LETTERS TO THE EDITOR

GLIMPSES OF ARMY LIFE FROM WITHIN

SIR—Please find enclosed a cheque for £2.50 renewing my subscription to the R.A.M.C. Journal and A.M.S. Magazine.

It is only since leaving the Corps that I have regularly seen the Journal and realized what I have been missing! It gives a wide range of articles and I have found the “Glimpses of Army Life From Within” intriguing, as have several people that it has been circulated to in the hospital where I work.

I am, etc.,

FRANK A. GRAY

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2 January 1975.

LARREY: SURGEON TO NAPOLEON’S GUARD

SIR—I should like, if I may, to answer some of the criticisms made by Major-General A. MacLennan in his review of my book “Larrey: Surgeon To Napoleon’s Guard”.

First, his objection to my statement that “with few exceptions, notably Ancient Rome, medical officers were not found in armies before the 18th century.” This appears in my introductory chapter which had to be brief, but I believe that what follows there puts the admittedly sweeping generalization into perspective. Furthermore, I have the support of Garrison (1921) who wrote “in this earlier period (prior to the end of the 18th century) medical officers, as such, were non-existent, and military surgeons when attached to armies, were virtually vassals and body physicians of kings and powerful nobles.”

Second, we come to Richard Wiseman and I can only hang my head in shame, for, alas, I know he never served with the British Navy. Nevertheless, although Wiseman mentions army cases in his writings, I believe it was his service at sea (with the Dutch Navy) that taught him the value of wound incision and (when appropriate) of immediate amputation—as indeed is indicated by my quotation of his remarks on amputation (P. 14). In the restricted world on board ship there was an immediacy not so apparent on land.

However, I must take issue with Major-General MacLennan when he refers to my “gravest error”—namely “claiming that Larrey altered the concept that military operations are all important and going on to criticise commanders including Wellington for not permitting care of the wounded to interfere with their plans.”

I certainly never claimed that Larrey altered this concept. What I said was “he awakened mankind’s conscience to the inhumanity of war” (P.2). Indeed, his own story and the spectacle of his son, the Surgeon-in-Chief of the French Army, “compelled to stand a helpless spectator” at Solferino (P. 101) show how slow was that conscience to respond.

Also I am unaware that I criticised commanders in this context. I simply stated the situation regarding casualties as I believe it was viewed in the past; and so far as
Wellington is concerned I was citing Sir James McGrigor's remarks in his autobiography.

Major-General MacLennan then continues his review with some comments on the "primary aim" of a commander which I find surprising and even disturbing. Before Larrey's day some commanders, for instance the Duke of Marlborough, had shown a deep concern for the welfare of their troops and, by and large, it was these troops who were the most successful. But it was Larrey who showed that casualties could be treated and evacuated from the field of battle without interfering with the military machine. As I commented "The fact that the morale of Napoleon's army was maintained for so long in the face of such concentrated and seemingly endless carnage owed much to the inspiration of this one man" (P.2). The truth as I see it is just the reverse of Major-General MacLennan's standpoint. If the care of the wounded is not an integral part of his "primary aim" then will a commander risk the loss of a battle.

Other things being equal, an army's fighting spirit depends on the quality of its medical services. Larrey knew this and fought against overwhelming odds to bring the fighting spirit of the armies of France to the highest level.

I am, etc.,

ROBERT RICHARDSON

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13 November 1974.

LARREY: SURGEON TO NAPOLEON'S GUARD

Reply to Robert Richardson

SIR—I would thank Dr. Richardson for the trouble he has taken to write and for giving me the opportunity to amplify some of my remarks which he had not fully understood.

Now to deal with the points which he raises.

First. The sentence attributed to Garrison "In this earlier period (prior to the end of the Eighteenth Century) medical officers as such were non-existent etc." can only be accounted for by a slip of the pen or by a misprint*. It should read "to the end of the Sixteenth Century".

To show its inaccuracy I only wish that I had the time to lead Dr. Richardson from the close of the Sixteenth Century (when the composition of European armies had become standardised into regiments with regimental surgeons as part of their complements) to the close of the Eighteenth Century.

In default I would simply invite him (since he has quoted Garrison) to read this authority's remarks on Military Medicine in the 18th Century. The picture (in the 4th edition of Garrison) is of a long established service complete with regimental surgeons

*This factual error may not be a misprint. After 50 years it is not surprising that some parts of Garrison's text require revision. In this instance the recent detailed studies of Elizabethan Armies by Cruickshank apply. Editor.
properly organised military hospitals, centralised control etc. The description be it noted refers in the main to the mid—1700's (when Warfare between the European nations was so widespread). Can Dr. Richardson still maintain that medical officers only appeared at the close of this Century?

Second. The Clinical experience of Wiseman was not in dispute but only the statement that he served in the British Navy.

Third. I have not got a copy of the Author's book to refer to but my memory is that in his opening chapter appears a phrase as follows “Before Larrey the Military (?) machine/ops was all-important etc.” The implication being that thanks to Larrey the care of wounded replaced this.

Be that as it may Dr. Richardson has quite failed to grasp the military significance of my comment that “the primary aim of a Commander is to defeat the enemy and that all else (including the care of the wounded) is secondary to this.”

It does not mean that Commanders neglect the medical care of their troops. Far from it they welcome an efficient medical service as it makes such valuable contributions to the attainment of their aim by conserving manpower and maintaining morale.

What it does mean is that in the final analysis on the field of battle military requirements will take priority over medical ones.

As Dr. Richardson mentions both Wellington and McGrigor I will give specific examples from the Peninsular War to illustrate the above two points.

In the final year or so of the war (i.e. in the North of Spain and Pyrenees) Wellington was greatly helped by the success of McGrigor in returning so many sick and wounded men to full duty.

After the battle of Talavera (which Wellington won) he found himself isolated and without supplies. He saved his army by a prompt retreat even though this meant abandoning his wounded. To have acted otherwise would have resulted in the loss of "England's only Army", the loss of the Peninsular War and the domination of the world by Napoleon.

To end on a lighter note if Dr. Richardson can conjure up a more feeble or ineffectual beast than a Military dog wagged by its medical tail I'd like to see it!

I am, etc.,

A. MacLENNAN

R.A.M.C. Historical Museum,
Keogh Barracks,
Ash Vale,
Aldershot, Hants.
6 December 1974.

**EAR SYRINGING**

SIR—May I draw the attention of your readers to an effective, if homely device, for dealing with the ever present bane of general practitioners — wax.
Metal and rubber syringes have their disadvantages. The former tend to stick and produce exciting mixtures of air and water at unpredictable pressures. The latter suffer from sticking valves, are apt to perish and more relevantly are now difficult to obtain because of manufacturing difficulties.

The garden spray shown in the accompanying photograph (Fig. 1) has been found to be simple and efficient. A piece of rubber tubing connected to an adaptor and eustachian catheter is pushed onto the nozzle, which is kept in the full jet position.

Thirty strokes of the pump produces a steady non-traumatic flow, the instant control of which is effected by the easily controlled trigger. The particular model shown tolerates water at 37° C without adverse effect.

The facility to dispense with a separate water container makes it particularly easy to use for the removal of wax from bedridden patients.

I am, etc.,

B. LIVSEY

The Queen Alexandra Military Hospital,
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27 November 1974.