The first of April 1985 marked the centenary of the Gazetting of the first Bearer Company of the Volunteer Medical Staff Corps. This event is eloquently chronicled by Brigadier Glenister elsewhere in this edition of the Journal of the Royal Army Medical Corps.

It was from these Bearer Companies that the Territorial Army Medical Services stepped forward into History: and what history they did step into. In the span of one lifetime the Territorial Army had done much, seen much, and come far. There are men alive today who transferred from the Volunteers to the TA in 1908, went to France with their units in 1914, and were mobilised again in 1939.

It is important for us all to understand what is the true nature of the Territorial Army Medical Services, what sort of people join it, and the extent of their contribution and dedication.

The servicemen and servicewomen who join the Territorial Army medical units mostly come from civilian jobs outside the National Health Service. Their employments are many and varied, but they are united in seeking to serve their country. Amongst them are civil servants, shop assistants, school matrons, bus conductors, lorry drivers, chartered accountants, and clerks working for the GCE’s which will gain them entry into a School of Nursing.

In 1939 many Territorial Army units went to Annual Camp, and did not return until 1945. Amongst them were officers who were embodied then were Lieutenant, later Lieutenant General Sir Norman Talbot, KBE, TD, MD, FRCOG, FRCP who became DGAMS, Captain, later Brigadier Graeme Warrack, CBE, DSO, DL, TD who became ADMs 1st Airborne Division, and TA Adviser to the DGAMS; and Colonel, later Major General Philip Mitchiner, CB, CBE, MD, MS, FRCs who became DDMS 4 Corps, and Consulting Surgeon Middle East Land Forces.

Since the 1939–45 War many have served in the Territorial Army Medical Services and subsequently in positions of influence and eminence in The Profession. One is the President of the General Medical Council, Sir John Walton, TD, DSc, MD, BS, FRCP.

More recently the RMOs of both the Second and Third Battalions of the Parachute Regiment in Operation Corporate had, before their full-time service, served in the Territorial Army Medical Services.

Of those serving today, the majority of senior officers are full-time consultants in the NHS doing added administrative work. During their time in the Territorial Army they do far more than their training obligation days with their units. They must do their Junior, Squadron Commanders’, and Senior Officers’ Courses and ideally the TA Staff Course if they aspire to command. All this requires a very great deal of spare time, and for their families to be willing to make the same sacrifice. Many wives believe that they deserve the Territorial Decoration as much as their husbands do.

And on top of all this they often give up their leave to enable their colleagues in British Military Hospitals worldwide to get theirs.

Today much is heard of the “One Army Concept”, but does the Regular Army always do all in its power to give the Territorial Army the backing they need and so richly deserve?

Often the spirit of unity is soured by permanent staffs some of whom seem to regard the Territorial Army as second-class citizens, or as having inflated ideas of their abilities and of their position in the TA unit to which they are posted, or whose capability or judgement is questionable. Then there are such matters as Territorial Army Officers being charged casual rates when on duty and staying in a Regular Mess, being required to pay their own air fares when doing a leave relief in Dhusum, or being denied payment for road travel because it is not authorised in advance.

It is a fact that the peace of Europe over the last forty years has rested upon the deterrent effect of the Armed Forces of the Western Powers, and axiomatic that deterrence can be credible unless it is backed by medical services as will enable the Commander to add casualties in the knowledge that they will be well seen to for.

It is no secret that if war were to break out in Europe the Regular Army Medical Services and Reserves, even with assistance from the Royal Navy, Royal Air Force and National Health Service, could not support the First (British) Corps and the United Kingdom Mobile Force without the Territorial Army Medical Services. On mobilisation the Territorial Army provide over half the Field Ambulances, while the TA Hospitals account for something like 10,000 of the hospital beds about 50% more than the total beds in the London Teaching Hospitals. Clearly the “One Army Concept” must stand. The Regular Army has to make certain that TA officers are trained in military skills, and that TA soldiers are trained in military and nursing skills: and that while so doing, service in the Territorial Army remains fun. This is vital to recruit the Army Medical Services Territorial Army to its new ceiling.

The Army Medical Services Territorial Army Units like the County Regiments, are a proud family. The Regulars who have had the privilege of working with them know this. Those who have not should place their own allegiance in the balance and see which way the pointer moves.
VALE VELLA

Over the many years of its life the Journal of the Royal Army Medical Corps has survived a great many Editors, some good, some not so good. Except for the rare but happy occasions when a retired officer has filled the editorial chair for more than a standard tour of duty it has been the custom for Editors and editorial staff to assume office without fuss or fanfare and to depart equally quietly, unsung and often unremembered. But from time to time this tradition of silent transference should be broken and the present occasion is a case in point. The Honorary Assistant Editor, usually a more shadowy figure than the Editor himself, is about to retire and in doing so set a record for longevity in the appointment. Colonel E. E. (Wally) Vella has for 12 years and more filled the post of Assistant Editor with distinction and merit. His tour of editorial duty has extended in duration beyond that of any other serving officer in the history of the Journal.

Some might think Assistant Editor to be an unimportant or lack-lustre assignment, and indeed it could be so in the wrong hands. But with Colonel Vella in the chair the task has been enlivened and brightened, far removed from the commonplace conception of a tired literary hack buried under a sea of galley proofs. Certainly Colonel Vella has done, and none more so, his share of proof reading but it is for his infectious enthusiasm and literary enterprise that he will remembered. From his office, deep in the bowels of the Royal Army Medical College, and amidst a mass of papers, books and files (where it always seems little short of miraculous that he can turn up a correct reference with mathematical precision from an apparently randomized collection of assorted sources stretching from floor to ceiling) there emerges a constant flow of thoughts and ideas for improvement of the Journal. Much of his contribution is towards the encouragement of young authors but at other times he tilts gently at the pompous inexactitudes of contemporary journals or else he quietly puts to rights historical solecisms perpetrated by the lay press. Himself a prolific author - 60 papers published in the last three decades, including on one occasion five papers in one month each in a different journal – and with a prize-winning magisterial review “Exotic New Diseases” about to appear from the press, none could be better equipped than Colonel Vella to maintain the quality of the Journal he loves so much, a task he has accomplished with signal success throughout his period of office. Only last year his edition of the story of medical students who worked in Belsen prompted a flood of reminiscences and a TV programme.

This brief farewell to Colonel Wally Vella, Honorary Assistant Editor and author extraordinary, is an encomium not an obituary and it cannot be concluded without an expression of gratitude from the Journal management for the great volumes of valuable work he has done, and without Editorial best wishes for his continued success with a pen which it is hoped will not easily lie down.

FAREWELL MY FRIEND

IN THIS ISSUE
EDITORIALS I & II

POST-TRAUMATIC STRESS DISORDER (TRAUMATIC WAR NEUROSIS) AND CONCURRENT PSYCHIATRIC ILLNESS AMONG AUSTRALIAN VIETNAM VETERANS. A CONTROLLED STUDY
INTERCOMMUNITY MEDICINE PARTITION, PEACEKEEPING AND PUBLIC HEALTH CYPRUS 1975
PRELIMINARY EXPERIENCE WITH A CERVICAL PATHOLOGY CLINIC IN A MILITARY HOSPITAL
DELAY IN TREATMENT OF TESTICULAR TUMOURS IN THE ARMY
MORTALITY RISK OF EXERCISE ASSOCIATED CORONARY EVENTS COMPARED WITH THOSE OCCURRING AT REST
MORE INFANTILE HYPERTROPHIC PYLORIC STENOSIS?
PLASMA PALUDRINE LEVELS – SOME OBSERVATIONS IN COMMONWEALTH TROOPS IN THE FAR EAST 1970
THE ORIGIN OF THE VOLUNTEER MEDICAL STAFF CORPS IN 1885
ALTERNATIVE MEDICINE: THE ATTITUDE OF THE ARMY MEDICAL SERVICES
ACCIDENTAL IMPALEMENT INJURIES OF THE INTRAPERITONEAL RECTUM CAUSED BY THE BARREL OF THE SELF LOADING RIFLE.

ACADEMIC ACHIEVEMENTS
LETTERS TO THE EDITOR
PUBLICATIONS: ABSTRACTS AND SUMMARIES, 1985
BOOK REVIEWS