THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE ARMY MEDICAL SERVICES *

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M.S., F.R.C.S.

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OUR Dinner to-night is a special Army occasion based on the award, at Council tomorrow, of the Mitchiner medal. What could be better than for us to invite as our guests our friends and colleagues in the Royal Army Medical Corps and Royal Army Medical College, many of whom are, of course, Fellows or Members. Our links, indeed our firm bonds, with the Army go back for many centuries.

The origins of organised surgery not only in England, not only in Great Britain, but throughout most of Europe go back to surgeons and the Army, that is to military surgery. The union of Barber-Surgeons that existed for some two centuries, throughout Europe as well as throughout Great Britain, dominated the history of mediaeval surgery to such an extent that many people think, erroneously, that surgery arose from barberry. We owe it to ourselves as well as to accuracy to dispel this misconception and we must give honour where honour is due; that is to the Army Surgeons and thus to our real surgical forebears.

The Origin of the Barber-Surgeons

Internal medicine had drifted entirely into the hands of the Church: the physicians were priests or monks. As they were forbidden by Papal edict to shed blood they could not do any operative procedure and so this fell to their barbers who in addition to blood-letting did many minor surgical procedures such as tooth-drawing. They began to form an important social element that increased when the Reformation led to the closing of the monasteries and to their dispersal. To make a living they took to barberry and to surgery, and in order to limit the many surgical quacks who also tried to make a living they were regularised in barber-surgeons' guilds.

The Military Surgeons

But in addition true surgeons existed who were not barbers and we first hear of them in the 14th Century. These were the military surgeons, very necessary people considering the amount of fighting there was all over Europe. In London these true surgeons formed a small company or fellowship of surgeons which was unfortunately never incorporated. Their members were sworn in before the Mayor and Aldermen of the City of London almost uninterruptedly from 1378. When in 1415 Henry V organised his expedition for the campaign that culminated in the Battle of Agincourt he took with his 30,000 troops a Chief Surgeon, Thomas Morstede, and also 12 surgeons whose equipment consisted of one chariot and two wagons. In their company was also one physician. The whole Company of surgeons had only 17 members and a better social position as distinct from the barbers. Their foreign travel, and no doubt their contacts

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with foreign surgeons, meant they had better professional attainments than any barber-surgeon. Their association with the Crown and with the Armed Forces was fully recognised when the company received in 1492 a grant of Arms from Henry VII "At his going over of the sea into France". These Arms were a rose surmounted by a crown. This was still the 15th Century, but the 16th Century was to see a change.

The Barber-Surgeons Company

The existence of a large and powerful barbers' guild duly incorporated, and part of whose members practised some surgery, provided an excellent opportunity for a take-over bid. In 1540 the formal union of the barbers and surgeons, initially granted a charter by Edward IV, was confirmed by Act of Parliament, the personal interest of King Henry VIII being attested by his presence in the Holbein painting that graces the College Hall.

The records of the Barber-Surgeons' Company contain many references to the Army and these become especially frequent in the 17th Century when, in 1627, the Company appointed surgeons to go to Portsmouth to look after the wounded soldiers from France. In 1628 the Court of the Company appointed Mr. Peter Thorney as Surgeon General to the Army that went to relieve Rochelle: he died while on active service. In 1642 the Company were bound to recruit surgeons for the Army, to provide each with a medicine chest and with instruments to the value of £15.

In 1690 we find compulsory national service with another warrant to the Company to impress 40 able "chirurgeons' mates" for service in Ireland. By the 18th century the position of importance that the Company held in providing surgeons for the numerous wars was recognised by the presentation (by Queen Anne) in 1704 of a punch-bowl for its work in the examination and accrediting of Army surgeons. The union with the barbers had been an uneasy one and became increasingly intolerable as the professional status and special ability of surgeons as opposed to barbers became progressively established. In 1745 the breakaway was achieved and the union of the two Companies was dissolved. The barbers retained all the common possessions except for surgical books and papers. Among the objects lost to the surgeons were the Queen Anne punch-bowl and also the silver Boscobel Cup given by Charles II. More serious was the loss of the Arms in which had been quartered the emblem of the rose surmounted by a crown granted to the Surgeons by Henry VII. This is still retained in the Arms of the Barbers' Company.

The Company of Surgeons

The new Company of Surgeons was, of course, entrusted with the duty of examining candidates for the Army Medical Service as well as for the Navy, and as time went on added to its duties by examining and reporting on compensation and pension claims. Many interesting examples of this function are to be found in the records in the examination books still possessed by this College.

The new Company included in its Arms a crown to show its connection with the Sovereign and a lion to show its connection with the Army. These emblems survive in the Arms later assumed by this Royal College and both the lion and the crown form a decorative motif around the College Hall.

The first Master of the new Company of Surgeons was Sir John Ranby, whose memory is ever fresh to us from the Ranby Cup that he gave to commemorate his Mastership. He was Sergeant-Surgeon to King George II and attended the King at the

Battle of Dettingen, the last battle which an English King attended in person.

The second edition of his book "The Method of Treating Gunshot Wounds" published in 1760 was dedicated to the King and in it he recommends what is virtually a casualty clearing station or even a forward surgical post so that the wounded might obtain immediate care instead of being moved long distances with the attendant dangers.

Robert Adair

The 18th Century saw perhaps the closest and most important association with the Army: it was, of course, a century of many wars.

In the Council Room of the College can be seen a small painting of a famous but not very handsome man. His name was Robert Adair: he was a surgeon and for many years was Surgeon-General to the Army until he died in 1790 aged about 80 years. He is better known as the Robin Adair of the song. He was a native of County Antrim and as a young man left Dublin, where he had trained, after a love affair. From Holyhead he set out to walk to London and on the way came upon an overturned carriage and gave help to the owner, a society lady who was slightly injured. She invited him to continue the journey with her and when they reached London rewarded him with 100 guineas and invited him to visit her house. In this way he gained entry into fashionable circles and met Lady Caroline Keppel, second daughter of the Earl of Albemarle. They fell in love but the family disapproved of the penniless young Irish surgeon and sent Lady Caroline Keppel to Bath where she wrote the verses "What's this dull town to me, Robin's not near". She became ill, all was forgiven, and they were married in 1758. When Robert Burns introduced the song to the public in 1793 he set it to what he thought was a Scottish air: and he did not know that Robin was an Irishman.

Presumably Robert Adair must have owed his high office to his high connections. It is interesting that in 1784 an Honorary Fellowship of the new Royal College of Surgeons in Ireland was conferred upon him: the first Honorary Fellowship that College had bestowed.

John Hunter

The great John Hunter was closely associated with the Army. While awaiting a hospital post in London he joined the Army in 1760, probably being commissioned through the influence of Robin Adair.

Thirty years later, in 1790, Hunter succeeded Robert Adair as Surgeon-General to the Army. It was then he wrote his last book on "Blood, Inflammation and Gunshot Wounds" dedicated to King George III and mentioned that it was based on his earlier Army experiences. It was essentially conservative in its advice and advocates waiting before doing drastic operations, especially amputations. Unfortunately he was already dead when it was published in May 1793 and by that time a new era in military surgery had begun which was to last until Waterloo: it was an era that favoured radical operations on the field of battle. Different times, different conditions and different weapons demand different treatment, as witness the great differences in war surgery between the Boer War and World War I. Among our guests to-night is Major N. S. Hunter who is a descendant of John Hunter and has presented to the College the portrait of John Hunter's relative William in his uniform as Medical Officer to the Coldstream Guards and wearing the medal he won at Waterloo.

The Royal College of Surgeons in Ireland

By the close of the 18th Century the relationship between organised surgery and the Army was very close. This was seen in its purest form in Dublin but the organisation of medical and surgical teaching had sunk very low: in 1785 the Dublin surgeons were able to obtain a Royal Charter to found a College of Surgeons in place of the Barber-Surgeons Guild that had disintegrated. As the new College had no premises it petitioned Parliament to provide a Hall. Help was refused but was eventually given in 1790, and between 1805 and 1809 the College received £29,000 in grants. This was because it was supplying Army and Navy Surgeons, and the government, at war, had to realise this was an important function to be encouraged.

The Royal College of Surgeons of England

With the advent of the 19th Century, the London Company of Surgeons was in trouble and was disbanded. In the year 1800, The Royal College of Surgeons was formed in place of the disbanded Company. In its Charter the Court of Examiners of the new College were "to examine every person who shall be a candidate to be approved to serve as a Surgeon or Assistant Surgeon in any Regiment, Troop, Company, Hospital or Garrison of soldiers". It was also to do the same for the Navy. There would seem little doubt that the interest of the Government in the affairs of the College was influenced as much by its wish to help an organisation that produced surgeons for the Armed Forces (we were of course involved in the Napoleonic Wars) as by its wish to help in a purely academic way as was shown by its purchase at this time of John Hunter's Museum.

Although our College was only founded at the beginning of the 19th Century, in 1800, I have traced its progress from its direct lineal ancestor of the 14th Century and thence through each century, always with important Army connections. Indeed, the stability, strength and importance of the College and of its predecessors rested firmly on its important function of training, controlling and examining surgeons for the Army and the Navy.

The Chair of Military Surgery

After the Napoleonic wars the long period of peace diminished the importance of the College in Army matters: its active military period was passing. Then came the shattering revelations of Florence Nightingale and of the Crimean War. The Army Medical Service began to find its own soul and in 1860 a Department of Military Surgery was formed at the Army Medical School at Chatham. A Professor of Military Surgery was appointed, the first Professor being Surgeon-General Sir Thomas Longmore, who had served in the Crimea and returned to England in 1856 to take the Fellowship of this College. The Professor combined the teaching of surgery with his routine surgical duties in the Hospital at Netley.

As the 19th Century wore on the scope and importance of surgery increased as a result of Lister's work and the rôle of the surgeon in the Army became more important. The new Royal Army Medical Corps no longer wished to have its officers examined and selected by the College and took over this important duty itself. The last examination of an officer by the College was in 1826. With the 20th Century the importance of the work of the Military Surgeon was becoming immense and by the end of World War I the Professor of Military Surgery shared his duties as a Consulting Surgeon with largely administrative matters, and no longer taught surgery specifically.

More recently it was realised that this was not satisfactory and as a result of the wisdom of the then Director-General, Lieutenant-General Sir Alexander Drummond, and with the approval of the War Office, a step was taken that was to bring this College once more into close connection with the Royal Army Medical Corps. This was a request that the College should institute a new combined appointment between the Royal College of Surgeons and the Royal Army Medical College of a Professor of Military Surgery. This new post, which we were very glad to be able to support, began in 1961 with Colonel J. C. Watts as the first holder of the combined Chair. He was succeeded in December 1964 by Colonel J. M. Matheson.

The Professor of Military Surgery has the task of keeping alive by lectures and by teaching the knowledge of the special methods of the treatment of war wounds which in the past had been allowed to lapse during peace with deplorable results in each new campaign. He is also concerned with research and with the post Graduate surgical training programme of officers.

We welcome this renewed and active link with the Royal Army Medical Corps.

The Mitchiner Medal

Of course, the two World Wars have resulted in many Fellows of the College serving in the Army at many levels of seniority, including the highest ranks. These Fellows are too numerous to mention but special mention must be made of Major-General Philip Mitchiner, a Councillor and Vice-President of this College, who rose from the rank of Private to that of General. He was a staunch member of the Territorial Army and of course returned to active duty on the outbreak of war, and served until his sudden death. He was a dearly beloved friend of many here to-night and of many in all walks of surgery. In 1953 the Mitchiner medal was founded in his memory and the reason for our holding this special Army dinner to-night is that at Council to-morrow the medal for 1966 will be presented to Colonel W. O'Brien.

I will spare his blushes and will not read the citation but will only tell you that in addition to his high standard of work and achievement over many years in clinical medicine he is particularly recommended for the award for his research work during the past three years on the tropical malabsorption syndrome. His work has greatly advanced the knowledge of this disease.

To-morrow the medal will be presented by the Director-General, Lieutenant-General Sir Robert Drew. I am also glad to say that Mrs. Mitchiner is with us and will attend the Presentation of the medal.

Eightieth Birthday

On 25th April, 1966, just before entertaining him to lunch in the Headquarter Mess and before a large company of retired and serving officers, the Director General (Lieutenant-General Sir Robert Drew) congratulated Major-General R. E. Barnsley on reaching his 80th birthday. In extending his good wishes he expressed the debt of the R.A.M.C. for the General's sterling work and example over many years and crowned by his work in the R.A.M.C. Historical Museum and on the history of the Corps.