A SURVEY OF THE HISTORY OF THE MEDICAL SERVICES OF THE ARMY PRIOR TO AND SINCE THE FORMATION OF THE R.A.M.C.

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PERIOD UP TO 1660

UP to this time there was no Standing Army and, in the event of war, medical and other Departmental Services had to be improvised. Medicine and Surgery, as we know them to-day in the Army, did not exist. Some Senior Officers had their own private Medical Attendants.

In 1645, Cromwell raised an Army which was disbanded by Charles II in 1660 except for Monks Regiment—later the Coldstream Guards. This marked the beginning of the first permanent Standing Army.

1660-1854 STANDING ARMY. NO MEDICAL CORPS

At this time each regiment had its own hospital staffed by a Serjeant (known as Hospital Serjeant) and Hospital Orderlies belonging to the regiment. The Medical Officer wore the uniform of the regiment to which he was attached, and some had the honour of possessing double commissions.

There was, however, no ordered plan for the evacuation of the sick and wounded. It was not until 1805 that J. G. V. Millingen, M.D., put forward a scheme for the formation of a Hospital Corps and published, at his own expense, a "Medical Officers' Manual on Active Service." In his book he went into the matter in some detail and included a uniform to be worn by a private of the Hospital Corps—*vide* reproduction.

At this time also strong D.G.s.A.M.S., were coming to the fore who saw the need for more highly organized and efficient Medical Services. Notable amongst these was Sir James McGrigor, held in high regard by the Duke of Wellington.

1854-57 CRIMEAN WAR—HOSPITAL CONVEYANCE CORPS

FIRST MEDICAL STAFF CORPS

At the beginning of the Crimean War a Hospital Conveyance Corps was formed. This was recruited from unemployed pensioners in London and proved to be a failure, the cause of which may be summed up in the words of Sir Andrew Smith, then D.G.A.M.S.: "I want strong men, not old feeble pensioners who can hardly carry themselves, let alone the wounded."

The following year (1855) the first Medical Staff Corps for Hospital Services was formed with its H.Q. and Depot at Chatham. A Regimental Officer was made Commanding Officer and it consisted of 9 Coys. each 120 strong. The Commanding Officer was his own Adjutant and Quartermaster and had very

few N.C.O.s to assist him in his task. Nevertheless, history records that he held three parades a day and taught his men to salute! The technical aspect of the recruits training was undertaken at the General Hospital, Chatham, where the new recruits were given fourteen days' training. At the end of that time they were examined and, if successful, were posted for duty to the General Hospitals at home or in India.

The hospital organization consisted of two main departments: (a) Purveyors Department, comprising the stewards issuers, washermen and cooks, and (b) Surgeons Department comprising the wardmaster, barbers and nursing orderlies. Ranks were granted only for the purpose of allowance, e.g. washermen were Corporals.

The duties of the orderlies were summarized as follows: to apply fomentations, feed helpless patients, keep the ward clean, exchange the linen and attend generally to the wants of patients.

The first Medical Staff Corps, though a step in the right direction, did not prove a success, for three principal reasons. It had no officers of its own, recruits received only limited training, and it served only hospitals.

1857-84 ARMY HOSPITAL CORPS

In 1857 the Army Hospital Corps followed.

One new feature of this Corps was the subdividing of the Surgeons' Department into Medical Staff consisting of Medical Officers who had no disciplinary power and General Staff with Captains of Orderlies seconded from Regiments. The Recruits for this new corps were volunteers from regiments, who were required to possess the following qualifications, able to read and write, steady habits and of a kindly disposition. Furthermore, General Duty N.C.O.s were appointed and chevrons were introduced. Personnel were liable to be called upon to assist in carrying wounded from the Field of Battle.

Nevertheless, it will be seen that the same mistake was made in the new Corps of 1857 as was made in the first Medical Staff Corps, namely that it had no officers of its own. The personnel were "nobody's child" and often looked upon with disfavour by the unit to which they were attached.

It was not until 1873 when the Regimental System was abolished and the Corps consolidated its position under officers of its own that the new organization began to function properly. Captains of Orderlies and Lieutenants of Orderlies were now appointed to commissions in the Army Hospital Corps and later took over the duties of Quartermaster.

In the meantime in 1860 an Army Medical School for officers was formed at Chatham. This prepared the way for the transfer of administrative control from the Officers of Orderlies to the Medical Officers.

In 1875 the Depot moved to Aldershot. The Commanding Officer bore the rank of Deputy Surgeon-General, the Chief Instructor was Surgeon Major and the Adjutant was an Officer of Orderlies. This was an important step towards the formation of a self-contained organization within the framework of the Army.

1884-98 SECOND MEDICAL STAFF CORPS

In 1884 the Medical Officers and Quartermasters were consolidated into the Medical Staff and the Army Hospital Corps was redesignated the Medical Staff Corps.

In the same year, the Second Medical Staff Corps accompanied the Nile Expeditionary Force to Egypt, to raise the siege of Khartoum. Casualties were heavy, both in officers and men and typhoid fever reached epidemic proportions; nevertheless, in spite of many adversities, the second Medical Staff Corps proved its worth.

1898-1914 BIRTH AND GROWTH OF THE R.A.M.C.—SOUTH AFRICAN WAR

In 1898, by Royal Warrant the Medical Staff and the Medical Staff Corps were united to form the "Royal Army Medical Corps," with Ordinary Army ranks and titles throughout. A badge was also granted with the motto *In arduis fidelis* (faithful in adversity).

One year later in 1899 the newly formed R.A.M.C. was put to the test in the South African War in which half a million troops were engaged. The fact that 6 V.C.s were awarded to the R.A.M.C. testified to the part played by the Corps in this campaign.

1914-18 WORLD WAR I

In the Great War of 1914-18 the R.A.M.C. once more went into action, now a unified Corps of Officers and men working together. It is a fitting tribute to the R.A.M.C. that preventable sickness was lower than in any previous war. Collection and evacuation was quicker despite heavier casualties. These two factors had a profound effect on morale.

1939-45 WORLD WAR II

The 1939-45 War presented many new features. For example the swift manoeuvre and wide-scale operations of Desert Warfare on the one hand, and the problems of evacuation in Jungle Warfare on the other, made it necessary for the R.A.M.C. to adapt itself accordingly and to be considerably more flexible. A number of mobile specialist units were formed, such as Mobile Surgical Units, Mobile Transfusion Units, Parachute Field Ambulances, to mention but a few of the many Units which now constitute the Medical Organization of the Field Force.

It is interesting, however, to note a return to some of the older ideas in the sphere of administration, e.g. the appointment of non-medical officers to the R.A.M.C. for certain duties such as Stretcher Bearer Officers, Technical and Administrative Officers, Registrars of Hospitals, etc.

Furthermore, as a result of experience gained in the 1939-45 War, it is now proposed to augment the Regimental Medical Establishment by a Serjeant R.A.M.C. and four Corporals R.A.M.C. similar to the days when the Regimental Medical Organization comprised the whole Medical set-up.

Finally it is submitted, that although the fundamentals of Nursing as laid down in the Medical Staff Corps (1855-57) under the heading of duties of Orderlies, have not materially altered, as the R.A.M.C. Nursing Orderly and

Junior N.C.O. of to-day are liable to be placed in positions of considerable responsibility. To take but one example, the Corporal R.A.M.C. attached to a Company of Infantry in action may find himself a long way from a Medical Officer, but everyone around him will expect him to know what to do.

His forerunner in the Army Hospital Corps was required to be able to read and write, to be of steady habits and a kindly disposition, these qualifications he must surely possess.

He will need in addition, however, all the qualities required of a Junior Leader in a combatant Unit, particularly a sense of responsibility and courage based on knowledge which will enable him to act on his own initiative and in a spirit of teamwork with his officers.

His present status indeed stands out in making contrast to the days when the Hospital Orderlies were apt to be regarded necessary, but rather a nuisance and "nobody's child."