THE TRAINING OF R.A.M.C. OFFICERS FOR WAR.

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I.
Among the official books issued recently is one termed "Courses of Instruction, 1923-24." It explains the objects, organization, scope and programmes of courses at the various Army schools of instruction, and draws attention to the underlying principles which determine the nature of schools of instruction as a whole, and to the functions which these schools are intended to fulfil. Then follow the details of the various schools, which are twenty-five in number and include the senior officers' school, small arms, physical training, education, machine gun, equitation, military engineering and military administration; besides several others of equal importance.

Eight pages are devoted to the R.A.M.C. Training Establishment and the Army School of Hygiene. The former has courses of instruction for newly-joined officers of the R.A.M.C., I.M.S., Army Dental Corps, R.A.F. Medical Service, R.A.M.C. Militia, and the Territorial Army. At the Army School of Hygiene there are courses of instruction for officers, N.C.O.'s and men of all arms; for newly-joined officers of the Medical Services, R.A.M.C.; for sanitary orderlies, and for the higher training of such orderlies as are selected as suitable for sanitary supervisors, instructors and sanitary inspectors. Personnel of the Royal Marines, R.A.F., and the Territorial Army also receive instruction at the School.

In another part of the book there is a description of the School of Military Administration, where three officers of the R.A.M.C. attend the senior officers' course held at this School annually. This appears to be all that affects the R.A.M.C.

This book is interesting to peruse as it demonstrates the advances made in training and educational arrangements in the Army since the War. It demonstrates also the care which is taken to provide sound uniform teaching, and the dissemination of this teaching throughout the Army. Yet to the R.A.M.C. officer the book provides food for reflection.

II.
The great majority of the individuals who compose the Army, officers and men, join raw and are trained in and by the Army. During their service they receive additional instruction in new subjects and attend refresher courses in subjects which they have already studied. To them the Army is a big training school in which they have learnt all that they know of their profession.
The Royal Army Medical Corps officer, in contrast to this majority and in contrast to his own warrant officers, non-commissioned officers and men, joins the Army as a qualified man, presumed to be already trained, who requires but a smattering of drill, interior economy, and familiarity with military conditions to fit him for his duties. The need for instruction in the military medical side of his profession is but tardily recognized outside his own Corps. Cavalry, infantry and artillery, for example, are organized in peace as they are in war; their constant daily training is devoted to the duties required of them in war, and they have no definite role to play in peace. In short, they exist for war. But the Army Medical Services of peace and the Army Medical Services of war are two separate entities, differing widely from each other in organization, equipment and scope. The war Medical Services spring into being only on mobilization, created from a nucleus peace Medical Service which has been carrying out onerous duties in treating the sick, which has had little opportunity of studying the changed responsibilities that have to be assumed on the outbreak of war.

In view of the tendency to regard the Army as a large training establishment designed to train its personnel for war, it is curious to observe how few facilities exist for the instruction of R.A.M.C. officers in the theory and the practice of war medical administration. And war subjects, unlike professional subjects such as medicine and surgery, cannot be studied outside the Army at civil educational institutions.

The need for a refresher course in professional subjects is recognized and the R.A.M.C. captain goes through an excellent professional course of study at Millbank. In this respect he is fortunate, for he obtains gratis instruction such as his civilian confrère cannot obtain without considerable expenditure of money. Beyond this, the R.A.M.C. officer receives no further instruction during his service unless he happens to be one of the fortunate trio selected annually for the Senior Officers' Course at the School of Military Administration. (The inclusion of R.A.M.C. officers among those eligible to attend this course is a very distinct forward step.) Otherwise, the R.A.M.C. officer is barred from training establishments. There is no Senior Officers' School for him, no Staff College, and no refresher course of any description even in professional subjects.

He may attend the Captains' Course at Millbank with five or six years' service, before he is 30: though he serves on to the age of 60 and completes thirty years' service or more, the Army will teach him nothing, but will examine him periodically for promotion in subjects which he has to learn up for himself. Many of these subjects have a distinct war value, though others have not. Examination questions on peace time routine duties or on the Geneva Convention, answered from pre-war training manuals and regulations published in 1906 and 1911, cannot be termed progressive.
The wide subject of gas warfare has to be given an equally wide berth, due to the absence at present of a literature on the subject. Questions in hygiene examinations, however, represent situations with which the administrative medical officer of the future will have to deal, and in this respect hygiene appears to score a progressive victory over other subjects.

Let us refer briefly to the facilities which exist for the instruction of the Other Ranks of the R.A.M.C. After leaving the depot, N.C.O.'s and men receive instruction in technical duties at the hospitals where they are serving. The examination papers in the various subjects are set at the depot, and there is a definite pass-standard for all stations, whether at home or abroad. The standard of training is high and the instruction is good. The R.A.M.C. soldier, if he wishes to gain promotion to warrant rank, must read hard and pass many examinations. He appears to be well provided with general educational and Corps training facilities wherever he may be stationed in times of peace. What he is not trained in is field ambulance work, but this no doubt will be rectified in the near future when Camps of Instruction are recommenced. The impression of the writer is that the R.A.M.C. soldier of 1923 is as well educated and trained, and as efficient for war, as were our Glorious Contemptibles when they set out on the great adventure in August, 1914.

IV.

In pre-War days the instruction in field medical duties was obtained at Medical manoeuvres, R.A.M.C. Camps of Instruction, Medical Staff tours and General Staff tours. Medical manoeuvres and Camps of Instruction provided a useful war training for personnel likely to be employed with field medical units in war. The exercises usually demonstrated the working of the medical services of an infantry division, together with the details of field ambulance organization and equipment; every medical officer, whatever his rank, should be conversant with these matters. Staff tours dealt with the divisional medical organization, the problems connected with evacuation of casualties to a pre-supposed base, and the medical services of corps and armies (in the pre-War conception of these formations). It is more than probable that these or similar field exercises will be resumed in the near future, when financial conditions permit, but while recognizing their value and utility we must also realize their limitations. For such exercises do not cover the whole ground of instruction. They are limited to the duties in action of the medical units of a division and to the administrative duties of A.D.’sM.S. or D.D.’sM.S. of formations, while these formations are engaged in definite military operations. This is part only (and indeed a very small part) of the medical administrative problems which have to be solved in war; and it is the part which is most cut and dried.

There are numerous other matters of importance which have to be dealt with by the Medical Services in war. To define a few of them at
random one would mention the formation and organization of large hospital centres or bases, the fitting out of the medical services of expeditionary forces for service overseas, the application of new medical and surgical discoveries to military medicine, the provision of new equipment and stores, the higher administrative duties in war, the higher organization and policy, the mobilization of the profession for war, the consideration of new means of transport, the methods of dealing with new types of casualties, and war hospital construction. Such problems the military medical officer will have to study if he is to fit himself for his duties in future wars.

V.

As regards the two branches of R.A.M.C. duties, the professional and administrative, the tendency at the present day is necessarily towards the professional, as it is the only branch open for study. Before the war the pendulum swung the other way, as the necessity for senior officers studying administration was then established by those clear thinkers to whom we owe so much. They foresaw the War, and foresaw that the regular officers' duties in the War must be administrative more than professional, as the influx of the civil profession on mobilization would ensure an adequate supply of specialists and well-qualified men. In many ways it was this study of administration which gained the Corps its success in the War, though the high professional standard was responsible also. The professional side is to the administrative side what the Navy was to the Army in the War. The Navy ensured the command of the sea and enabled the Army to be dispatched to France and maintained there. Without this command of the sea the whole Allied cause might have been lost; it was an essential factor which enabled the war on land to be fought to a successful conclusion. Both branches of our duties are essential, but the professional branch comes first. Professional knowledge is the foundation on which administration is built, and must therefore take precedence. The status of the Corps, as judged by the civil profession and by the rest of the Army, depends on the professional attainments of its officers. The clever medical officer, once his ability is generally recognized, is in a very independent position. Even cardinal military sins, should they appear, are readily condoned in the presence of professional genius. In brief, it is by our professional merits that we stand or fall.

During the five years which have elapsed since the end of the War R.A.M.C. officers have not been idle. They have been studying their profession, and the number of degrees and diplomas obtained is larger relatively than before the War. The presence in the Corps of officers with qualifications such as F.R.C.S. and M.R.C.P. raises our status considerably. It is for the benefit of the service in general and for the benefit of the sick soldier in particular that officers should improve their professional knowledge, even though many may retire early into civil
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life where high qualifications are possibly of more immediate value. Nevertheless, the importance of administrative study is not to be overlooked because in another war the R.A.M.C. will have to be expanded enormously, as it was in 1914. Skilled physicians and surgeons can be had in plenty in a national emergency; patriotism will see to this. What the Army will not be able to obtain, what money cannot buy is the skilled medical administrator, for he does not grow outside. Therefore, the Army must eventually begin to create him in sufficient numbers by special training in the subject. Whatever the qualifications of an R.A.M.C. officer may be he will have to become a specialist in medical administration also. And it is from the well-read and well-qualified that the best type of administrator can be developed.

The civil profession and the general public still consider that the services of highly qualified medical men are wasted when they are employed on administrative duties. At first sight this view appears to be quite reasonable but it does not bear analysis. It reveals a disposition to leave the direction of medical affairs in the hands of less able medical men, or of lay administrators, to place the highly qualified individual in the position of a technical adviser who, while able to give valuable advice on his own subject, is not considered capable of taking part in the general direction of medical affairs. Occasionally, the highly qualified may affect to ignore administration, or the less highly qualified to ignore professional work. But while the latter attitude is merely comic the former is serious. The doctrine of "too proud to administer" is reactionary and unprogressive, as the civil profession will probably discover. In the Services and in the civil profession it is the men with the best qualifications and the best brains who are required for administration. If the profession and the Services are to move forward from their present "advisory" positions the highly qualified men turned administrators will lead the forward movement.

VI.

An important feature of Army training is the cultivation of moral. Much attention is paid to this for it is a quality with a high efficiency value in war. Moral is difficult to define but may be described as "guts" and plenty of it. And "guts" not only wins battles; it creates efficiency in all branches of life, civil or military. The cultivation of "guts" is as necessary for the R.A.M.C. as for other branches of the Service—for the senior officer as for the recruit. He who is attending courses of instruction, who is studying and striving to master his subject, acquires this essential quality. He who is not using his brain, who neither reads nor attempts to improve his knowledge, who is not "keen," may fail to acquire it. We hear a great deal about post-War unrest, and most of us have bitter experience of it. Mentally, there is another condition which requires to be combated, and that is post-War rest. For the tendency of peace soldiering after a long war is to "slack." Pardonable in the first few years of peace,
it must not continue as a cherished institution, for collective mental stagnation in any body of men leads directly towards collective inefficiency. Qualitative deterioration is another condition which has to be combated in a reduced *post-bellum* voluntary army, when soldiering in any arm becomes *démédié* among the youth of a nation, when the best brains among the young men are diverted into commercial and scientific channels, and when motives of economy and the absence of any immediate necessity for maintaining a large army result in the retirement of the abler officers to seek for scope in civil life.

In the cultivation of *moral* lies the prevention of stagnation and deterioration, and *moral* is cultivated by instruction. Foster instruction, and mental stagnation ceases. Once efficiency and keenness are developed little difficulty is experienced in finding the right types of recruits. A body of men which is mentally active will not lack them. High ideals and objectives are necessary, but they must be progressive and not reactionary. And in this connexion it is doubtful whether the present universal tendency towards the 1914 standard is wholly sound, though it is sound in part. It aims at re-establishing the high index of efficiency which existed throughout the British Army in that eventful year of world history. Herein it is perfectly sound. But there are numerous arguments against the application of the 1914 standard to future requirements. As regards its application to the Medical Services in future campaigns there is but limited value to be obtained from it. Though many 1914 principles of medical organization in war may affect medical policy for many years to come, the new organization of the Medical Services will have to be built up more from what is likely to occur in future warfare than from what has occurred in the past.

VII.

We are apt to leave war medical questions in the hands of R.A.M.C. officers serving at the War Office. They are in touch with those who frame policy and whose duty it is to remodel and improve the military machine, and they are thus better informed and better placed for dealing with war problems than officers serving elsewhere. Yet the War Office staff is small in number, and much of its time is taken up with routine duties. Hours of work are long, and general surroundings permit of little spare time for reflection. Officers serving at the War Office are specially selected for their ability and experience, and any matters with which they deal are placed in very capable hands. Even so, it does not appear to be quite fair to these officers to leave medical war problems entirely to them. For war problems concern us all and require to be studied by everyone in the Corps. *New conceptions and fresh ideas should emanate from the periphery more than from the centre.* It is the officer

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1 An ugly-sounding word—offspring, perhaps, of a classical mind led astray in the dark corridors of the War Office. Yet it has no English substitute.—M.B.H.R.
serving at out-stations or abroad who should have the ideas; it is for him
to supply them and for the War Office to co-ordinate and assess our varied
experiences and opinions and to pick out what are best. Questions of
medical organization in future wars must be studied by the Corps as a
whole, threshed out and criticized frankly, so that every proposed innova-
tion can be examined from all points of view. Free, unfettered discussion
can assist our leaders materially.

The first volume of the “Medical History of the War” contains an
illustration of the need for general discussion of war problems. In the
original establishments of the Expeditionary Force no motor ambulances
were included. Instead, casualties were to be evacuated in supply and
other vehicles on the return journey to railhead. Though we all knew
that returning empty supply lorries and wagons were neither suitable nor
sufficient for the evacuation of casualties, we did not then realize that our
leaders knew this as well as we did and were striving their utmost to have
motor ambulances sanctioned. Had we studied the organization collec-
tively, had we discussed and represented it, motor ambulances would most
probably have been authorized before the War began. A body of officers
studying such problems and finding out the weaker points of a proposed
organization must carry considerable weight, and with the opinions of the
whole Corps behind them, our leaders could have represented more
effectively the need for motor ambulance transport. The defects they saw
but could not rectify would have been rectified if we had applied ourselves
to a closer study of our own organization for war.

VIII.

We must begin now to think of our future war responsibilities. We
must not be content to accept unhesitatingly the medical arrangements
and organization in past wars, though we must admit that they were born
of wide experience and respect them accordingly. We must realize that we
have to keep up the study of our duties in war and that these duties form
a branch of study quite distinct from our duties in peace. The scope of
the R.A.M.C. in peace is the medical and sanitary care of two hundred odd
thousand young fit men and the families of the married personnel—very
different indeed from its scope in war. Part of the war organization of
the Medical Services is already in the melting pot; the rest of it may
have to be thrown in later on. From now onwards new conceptions of
warfare will begin to crystallize and the crystallization must be observed
closely by the R.A.M.C. Even the deliberations and findings of committees
which considered the medical organization of the late war may be of
limited value. In a few years from now we may be as far removed from the
principles and methods of the late war as we were from those of the Crimea
when we mobilized in 1914.

Another matter requires our attention. In other branches of the Army
military education is forging ahead. Large numbers of officers have
passed through the Staff College and the standard of military efficiency has risen considerably. The good officer of field rank possesses ability as well as application, and is striving to master the higher branches of military science in order to fit himself for the duties he will have to perform in war. If we do not begin to study our own higher organization we shall find ourselves at a disadvantage, for staff officers may be as conversant with medical war organization as we ourselves are. And there is the risk also of finding ourselves placed at a mental disadvantage. For an officer who has graduated at the Staff College, who has held higher staff appointments and has had good facilities for military study at several schools of instruction, and who in addition is endowed with ability and inspired by keenness, may mentally outclass a comrade of greater ability who has had no facilities for study nor had his imagination developed. To obtain a medical degree is in itself an index of ability; if ability appears to be lacking in later life—if the individual has not "clicked"—the inference is that keenness has not been fostered nor inspiration received. Inspiration can be found in professional subjects, but not to any extent in dull peace-time routine administration. Where it lies in abundance is in the preparation of the Medical Services for future warfare.

X.

At the present moment then, the Army is being educated and instructed continually but little of this education or instruction comes our way. We have an excellent professional "refresher" course at Millbank, and we are very grateful for it. We cannot at present expect a senior officers' course in medical administration for the very simple reason that courses cost the taxpayer money, and the taxpayer does not seem inclined to spend one penny more on the Medical Services of the Army than he can help. But though schools of instruction cost money, schools of thought cost nothing. We can begin to study the subject ourselves, and we have a journal to record our views; we can begin to study our future war organization, personnel, equipment and transport, and how these can be developed. The tactical employment of medical units, their adaptation to meet new military conditions and new medical responsibilities, the exclusion of non-essentials, and the inclusion of the tank, the aeroplane and even the motor lorry in the Medical Services—these are a few of the problems which will require our careful collective study in order that sufficient data may be obtained for committees or individual officers who have to decide eventually what our policy is to comprise. Recommendations made by such committees or individuals are likely to receive more attention if they are supported by the considered opinions of officers throughout the Corps.

There is no "general staff" for the Army Medical Services—that is, no branch of the Director-General's staff dealing solely with war problems, operations and training, on lines similar to the general staff of an army. The question arises whether we cannot do some of this general staff work
ourselves if we cultivate the divine gift of imagination and apply it to our future responsibilities. The advantages accruing to the Army in general from this development may establish the necessity for special administrative training and for the opening-up of other Army schools of instruction to our officers in order that our sphere of usefulness may be enlarged. As regards courses of instruction, though it is expensive to relieve officers from duty and maintain them at definite schools for definite periods, yet it is comparatively inexpensive to send instructors to hold classes at the larger stations where officers can attend while performing ordinary duties. It may be that the existing training and teaching institutions of the R.A.M.C. at Millbank and Aldershot will expand to cater for larger numbers of officers, to hold short courses of instruction in both administrative and professional subjects, or to form a "Mobile Teaching Unit." And the Army is not so conservative as to ignore the value of present-day methods of teaching, such as the evening class and the correspondence class. Perhaps these may help to meet the case. The medical man, if he is to keep abreast of his profession, must be a student all his life; in addition, the medical man in the Army, if he is to keep abreast of his duties in war, must study administration all his service.