THE ROLE OF THE CONSULTING SERVICES IN WAR TIME

BY

Brigadier J. A. MACFARLANE, O.B.E.
Royal Canadian Army Medical Corps

Some of us in the middle fifties have lived long enough to have at least a vague memory of the South African war, a more vivid memory of the 1914–18 struggle, and finally we have the experiences of this last unpleasantness fresh in our minds. It may be of some interest therefore to look back quickly at these three wars and see something of the development of consulting services.

The medical services in the South African war were sorely lacking in equipment, personnel, and the means to combat disease and to treat wounds. Sir George Makins (then Mr. Makins) made one tour of the hospitals and some areas of the front, publishing his observations on the pathology and treatment of wounds in a volume dedicated to the R.A.M.C. in 1901. I can find, however, no reference to officially designated consultants in any department at G.H.Q. That there was plenty of room for improvement is evidenced in a book by Burdett Coutts, a member of the House of Commons for Westminster. He also travelled to South Africa as a layman and in a series of letters to The Times, and repeated attacks on the Government on the floor of the House, he brought forcibly to public attention, the shortcomings of the Medical Services. Makins re-published his experiences of the South African War in 1913.

During the war of 1914–18 arrangements were made for Makins and Sir Anthony Bowlby to go to France in September 1914. Subsequently consulting physicians were appointed to H.Q. and armies in other theatres of the war. In 1916 an advisory board of consultants was appointed to advise the Director-General at the War Office. Sir B. Moynihan was chairman of this Board and among other new appointments was Sir Robert Jones to represent Orthopaedics and Colonel Sir William Fletcher on Dysentery. Those with whom I have talked tell me, however, that there was frequently a considerable gulf present between the administrative officers in high places and the consultant services. The consultants for the most part lived at H.Q. or one of the general hospitals, did their stint of operating or advising in difficult clinical problems, but were not taken into the councils of the service in relation to matters of general policy or the placing of personnel.

In our own forces Colonels Primrose, Elder and Armstrong, Hutchinson, Stewart and Gunn (in surgery) and Finlay, Rudolph, Martine and McRae (in medicine) were appointed. That they were not involved in the affairs investigated by the various commissions of those years is evidence on the one hand of the fact that they carried out their duties well, but on the other hand...
is certainly evidence that the consultants of those days were given very limited responsibilities.

I well remember when leaving for overseas in January 1940 a parting gift from the Hon. Dr. Herbert Bruce. It was a copy of his book entitled "Politics in the C.A.M.C." setting forth clearly his considered opinion of the state of affairs in the C.A.M.C. in 1916, the evidence of the commission of which he was Chairman, and the events leading up to the subsequent authorization of other commissions.

My first experience with the consultant services of the Army began in August 1941. At that time Lt.-Col. R. C. Montgomery, Lt.-Col. Russell and I were seconded to Canadian H.Q. in London.

We were given offices and secretarial assistance. Our terms of reference were somewhat vague. We arranged to visit Canadians in English civilian hospitals and when convenient and desirable we sought to have them moved to Canadian institutions. Very quickly we became immersed in a variety of duties. Not the least, and indeed one of the most pleasant, were the visits and professional ward rounds in the General Hospitals and C.C.S.s then stationed in England with the Canadian Forces. It was frequently possible to advise the D.M.S. on matters of personnel, the abilities and qualities of O.C.s of Divisions and of specialists, the need for change, the facilities for training of specialists, and any other matters which would increase the efficiency and morale of the unit.

One of the earliest privileges accorded us by the D.M.S. was the securing for us of invitations to the monthly conference of consultants under the able chairmanship of the D.G.A.M.S. at the W.O., Sir Alexander Hood. Here gathered each month throughout the war consultants in every branch of the British Army Medical Services in England. There were frequent visits from consultants of the armies in the field, and after the declaration of war by the United States, representatives from the medical services of their armies were in constant attendance. The various sub-committees of this larger group dealing with surgery, medicine, hygiene, anaesthesia, etc., and reporting to the larger meeting, were so constituted as to include the representatives from our Army and the chief consultants of the U.S.A.

The Director-General at all times was at pains to keep us completely in the picture of overall planning in so far as the bounds of security would allow. The minutes of these various meetings together with various other communications of professional interest from the different theatres of the war were circulated to the Canadian members regularly.

During the following year it became obvious that the C.C.S. as then established could not keep pace with mechanized warfare. Plans were put in hand for a new unit which we called in our initial files an M.S.U. At about this time the consulting surgeon to the British desert forces had put together an _ad hoc_ small mobile unit which he called a Field Surgical Unit, and so was born in the British Army and the Canadian Army this new unit which did so much to improve the scope and quality of forward surgery. True, our initial planning was a bit more elaborate—we had the time to build special trucks and
The Role of the Consulting Services in War Time

certain items of special equipment. Because they did not always fit the British I. 1248 there were occasionally difficulties in replacement, but we still felt we produced a good and workable unit. New hospitals constantly arrived in England, necessitating shifting of professional personnel. Our first division left for Italy with two of our F.S.U.s. Two general hospitals left shortly afterwards, then later another division with its complement of medical units and two further general hospitals and a 200 bed station hospital. The experience of our own units in Italy, of the veteran desert armies and those of North Africa allowed us to plan for the invasion of France.

New hospitals arrived constantly in England. New Field Surgical units and transfusion units were formed until finally the armies began to move to the new theatre of war in June 1944.

What is the role of consultant services? Looking back, one cannot find much to criticize in the War Office set-up as it finally functioned under General Sir Alexander Hood. Responsible to him directly were a consulting surgeon, a consulting physician, a consultant in transfusion and Directors in hygiene and in pathology. Ranged beneath this group were advisers and consultants in the various specialities, consultants to areas such as the Middle East, South-East Asia, Burma, the Mediterranean and North-West Europe.

General policy as to methods of treatment were laid down—with knowledge of the latest advances in every field of medicine and surgery. Field trials were planned, such as the use of penicillin in the early closure of wounds. Cairns, Florey and his associates were able to give to the War Office the first results of a mass trial of the new drug. From such data and experience new policies in the treatment of wounds to be followed during the invasion of France were clearly outlined by the consultants at the W.O.

The newer drugs for malaria treatment were investigated by teams of experts and the Army advised as to methods of prevention and treatment. In the early stages of the war the policy regarding sulpha drugs was a matter of much discussion in the Canadian Army. The Americans adopted a wholesale issue to every soldier with instructions to take it orally immediately after wounding. The Canadians maintained that sulphonamides should only be given by the M.O. or his stretcher-bearer. Questions were asked in the House of Commons in Canada as to why we lagged behind the Americans. This is only one instance of the responsibilities of the consulting service. We continued our practice of withholding the sulpha drugs as a personal issue and finally the Americans admitted after their experience in North Africa that the dangers of personal issue outweighed the advantages.

It is noteworthy that both in England and in Canada there was a close liaison with civilian authorities through the medical research committees on every phase of treatment relating to war wounds and injuries. Consultants from the forces sat down with the leading authorities in civilian life and discussed new methods and knowledge emanating from any source available. It remained for the consulting services to pass new information quickly to those in immediate charge of treatment in the field when it seemed that new methods were proven.
Their duties were (1) to advise those in the administrative side as to broad lines of treatment policy; (2) to keep continually abreast of new methods and to assess the possible value of such new methods; (3) to maintain a constant flow of new information to the officers in the field; (4) to maintain the level of morale of the field officers by holding meetings, by arranging for short courses of training, and where possible and desirable to move specialists from one post to another, always keeping in mind the available supply; (5) to keep close contact with Canadian H.Q. in Ottawa and to arrange supply and demand in line with both civilian and military needs of the nation at home; (6) to be available for professional consultations and advice in the field and in the home hospitals. Actual operating was a small part of the consulting surgeon's duties, although he saw a tremendous number of cases of every variety in his daily and weekly rounds; (7) to undertake the organization of field research by special units.

What did all this effect? Certainly the consultant services alone cannot take the credit for improved results, but I believe that due to the organization whereby they had the trust and confidence of the administration, and were allowed to carry out such duties as I have outlined, the results in the prevention of disease and the treatment of wounds and injuries were truly remarkable. The maintenance of a high standard of treatment undoubtedly had a tremendous influence on the morale of the fighting soldier. General Hood's broadcast on the eve of the invasion of North Africa, when he proclaimed that the sick and wounded in this war had as good, or better, treatment available as in any civilian organization, did a great deal to bolster the morale of the wives and mothers at home. The blood transfusion service of the British Army, organized under Lionel Whitby, was in itself a tremendous factor in the saving of life. Blood and blood substitutes were, as you know, more easily available to the wounded soldier whether in Europe, Africa or Asia than they are even now in many places in this country. The entire initial supply of penicillin developed during the war by civilians was made available for soldiers and a tremendous saving of life and limb resulted. Today it is rare to see a case of osteomyelitis in hospitals. A great number of compound fractures which in previous wars would have resulted in loss of life, loss of limb, or at best long-continued osteomyelitis, were operated on early and, with the aid of antibiotics and other modern means, treated without loss of function. Typhus, because of an early and vigorous attack by a special team in Naples, faded out in the civilian population within three months, whereas no cases were notified among military personnel at all. The survival rate in abdominal wounds in north-west Europe was 68 to 70 per cent. In the last war it varied, according to such reports as are available, from 30 to 39 per cent. In certain selected groups towards the end of the war survival rates of 80 per cent were noted. This is an amazing figure when one remembers that the units which carried out this forward surgery, by the fact that they were well forward, received tremendously ill patients which would without prompt evacuation and prompt transfusion certainly have died before they could receive surgery. In this way the results cannot be compared accurately with those of the previous war where many hours might
The Role of the Consulting Services in War Time

Elapse between wounding and reaching a C.C.S.; 70 per cent to 80 per cent survival rates include terrific multiple injuries, thoraco-abdominal wounds, and frequently those complicated by multiple limb injuries.

The overall mortality in wounds in the 21st Army group reached a very low figure indeed. The wounded man had 98 chances out of 100 of surviving and being evacuated to England. The incidence of gas gangrene fell steadily from the days of the desert fighting until the end of the war in Europe. These and dozens of other instances might serve as evidence that the professional branch of the Army laboured to some effect in bringing the most modern treatment to the sick and injured soldiers.

There were difficulties, but none that were not capable of solution. Occasionally administrators thought that consultants were too lavish in their plans, and were impractical and inexperienced in the exigencies of military situations. Some were dubbed "prima donnas" and were in trouble with A.M.D.3—nothing but the latest in operating kit would suit them. The "top brass" occasionally made disparaging remarks on their "swanning" tours during battles. Top administrators were sometimes rather slow in taking their professional colleagues into their confidence when plans were being made for new military ventures. But these same administrators were not backward in later asking the professional side to assume their share of the responsibility when the going was tough. I must say, however, that no group could have enjoyed more freedom and initiative than our own consultants at London H.Q. Of the situation here in Canada I have said very little because I was never in close touch with N.D.H.Q.

I think then that in any war which may be envisaged in the future the professional side must be represented in the very early stages of planning. In our initial plans for an expeditionary force in 1939 I know of no arrangements for any consultant services—and indeed none were made until we had 100,000 or more men in England. Up until that time several hospitals and C.C.S.s were working in England as isolated units, with scarcely any interchange of ideas and no suggestion of an overall Canadian policy regarding treatment of wounds and disease. Contact with Canada by mail was slow and we were an isolated force, except for our contact with the War Office and the British Army through the administrative H.Q.

It is fortunate that we had those early years of delay and training. If our forces had been committed to battle in the summer of 1940 there might well have been a repetition of visiting commissions from Canada to enquire into the treatment of the Canadian soldier. It is a source of satisfaction that throughout five-and-a-half years, the Canadian Army Medical Corps abroad did enjoy such a reputation for treatment and service that there was never even the suggestion of investigation or parliamentary questioning. I believe that a properly organized consulting staff can take some credit for the trust and confidence displayed by the government and the people of Canada.

In planning for future wars, it will be all the more necessary to have the immediate advice and help of specialists in many fields. Undoubtedly military and civilian problems in future wars will be even more closely related than in
the situation during the bombing of Britain. Consultants, however, when seconded to armies, will be better qualified for their posts if they have had some knowledge of military organizations. The men in these posts in the last war who were given their rank without any previous knowledge of military affairs occasionally rushed headlong into trouble with hard-shelled regular soldiers.

Such men should be young enough to stand up to a fairly strenuous round of travel, long and irregular hours, and the occasional hardships of campaigns. They should, however, be old enough to have acquired judgment and experience in their specialty and the confidence and trust of their colleagues.

These are the important points in making such a selection. There may be something to say for senior consultants and advisers acting in a civilian capacity. Such was the case in the Royal Air Force, but, generally speaking, it is difficult to see how they can gain the full confidence of their colleagues in the administrative branch unless they are willing to don the same uniform and become an integral part of the machine. On the other hand, as civilians they can gain access to the ministerial levels, which is denied them in uniform.

In whatever form and in whatever circumstances Canada finds herself at war on a future occasion, I am convinced that the purely professional side of the medical services should in the early stages be represented by a full and competent board of consulting specialists.