers to the quality of the service administered to, or that of the service itself!

During the reign of Elizabeth I (1558-1603) there was a fixed charge of twopence a week for all troops to pay for their medical attention as and when required. An abbreviated extract of the regulations reads as follows:

"Surgeons should be men of sobriety, of good conscience, and skilful in that science, able to heel all sores and wounds, especially to take out a pellet. All captains must have such surgeons, and ought to fee them to have all their oils, balms, salves and instruments, and necessary stuff... allowing and sparing carriage for same. That every soldier, at the pay day, do give unto the surgeon twopence, as in times past has been accustomed, to the augmentation of his wages; in consideration whereof, the surgeon ought readily to employ his industry upon the sore and wounded soldiers... Regard that the surgeon be truly paid his wages, and all monies due to him for cares that by the same he may be able to provide all such stuff as to him needful. Such surgeons must wear their baldriske, whereby he may be known in time of slaughter, it is their charter in the field."

The mention of the baldriske is most interesting, for, in feudal times it was a belt, or band, normally worn round the waist, but sometimes over the right shoulder. It was an article of military dress, occasionally used to support the sword, which signified the dignity of the wearer, as may be noted in Westminster Abbey on the figures of the Earls of Pembroke and Lancaster. I have found a baldric (note the difference in spelling) described as a roll of material, or a roll of different bits of material, so that it may have served two purposes at the same time, one to distinguish the wearer, and, secondly, as a supply of material...
for bandages. The latter suggestion is, of course, merely surmise on my part.

By 1620 the pay of surgeons had risen considerably, and so had their numbers, for we find that one was appointed to every troop of a hundred men at a salary of two shillings and sixpence a day. Physicians to the General's Train received six shillings and eightpence a day, and those appointed to the General Officers of Horse four shillings. The Ordnance and Pioneers were allotted one barber surgeon at two shillings a day, and two inferior surgeons at sixpence. The latter were what we would now call medical orderlies.

I am in no position to judge the standard of medicine and surgery of any era, but, when reading between the lines of such accounts that exist concerning medical attention in the field, there can be little doubt that the wounded man was considered little more than a damned nuisance, so much so that for many years in our history the badly wounded were given a small sum of money and told to find their own way home!

The Royal Army Medical Corps, as we know it today, dates from 1660, when Charles II formed a standing army. In its initial stages it was very dispersed, for both treatment and hospital service were on a regimental basis. Every regiment had its own doctor and orderlies who wore the badges of the regiment with which they served; that of the Corps today was adopted when it took its present title in 1898.

In addition to the regimental medical staff there were garrison medical officers and hospitals, the doctors for these being specially appointed. The rest of the staff was supplied from local units, with special enlistments for dispensers and clerks. The three senior officers of the Corps were known as the Surgeon-General, Physician-General, and Apothecary-General. The medical equipment and stores were under the control of a Purveyor, who combined the duties of paymaster and quartermaster. The few "other ranks" were known as hospital mates, hospital assistants, apothecaries' mates, and deputy purveyors.

A study of the conditions after the battles of the next few years would lead one to believe that very few of the wounded were evacuated from the scene in anything approaching the modern sense. Picked up from where they lay, yes, but only to be removed to some near-by house or barn where they were left to the mercies of the local inhabitants. It would, in my opinion, be grossly inaccurate to call such places hospitals, for on no single occasion have I found mention of the slightest effort to prepare any building with even such elementary requisites as a supply of clean (let alone hot) water. Of sanitation and hygiene there was none—in fact these were conspicuous by their absence quite apart from anything to do with the care of wounded. We must, however, be fair—or at any rate as fair as we can—and realise that there were no railways and only few and primitive roads, and that, with medical knowledge as it then was, it might well have been best to leave the wounded alone rather than complicate their injuries by a lot of inexperienced handling and jolting. It would, for instance, need a cast-iron constitution to withstand the application, whose
ingredients I have just mentioned, followed by a bumpy journey which ended
with being thrown on a damp and dirty cow-barn floor. One might add, having
mentioned the tuppence contribution, that the wounded, having paid their
money, could take their choice, and one can hardly blame them if they preferred
to be left alone.

The credit for being the first to organise an ambulance service in war must
be given to Baron Dominique Larrey, a Frenchman, who joined the French
army in 1792 at the age of twenty-six. He introduced what were called
ambulances volantes, which were light vehicles that carried the necessary
equipment to attend to the wounded on the field and then, when the situation
permitted, removed them to what really were prepared places for giving them
further attention. He went to Egypt with Napoleon in 1798 and on his return
published, in 1803, what was the first account of a campaign dealing entirely
with its medical aspect, with the title Relation historique et chirurgicale de
l'Expedition de l'Armee d'Orient en Egypte et en Syrie. He had already, in 1796,
published a work with the long title of Dissertation sur les Amputation des
Membres à la suite des coups de feu, étayée de plusieurs operations in which he
points out the necessity of operating as soon as possible before gangrene sets in.
He foresaw the wisdom of having what in the last war were called Advanced
Surgical Centres, and it seems extraordinary that such did not appear till 168
years after—which figure I arrive at by thinking that these advanced centres
did not come into being after the landing on the Normandy beaches in 1944.
In this I stand to be corrected by a year or two, but I most certainly cannot
recall them at the end of the 1914-18 war or, for that matter, their use during
the many operations that took place in India and elsewhere between the two
Great Wars.

A contemporary of Larrey was Baron Percy, who formed a corps of bran-
cardiers, from whom we probably got the idea of our Bearer Corps. Percy's
men were specially enlisted and trained as such, whereas ours were obtained
by detailing sixteen men from each regiment to act as stretcher-bearers, which
is unsound as it weakens the trained fighting strength at a time when it is most
needed. That the man is a bandsman in peace time and plays boogie-woogie
to perfection may be economical, and even to some an asset, but there must be
a sacrifice in training and skill in one of these two extremes.

Though Marlborough had considered his wounded, I think what might be
termed the first British attempt to organise a system for the care and evacuation
of casualties occurred during the Peninsular War, when “Collecting Posts”
for the wounded were formed which were the forerunners of the Walking
Wounded Collecting Posts of the First War. Their disadvantage, like those of
the Peninsular War, was that many men staggered to them and there collapsed
with shock, which I imagine can be—and in many cases often is—as serious
as the wound.

The surgeons present, such as Guthrie, Mcgrigor and Millingen, to mention
only three, realised the ghastly treatment which the wounded had to endure,
but could not overcome the anger of Wellington at the thought that vehicles,
and a certain number of men, should be allocated to their care. The commander-in-chief was the commander-in-chief and his wishes, also his biases, ruled the day however absurd they may have seemed to the cognoscenti of the times.

We have never been a warlike nation so we treat wars rather as we do our weather—a beastly nuisance about which there is little that we can do, and the sooner the storm is over the better. When war breaks out we must, undoubtedly, do something about it. This something generally consists of sending the flower of our manhood to fill the gap while we do a bit of improvisation, followed by large purchases of out-of-date equipment at exorbitant prices, followed again by a perfect spate of production just before the show ends and nicely in time for the stuff to be sold at knockout prices as war surplus. At any rate, who would deny that something like that has not been the case in, and after, both the two Great Wars?

To read of the state of affairs after Waterloo one would think, and quite rightly so, that nothing had been done. The wounded were left to hitch-hike their way to Brussels; others, so I read somewhere, were lucky enough to have been carried on stretchers. It not only seems incredible, but is incredible, that after nine years of almost continuous fighting this state of affairs should still have existed. Sandwiched in between, or added to if you prefer, the actions from Maida (1806) and Waterloo there was the ghastly expedition to the island of Walcheren, on which some two hundred casualties were received from enemy action and nearly 24,000 from disease during the few months they were there in 1809!

In 1815 the fighting stopped and medals, for the first time in our history, were awarded to officers and men alike, but what did we do about improving the lot of the wounded and sick in any future war? The answer is simple and simply nothing.

There had been considerable fighting in Africa against the Kaffirs between 1834-5, 1846-7 and 1853-4 in which some fifteen British regiments, not to mention colonial units as well, had been engaged, but all this was a long way off, and as the medals for the first campaign were not awarded till nine years after it finished, it is more than probable that even the few who troubled to read about it cared very little what happened to the quick, the dead, and much less the wounded.

If this is not true, then it is difficult to explain how it was that when the Crimean War broke out in May, 1854, there had been no advance whatever in the military medical situation. I find it difficult not to laugh at the true situation which prevailed during that war. It has been glamourised by a somewhat inaccurate poem, The Charge of the Light Brigade, in which we are told that cannons volleyed and thundered to right and left of them, being left to infer that they were firing at them, though one side of the North Valley, down which the charge took place, was in our hands. However, in a campaign during the latter part of which the commander of the Light Brigade slept on his yacht Dryad, which was moored in Balaklava Bay, with the permission of the commander-in-chief, it is impossible to be surprised at anything that happened.
Incidentally, Lord Cardigan, the commander of the Light Brigade, came ashore on the morning of 25th October, found that he was wanted, mounted his horse, led the famous charge and then, after capturing the Russian guns, walked his horse back down the same valley, leaving his men to fend for themselves, and returned to his yacht. We often read about the sang-froid of the English in battle, but though I have read a good deal about our military history, this episode surpasses all the others with a large margin to spare.

When one reads this sort of thing can one wonder that the horse took precedence over medical equipment when they were re-embarked at Varna for the final stage of the journey to the peninsula?

I have made a careful study of the impedimenta that were disembarked and can only trace four vehicles which appear to have been allowed for medical use, but not a word concerning any horses to draw them! A unit designated the Hospital Conveyance Corps had been hastily scraped together—the word enlisted is hardly correct, for many of the men had not the faintest idea what they were supposed to do when they arrived at what they facetiously called the crime centre. I suspect that the whole idea behind the raising of this corps was a sort of face-saving device of the high-ups who suddenly realised how slack they had been during the last few years. I humbly apologise if I am wrong, but I have failed to find any mention of their services on any of the fields of battle. I have, however, found mention of the heroic efforts of bandsmen and the fighting personnel, under the guidance of the regimental medical officers, performing deeds of valour and self-sacrifice of which the members of the present Corps may be more than justly proud.

As a matter of strict fact, my grandfather, as C.R.E., was intimately connected with the building of the base hospitals at Scutari, 350 miles away from the scene of the fighting, and the state of affairs there was so terrible and outside our subject that I will leave it out. Miss Florence Nightingale, as all the world knows, did much to relieve the suffering, and it was through her writings and efforts, supported by Queen Victoria, that a Royal Commission was formed in 1857 to go into the whole matter of the care of the sick and wounded.

We must now retrace our steps so as to obtain continuity. In 1854, as already noted, the Hospital Conveyance Corps was raised, which on 21st July of the next year was amalgamated with the Land Transport Corps, which changed its title to that of the Military Train on 11th August, 1856, with the strange arrangement that the other ranks drew their pay at cavalry rates whilst the officers drew those of the infantry.

A Royal Warrant dated 11th June, 1855, announced the formation of a Medical Staff Corps, which can hardly be described as a military unit as the personnel carried no ranks in the military sense. This Corps, which had its headquarters at Chatham, was primarily responsible for the care of the sick and wounded after their return to England, though one of its companies landed in the Crimea. The rank and file had such titles as stewards, wardmasters, barbers, orderlies, cooks, and even washermen. The whole Corps was a hotchpotch and it is not surprising that it did not last longer than 1856.
On 1st August, 1857, the Army Hospital Corps was formed, the members of which were given army ranks and wore the same insignia. On the same date exactly seven years later the name was changed back to that of Medical Staff Corps.

The present title dates from 23rd June, 1898, when the Medical Staff Corps and the Army Medical Staff were united to form the Royal Army Medical Corps, which first went on active service as such with the Nile Expeditionary Force in the same year.

I would now say that the tables have been turned in the field of surgery as regards the civilian and military doctor, for the knowledge gained by the latter in dealing with the casualties of the two Great Wars must have been of inestimable value to the former and, I suppose, the same must be true to a certain extent as regards the prevention and cure of diseases.

I am not conversant with the numerous fields of medical science with which the Corps has had to deal since the beginning of the First World War, each with its own specialists and directorate.

Dentistry was, till 1921, a branch of the Corps, but in that year the Army Dental Corps was formed, which had the prefix “Royal” added in 1947.

The record of the Royal Army Medical Corps is truly brilliant, for I find that up to 1945 it has gained no fewer than twenty-six Victoria Crosses, and two of the only three to which bars have been awarded.

That is a truly remarkable record, but the Corps has another which I am quite sure is very little known. It concerns the Distinguished Service Order, instituted by Royal Warrant dated 6th September, 1866. The first ever awarded to an officer was gained by Deputy Surgeon-General Stewart Lithgow. It is, of course, necessary to include the qualification “to an officer” because, as with all Orders, the Sovereign is the first recipient after its institution.

The doctors will, I am sure, not mind if I end this story with a few words about those without whom it is inconceivable that they could work—the nursing sisters.

The early story of the part played by women in the care of the wounded is gained by inference rather than detailed knowledge. We have seen how in the primitive stages of the development of an ambulance service the idea was to get the wounded back to some village where, it is obvious, the army, so to speak, washed their hands as regards what happened to them afterwards. It is equally obvious that the maternal instinct found scope; for history is studded with various accounts of how women helped the wounded and then assisted them to find their way home. I would even go so far as to say that their help was taken for granted by both friend and foe alike. Though there are a few mentions in our early history of doctors being appointed to the army, there are none concerning women to care for the sick and wounded.

The first person who seems to have realised that women had a part to play in the care of their menfolk was Florence Nightingale during the Crimean War. She, as already mentioned, organised a team of devoted women who performed near-miracles with the slender resources available, and under conditions which
would give the members of the Farmers' Union apoplexy if they heard of the same on a farm.

In spite of all her efforts, it was not till 1881 that an Army Nursing Service was formed which, on 27th March, 1902, was replaced by Queen Alexandra's Imperial Military Nursing Service. Though, as I say, a regular nursing service was not formed till 1881, fourteen ladies were awarded the South Africa Medal, 1877-9, for their services during the Zulu War.

In 1907 a unit known as the First Aid Nursing Yeomanry was formed, and the ladies looked extremely becoming in their scarlet tunics, blue skirts, and forage caps. In 1936 the name was changed to that of the Women's Transport Service with the initials F.A.N.Y. added in brackets after it. This, much to the disgust of those serving in it, lost its identity in the A.T.S. (Auxiliary Transport Service), though they were allowed to wear flashes bearing the words "Women's Transport Service (F.A.N.Y.)" on their shoulders. In the last war they changed their role to that varying from general dogs-bodies to car greasers alternating with the duties of the A.T.S. and became completely divorced from anything to do with the medical service except, perhaps, to drive ambulances.

In 1941 the Queen Alexandra's Imperial Military Nursing Service and the Territorial Army Nursing Service were incorporated into the temporary women's forces. This lasted till 1949 when the Q.A.I.M.N.S. was organised into a Corps of the army with the title of Queen Alexandra's Royal Army Nursing Corps, and nurses were granted regular commissions.

THE HEALTH LESSONS OF CYPRUS, 1955-58

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The background

In 1955 the task of the Army in Cyprus was twofold: firstly, to complete the redeployment from the Canal Zone, and secondly, to build up the two great new cantonments of Dhekelia and Episkopi. But on 1st April with the explosion of the first EOKA bomb a third factor was introduced. In spite of this threat, counter-measures were only slowly developed, and it was not until the arrival in the autumn of the new Governor, Field-Marshal Sir John Harding, together with the Commando, 50 and 51 Brigades and such reinforcements as the Royal Scots diverted on their homeward voyage from Korea, that positive action was taken. It was not a moment too soon. The first service death due to EOKA occurred at the end of October and terrorism began in earnest the following month. With the local police in difficulties, major units were widely dispersed with penny packets in every police station and mining company to prevent, in the former, their being overrun and their armouries being seized and, in the