THE INDIAN HOSPITAL CORPS.

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I.—INTRODUCTORY.

If the proverb that "Happy is the country which has no history" is applicable to lesser entities, the Indian Hospital Corps should indeed be regarded as fortunate, as not only has it no authentic recorded history, but the verbal traditions about its origins and developments are uncertain, partially untrue, and contradictory. The present writer found this to his cost when it fell to his lot to write the six-line succinct history note which now heads the Corps' entry in the Indian Army List.

To obtain the requisite knowledge for that miniature summary a lengthy correspondence had to be conducted and much of the written word perused.

II.—ARMY HOSPITAL NATIVE CORPS, 1881.

In the early days in India the subordinate hospital personnel were raised on a local or temporary basis as considered most applicable according to the circumstances of the case, and there was no co-ordinated connexion between the various military hospitals in the matter of such minor personnel.

The station hospital system, following its introduction in the United Kingdom in substitution of the regimental hospitals in 1873 [1], was applied to India in 1881; to the Bengal Presidency troops in the first instance, the Bombay and Madras armies following suit at a later date [2]. As will be seen, it took the Indian authorities eight years to adopt the system, and when they did so they seem to have been influenced by the issue of new revisions in England, as the official entry occurs in 1881: "following the Regulations of the Medical Department of H.M. Army War Office Nov. 1878." The station hospitals were solely for British troops. Brief respite was only allowed before "Hospital Serjeants of Convalescent or other Depots and of Regiments of Cavalry and Infantry will be absorbed as soon as practicable."

"The allowances for Battery Hospital Serjeants and Acting Hospital Serjeants will be discontinued from 1st November 1881."

The Bengal Army extended over a very wide area from Calcutta in the east to Multan and Campbellpore in the north-west.

The new-type British hospitals were ordered to be established at stations, among others, with such familiar names as Benares, Allahabad, Fyzabad, Naini Tal, Ranikhet, Agra, Muttra, Delhi, Jullundur, Sialkot, Fort Attock, and Nowshera.

These newly formed hospitals had to have staffs of subordinates, and for
this purpose the Army Hospital Native Corps was formed under the authority of Clause 25 of Indian Army Circulars of January, 1881, and the original staffs were largely recruited from the personnel of the disbanding regimental hospitals.

The minor medical personnel of these hospitals consisted of "Compounders, Dressers, Barbers, Ward Coolies, Cooks, Shop Coolies, Bhisties and Sweepers." It was ordered that the new designation of these subordinates in general was to be "hospital attendants," and they were to be classified in detail as "ward servants, cooks, water carriers and sweepers."

It is worthy of note that the rules did not apply to "dhoolie bearers,

or purveyors, or their establishments, who will continue to serve under existing regulations."

Hospital writers, on a civilian basis, were allowed on a scale of "one for each station hospital or independent section thereof" [3].

It was decided that former head compounders, assistant compounders, and head dressers of the regimental establishments might join the new corps as first-grade ward servants, the others (shop coolies, barbers, and ward coolies) as second-grade ward servants.

Fig. 1.—Army Hospital Corps men (in blue) with two dhoolie bearers (in khaki) of the Commissariat-Transport Department.
The establishment for the Bengal Army commenced with 1,872 hospital attendants (891 ward servants, 259 cooks, 297 water carriers, and 425 sweepers).

The new corps had three gradings in each category of personnel. The original rates of pay were:

<table>
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<tr>
<th>Category</th>
<th>First Grade</th>
<th>Second Grade</th>
<th>Third Grade</th>
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<tr>
<td>Ward Servants and Cooks</td>
<td>Rs. 5/-,</td>
<td>Rs. 7/-,</td>
<td>Rs. 9/-</td>
</tr>
<tr>
<td>Water Carriers and Sweepers</td>
<td>Rs. 5/-,</td>
<td>Rs. 6/-,</td>
<td>Rs. 7/-</td>
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<td>Rs. 4/-,</td>
<td>Rs. 5/-,</td>
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The senior sweeper in each hospital was granted a special allowance "for the custody and care of leeches" of Rs. 1/- a month. Quarters were provided for the hospital attendants, but free rations were only supplied when they were employed on foreign service or on board ship. The clothing provided for ward servants was of blue cloth, the long chapkan coat had scarlet piping on the sleeves and cuffs, with a blue and scarlet cotton puggri: "in addition to clothing provided by Government each ward servant will provide, as required, at his own expense a waistband (kamarband) to match the puggri."

No reason is given why the lowly paid third-grade ward servant should have to provide his own waist-band besides feeding himself and his family on his humble 5 rupees a month.

It is difficult to follow the order that "merzais or jackets" would be worn by water carriers and sweepers, as the word "merzai" is correctly applied to a type of shoddy cloth commonly called "militia cloth" and not to a particular kind of garment.

The hospital attendants had a "corps badge" which was to be worn over the left breast, namely "a solid brass disc 2½ inches in diameter, rough grained ground and raised burnished border." The disc was to be made slightly convex and to bear a "crown," the word "BENGAL," and the letters "A.H.N.C."

In fact it was practically the familiar "chapras" or messengers' metal breast badge of present-day official and commercial usage. Grade distinctions were shown by two red cloth rings showing one blue cloth space between, for first grade, and one red ring for second grade personnel. These distinctions were to be worn three inches above the left cuff.

Good conduct badges, "as worn by the Native Army will be worn by men entitled to good conduct pay."

The Army Hospital Native Corps was not at first introduced into the Madras and Bombay Presidencies where the regimental hospitals still functioned "pending the introduction of the Station Hospital System."

The Presidency Armies were finally abolished from April 1, 1895, by a General Order of the Government of India, and the same system of administration was enforced for all India [4].

Now that a detailed outline of the origin and composition of the Corps has been recorded it is not proposed to follow intimately all its vicissitudes. It must, however, be noted that the word "native" was dropped between
1888 and 1891, as it had become a slighting and repugnant word, as used in India, to the inhabitants.

No trace can be found of the word being specifically withdrawn from the title of the Corps, and it appears to have disappeared either by common consent or possibly by a general order issued between the years indicated above.

III.—Army Bearer Corps, 1901.

From time immemorial the traditional means of the carriage of the wealthier classes in India had been by means of palanquins, variously called the "dhoolie" and the "dandy" borne by human carriers. [The word for "dhoolie" should, strictly speaking, be transliterated into English as "doli"; the other form was in common use in the days under review and will be continued in this paper.]

The dhoolie is still in use in hill stations and in the more remote country districts, and is ceremonially used to convey the gaily clad boy bridegroom to the festivities of his child marriage.

Before the making of the great connecting roads in India, apart from water transport, the dhoolie was the universal method of conveyance by those who could afford to use it, and the cost was by no means small. In the thirties of the last century it was estimated to cost a rupee a mile.

First of all a route (dak) had to be laid out by the advance agent (the chobdar), who arranged for additional bearers as well as proclaiming the merits of the sahib he served. "My Sahib is the Great Captain Esmit, Sahib Bahadur, the hero of a hundred battles, who has killed uncounted numbers with his sword and at whose glance wild tigers and evil spirits slink away in terror. Take care, therefore, to behave in his Presence with great humility and circumspection," and so on.

The Sirdar Bearer, from whom the present personal servant "bearer" derives, besides taking charge of all the other bearers and superintending their work, ingratiated himself with his European master by always having the invariable "brandy-pawnee" to hand in as cold a state as possible. The number of bearers engaged varied with the length of the journey, the speed which urgency dictated, and the climatic and under-foot conditions.

Fixed halting places (paraos) were usually placed at roughly fifteen miles distance from one to another as a day's journey, with from six to sixteen bearers to allow for suitable changing over while travelling. Double paraos (thirty miles) could be accomplished if speed was vital by engaging local bearers.

As for all important occupations in India, a special caste developed or took over this work, the kahars, who excelled all others in carrying dhoolies, and who, being high-grade Hindus, could give water to men of any caste.

Thus the Army found when it started its adventures in India an excellent established palanquin system, operated by reliable and trained personnel.

The first palanquin system operated by the Army employed were either under regimental
control or operated by the Commissariat Department, later by the newly formed Transport Department, who made over its dhoolie bearers to the Military Medical Service in 1901 to help to form the Army Bearer Corps.

In earlier days Frontier Force battalions were allowed thirty-four kahar bearers with one "mate" (overseer), and other battalions were given six bearers in peace. It has been stated that the regimental medical officers in the Indian Service acted more or less as recruiting officers for these dhoolie bearers. From 1902 to 1906 the authorized establishment of the Army Bearer Corps was 6,000. In 1907 stretcher carriers were taken into use in place of the old heavy type of dhoolie and the active cadre of men was reduced to 1,500 [5].

In the Great War the number of dhoolie bearers had reached the formidable figure of 19,000 by 1917, which sufficed for the remainder of hostilities.

A glance may well be taken at the system in vogue for training dhoolie bearers prior to the Great War. The official pamphlet, from which extracts are given, was issued in 1911 and reprinted after the commencement of hostilities, so that its influence must have affected very large numbers of men in their training.

It will be seen that the object aimed at was to make the bearers primarily hardened carriers of their dandies and secondarily proficient in elementary drill, tent-pitching, and very simple first-aid (the use and application of the first field dressing).

Modern refinements such as map reading, St. John Ambulance Certificates, signalling, bugling, piping, band-playing, with a complex educational training which obliges every Sepoy Section recruit to pass a written examination in Roman Urdu were still in the womb of Time, along with anti-gas precautions.

"The training of the men of the Army Bearer Corps should consist of:

(i) Company and stretcher drill.
(ii) Striking and pitching tents.
(iii) Conveyance of sick and wounded.
(iv) First-aid.

The amount of training in company and stretcher drill should include what is necessary for ordinary movements of forming up, marching, and dispersing and for the correct handling, loading and carriage of wounded. It should be carried out by a system of parades, at headquarter stations under the D.A.D.M.S. (Mobilization) and at other stations by arrangements made by the O.C. Station Hospital and Senior I.M.S. Officer.

Similarly the loading of dandies should be carefully practised. Training in the conveyance of sick and wounded will primarily aim at keeping the men of the Army Bearer Corps physically fit for their duties as dandy bearers especially by hardening their shoulders. For this purpose a graduated scheme of route marches will be submitted by the D.A.D.M.S. (mobilization) for the sanction of the divisional administrative medical officer annually.
"The scheme should include route marches with empty dandies over graduated distances of five to fifteen miles, to be succeeded by similar route marches with dandies, loaded with graduated weights of 10 to 140 pounds.

"The training of men of the Army Bearer Corps in first-aid will be simple and confined to a knowledge of the object and use of the first field dressing and the care required in the handling and carrying of various classes of wounds and injuries" [6].

IV.—INDIAN HOSPITAL CORPS, 1920.

Before the Great War the Army Hospital Corps existed solely to provide subordinate medical personnel for the hospitals for British troops. The Indian troops, when hospitalization was necessary in peace, were treated by their own Regimental Medical Officer, with the help of his Sub-assistant Surgeon, while sepoys from the unit gave such nursing ministrations as they could. To this nucleus staff the unit added the necessary menials—the sweater, the water carrier, and the appropriate cook.

The regimental hospitals were non-dieted, and the patients lived on the same food as their comrades, unless it was supplemented or replaced, when specially ordered, by medical comforts.

Furniture, beds, linen, etc., were not provided by Government [7].

After the Great War it was decided that the Indian Army should adopt the Station Hospital system for all its Indian personnel, the follower class included.

It was also decided that new personnel for all station hospitals should be specially raised, and that the Army Hospital Corps and the Army Bearer Corps should cease to exist as separate entities and be fused to form the Indian Hospital Corps.

The Corps was organized on a divisional basis, and the company headquarters were situated at the divisional headquarters stations. The first allocation of the ten companies was as follows: No. 1 Peshawar, No. 2 Rawalpindi, No. 3 Lahore, No. 4 Quetta, No. 5 Mhow, No. 6 Poona, No. 7 Meerut, No. 8 Lucknow, No. 9 Secunderabad, and No. 10 Rangoon [8].

The companies were commanded by an officer of the R.A.M.C. or I.M.S. with an Assistant Surgeon of the I.M.D. in sub-charge. Two Indian officers, a Subadar and a Jemadar, were provided at Company Headquarters for the purpose of training, supervision, and the maintenance of discipline; these were at first selected Indian officers from the Infantry, who were gradually succeeded by those promoted from the ranks of the Corps.

Each company was formed of four sections of Indian other ranks, whose appellations denote their duties: Clerical, quartermaster, nursing (for Indian hospitals only), and ambulance (who replaced the Army Bearer Corps), with the ranks of havildars, naiks, and orderlies.

The General Section was formed to carry out the menial duties in all medical units and was subdivided into cooks (for British and also others for
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Indian troops), ward servants (for British hospitals only), water carriers, washermen, barbers, and sweepers. The barbers were afterwards suppressed.

One schoolmaster and two physical training instructors were attached to the companies until they could provide their own.

The Indian other ranks were to be raised from suitable ward orderlies, of whom vast numbers had been employed in the Great War, and from A.B.C. and A.H.C. men.

To give some idea of the size of the new Indian Hospital Corps on its formation the authorized establishments are quoted: British officers 10, British Warrant Officers (Assistant Surgeons) 10, Indian officers 19, ambu-
lance section 4,400, clerical 284, nursing section 1,140, general section 5,524; grand total all ranks 11,996 [8].

The Corps had no provision for a reserve on its formation and this was remedied in 1925, when an Ambulance Section Reserve of 1,400 Indian other ranks was authorized [9].

These reservists did not come up for training annually, but were mustered biennially for medical and other inspections and to receive their reserve pay.

A Nursing Section Reserve of 1,800 was authorized in 1929 and the Ambulance Section was increased to 2,500 by direct enrolment of supplementary reservists for a period of ten years [10].

The whole Corps was reorganized on a Command basis in 1929 when all the companies except No. 4 (Quetta) and No. 10 (Rangoon) were amalgamated within their Commands as follows: The old No. 1, No. 2, and No. 3 Companies to form the new No. 1 Company for Northern Command with Headquarters at Rawalpindi. The old No. 7 and No. 8 Companies to form the new No. 2 Company at Lucknow for Eastern Command. The old No. 6 and No. 9 Companies to form No. 3 Company at Poona for Southern Command. No. 5 Company (Mhow) had ceased to exist [11].

Three new classes of Indian officers were authorized—a Jemadar clerk, a Jemadar quartermaster, and a Jemadar educational instructor: one of each of the last two-named classes was appointed to each of the companies. The Jemadar clerks were only appointed to the larger companies.

"In the Stores Section the prefix 'Quartermaster' is abolished, and all ranks, other than those in the General Section, will in future be designated Havildar, Naik or Sepoy": thus died the terms Ambulance Orderly and the like [11].

A by-wash of the 1931 world economic crisis swept away 1,000 active Ambulance Section personnel and substituted 1,000 reservists, besides...
affecting other reductions which it is not proposed to enumerate in detail here [12].

A very important step in co-ordinating the administration of the Corps was started in 1935, when an I.H.C. Record Office was formed at Kirkee. Formerly a large number of trivialities relating to individuals had to be referred to Army Headquarters, and decisions on such cases, not necessarily being communicated beyond the inquiring company, a similar case might be laboriously worked up and submitted for an Army Headquarter decision by another company. The new Record Office, besides abolishing such inco-ordination, acted as a convenient centre for the collection of information and documents and the distribution of instructions about the domestic side of the companies and their personnel, the control of higher Corps promotions, and as a co-ordinating centre between companies and Army Headquarters [13].

History was made in 1937 when a Company Commanders’ Conference was held at New Delhi which was attended by a representative of the Adjutant General, and also one of the Medical Directorate, by the Officer in Charge of Records and the Company Commanders. Sanction has since been accorded for a similar conference biennially.

Agreement was reached on a number of points to secure uniformity in dress and other regimental matters, including a Corps crest and colours; these agreements were submitted as recommendations and were ultimately approved by Army Headquarters, when feasible.

The Conference formulated its views on a large number of points relating to matters of finance, promotion, allowances and the like, matters which engage the attention of every thoughtful soldier in every army in the world, and had the satisfaction of knowing that their opinions would be carefully and sympathetically considered.

In 1938, owing to the separation of Burma from India, No. 5 Company was abolished on the formation of the Burma Hospital Corps.

A difficult problem concerning the status of the Corps was defined, if not solved, by an Army Instruction (India) of 1928 with amendments in 1932 and 1933.

In India, for convenience in publishing orders, instructions and directions, a system in dealing with military personnel had arisen of classifying N.C.O.’s and sepoys into “combatants,” as a superior grade, and other personnel as “non-combatants,” as an inferior grade.

The Corps Indian other ranks could be given the status of “combatants,” but not the name, without losing the protection of the Geneva Convention when engaged in hostilities with a Power signatory thereto. The General Section men were enrolled, but not attested, and had the same status as Class I Regimental Followers, and were at all times subject to the Indian Army Act.

They were on a very different basis to the odds and ends of menials who accompanied units and were loosely enumerated as “Class II Followers.”
Hardship arose when applications for superior advancement in other corps for which certain I.H.C. other ranks were eminently suitable, were restricted to N.C.O.'s and men of "combatant units," and also to all ranks of the I.H.C. when railway concessions were granted by the companies concerned to "combatants."

Gradually these disabilities are being remedied. The original definition of the status of the I.H.C., as amended, is as follows:

"To remove all misapprehensions with regard to the status of the Indian Hospital Corps, it is hereby notified that personnel of that Corps, except the General Section, are of the same standing as soldiers of the combatant branches of the Service, and that the General Section is of the same standing as Class I regimental followers. The decision does not in itself involve the grant of any additional concessions to the Indian Hospital Corps.

"In future the personnel of the Indian Hospital Corps will be considered equally when any further concessions are proposed for Indian soldiers or Class I followers, provided that such concessions are applicable to their conditions of service" [14].

It is not proposed to consider in any detail the vexed question of the pay, allowances, and other amenities of the Corps, which is still the lowest paid in the Indian Army. Fifteen years ago comments were raised in the Journal of the Royal Army Medical Corps that it was anomalous that personnel charged with the care of wounded and sick British and Indian troops should be paid less than mule drivers [5].

The practice still continues, although several individual concessions have been granted. The present policy is to strive to attain, as the next step, the pay and other advantages of the R.I.A.S.C. mule driver class for the Corps Indian other ranks, and to end the anomaly of the General Section men who are given a mosquito net, but no bed or poles on which to erect it, and rations, but no fuel with which to cook them.

For generous help in blazing a trail in this hitherto virgin subject I must acknowledge my indebtedness to officers of the Adjutant General's branch and also of the Medical Directorate at Army Headquarters, India.

REFERENCES.

[1] Colonel F. Smith's Short History of the R.A.M.C., 1929, Chapter V.
[7] "The Army in India," etc. (official), 1924, Chapter XIII.