A PLEA FOR INDIAN SERVICE FOR ALL RANKS OF THE CORPS.

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Most of us are struck, on first arrival in India, with the change of system of medical organisation as distinguished from what we have been accustomed to on Home or Colonial Service. Taking firstly personnel, we find the Indian Subordinate Medical Department, the Army Hospital Corps and the Army Bearer Corps; lastly, there is the "nursing orderly"—a cavalry, artillery or infantry soldier doing duty as a hospital orderly. Many of these men, it will be admitted, do their work extremely well considering the amount of training they receive, but it cannot be claimed that they are doing the work of the particular branch of the Service for which they were enlisted. This brings us to the question so often asked by many of us in our own as well as in other branches of the army: "why do the rank and file of the Royal Army Medical Corps not serve in India?" The answer given is usually that the Royal Army Medical Corps men would suffer in health if at continuous hospital duty in India, and that it would be more expensive. With regard to the first-stated objection, it may be pointed out that the health of our men does not appear to suffer in Ceylon, where the climate is very similar to many parts of India, nor in any other colonial stations from this particular cause; nor does it appear to suffer in the case of the regimental orderlies employed in Indian station hospitals under the present system. The second objection will be considered later.

Let us consider what advantages to the Service generally, and to the Royal Army Medical Corps itself, would be gained if service in India for the Corps were in vogue for all ranks. Army Regulations (India), volume ii., para. 890, lays down as follows:—"Orderlies required for special nursing duties in hospital will be furnished by the officer commanding the station . . . . . British soldiers may be so employed for any period up to twelve months. . . . The orderlies will be in charge of non-commissioned officers (trained in nursing if possible). . . . Soldiers employed in hospitals, and at ambulance and nursing classes, will be excused all regimental duties except the annual
course of musketry, and should not be changed." Now, it will be observed that regimental orderlies are only available for duty in hospitals for twelve months. The consequence is that fresh supplies of men have to be constantly undergoing a short course of nursing duties, this consisting of "training in hospital wards for at least one month . . . . those proficient being granted certificates." (Para. 895, vol. ii., Army Regulations, India.) It is true that these men have, in addition, twelve stretcher drills and lectures in first aid before they are selected for the further course of instruction in the wards of hospitals above alluded to, but it is only reasonable to conclude that men so inadequately trained and inexperienced can never be equal to our men either in peace time, or in Bearer Companies (Indian) in which four nursing orderlies are allowed, Field Hospitals (Indian) in which eight are allowed, or in Stationary and General Hospitals in India.

The South African War has shown that we need the most efficient and best trained men for duty in Stationary and General Hospitals, and to a less extent in Field Hospitals, and that such men were obtainable only among the most highly trained of the Royal Army Medical Corps. The same campaign also showed how soon the supply of men of the Corps was exhausted, and how, after the departure from England of the 6th Division, we had to obtain the services of St. John Ambulance men, untrained, specially enlisted men for one year's service, Imperial Hospital Corps, &c.

Now, were our Warrant Officers, Non-Commissioned Officers and men to serve in India, the strength of the Corps would be increased; but what is more important still, an increase in the strength of the reserve of the Corps would result. Thus it is doubtful, with a considerably increased reserve, if we should have to search the highways and byways to obtain men for service in the field in our next big war. Moreover, the men who have served in India would have had considerable experience in the nursing of such cases as severe malaria, dysentery, enteric fever, &c., all of which diseases are, unhappily, always with us in India, and so prevalent as a rule on active service. Under the present system in India the whole of this valuable experience is wasted on regimental orderlies, who, once they leave the colours, are never likely to be again employed in hospitals in the field should they be called up for active service from the reserve. It may be noted here that the only evidence of a man ever having done duty in hospitals is an entry in his pocket ledger, and the nursing
certificate. In the former the entry is often never made, and the latter need not be produced by the soldier should he prefer to serve with his regiment in the field rather than as a hospital orderly.

To come now to the second objection alluded to in the earlier portion of this paper, namely, increase of cost: The ideal system would appear to be to draft trained men of the Royal Army Medical Corps to India in the same way as to colonial stations. But, considering the vastness of India as a foreign station, a large number of men would be required, and as it is not likely that an increase of foreign drafts for India would ever be sanctioned an alternative plan is suggested. This is, that men who are now taken from regiments and batteries for duty as hospital orderlies may, after a course of stretcher drill and first aid, a probationary period of duty in hospital, and passing an examination on similar lines to that they now pass to obtain a nursing certificate, be allowed to elect for transfer to the Royal Army Medical Corps for the remainder of their service. Commanding officers of regiments and batteries might be authorised to allow the transfer annually of a very small percentage (say 1 per cent. or even less) of men of their unit, of not less than three years’ service, to the Corps. The men thus selected would be required to complete eight years’ service with the colours in India, as they would have done had they remained in their regiment. They would be clothed and equipped as Royal Army Medical Corps men, and for discipline, pay, rations, &c., be exactly similar to our men serving in other stations abroad. On completion of their colour service they would be sent to the Depot, Aldershot, for transfer to the reserve of the Corps, or, in the event of their extending their service, would be available for service at home, or in any part of the Empire in which our men serve, which would then also include India.

The establishment of ward orderlies for each Indian station hospital might be the same as laid down in para. 270, Regulations for Army Medical Services, 1900, except that hospitals of less than fifty beds would not be supplied with Royal Army Medical Corps men, but with regimental orderlies as at present. Thus the establishment for a hospital of fifty beds would be five of our men, and a Lance-Corporal or Corporal for their discipline, posting to duty, and to act as librarian and assist in the office. The men would be graded as first, second and third class orderlies and qualify for promotion to the non-commissioned ranks in the usual way. Sergeants, Staff-Sergeants and Sergeants-Major of the Corps could
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be employed at Headquarters of Brigades, Divisions and Commands, as chief clerks to Principal Medical Officers. It is not suggested in this article that the permanent hospital establishment provided at present need be altered. The Subordinate Medical Department, Army Hospital Corps and Army Bearer Corps would remain as they are, the only difference being the substitution of Warrant Officers, Non-Commissioned Officers and men of our own Corps for duty in hospitals and offices for those now taken temporarily from regiments for these duties.

In support of my suggestion that Royal Army Medical Corps men for India might be obtained by transfer of men from regiments, if unobtainable from home, I quote from a paper by Lieutenant-Colonel E. M. Wilson, C.B., C.M.G., D.S.O., of our Corps, published in the Corps Journal of January, 1906. He says: "Some of our best men have been transfers of men perhaps originally employed as regimental orderlies or stretcher bearers, men with one or two years' service in a regiment, well disciplined, of good character, who like the work, and who often give up a lance stripe to come to us. These men should be encouraged." Colonel Wilson also refers in that paper to the great importance of a thorough knowledge of military law and interior economy, and we who serve in India know how "rusty" most of us become in these subjects, and how liable we are to lose interest in our men after a five years' tour.

I hope I have succeeded in showing that many advantages would be gained, not only by ourselves, but also by the army generally, if service in India for all ranks of the Royal Army Medical Corps were adopted.