"WELL, WHEN I WAS AT THE WAR ——."

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Mr. Chander Lall Mookerji wrote to me thus: "The youngs and the olds, the highs and the lows, the riches and the poors, all join together in praising Your Honour's magnanimity."

But that was some time ago.

No longer am I magnanimous.

Patience, complacence, tolerance and good humour have been driven out of me by the scourge of "Well, when I was at the War ——."

With this formula the young and the old, the high and the low, the rich and the poor, all join together in boring each other and depressing the community.

Although more than ten years have passed since the Great War came to an end, "Well, when I was at the War ——" remains the commonest tag in the language of the Royal Army Medical Corps. It is almost universal.

And yet, except in moments of forgetfulness or levity, this formula is never used nowadays by other branches of the Service. The attitude adopted by the Army (less the R.A.M.C.) is based on important reasons which will be examined presently. Meanwhile, it is time to protest against, and to beg some relief from, the attitude adopted by the Royal Army Medical Corps. After all, ten years of "Well, when I was at the War ——" is a pretty heavy sentence.

The blight of boredom apart, it is now high time that the formula be scotched on urgent and serious grounds. Were it merely a case of boredom, one might grin and bear it a little longer—finding some measure of consolation in the words of Marcus Aurelius Antoninus: "Accustom thyself to attend carefully to what is said by another, and as much as it is possible, be in the speaker's mind." But there is more to it than that. "Well, when I was at the War ——" is not used solely to introduce an innocent, albeit interminable, series of reminiscences. No. It is used in apparent forgetfulness of the fact that the Great War was not the first war, and is not likely to be the last. As the old Roman put it: "There is nothing new: all things are both familiar and short-lived. All things are the same, familiar in experience, ephemeral in time, and worthless in the matter. How ridiculous, and what a stranger he is, who is surprised at anything which happens in life."

Perhaps the repetitive form of "Well, when I was at the War ——" made its début on the banks of the Tiber, when the legionaries returned from the campaigns in Gaul. Certainly it is no new infliction. In his
"History of the British Army," Sir J. W. Fortescue tells how Webb won the action of Wynendale, in the Low Countries, in September, 1708; and follows this by remarking that "Webb became a celebrated bore with his stories of Wynendale." This is a possible explanation of the regrettable language indulged in by Marlborough's troopers in Flanders.

Again, "Well, when I was at the War —" is used to sanctify what follows, to give the speaker's words dominion, majesty, and power, to neutralize—ay, to destroy—all argument. It is used on every possible and impossible occasion, apropos of anything, everything, or nothing. It is used at conferences and promotion examinations, on staff rides and on manoeuvres—to support an opinion, to make a point, to convince a doubter, to deliver a dialectic knockout.

Wherever and whenever the officers of the Royal Army Medical Corps do most congregate, "Well, when I was at the War —" holds undisputed sway:

Used indiscriminately in this way, without regard to time, place, and conditions, the formula is valueless as an opinion, a guide, a silencer, or a knockout. To quote Marcus Aurelius again: "Consider that thou dost not even understand whether men are doing wrong or not, for many things are done with a certain reference to circumstances. And, in short, a man must learn a great deal to enable him to pass a correct judgment on another man's acts."

"A man should always have these two rules in readiness; the one, to do only whatever the reason of the ruling and legislating faculty may suggest for the use of men; the other, to change thy opinion, if there is any one at hand who sets thee right and moves thee from any opinion."

"All things soon pass away and become a mere tale, and complete oblivion soon buries them. What is even an eternal remembrance? A mere nothing."

"Observe constantly that all things take place by change, and accustom thyself to consider that the nature of the universe loves nothing so much as to change the things which are and to make new things like them. For everything that exists is in a manner the seed of that which will be."

If a problem arises which is, in its essential features, comparable with a similar problem in The Great War, it is legitimate to draw on memory—if it can be trusted, and on experience—if it is worth anything. Otherwise, it is not legitimate, relevant or reasonable to preface your remarks with "Well, when I was at the War —": indeed, it may be dangerous; and, in any case, it is futile and only serves to confuse and sidetrack the issues under discussion.

It's a far cry from Kut to the Khyber. It is farther still from the Khyber to Cambrai. In fact, it is too, too far.

Have regard to the circumstances of each case.

"Remember, that to change thy opinion, and to follow him who corrects
thy error, is as consistent with freedom as it is to persist in thy error.”  
(M. A. Antoninus.)

Once upon a time I was present at a conference, when a discussion arose on that sort of problem which is peculiar to the North-West Frontier. Knowing something of that part of the world, I expressed an opinion which, mirabile dictu, was not prefaced by the magical formula. A critic, who had spent the best part of four years in and around Ypres, arose and said: “Well, when I was at the War ——”

Very gently and tactfully I asked, “What war?”

The answer was an indignant—nay, a ferocious—glare. Again that momentous prelude, “As I was saying, when I was at the War ——”

Again I asked, “What war?”

At least, I meant to ask; but, happening to notice in the presiding officer’s eye a look which, I judged, boded me no good, I sat down hurriedly.

And this, despite the fact that I, too, was at the War.

So now I have learned to find a seat at the back, somewhere near the door. When the formula makes its entrance, I make my exit—to solitude and refreshment in the deserted billiard room.

That is what “Well, when I was at the War ——” is doing for the minority; ruining our popularity and our livers. A very large whisky and soda, consumed alone, is the only known instrument capable of reconciling the conflicting claims of Gallipoli and Gheluvelt, of Shanghai and the Somme, of the Malakand and Mons.

The immunity which other branches of the Service enjoy from this plague is due, primarily, to one hundred per cent inoculation with Field Service Regulations. The second volume of these Regulations begins thus: “The Army will be trained in peace and led in war in accordance with the doctrine contained in this volume. . . . . . . The instructions laid down herein cover a war of the first magnitude, but can be modified in their application to other forms of warfare.”

Observe “a war,” not “the War”; and “other forms of warfare,” not “The Great War first, and last, and all the time.” If only “Well, when I was at the War ——” were changed to “Well, when I was at a war ——” there would be an end to muddled thinking, false comparisons, and wrong conclusions.

Carry the matter further by reading what the Chief of the Imperial General Staff wrote in his memorandum on Army Training, Collective Training Period, 1927. “The Army is going through a period of evolution and reorganization. Scientific progress indicates modifications in our weapons, with the result that tactical methods require reconsideration.”

“In an Army where the senior officers have considerable war experience, and at a time when the lessons of the Great War have not been fully digested, it is inevitable that there should be divergence of views. . . . Officers are apt to allow an exaggerated opinion of their own war
experiences to overshadow the teaching of F.S.R. and the training manuals, which teaching is based on wider experience than can ever fall to the lot of any one officer.”

If “Well, when I was at the War——” can survive that, it can survive anything, and there is no hope.

To continue: “There can be no progress without freedom of thought, but I would impress on all officers the necessity for cultivating a sense of proportion”; or, as M. A. Antoninus wrote: “It is necessary to remember that the attention given to everything has its proper value and proportion. For this thou wilt not be dissatisfied, if thou appliest thyself to smaller matters no further than is fit.”

So much for the kaleidoscope of war in general and for the correct appreciation of proportional values; what about the faculty of memory? “Impressions produced by actual experiences are more vivid and lasting than those resulting from study. But as the scope of experience, however wide and vivid, is limited, the tendency to attach undue importance to these impressions must be guarded against. To make sound deductions from experience, reflection and comparison are necessary.” (F.S.R., II, 3 (3.))

“This absence of similarity among military questions,” says Marshal Foch, in dealing with particular tactical situations, “naturally brings out the inability of memory to solve them.”

It is notorious how defective, coloured, or distorted becomes a person’s memory of experiences; and, when memory refers everything back to one war—the War—it is confined within such narrow limits that it is apt to burst its bounds.

The activities of the Royal Army Medical Corps cannot be tied to slimy duck-boards and rusty barbed wire. Duck-boards and barbed wire are all very well in their proper place; but, nowadays, that is a small and comparatively unimportant place.

Our diehard formula, having reached the age-limit, may well be relegated to the R.P. list.

Since, then, this formula—our present standby—receives no more attention from other branches of the Service than it deserves, what takes its place? The answer to this question will show us the way we should tread; for that which is the chief concern of other branches of the Service must, of necessity, be the chief concern of the Royal Army Medical Corps as well, and in so far as the military part of our education is under consideration.

Instead of repeating an antiquated formula, the other branches of the Service:

(a) Familiarize themselves with the principles of war.

(b) Learn how to apply these principles when confronted with ever-changing and ever-dissimilar tactical situations.

Principles are few, are easy to understand, and are permanent; but, for
many reasons, their correct application under all circumstances, is extremely difficult; and difficulties cannot be overcome—indeed, they may be enhanced—by "Well, when I was at the War——."

"Though it is true that the principles of military art are everlasting, the factors that art deals with and has to take into account suffer a ceaseless evolution." (Von der Goltz.)

"Although the principles of war are neither numerous nor in themselves abstruse, the application of them is difficult and will vary in accordance with the circumstances of each case. No two situations are identical, and therefore the application of the principles cannot be made subject to rules." (F. S. R., II, 3. (1.))

You realize what we are up against here? We say, "Medicine—the Science and Art of Medicine"; but F.S.R. say that "War is an art and not an exact science." Medicine stands on the firm foundations of science, and art is her gentle handmaiden; but, war is art, and a wayward, fickle hussy she is.

What are the principles with which army medical officers should be familiar? To paraphrase Napoleon, they are those which, in the past, have guided successfully the best military medical officers in the field. They may be enumerated thus:—

(1) Conservation of man-power, by—
   (a) Prevention of disease.
   (b) Efficient care and treatment of sick and wounded, so that casualties may be returned, cured, to their units in as short a space of time as possible.

(2) Maintenance of moral, by—
   (a) Hygienic measures.
   (b) Speedy collection, and efficient care and treatment, of casualties.

(3) Rapid evacuation of casualties, so that the mobility and freedom of action of the force may not be prejudiced.

(4) Concentration of appropriate medical units and sufficient supplies, at the times and places demanded by the varying situations.

(5) Economy in the use and disposition of medical personnel and material.

(6) Co-Operation, as an ancillary service, with other branches of the Service.

At this, you may feel inclined to object. "What? 'Disposition,' 'concentration'! Why, you are confusing 'Med.' with 'G.,' 'A.' and 'Q.'! That will never do."

Be not deceived.

Sometimes a faint halo of superiority surrounds the very young staff college graduate: the same halo which brightens certain parts of regulations. You sense it, rather than see it. This halo is not bullet-proof. As soon as live cartridge takes the place of blank, it vanishes. The Executive
"Well, when I was at the War——"

Power remains the Executive Power; but it is entitled to, asks for, and often demands Technical Advice. If you have no advice to offer, or if the advice is bad, you will be presented with a bowler hat. There is a sealed-pattern bowler hat which is especially designed to fit the medical profession, and which “G.,” “A.” and “Q.”—the donors—have no intention of adopting.

In theory, some of the above principles may be outside your ken: in practice, to ignore them would be worse than pedantic—it would be unsafe. See F.S.R., I. 5 (4.) and I. 13.

Recitation of these principles may seem to be a recitation of the obvious. But, the obvious is often missed, just as the gift of common sense is often missing.

This list of principles is not likely to be curtailed. It might be enlarged, elaborated, or modified in form. Its provisions cannot, however, be called in question or changed in any way by “Well, when I was at the War——”

There are few absolute principles, but still there are some. When you try to lay down a principle concerning war, at once a great number of officers, thinking they are solving the question, exclaim: ‘Everything depends upon circumstances, you must sail according to the wind.’ But if you do not know beforehand what arrangement of sail agrees with what wind and what course, how can you sail ‘according to the wind’?” (Marshal Bugeaud.)

Of course, this does not worry our formula fans. They know how sail should be set for every wind and every course—and to the devil with the circumstances. “Well—,” c’est tout.

On the other hand, if we pay heed to Marshal Bugeaud, how shall we set about the task of learning how to apply our principles? Can we proceed on lines parallel to those followed by other branches of the Service?

Let us see.

In Training and Maneuvre Regulations, Chapter II, “Individual Training of Officers,” it is laid down that officers must have practice in the handling of troops in the field: that senior officers must assist their juniors in the interpretation of the principles of war as enunciated in Field Service Regulations, by means of concrete cases from military history, and “must also show them how to study military history and the regulations in the light of these interpretations, so that they may learn to apply the principles instinctively in solving any problem, however great or however small, with which they may be faced.”

Next: “An officer’s first duty . . . is to acquire a thorough knowledge of all the details of his own unit, and then of his own arm.”

The importance of reading military history is stressed; and the chapter concludes with sections on lectures, discussions, conferences, debates, essay writing and reconnaissances.

The leitmotiv of the chapter is comparative analysis.

Let us examine some of these points.
Handling Troops in the Field.—Our difficulties are recognized. “As the medical services in peace time have no field medical units, special attention should be paid to the training of these services for war. During divisional or army manoeuvres the medical administrative appointments and mobile medical units should be represented.” (T. and M. Regns. Sec. 4b.)

However, this is cold comfort: and no warmth is likely to be forthcoming so long as the machine is throttled down by financial stringency.

Worse still, manoeuvres are conducted under stress and strain: from start to finish, a race against time. As a result, they are seldom of much educative value except, perhaps, to senior administrative officers. As a rule, on manoeuvres the “Cease fire” sounds just as the medical services are beginning to carry out the duties they would have to perform in actual warfare.

In any case the medical units are plunged into the maelstrom without any preparatory training worth mentioning, and just as if their officers were expected to pick up their roles on the field of battle. Writing of this method of instruction, Foch says: “It is even insufficient, for it could not prepare us for the first actions (which will also be the most decisive ones) of the next war. The campaign would be over when our instruction had only begun; and at the price of results very likely unfortunate.”

We all feel that, some fine day, we are bound to have, at Aldershot, a field ambulance, complete, for training and “refresher” courses. In the meantime, “Well, when I was at the War—” flourishes in the unit’s absence.

Interpretation of Principles by Means of Concrete Cases from Military History.—The combatant branches—and some of the ancillary services too—are catered for by an endless stream of books, and of articles in periodicals, etc. This branch of learning attracts every military writer of any note; and it is the method favoured by the most distinguished military teachers. As a form of study, as a mode of instruction, its development demands patience, industry and understanding; the student, and teacher, must possess powers of judgment, criticism and analysis; in fact, the very qualities essential to the successful practice of medicine. And yet, the interpretation of military medical principles, by means of concrete cases from military history, is a subject which has not received any systematic treatment; it has no literature of its own, and does not seem to have attracted the attention of any of the historians or tacticians in the Royal Army Medical Corps.

Here, surely, is an outlet for the ubiquitous “Well, when I was at the War—.” Judging from the enormous number of devotees to the formula, there should be no lack of research workers and writers, so that this part of the subject would soon be exhausted, thank goodness. We should then be able to take up the investigation and dissection of some other wars, by way of a refreshing change; and, perhaps, have time to think about some possible future wars as well.
"Well, when I was at the War——"

Instinctive Application of Principles to Particular Problems.—"Thence—from the sole consideration of the object—must be derived, first by means of reasoning, later when in the field, automatically our whole conduct, our whole manner of acting. . . . Let us beware of analogy, let there be no appeal to memory—it flies at the very first shot. . . . Finally, we must automatically, unconsciously apply these truths. We must, therefore, have an intimate knowledge of them; they must penetrate our very marrow, become part and parcel of ourselves." (Foch.)

The Royal Army Medical Corps' interests are centered on the study and practice of medicine in all its branches. The Corps has not much inclination and few materials for the study, and little opportunity for the practice, of tactics in a serious fashion. But, if materials for study and opportunity for practice existed, inclination would develop, comparison, reflection and meditation would follow, and instinct would be created.

"It is not some familiar spirit which suddenly and secretly discloses to me what I have to say or do in a case unexpected by others; it is reflection, meditation." (Napoleon.)

But although we are so heavily handicapped in the means and opportunities of acquiring tactical instinct, we are not excused. On manoeuvres, at staff rides, etc., we are expected to do our several jobs just as efficiently as those others who are better prepared. On these occasions, nowadays, reiteration of "Well, when I was at the War——" does not create a good impression, despite the politeness with which it may be received. No matter how great the experience, how dependable the memory, this formula does not connote the possession of tactical instinct. Nevertheless, as year succeeds year, more and more is expected of us in up-to-dateness, efficiency and instinct.

Medical Problems.—These will be included in any administrative exercises." (C.I.G.S., 1926.) "The necessity for field training (of the R.A.M.C.) is fully recognized." (C.I.G.S., 1927.)

"Well, when I was at the War——" is an admission of stagnation. If study and practice are necessary to the development of instinct, surely the instinct, which once appertained to this hoary formula, is, in the year 1929, suffering from disuse atrophy.

Military History.—In this direction the outlook is brighter; a start has been made; still, the histories, reports and similar sources of knowledge which are of use to us, do not compare favourably, in quality or quantity, with those at the disposal of other branches of the Service. In the few medical histories of campaigns which we possess, you will search in vain for humour, pathos, inspiration or romance. These histories are deficient in red blood; for that, you must turn to Henderson's "Stonewall Jackson," Wolseley's "John Churchill, Duke of Marlborough," or to a hundred others; there is no end to them; a splendid array.

It cannot be said that medicine lacks humour, pathos, inspiration or romance. Then—just think—what a fine thing might be made of medicine plus military medical history! But—has anyone ever read the medical
history of the Russo-Japanese War, and lived? If such a one exists, I would ask him: "What benefit did you derive? And—have you read any medical history since?"

The report on the work of the medical services in the campaign in Waziristan, 1919-20, is interesting, if dry; but—were no mistakes made? With some knowledge of Waziristan, it is impossible to suppress the question.

The Official History of the Great War, Medical Services, General History, may be commended from several points of view; still, it is not without its defects. The canvas is too big; and yet, in the middle of it appears Lieutenant-Colonel Fitzsnooks, commanding No. 29/30 Field Ambulance. It seems that the A.D.S. of this unit was captured on that dreadful night in November, 1917.

Now, Fitzsnooks does not interest us at all: what we want to read is, firstly, a copy of Fitzsnooks's orders to O.C., A.D.S., and then an explanation as to why the A.D.S. was captured.

Again, there is too much story, and not enough history: narration swamps tactical criticism, and facts—big, medium and little—choke the life out of the different chapters.

No doubt this history serves the official purpose quite well; but, except as examinees, it will not make students of us; and, so far, there is no substitute for it.

Let the champions of "Well, when I was at the War——" glance at the packed bookshelves of the combatants, and repair our deficiency. If they will undertake this task, they will soon consummate their own salvation; they will grasp what Napoleon meant when he said: "I conquered rather than studied history. I did not retain anything that did not give me a new idea."

"Knowledge of all the Details of his own Unit, and then of his own Arm."—Under present conditions, "knowledge of all the details" is difficult to acquire. Field medical units are in mobilization stores; there is no preparation for manœuvres, which are carried through at top speed: there is no critical literature, and hardly any good history.

Besides, instinct and knowledge are not inborn: or, at any rate, very rarely. "Genius, a gift of nature, creates by itself; this is art. Then comes work, which takes up the facts, analyses, classifies, establishes relations as between causes and effects, wherefrom logic, laws, that is science, are bound to result. The art of war does not escape that rule."

"Are we to say that the power of Genius is supreme and mere work suffers from radical impotence? This might be a well-founded conclusion if Genius were, as work is, within reach of everybody. But it is not." (Foch.)

It is equally true to say that the repetition of "Well, when I was at the War——" can never take the place of the work which leads to knowledge. The fruits of work endure and increase; but the fruits of a formula are as those of the Dead Sea.
"Well, when I was at the War ——

This brings us to a consideration of "Royal Army Medical Corps Training": does this excellent manual fulfil all our requirements?

The answer to this is: "Yes—and No"; and the key to the answer lies in the other adjectives, besides "excellent," which describe its contents. Thus—popular, scientific, versatile, erudite, peripatetic and formalistic. Glance at the sections in the manual, in sequence:

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Contents paraphrased for the sake of emphasis:

- Territorials, please note, From "Bonnie Nell" to Brown Stew.
- Gas.
- Begins with "Well, when I was at the War—": ends with the same thing, after describing "The Fireman's Lift."
- V.A.D.'s.
- The Red Cross.
- Thomas's Splint.
- Bed-pans.
- Vitamins and Brown Stew again.

With the exception of Section IV, the subject matter throughout the manual is good. But what a pot-pourri! Compared with this, jazz is easy. Too much is attempted within one pair of covers. The structure is top-heavy, and its component parts do not blend into one, united whole.

Medical technique and military evolutions do not mix. The sanitarians recognized this when they had published a separate manual on their own special subject; but it is curious to find that, in a comprehensive manual such as "R.A.M.C. Training," there is not a word about hygiene or sanitation.

It is suggested that Section IV should be cut out of the present manual, and issued as a small, separate, manual; or, alternatively, that the present manual should be enlarged, so as to include Hygiene and Sanitation. The former plan is to be preferred, as effecting a complete divorce between professional technique and military tactics.

As regards Section IV itself . . . well, one must be temperate . . . but—what a section!

It is well-nigh impossible to determine its mode of construction: has it such a thing? It is very difficult to find one's way about amongst the different paragraphs, for often they are not in sequence and not complete; often they overlap or are redundant; and always there is tangle and lack of balance.

It is a real labour to attempt to follow up any one subject through the maze. Were it not for such diversions as—for instance—the photographs of Gurkhas (or are they Garhwalis?) playing at cat's cradle, the section could not be tolerated at all.

Worst of all, it is redolent of France, November, 1914 to February, 1918. Occasionally a camel kajawah rolls across the Turkish desert; or a troop of cavalry appears, by accident, on the scene; but, speaking
generally, this section was born and brought up under the blight of "Well, when I was at the War—-".

The section should be re-modelled and re-written.

Reconnaissance.—This includes map-reading and field sketching.

The degree of proficiency which our officers should attain in this branch of work is open to argument; but it is suggested that they should attain to a higher degree than, at present, they possess.

The importance of reconnaissance—including, of course, night reconnaissance—increases in direct proportion to the development of mechanization; therefore, a sound knowledge of this subject must be a necessity for the officers of the Royal Army Medical Corps. Is this generally recognized?

Long-stabilized trench warfare rendered reconnaissance almost unnecessary; and the thoughts of many are still in the trenches—as if this had never been written:—"... and, since existing and potential mechanical developments increase the possibility of carrying out offensive operations of a rapid and highly mobile nature, such operations are to be expected at the opening of a campaign." (F.S.R. II. 8 (1).)

The foregoing remarks are based on T. and M. Regulations. They are designed to bring our ways of thought and training into line with those of the other branches of the Service; though, of course, not up to the same pitch of intensity and proficiency. These remarks contain suggestions which are sharply divided, thus:

(a) Immediately practicable. Those in which the primary factor is work—cost being a secondary consideration. E.g., literature: reconnaissance.

(b) At present impracticable. Those in which the controlling factor is cost—and new expenditure at that. E.g., a permanently mobilized field ambulance.

It is desired to make one more suggestion; but, unfortunately, it belongs to the expensive "(b)" class.

It is considered that a short "War Course," for senior officers, should be held at the end of the Senior Officers' Course, and be additional to that Course. It might last for a month: a fortnight at the Royal Army Medical College—lectures, demonstrations on the model, etc., and a fortnight of advanced field training, at Aldershot.

The watchword of the War Course might be: "A bas! 'Well, when I was at the War—-'"; or, maybe, "Abandon formulism, all ye who enter here."

It is recognized that class "(b)" is in the same category as "stuff that dreams are made on." But, who knows? Some day it will be generally realized that the last war was not a war to end war: that such an idea is premature, and dangerous: and that it can be held only by cravens and cranks. Then we may get the money.

That a permanent field ambulance, and a War Course would be
"Well, when I was at the War ——"  

popular innovations, goes without saying. It also goes without saying that these, in common with most innovations, would arouse criticism, if not opposition. There is a good deal to be said for the view that, as a rule, a reformer is a faddist, until he and his reforms have convinced people to the contrary; that is, the burden of proof is on him.

Criticism, or opposition, may come from without, and from within.

Once the financial difficulties were overcome, criticism from without would soon give way to approval and encouragement. The views of other branches of the Service, post-War, regarding the military position of the Royal Army Medical Corps, are much in advance of the views which were held, pre-War; and, what is more, they are becoming increasingly sympathetic day by day.

Criticism, or opposition, from within is quite a different matter.

Fancy attempting to convince the outraged lovers of "Well, when I was at the War——." Phew!

Then again, we might encounter some powerful criticism deriving its strength and brains from a certain number of our best officers: from those officers who say—and say rightly—that: "A surgeon who has become too much of a military man, and too little of a doctor, wastes one of his greatest opportunities for true military usefulness."

These words are taken from an address to regular medical officers of the United States Army, delivered in May, 1928, by Colonel H. Zinsser, Medical Reserve, Professor of Bacteriology and Immunology at Harvard University Medical School. The address is printed in the August number of The Military Surgeon: it is so sane, so sensible and so stimulating, that it should be read by every officer of the Royal Army Medical Corps.

But although Colonel Zinsser emphasizes the professional point of view, he also draws attention to the grievous effects which follow ignorance of military matters. "Medical officers are of course non-combatants, which technically signifies that they can be shot at, but must not shoot back. Also, they are primarily medical men, and are not regarded by their colleagues of the line as soldiers in any real sense of the word. A great many of their difficulties, therefore, arise from the fact that they are usually ignorant of even the most immediate tactical purposes."

The first quotation expresses sentiments which are altogether admirable. None of us desires to belittle the importance, the necessity, of flying the professional flag at the mast-head. None of us can, and none would wish to deny the truth of the statement made by the author of "Aesculapius Armaque";—"The status of the R.A.M.C., 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."
Quite true. Nevertheless, we cannot afford to ignore what Colonel Zinsser says about military shortcomings. It would have been better had Major Ritchie put it thus:—"Even cardinal military sins, should they appear, may be readily condoned in the presence of professional genius." In other words, even though you may be another Lister, do not put all your money on Profession.

Do the majority of medical officers realize this? It is doubtful. Certainly those who are wedded to "Well, when I was at the War—" have not grasped its full significance. To them, doctoring is doctoring, and war is The Great War. Given a "scheme" which is not sited in the trenches of Flanders, mistakes are made right, left and centre. Not only tactical principles, but general principles as well, are violated. One is sorely tempted to quote a few of the "howlers" encountered from time to time: the quality of mercy forbids.

It is high time the formulists gave up macerating their brains in the mud of Flanders, and attended to Marshal Foch's advice—"Learn to think"; learn to think of this:—"If we keep clearly before us that we are training for the early stages of a mobile war, whether that war be in Europe or in the East, we are doing all that we can to maintain the efficiency of the Army." (Director of Military Training, at Camberley, 1928). Also, learn to think of this:—"Though there is little doubt that the day will come when the British Army again goes to fight on the Continent of Europe, it is more likely to go first to fight in some theatre of the Near or Middle East." ("A. and Q.", by Lieut-Colonel W. G. Lindsell, D.S.O., O.B.E., M.C.).

In addition to the deadweight of "Well, when I was at the War—", there exists another factor which militates against the study of tactical problems. This factor exercises a good deal of influence; it is, therefore, but fair to our famous formula that it should be mentioned here: its name is "Artistry."

We talk of the Science and Art of Medicine.

Field Service Regulations say that war is an art and not an exact science. "Nobody will venture to-day to assert that there could be a science of war. It would be as absurd as a science of poetry, of painting, or of music" (Dragomirow). "Far from being an exact science, war is a dreadful and impassioned drama" (Jomini: Foch).

War and Medicine may have something in common through Art; but they are as the poles apart when it comes to Science.

How does this affect the study of tactical problems by officers of the Royal Army Medical Corps?

This may be answered, and illustrated, by describing the inner history and psychology of any practical examination of majors for promotion to the rank of lieutenant-colonel.

Four candidates: Smith, Brown, Jones and Robinson.
Well, when I was at the War —

Smith is a scientific surgeon. He likes music and dislikes picture galleries. He considers it beneath his professional dignity to study the art of war. (Oh, yes! he is a well-known type.) For the space of a month he crams for the examination, discovers there is something in the subject, passes with a "D," and forgets all he learned by the end of the following month.

Brown is a scientific physician. He is bored by music but is fond of painting. He thinks it is bad professional form to study the art of war. He crams for a period of three weeks, discovers nothing in the subject, but scares—or tires—the examiners by constantly repeating: "Well, when I was at the War ——." He passes by a narrow margin. He is now our most objectionable and dangerous formulist.

Jones is a scientific laboratory worker. To him music is meaningless and painting is puerile; also, the art of war is fatuous, and the notion of studying it rouses his ire. He crams for a fortnight, and the more he crams the more he hates the business. He fails ignominiously, and he is likely to go on failing—until he meets a board with strong laboratory leanings.

Robinson is a good "general duty" M.O. He is more or less interested in music, painting, dancing, the fair sex, food, drink, tobacco, history, Shakespeare and the Holy Bible. He prepares for the examination in his usual stolid, leisurely fashion, and passes: sixty-five per cent.

Let it be admitted that the plight in which Smith, Brown and Co., find themselves is due, in some measure, to insufficient and (or) inefficient instruction: opportunities and facilities are, to a certain extent, lacking. But that is not the whole story: for too often the plight is due to a pose assumed, and cultivated, by the Smith-Brown-Jones fraternity. It is a "superior" person’s pose: this scientific fraternity would have us believe that it is derogatory to study the art of war, except under duress—except under the pressure of promotion examinations.

Perhaps that is stating the case strongly; but, when there is even a suspicion of such an idea abroad, strong statement is necessary.

The fact is that, for us, the study of the art of war is, and must be, additional, and complementary to, the study of the science and art of medicine. To talk or think of the word "derogatory" in this connexion is simply foolish, and there it may well be left.

Occasionally one hears it said that the art of war is a difficult study. It certainly is a difficult practice, but to a qualified medical man it cannot be a difficult study. Here, of course, one is not referring to the art of war as a whole, but only to that part of it which has to deal with military-medical problems. You need not be a Kelvin, or even a Buonaparte, to understand or to expound the doings of "G," "A." and "Q." when confronted with divers medical situations. Moreover, the study is not an irksome one, provided it be tackled seriously. You pass from regulations to manuals, and thence to military history in various forms; to text-books
of sorts, and Service journals and magazines. The attempt to read into this combatant literature the medical lessons which should be there—but which, alas! never are—becomes an engrossing and delightful occupation.

In conclusion, it seems fitting to say something about our own Corps journal, beginning with congratulations, for the *Journal of the Royal Army Medical Corps* has not yet been ridden to death by the Great Panjandrum, "Well, when I was at the War——."

An analysis of what may be called "staff" articles shows that such articles may be divided into three groups:

1. Articles containing information, advice and hints; these articles are sound, and often stimulating. A useful group.

2. Narratives, usually based on personal experiences. These, too, form a useful group; but, if the authors would sometimes introduce an element of comparative criticism, the value of the group would be enhanced.

3. "Schemes." One has nothing but praise for the industry, ingenuity and care shown in the preparation and execution of these exercises; but, firstly, why are they so often products of the imagination? Has history nothing to offer as a basis? And, secondly, how is it possible to follow them without the necessary maps? Those responsible do not seem to realize that, without maps, these schemes are quite unintelligible, except to the handful of readers who have intimate local knowledge.

If the "Well, when I was at the War——" addicts will get rid of their mossy formula and attend to some of the defects in our educational system, their sins will be forgiven them.

The other day the Marqués de Estella, Prime Minister of Spain, declared that: "To rectify one's conduct is the most beautiful of human qualities."