

THE R.A.M.C. OTHER RANK

BY

Major P. MURTAGH, M.B.E.

Royal Army Medical Corps

OUR Diamond Jubilee, like all other family occasions which mark the passing of the years, is a time for taking stock, for contemplating the past, assessing the present and predicting the future. As far as this JOURNAL is concerned much of this stock-taking is related to changes and advances in techniques and treatment and we tend perhaps to forget the men and women who apply these techniques and carry out these treatments—the other ranks. It is therefore fitting to consider the advances in the selection, training and status of the other rank, which have been happening in recent years.

Formerly the initial introduction to nursing duties was an all-male affair, and subsequent training was frequently regarded as just something which had to be done. As there was little attempt to relate the syllabuses with those of official outside organisations, much talent was wasted or was not given the chance to develop fully. While this old system of training met the requirements of peace it was inadequate for war which saw the disappearance of centralised training and the introduction of many modifications to suit the needs of particular theatres or even particular campaigns. Thus with the return of peace, we had a system of training designed primarily for conditions of active service and which, due to demobilisation and other military needs, had to be continued for some years. It was during the first years of the present decade that a return to a centralised system of training occurred, a system which recognised that all other ranks, in addition to their specialist duties, should be capable of undertaking the care of sick or wounded soldiers and that basically, therefore, all must be nursing orderlies.

With this aim in view, a committee was established to co-ordinate our syllabuses with their civilian counterparts and to ensure if possible that the R.A.M.C. other rank could obtain a worth-while civilian qualification as a result of his Service training. Progress has been steady and the list which follows speaks of a solid achievement in realising the recommendations of that committee.

State Registered Nurses.—Our hospitals are now recognised for training purposes and a system of indexed student nurses has been adopted. Fifty-three have obtained the qualification of S.R.N. since 1948.

State Registered Mental Nurses. The same conditions apply as for state registered nurses and eleven have qualified since 1948.

Physiotherapist. Our school is now recognised by the Chartered Society of Physiotherapy, and students may qualify as members. Two have qualified since 1948, and more are now under training.

Radiographers. These technicians may obtain the Diploma of Membership of the Society of Radiographers (Radiography). Twenty-six radiographers have qualified M.S.R.(R) since 1948. In addition one has obtained the Fellowship of the Society.

Laboratory Technicians. These may now obtain the Membership, Associateship and the Fellowship of the Institute of Medical Laboratory Technology. Nine have obtained the Associateship and ten the Fellowship since 1953.

Hygiene Assistants. A limited number of specially selected hygiene assistants are trained for the qualification of Public Health Inspectors' Certificate. Two have qualified.

Operating Theatre Technicians. These may obtain the Diploma of the Association of Operating Theatre Technicians. Five have qualified since 1948.

Dispensers. These may obtain the Assistantship of the Society of Apothecaries, and six have qualified since 1948.

Special Treatment Orderlies. These orderlies may become Members or Associates of the Institute of Technicians in Venereology. This is the most recent "recognition."

It must be remembered that these achievements have been brought about against a background of National Service when the Corps has consisted largely of a floating population of National Service men and conditions for training have been denied the stability of an all-Regular Service.

To ensure that our future training is kept abreast of modern requirements it is the intention to set up a permanent working party, charged with the task of keeping our training needs constantly under review. It may be said with confidence that our present training facilities are better than they have ever been and if we build on the sure foundations which now exist the future not only of the individual other rank but of the Corps itself is assured.

RECENT ADVANCES IN THE TRANSPORT OF CASUALTIES

BY

R. I. BODMAN, M.B., F.F.A.R.C.S.

Major, Royal Army Medical Corps, Army Emergency Reserve

THE medical services have been quick to exploit the latest developments in air transport for casualty evacuation. The almost daily arrival by air in the United Kingdom of ill and injured soldiers from overseas stations is ample evidence that flying has become a conventional mode of evacuation. However, it is as well to remember that although aircraft can carry patients great distances, quickly and in great comfort, there still remains a journey over the ground at each end of the air lift. This is now carried out by stretcher-jeeps and ambulance cars and may, under active service conditions, be slow, uncomfortable and possibly dangerous to the patient. The development of the helicopter, which needs no elaborate runway for take-off and landing, has offered the possibility of extending the advantages of air evacuation up to the front line.

The helicopter was first used extensively in Korea, where the aim was that every case in the forward area should now be evacuated by this means. Due, however, to their limited numbers their use had to be restricted to specific types

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