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RE-ORGANISATION OF THE ROYAL ARMY MEDICAL CORPS.

By *for* J. W. COCKERILL, R.A.M.C.

THE fact that there were only fourteen candidates found qualified for commissions in the Royal Army Medical Corps at the late examinations, when twenty-eight were offered for competition, merits the consideration of all who are interested in the welfare of the Army. All ranks are concerned that the corps should be thoroughly efficient, and capable of performing the various important duties which it is constantly being called upon to carry out, and which is impossible while it remains undermanned. The question of obtaining an ample supply of candidates is therefore all-important, but this depends, to a very great extent, upon the ordinary laws of supply and demand. A certain number join the Service on account of family traditions, or love of a military career, but this class is probably not very numerous. At the present time factors are at work which have reduced the supply of young qualified men, while at the same time the demand has increased. The increase in the length of the medical curriculum to five years has naturally decreased the supply. The action of the General Medical Council preventing practitioners employing unqualified assistants in their practices, has increased the demand. The result is seen in the salaries now offered to newly qualified men. A perusal of the advertisements published in the medical papers shows that for an in-door assistant £120 is about the average offered; for an out-door assistant £180, with furnished rooms, coal, gas, and attendance. The newly joined subaltern Royal Army Medical Corps receives about £260, but owing to necessary expenses he can save little or nothing. An assistant has practically no expenses, and out of such a salary can certainly save a considerable proportion.

He is very soon able to buy a share in a practice, when he will probably secure an income larger than he can hope to attain until he has served twenty years in the Army. Further, the Indian Government competes with the War Office for those who determine to enter the public service. This competition has recently become more marked, as candidates are now allowed to make their choice after the result of the examination has been made known. Very naturally the majority choose that service which appears to offer the higher inducement. They know that the officers of the Royal Army Medical Corps have practically as much Foreign and Indian service as an officer who joins the Indian Medical Service, and that when in India the Government of that country are allowed to pay them less than they pay their own officers, and to

refuse to recognise financially their military rank, so that it happens that a captain Royal Army Medical Corps is absolutely the worst paid of his rank in India. For the first six years of his service his pay is far less than a lieutenant Royal Engineers, and about the same as a newly-joined subaltern in the Indian Staff Corps. Again, a senior lieutenant-colonel Royal Army Medical Corps receives some 300 rupees a month less than an officer commanding a British battalion, and a surgeon-general 1,300 rupees less than a major-general! It is to be doubted whether the Royal Army Medical Corps can ever be popular while these discrepancies are permitted to continue.

The Indian Medical Service has other advantages in the shape of higher pensions, both for officers as well as their wives and children.

For example, comparing the pensions :—

—	Surgeon-General.	Colonel.	Lieut.-Colonel after 30 years.	Lieut.-Colonel after 25 years.	Major or Lieut.-Colonel after 20 years.
I.M.S. ...	£1,050	£950	£700	£500	£365
R.A.M.C. ...	£730	£639	£547 to £457	£415	£365

Early retirements have much to do with the causation of the difficulty, but is it any wonder that an officer retires at twenty years' service when he sees that he can only count on increasing his pension from £365 per annum to £457 after a further ten years' service? In the Indian Medical Service under the same conditions he knows he must raise his pension to £700 per annum, so naturally serves on if physically able to do so.

An officer of the Indian Medical Service serves his five or six years in India, and then comes home on furlough for a year, or even longer. The Royal Army Medical Corps officer serves as long, and owing to the paucity of the establishment obtains a month's leave! Owing to the same reason he is put to much inconvenience and great expense. He is always on the move, seldom or never able to settle down, he has to exist in garrison lodgings, and to crown all "orderly duty," usually every third day, sometimes every other day, and occasionally every fourth day. If this duty merely consisted in visiting the hospital two or even three times, going round meals, and being prepared for a call at any moment, it would not be so unpopular as it is.

At Netley, Aldershot, Woolwich, or Dublin, and perhaps at a few other stations, a medical officer in constant attendance is no doubt absolutely necessary; the duty, therefore, is not so irksome and irritating as at some other stations where the necessity does not appear so obvious. In these larger hospitals, too, the duty does not come round so often. In many cases medical officers live close to the hospital. This, however, is not taken into consideration. If the orderly officer lived only twenty yards from the hospital gate, he would still have to occupy the orderly officer's room night and day. In the Indian Medical Service there is no orderly duty, the large general hospitals have a resident surgeon. Why should not the same plan be adopted in England? At all events it could

be done at the smaller hospitals, where the necessity of instant attendance is infrequent. Let proper quarters be built, and a resident surgeon be appointed, with security of tenure, and perhaps a little extra pay.

An officer of the Royal Army Medical Corps is so frequently moved that he never goes to hospital without half expecting sudden orders; the Indian officer knows no such disturbing experiences. In either military or civil employ he has fixity of tenure. If in the former, he belongs to his regiment and moves with it; if in the latter, he remains at the same station until promoted to a more valuable appointment, or he expresses a wish for a change.

In the Home Service there are practically no prospects. No medical officer has ever received the Grand Cross of any order. At the present moment not a single officer on the active list of the Royal Army Medical Corps holds the knighthood of any order. It is always difficult to make comparisons, but it is not uninteresting to compare the number of C.B.'s in the Royal Army Medical Corps and Army Service Corps, for as it happens all the officers of the latter corps who hold this decoration are on the supernumerary list of the corps, and consequently in precisely a similar position to the officers of the Royal Army Medical Corps.¹ There are eleven surgeon-generals, and among them are four who are Companions of the Bath, the others have no orders. The other ranks can be tabulated, thus:—

—	Colonels.	C.B.'s.	Lieut.-Cols.	C.B.'s.
A.S.C.	4	4	42	7
R.A.M.C.	26	3	81	1

The total in the Army Service Corps being eleven to only eight in the Royal Army Medical Corps, or a percentage of about six three-quarters per cent. holding the rank of lieut.-colonel and above, in the latter, to about twenty-four per cent. in the former. It must further be remembered that officers of the Army Service Corps have much less active service than those of the Royal Army Medical Corps, as they do not participate in any of the numerous campaigns in India.

If a comparison be instituted with the Royal Engineers the disparity is still more marked, especially in the higher ranks. In this corps there are thirteen general officers still on the active list. They hold one G.C.B., four K.C.B.'s, six C.B.'s, two G.C.M.G.'s, one K.C.M.G., three C.M.G.'s, one K.C.I.E., and one C.S.I. Total, nineteen decorations, or one hundred and forty-six per cent., nine being knighthoods. The eleven surgeon-generals have four C.B.'s, and are absolutely unrepresented in the Indian and Colonial Orders. The fifty-one colonels Royal Engineers have two K.C.B.'s, seven C.B.'s, one K.C.M.G., five C.M.G.'s, two C.S.I.'s, one K.C.I.E., one C.I.E. and three D.S.O.'s, or forty-three per cent., four being knighthoods. The twenty-six colonels Royal Army Medical Corps

¹ Monthly Army List for July, 1899.

have beside their three C.B.'s only two D.S.O.'s, or fifteen per cent. Like the surgeon-generals, they are unrepresented in any Indian or Colonial Order. A search among the retired officers will discover four K.C.B.'s, and one K.C.M.G. However, it is to be hoped that this anomaly is ceasing, as some of the more junior officers have been granted the C.M.G. When the services of the Royal Army Medical Corps in India are considered, it is surprising to find the neglect with which they have been treated. The Indian Government appears never to have recommended an officer of the Home Service for even the lowest class of the Star of India; while the C.I.E. is only given to surgeons to the Viceroy or Governors. The action of the authorities in excluding the name of the principal medical officer from the list of those who were honoured by being specially mentioned in the vote of thanks passed by the two Houses of Parliament after the Khartoum campaign may also be instanced. On that occasion, too, Mr. Balfour did not improve matters by explaining that "the line must be drawn somewhere," entirely oblivious of the fact that the surgeon-general, in addition to being the representative of the medical service, was actually the senior officer present, senior even to Lord Kitchener himself!

In spite of the warrant forming the Royal Corps and the consequent improvement in status, many stamps of the old inferiority have unfortunately been allowed to remain. In fact, they are too numerous to do more than merely mention. Before the last warrant was issued, Lord Lansdowne stated at the Mansion House that military titles up to colonel were to be granted, but that difficulties existed to granting the title of major-general. He announced that the Queen had been pleased to create a "new rank of general officer," with the title of surgeon-general. That the present rank is quite different to the old departmental rank of the same name appears to be duly recognised in the Official Quarterly Army List. Unfortunately, however, in the pay warrant it is replaced under the heading of departmental ranks, as if the old departmental rank were reconstituted instead of a new rank of general officer created. Why, too, are officers holding this rank labelled as belonging to the "Army Medical Staff"? The regulations say that principal medical officers are on the Staff of the Army. The same remarks apply to the rank of colonel. Surely officers holding either of these ranks should be shown as "Removed from corps as general officers, and still on the Active List," and as "Removed from corps as colonels, and still on the Active List," as done in the Royal Artillery, Royal Engineers, and Army Service Corps. The heading then could be given in the Army List as "The Royal Army Medical Corps," and not as the "Army Medical Service," which is an anachronism. The authorised badge and motto should appear in the Army List as in the case of other regiments and corps.

Why are not colonels and surgeon-generals gazetted to the Staff as "colonels and surgeon-generals on the Staff" and distinguished with the "s" as in the case of other officers on the Staff? Why are not the officers at Head Quarters gazetted to the Staff of the Army? Why are not

the surgeons to the Viceroy of India, the Commander-in-Chief in India, the Governors of Madras and Bombay, shown as belonging to their personal staff? It cannot be because they have limited command, as officers of the Army Service Corps on the Supernumerary List are gazetted in this way.

Why are the commissions issued since the formation of the corps worded like the old departmental commissions, instead of the same way as other regimental officers? Why is the adjutant of the Volunteer Medical Service Corps described as "captain R.A.M.C.," with date of commission, instead of "captain in the Army," which is the phrase used in other similar cases in the Army List? Why should the "Queen's Regulations" say that officers of the Royal Army Medical Corps are not "entitled" to the presidency of a court-martial? No officer in the Army is "entitled" to the position; he is detailed by the convening officer by name. If an officer of the Royal Army Medical Corps of sufficient rank be appointed he is eligible, and therefore entitled to sit; for the Court is legally constituted according to the Army Act, which makes no distinction. It therefore appears to be irregular for a convening officer to appoint a captain as president of a district court-martial when a field officer of the Royal Army Medical Corps is available. It is not as if officers of the corps were unacquainted with military law, for they have to pass in that subject before promotion. Why are principal medical officers forbidden to join the staffs of their general officers in ceremonial parades; and why is no place laid down in the Drill-Book for medical officers ordered to attend brigade parades? Officers of the Royal Engineers when on parade without their men are directed, if under the rank of field officer, to place themselves with the G.O.C.'s aides-de-camp; if of higher rank, not being "colonels on the Staff," with the staff officers of similar rank. Officers of the Royal Engineers very seldom find themselves in this position: with the Royal Army Medical Corps it is a matter of every-day occurrence. These differences are either accidental or intentional; in either case it is high time that they should be done away with. When the Atbara and Khartoum gratuities were granted, the novel phrase "rank of combatant and medical officers" was used. It is to be hoped that this precedent will not be followed in future, attempting as it does to draw further distinctions.

There seems to be no reason why brevet rank should be withheld. It would appear very suitable for those lieut.-colonels who have been selected for higher pay under Art. 362 of the Royal Warrant, on attaining four years' seniority as lieut.-colonels. It would also be useful as a reward where a D.S.O. is unsuitable. At present promotion is seldom given, as it means future pecuniary loss, and permanent supersession of others.

There is only one difference, of which all admit the necessity and wisdom, and that is that officers of the Royal Army Medical Corps should be debarred from exercising general command; not by any difference in status, but by a Queen's Regulation, which, like every other regulation, the senior

officer is responsible for carrying out. Thus, when an officer of the corps becomes the senior present, he is himself responsible for handing over the command to the next senior, who has no right to push him unceremoniously aside. That this is the strict legal position is scarcely to be doubted, and it should be recognised more than it is, if only as a matter of courtesy. It may be said that cases might arise where such a course would entail delay in an emergency; but rules and regulations are not made for emergencies. Occasions have frequently arisen, and will arise again, where officers of the corps have had to command in actual warfare. The writer has commanded in action more than once, as well as under more peaceful conditions, and such an experience is by no means uncommon; but that does not prove that medical officers should have general command, as an ordinary rule. It might, however, raise the question, Who has the better right to the title "combatant"—one who has fought in a combat without special training, or one who has been specially trained without having fought?

The question of further training after service abroad is one urgently requiring solution. Unlike most other branches, officers of the Royal Army Medical Corps enter almost completely trained. They pass through a four months' special course at Netley, followed by six weeks at Aldershot. They are then doubtless thoroughly qualified for their work as far as education can fit them; but they lack experience. To make a thoroughly efficient officer, experience is absolutely essential; yet as the medical officer gradually gains this valuable quality, he is gradually becoming more and more behind the times. It is not as if medicine, surgery, and hygiene were exact sciences which can be learnt once for all. Look at the advance made within the last few years in bacteriology alone. It is impossible for anybody to keep himself abreast of the times by reading only; actual instruction and demonstration with personal work under a qualified teacher in a properly equipped laboratory is essential. Every Army surgeon should be well up in this branch of science, and able to demonstrate the presence or absence of the various micro-organisms associated with diphtheria, enteric fever, plague, malarial fever, etc., with certainty and without hesitation. An analysis of water without an efficient bacteriological report is practically worthless. The School of Musketry, Artillery College, Staff College, and a dozen courses of instruction, are kept up at a very considerable expense for the further education of Army officers. For medical officers there is nothing except the operative surgery course. It may be impossible to organise a special college, but it would be easy to recognise various post-graduate courses in London, or elsewhere. In addition to the necessary leave on full pay and allowances, the fees should be paid by the Government, on condition that evidence is produced showing satisfactory attendance. It unfortunately not infrequently happens that the Army surgeon's knowledge and skill is sneered at. That this is, due to ignorance can very easily be proved by comparing the statistics of the recent campaigns on the N.W. Frontier of India, in West Africa, and Egypt, with the French expeditions in Tonquin and Madagascar, and the recent Spanish-American War. The fact that not a single death occurred

from septic disease among the wounded in the N.W. Frontier campaign is simply marvellous, but unfortunately it can only be appreciated by those who know the medical history of previous campaigns. The same immunity has been experienced during the recent rebellion in Sierra Leone, and is the result of the most scrupulous care and attention on the part of the much-abused Army surgeon. This success in carrying out Lord Lister's teaching under circumstances of great difficulty, with the result of completely stamping out that old enemy "surgical fever," leads to the hope that similar success will be the result of a spread of knowledge concerning the life-history of the various morbid micro-organisms. A few years ago, on the outbreak of enteric or cholera, nothing could be done beyond close attention to cleanliness and sanitation.

Nowadays an organised search with the microscope to trace the cause of the disease to its origin is absolutely essential. Major Ross, by his recent work in West Africa, has rendered it practically certain that that dreaded scourge malarial fever must in future be added to the list of those diseases which can only be fought successfully with the aid of the microscope. To fight this fight, further training for medical officers is absolutely necessary, and while the present scarcity of candidates persists it is difficult to see how it can be arranged.

There is another point which requires attention. It is the regulation requiring officers commanding units to hand over to the medical officer two men per company when an engagement is expected, to act as regimental stretcher bearers. These men are taken away from duties for which they have been carefully trained, to perform most important duties of an entirely different nature, for which they have had only the most superficial training. This system is wrong *ab initio*. It is very natural for commanding officers to object to have their fighting strength reduced at the critical moment, by losing two trained men per company, while from the medical officer's point of view the objection is just as strong in having practically untrained men as his assistants. It is impossible to thoroughly train a man in the art of applying first aid to the wounded unless his whole time is given to the subject. He ought also to have actual hospital experience. He must know exactly what to do, and how to do it, without hesitation or delay. It is very certain that the attendance on the wounded in a war against an enemy armed with modern weapons will consist of very little more than what is known as "first aid," until after the engagement is over. Orderlies properly trained would be quite as capable of carrying out this duty as a qualified surgeon. Carrying men to the rear on field stretchers under a heavy fire will be found to be absolutely impracticable. They may have to be moved short distances into a less exposed position, but any systematic removal to the rear would cause too heavy a loss amongst the bearers; besides the services of these men will be required rendering first aid to the wounded where they fall.

These two men per company are, according to the present Regulations, taught in peace-time what they will never be required to perform in war, and are not properly trained for those duties which they will have to

perform. It therefore appears only reasonable that they should be removed from their present units, and added to the establishment of the Royal Army Medical Corps, where they would be properly trained. The question of the provision of transport for the corps also require reconsideration. At present this duty falls on the Army Service Corps. It would be just as reasonable for that corps to horse the Royal Artillery batteries, or the Royal Engineers pontoon and telegraph wagons. As it is at present, half the men of a bearer company belong to one corps, half to another—an arrangement unknown in any other branch of the Service, and one calculated to produce friction. There is also a certain amount of waste of strength, as the drivers could, if properly trained, make themselves useful in many ways, when the wounded began to arrive. If drivers, wagons, and horses were handed over to the Royal Army Medical Corps it would for the first time become a homogeneous corps, solely responsible for the proper performance of its own duties. It is no more unreasonable that horses and wagons should be kept exclusively for the use and training of the Royal Army Medical Corps, than it is that they should be kept for other branches of the Service.

If the strength of the corps were thus increased, and drivers, horses, and wagons added to it, several bearer companies and field hospitals could be kept as units ready in every respect to proceed on active service. The officers would know their men, the men their officers. As a training ground they would be invaluable; at present the number of officers and men who have actually had experience of a mobilised bearer company or field hospital is insignificant. There would not be a great extra expense, as what is proposed is merely a re-arrangement, not an increase in numbers. Probably the need of paying men now in regiments, corps pay would be the only real expense. That it would greatly increase the popularity and efficiency of the Royal Army Medical Corps is undoubted.