EDITORIAL

Unde Venimus et Quo Vademus?

The first recorded call for systematic instruction of military (and naval) surgeons in their military duties came in a letter from John Bell, a surgeon, to the First Lord of the Admiralty in 1798. This led to the creation of two Regius Chairs in Military Surgery, the first in Edinburgh in 1806, and the second in Dublin in 1851. It is not known what proportion of newly appointed medical officers of either service received training from the holders of these Chairs, but the evidence is that by no means all did. Many medical officers appear at this time to have been appointed directly to regiments, and therefore to have been given no prior training whatsoever in military matters. For those who were not appointed in this way, it was customary that they should begin their service at the York Hospital, Chelsea, or at the General Invaliding Depot, initially on the Isle of Wight, and later at Fort Pitt. Even in these establishments there was no provision for systematic instruction in military matters, and what the new medical officers learned of such things was only by association or by their own use of the museum and library.

Following the Crimean War, in which the performance of the Army Medical Department was considered to have been less than optimal, this deficiency in the training of medical officers was considered to have been an important factor. Consideration of the setting up of an “Army Practical School” was therefore included in the Terms of Reference of the Royal Commission on the Sanitary State of the Army, which sat from 1857-58.

Other matters to be considered included the reorganisation of the Army Medical Department, the establishment of a Department of Medical Statistics, and the improvement of barracks and hospitals. In the event, the Sanitary Commission did indeed recommend the establishment of the School. This recommendation, together with the prevailing strength of public opinion on the need for reform of the Army Medical Department after the Crimean War, helped to loosen the Treasury purse strings, but continued pressure was required on the Government by Sidney Herbert, Secretary of State for War, and by Florence Nightingale to bring the Army Medical School into being on 31 March 1860 at Fort Pitt, Chatham.

It was decided that the School should be independent of the Director General, and should be governed by a Senate which would be answerable directly to the Secretary of State for War. The Director General was, however, to be President of the Senate; the other members were Sir Ronald Martin (Physician to the Council of India), Sir James Clark (a close friend of Florence Nightingale), the School’s Professors, and the local Principal Medical Officer. (This form of government endured throughout the period when the School was located at Chatham and later at Netley, and during its brief existence in the Examination Hall of the English Conjoint Board in London. On 15 May 1907, the Royal Army Medical College was opened, and replaced the Army Medical School (and its London department, the Medical Staff College). The Senate was abolished, and control of the College was vested in the Commandant and Director of Studies who was responsible to the Director General).

When the Army Medical School opened, four professors were appointed. It had been decided that some of these might be civilians who would have long tenure, and that serving officers who were made professors should not be subject to the usual Army postings. The Chairs were in Surgery (Surgeon General Thomas Longmore), Hygiene (Dr. Edmund Parkes), Pathology (Dr. William Aitken) and Medicine (Surgeon Major Moorhead IMD, who was succeeded after a year by Surgeon General Alexander Maclean). Assistants were also appointed subsequently as the scope of teaching and the number of students increased. The School was constituted to train and test by competitive examination 45 officers every 6 months on a course of 4 months’ duration. At various times in its existence, it was responsible for training officers for the Army Medical Department, the Indian Medical Service, and the Royal Navy. To accommodate these latter officers, a Professor of Naval Hygiene was appointed, and during this period the Medical Director General of the Royal Navy was a member of the Senate ex officio.

At the opening ceremony, both Thomas Longmore and Sidney Herbert stressed the role of the medical officer in the prevention of disease rather than its treatment, and Herbert underlined that for the first time the medical officer had been given “the responsible role of sanitary officer and adviser to the Commanding Officer, who will ignore his recommendations at his peril”. The educational functions of the School were not, however, to be restricted to preventive medicine, and it also taught practical microscopy, tropical medicine, postmortem pathology, methods of transportation for sick and wounded, surgical dressing, and the physiology of food and drink, because many of these subjects were taught nowhere else, although they were of vital importance to military medical practice. Standards of tuition were high as is attested by the academic recognition of various parts of the course by the General Medical Council, and the Universities of Edinburgh and Cambridge.

In addition to teaching, each of the professors was actively engaged in research of military medical
significance. Professor Parkes' work on hygiene and sanitation gained international recognition, and the work of Almroth Wright, successor to Sir William Aitken as Professor of Pathology, on typhoid fever immunisation was of truly momentous import. By the time the School moved to Netley in 1863, the staff was also involved in service work. In addition to their teaching commitments, the Assistant Professors of Medicine and Surgery were also the Commanders of the Medical and Surgical Divisions in the hospital. It is also recorded that by the year 1888, the Department of Hygiene was issuing over 1000 reports each year on the analysis of food and drink, and on hygiene problems generally.

Despite this excellent record, three attempts were made to close the School during the 47 years of its existence. The first such attempt was made by the Government in 1876, and the reason given was that it was unreasonable for a 10 year short service officer to spend four months of his service under instruction. This was resisted vigorously. The non-availability elsewhere of teaching in some of the subjects, and their essential nature to military medical practice were stressed. It was also pointed out that because the research and service work would have to be continued elsewhere (and because the dismissed professors would require substantial compensation), there would be no financial savings. It was also noted that the Army Medical School trained its students considerably more cheaply than did the School of Engineering. This attempt to close the School was abandoned. The two other attempts to close the School originated in India in 1882 and 1888, and although they were successfully resisted, the syllabus of the course was altered to make it more relevant to the Indian Medical Service.

Now, it is not possible to consider even this short history of the Army Medical School without considering the lessons which it points out for its modern successor, the Royal Army Medical College. Firstly, there is the definition of the problem – the need to teach military medicine (in its broadest sense) to medical officers who will support the Army at war. As such teaching is not available elsewhere the Army must undertake it itself, and this is most efficiently done in a truly academic environment where research and consultation also form part of the work of those who teach. If such clear parallels exist for one unit, it is inconceivable that they do not exist more generally, and it may be confidently expected that the study of Military Medical History will clearly highlight the necessary uniqueness, past and present, of the Royal Army Medical Corps.

**ACADEMIC ACHIEVEMENTS**

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