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THE OFFICIAL MEDICAL HISTORY OF THE WAR.¹
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INTRODUCTION.

Medical histories of wars meet more than one necessity. Primarily they are of value to the medical profession and medical administrators because they record discoveries and progress in medicine and surgery made under the stimulus of warfare, relate how problems of medical administration in theatres of war were met and solved and detail mistakes and errors for the profit of those who come after. Apart from their technical features these histories should be of interest to the statesman, the lay administrator, the general historian, the student of economics and the general reader. For they show that war is not restricted to strategy and tactics, that epidemic disease and the measures taken to combat it may also mean victory or defeat, while efficient hospital treatment may reduce the wastage of manpower from wounds or disease.

PREVIOUS OFFICIAL MEDICAL HISTORIES.

The value of medical history is accentuated if it is official for it then possesses many sources of information which are inaccessible to the unofficial medical historian.

The first official medical history of war was British. This concerned the Crimean War, was produced through the initiative of Sir Andrew Smith, Director-General of the British Army Medical Department, and was published in two volumes in 1858 [1]. The first volume deals with the medico-

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military matters of individual corps; the second volume (two parts) treats of the history of diseases and those of wounds and injuries.

There was a medical and surgical history relating to the French Army in the Crimean War (one volume), published in 1865 [2], and a short account of the Russian Medical and Surgical experiences, published in Berlin in 1871 [3]. The Medical History of the American Civil War 1861-65 was prepared under the direction of Joseph K. Barnes, Surgeon-General, U.S.A. [4]. Although only in two volumes, one Medical and the other Surgical, it took eighteen years to complete (1870-1888). This history sets a high and worthy standard and was eulogized by Virchow [5]. From 1884 to 1891 the Medical Section of the German Ministry of War published an elaborate official medical and surgical history of the Franco-German War of 1870-71 [6]. P. Myrdacz published an unofficial account of the Russo-Turkish War of 1877-78 [7]. The Bureau of Medical Affairs of Japan prepared a Surgical and Medical History of the Naval War between Japan and Russia during 1904-05, which was published in Tokyo in 1911 in an English translation of the original Japanese text [8]. The General Staff of the British War Office in 1908 published a volume of reports, principally by Lieutenant-Colonel W. G. Macpherson, R.A.M.C., which have a special bearing upon the medical services and sanitary conditions in Manchuria during the Russo-Japanese War [9]. A similar report was prepared by Major Charles Lynch for the War Department at Washington [10]. Of the many nations involved in the Great War of 1914-18, Great Britain and the United States alone prepared and published comprehensive medical histories, which included administrative and technical accounts. The Germans issued a medical and surgical history in nine volumes [11] but gave no connected account of their administrative arrangements. The French Government published a report of surgical statistics in two volumes [12] and nothing further officially. An account of the French medical service in the war was published in 1926 and 1927 by Médecin Inspecteur General A. Mignon [13]. An additional volume contained articles by various authors on diseases with some illustrations and biographies [14].

In October, 1914, Sir Walter Fletcher had arranged with Sir Alfred Keogh, then Director-General of the Army Medical Services, a system whereby the Army records might be standardized for statistical and other purposes by the Statistical Department of the Medical Research Committee. It provided the skeleton for the Official Medical History and thus early in the war Sir Walter Fletcher and Sir William Osler secured that preparations should be made for this history by special inquiries and the collection of relevant data. Colonel Adami, Registrar of the Canadian Army Medical Corps, closely collaborated. The Medical Research Committee also had the authority of the Army Council in respect of all the hospital records. In January, 1915, a Medical History Committee was set up with Keogh in the Chair. In order to arrange for the actual writing of the history, a new Committee was formed by Sir John Goodwin, Director-General, Army
Sir Arthur Salusbury MacNalty

Medical Services in December, 1918, with Major-General Sir W. G. Macpherson as Editor-in-Chief and Chairman. Ultimately during the period 1921-31, this history was published in twelve volumes [15]. It is mainly a history of the Royal Army Medical Corps in the last war. Its lessons and experience have proved of great value to the Medical Department in connexion with administrative and other action in the present war.

In addition the Veterinary Services published a one volume history in 1925 [16]: the Australian Government issued the Australian Army Medical Services in the War of 1914-1918 (two volumes) [17]; the Canadian Government included in its Official History of the Canadian Forces in the Great War, 1914-1919, one volume on the Medical Services [18]; and New Zealand a one volume history, The New Zealand Medical Service in the Great War, 1914-1918 [19].

The United States Official Medical History was prepared under the direction of Major-General M. W. Ireland, Surgeon-General of the Army, and was published in 15 volumes during the years 1921-1929 [20]. It is a most valuable history. Colonel Frank W. Weed's work as Editor-in-Chief deserves mention as well as his unpublished Memorandum on his experiences during the preparation of the History and his recommendations in regard to any future Medical History [21].

Special Features of the Present War in Relation to Medical History.

The account here given shows that previous official medical histories have dealt mainly and sometimes entirely with the organization and advances in medical knowledge in an historical setting in relation to armies in the field. In other words they have quite properly been military medical histories.

The present war is unprecedented in that it affects the civil population much more than wars have done in the past in Great Britain. It is also remarkable in that a large standing army has been maintained in this country for a considerable length of time so that Service medical problems and those of the civilian population are closely intermingled. The war has also produced a number of new features in medical, public health and social history, for example, movements of population from urban to rural areas through official or unofficial evacuation, an entirely new Emergency Medical Service with, for the first time, administrative association of municipal and voluntary hospitals which receive both civilian and Service cases; it has experienced the effects of intensive air-raids; these have presented problems.

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in medicine and surgery which, if not entirely new, have never before been seen on so extensive a scale, and there have been many medical problems in connexion with industry, munition factories, nutrition and so forth.

It is obviously desirable that these great and unprecedented events should receive permanent recording in official medical history in order to assist the growth of knowledge and to inform future generations.

It is important to prepare material and to record events while they are fresh in the memory or they will be forgotten if left entirely to the retrospective historian. Much was done before hostilities broke out and much has already been done during the war. This early part can be assembled and put on record while the workers are still with us and the facts are fresh in their memories, though not necessarily in the final form in which these narratives will appear in the published history. Further, the writing of such a history entails inquiries and investigations which can only be pursued while the war organization is in being.

**Organization of the Medical History.**

There is a War Cabinet Committee for the Control of Official Histories of which the President of the Board of Education is Chairman and it was soon determined that an official medical history should be part of the organized plan set up by this Committee. The War Cabinet, with the considerations in mind which have already been detailed here, laid it down that this history, like the general official history, must be on a co-ordinated basis, including not only the medical side of the three Fighting Services, Navy, Army and Air Force, but also the medical civilian services.

On March 10, 1941, an interdepartmental conference recommended that an Editorial Board, composed of representatives of the medical departments of the Fighting Services and of other Government Departments concerned, should be appointed to direct the work and that Sir Arthur S. MacNalty, formerly Chief Medical Officer of the Ministry of Health and Board of Education, should be the Editor-in-Chief.

The President of the Board of Education, the Right Hon. R. A. Butler, M.P., became the first Chairman of the Editorial Board and guided its initial deliberations. He was succeeded by Mr. C. T. Flower, C.B., V.P.S.A., Deputy Keeper of the Public Records, in February, 1942. In addition to his high distinction as an historian, Mr. Flower is a member of the Advisory Historical Committee on Official Histories so that he keeps the Medical History in close association with all the histories of the war.

The Editorial Board has in its membership the Directors-General of the Medical Services of the Navy, Army, Air Force, the Director-General of the Emergency Medical Service of the Ministry of Health, the Deputy Chief Medical Officer of the Ministry of Health, the Chief Medical Officer of the Department of Health for Scotland, Professor J. M. Macintosh, Glasgow University, the Secretary of the Medical Research Council and Dr. Janet Vaughan, Brigadier-General Sir James E. Edmonds, Secretary,
the Historical Section of the Offices of the War Cabinet, Colonel J. S. Yule, Offices of the War Cabinet, Major-General L. T. Poole, War Office, and the Editor-in-Chief. Mr. W. F. Mellor is Secretary of the Board.

The Directors-General concerned appointed medical representatives to collect material for the History; these gentlemen, with the approval of the Editorial Board, were subsequently designated as Service Sub-Editors of the History. The Directors-General may be regarded as Editors of the Official Medical History for their respective Services.

The Editorial Board meets about twice a year. At their first meeting they appointed an Editorial Sub-Committee constituted as follows:

The Editor-in-Chief (Chairman).
Surgeon Commander J. J. Keevil (Admiralty).
Colonel S. Lyle Cummins (War Office).
Wing Commander R. Oddie (Air Ministry).
Dr. J. Alison Glover (Board of Education).
Dr. A. Sandison (Ministry of Pensions).
Professor J. M. Mackintosh (Department of Health for Scotland).
Dr. F. H. K. Green (Medical Research Council).
Mr. W. F. Mellor (Secretary).

Subsequently Colonel S. Lyle Cummins resigned and was succeeded by Brigadier F. A. E. Crew, F.R.S., and Major R. N. Hunter. Dr. Charles Newman and Lieutenant-Colonel C. L. Dunn of the Ministry of Health, who are Assistant Editors at headquarters, subsequently joined the Committee.

The Work of the Editorial Sub-Committee.

The duties of the Editorial Committee are many and various. It supervises the collection of material for the History, keeps the various Government Departments in touch with one another, prevents overlapping and unnecessary waste of effort in the collection of material, advises on detailed planning and the scope of the History and on the selection of contributors. It has power to co-opt experts from time to time on special subjects, consults with special investigation committees set up by other bodies, especially those of the Medical Research Council, and initiates inquiries and research through and in collaboration with these bodies.

The first main task of the Committee is the collection of material. With this end in view, Government Departments are giving their active collaboration by furnishing reports, circulars, memoranda and other official documents relating to medical administration as well as to technical and clinical subjects. Among the Government Departments collaborating are the Board of Education, Ministry of Labour and National Service, Ministry of Supply, Ministry of War Transport, the Department of Health for Scotland, Ministry of Pensions, Ministry of Food, Ministry of Home Security and the Mines Department. Close touch is also being maintained with the

1 Resigned in 1943.
many bodies and persons whose work has any bearing, directly or indirectly, on matters of interest for the Medical History. Among these may be mentioned the Medical Research Council, the British Medical Association, the Central War Emergency Committee, the General Medical Council, the Nuffield Provincial Hospitals Trust, Royal College of Physicians, Royal College of Surgeons, Royal College of Obstetricians and Gynaecologists, the Anglo-Soviet Medical Council, etc.

In addition, the Dominion Governments are co-operating by furnishing data concerning their Forces stationed in this country and the Colonial Office will supply information relating to the Colonial Forces. The Allied Governments in the United Kingdom have also agreed to collaborate as regards the work of their Medical Services and the campaigns in which their Forces take part. For these arrangements I am much indebted to the Foreign Office and to the Chief Medical Officers of the Allied Governments. Close liaison has, too, been established with the Sub-Committee on Historical Records of the National Research Council of the U.S.A. which is collecting similar data for the United States Medical History of the War [22] and there is a mutual exchange of experience and information. Here I would express my gratitude to my old friend Professor John Fulton, Surgeon-General Parran and Dr. K. B. Turner of the American Embassy.

Finally, the host of semi-official and voluntary agencies whose work brings them within the orbit of medicine and social medicine are being invited to contribute accounts of their work. The Medical History of the War casts its net widely.

**THE WORK AT HEADQUARTERS.**

The Editorial Sub-Committee meets at frequent intervals but it will readily be appreciated that much of the work is done through personal visits, interviews and outside inspections and conferences and the Sub-Committee when it meets has to consider the results of this spade-work.

For the past two years the Editor-in-Chief, his medical colleagues and the Secretary have been busily employed in building up a department of Medical History with a far-reaching organization concerned wholly with matters relating to progress during the war.

The History occupies its own offices at 25, Victoria Street, London, S.W.1. Here conferences and interviews are held and all those writing on medical problems of the war are welcome. In this office a centre of documentation dealing with the whole field of war-time medical work is being assembled. All the material on war-time medical problems will not necessarily be housed in this department. Much will be spread throughout the various Government Departments and elsewhere but the liaison now effected with the various Services and bodies assures that the material is being collected and will be available for the Official Medical History.

Close attention is being paid to medical literature. Much has already been written on medical problems during the war. Articles and papers of interest
are being collated and indexed. Advantage is being taken of the very complete organization set up by the Medical Research Council whose publication *Bulletin of War Medicine* provides an invaluable synopsis of war-time medical literature. The first editor, Sir Harold Scott, enlisted authorities in every branch of medicine, surgery and kindred subjects as abstractors for this *Bulletin* and has helped us in countless ways. *War Medicine* issued by the American Medical Association and the *Bulletin of Hygiene* published by the Bureau of Hygiene and Tropical Diseases are also providing valuable data. All available medical publications (English and foreign and those of friend and foe), are being scanned for material. Without this detailed scrutiny the History will not achieve its full purpose.

**The Scope of the Official Medical History.**

*The Civilian Aspect.*—The Medical History will describe the state of the national health at the beginning of the war and the expansion of the Health and Medical Services to meet war conditions and their functioning and development during the war. Material for this section will be contributed by the civil Ministries working in collaboration, each one describing its growth and the changes in organization and administration. Some problems, such as evacuation, are being dealt with by several Ministries and here co-ordination will be necessary to give a balanced account and to avoid overlapping. Subjects to be dealt with will include the Emergency Medical Services, their organization and work during the war and the functioning of the medical and medico-social services throughout the country. Special attention will have to be given to such problems as those arising out of the planning and working of the evacuation schemes, the Civil Defence Services, shelter life; to problems of war-time nutrition and to all those medical and medico-social changes and developments which war has forced upon us for good or ill. I should like here to acknowledge the great help we are receiving from Medical Officers of Health and their staffs in these subjects. The war-time movements of disease, changes in type, and the adjustment in public health and medical technique to deal with them require to be described. The migrations of the civil population to meet war-time production requirements and their consequences and lessons in the field of industrial medicine also need description. These are some of the problems to be dealt with. Sub-Editors and narrators in the various Departments will assemble the material now being accumulated on these subjects with a view to the preparation of a connected narrative.

*The Fighting Services.*—The Fighting Services will contribute their own sections to the History. They will give an account of the organization of the Services before the outbreak of hostilities and of their growth and functioning during the war. They will describe the medical aspects of the campaigns; those problems relating to combined operations or those common to two or all the Services in various fields of medicine being dealt with by all three Services in collaboration. Medical problems peculiar to
the Services will be treated at length in these sections which are likely to
be published somewhat in advance of other sections of the Medical History
in order to avoid delay in bringing out the lessons of the war and, in par-
ticular, to put war-time experience quickly at the disposal of new entrants
to the Services.

A great deal of material is being collected and classified in the Service
Departments. Each Service is drawing up a synopsis of contents of its
contribution and experts in naval, military and aviation medicine are being
asked to contribute. Arrangements are being made for experts working on
subjects wholly or partly common to all the Services to consult together
in order to avoid overlapping. Contributors are being asked to submit
progress reports, as of course final monographs cannot be written until the
war is over and all its medical experiences gathered in. Progress reports
or interim monographs will ensure that changing experience will be
recorded while memory is fresh and at the same time furnish a record of
the evolution of ideas and of changing problems and technique. Sub-
Editors and narrators in the Service Departments will, as in the case of the
non-Service Departments, put this material into preliminary form for inclu-
sion in the History.

Technical Subjects.—The technical volumes will cover a wide field of
subjects and include war physiology, nutrition, recruits and physical train-
ing, special problems of fighting men and those relating to shipwreck,
immersion and exposure, etc.; war surgery—the effects of high explosive
bombs, resuscitation, including blood plasma and serum transfusion. Space
in the History will be allotted to war wounds and injuries—excision and
débridement, wound chemotherapy, burns, blast and crush injuries, regional
injuries, plastic surgery, closed plaster treatment, etc.; war medicine will
include public health and hygiene, epidemiology, tuberculosis, venereal
diseases, neuropsychiatry, industrial health, medical research, pathology,
etc. Other subjects, such as war-time medical education, the social aspects
of the war in relation to disease, the rehabilitation of the sick and wounded,
etc., will also find their appropriate places. There will be statistics in the
text of the contributions and probably a special volume will be devoted to
this important subject.

Conclusion.

The aim of the Editorial Board is to secure the collaboration of all those
working in various fields and to give in a readily accessible form an
authoritative record of the advances in medicine made during the war for
the benefit of statesmen, administrators, scientific workers, the medical
profession and the public.

To assemble all this material and to prepare it for inclusion in the
History involves, as we have seen, a great deal of organization and a wide
basis of collaboration. The Board's task is to secure these desiderata and
to ensure that the History shall be a real compendium of knowledge as to
what the war has bequeathed to us in progress and technique in all the
Sir Arthur Salusbury MacNalty

realms of medical and public health endeavour. Such a work will, it is certain, be especially welcomed by the medical profession, upon whose whole-hearted co-operation the success of the Medical History will largely depend.

The Editor-in-Chief’s duties are heavy and responsible ones, but they are lightened by the ungrudging help and support he has received from numerous colleagues both professional and lay.

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