

Inspiration from our Heritage

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Overview

The fourteen articles in this special issue on the ‘History of Military Medicine’ can be considered chronologically and thematically, as well as read individually. Much of their content is relevant to military medicine today, and likely will remain so in future.

The articles cover medical history from the French Wars of 1793-1815, through the Crimean War (1854-56), the Tirah Campaign (1897-98) in the North-West Frontier (now Pakistan), the Anglo-Boer War (1899-1902), through five papers on the First World War (1914-18) and two on the Second World War (1939-45), one covers the twentieth century, and another two encompass the twentieth and early 21st centuries.

There are several themes: firstly, the management of casualties, whether suffering from ‘battle injuries’ or ‘disease and non-battle injuries’, a useful modern distinction. All casualties fall into one of these two broad categories; their management differs accordingly. Until recently more casualties have died of disease in war than from battle injuries. Of our fourteen papers, however, seven focus on battle injuries, only one purely on disease (specifically malaria), though two others (Crimean War and Mesopotamian Campaign) cover both categories.

Other themes are: leadership and morale in war; ethics and military medicine; holistic care (chaplaincy and medicine); military medical organisation; data analysis; introduction of novel techniques; medical firsts; medical biography; lessons learned; transformation in conflict; and researching military medical history.

Eleven of our sixteen authors are civilian, mainly clinicians; four of the sixteen have served and one is still serving with the Royal Army Medical Corps (RAMC). Most authors are from or live in the UK, while two have connections to Malta, one to India and another to South Africa and Namibia, reflecting Britain’s historical linkages.

What makes these individual papers so special

The opening article in this issue is a richly illustrated review that focuses on the improvements in the practice and organisation of military surgery in the crucible of the prolonged conflict between Britain and France from 1793 to 1815. Its author, Michael

Crumplin, is eminently qualified to write about this era, with several excellent books on the medicine and surgery of these wars to his name, the latest of which, *Waterloo after the Glory*, includes a chapter on the British field hospital at Mont St Jean, now the site of an impressive military medical museum that he established.¹ Uniquely, the article includes a photograph of its author as historical re-enactor, wearing the costume of an assistant surgeon, complete with amputation set, of the 33rd Regiment of Foot. This distinguished unit was honourably renamed The Duke of Wellington's Regiment on 18 June 1853, the first anniversary of the Battle of Waterloo after Wellington died. This regiment has earned many other battle honours (including every major campaign featured in this issue) and counts nine Victoria Cross recipients in its ranks. After amalgamating with two other famous Yorkshire regiments, it is now called the 1st Battalion (1 Yorks) of the Royal Yorkshire Regiment, in a new, light mechanised role.²

Extreme weather events, such as the November 1854 storm that wreaked havoc in the Crimean War, and the even worse November 1915 blizzard at Gallipoli, supremely test the military medical services, and will doubtless get more frequent as climate change worsens. Mike Hinton, author of *Victory over Disease: Resolving the Medical Crisis in the Crimean War, 1854-1856*, has written an excellent account of the daily challenges that faced regimental medical officers during the Crimean War, including the prolonged effects of that November storm. Military medicine is not all surgery, and preventive medicine pays rich dividends. Service personnel nowadays may have better weather protection, but when Mother Nature exerts herself, and the logistic supply chain is long and vulnerable, they should beware.

Adrian Thomas, radiologist, historian and past-president of the BSHM, writes about the first British use of radiology on the battlefield, within two years of Röntgen's discovery of X-rays. Walter Calverley Beevor enterprisingly bought his own X-ray apparatus and overcame obstacles to take it on active service as a regimental surgeon with the Coldstream Guards in the Tirah campaign. His successful demonstration of the value of forward radiology as an adjunct to war surgery led to the widespread introduction of field radiology units. Veterans from recent conflicts will recall similar instances where personal initiative in introducing leading edge equipment to war zones (such as paediatric endotracheal tubes, or digital cameras for telemedicine, in the 1990s, neither of them included in British field hospital equipment scales of the day, to mention just two examples) has saved lives and catalysed clinical and organisational reform. This is a rich field for the historian of military medicine to explore.

Quenton Wessels, at the University of Namibia, and his co-authors Daniel Dry and Adam Taylor in the UK, have examined the medical aspects of the Second Anglo-Boer War, comparing and contrasting how the British and the Boers prepared for war and managed their casualties. The newly fledged RAMC received its baptism of fire in that conflict, and the authors draw intriguing comparisons with modern times, 125 years after its formation.

Soundararajan Jagdish, military anaesthetist by background, certainly knows how to research military medical history and when to harness the assistance of museum

¹ Crumplin M, Glover G. *Waterloo after the Glory: Hospital Sketches and Reports on the Wounded after the Battle*. Warwick: Helion & Company Ltd, 2019.

² The Royal Yorkshire Regiment. <https://www.army.mod.uk/who-we-are/corps-regiments-and-units/infantry/royal-yorkshire-regiment/> (accessed 20 December 2023).

curators. His study of the dysfunctional medical services in the 1914-15 phase of the protracted Mesopotamian Campaign is a campaign in itself, well prepared, conducted and analysed. If only the medical services then, and the military bureaucracy they contended with, had been on a par.

Simon Miller, previously Parkes Professor of Preventive Medicine,³ has tapped a rich source of primary historical evidence in the collection of over 500 letters from Territorial Army doctor Frank Steadman to his wife, written while serving in Salonika and Palestine between 1916 and 1918. These shed new light on the challenges faced by doctors dealing with the threat of malaria in battlefield conditions – a threat which still exists, and not just on the battlefield. The British Army learned the hard way that no single measure can prevent malaria and that a combined approach is essential. These lessons, and the challenges, remain relevant today and make salutary reading. Other rich sources of primary historical evidence remain to be mined in archives.

Tom Scotland re-invented himself as a cycling orthopaedic historian of the First World War battlefields after he retired in 2007, adding his own personal brand to the concept of Military Staff Rides. He has written several very readable key books on nineteenth- and early twentieth-century military medicine and surgery and has now distilled his experience and knowledge into producing a state-of-the-art review of the history of wound management in the First World War.

I am sure that the author of our paper on tetanus and its management in the First World War (which links perfectly with Tom Scotland's review of war wound management) needs little introduction to readers of the journal. In the year that he takes on the mantle of the BSHM presidency, Edward Wawrzynczak has drawn on multiple archive sources to describe in depth the supply and use of anti-tetanus serum and examine the successes and limitations of prophylaxis and treatment.

Alexander Manché, who established Malta's cardiac surgery unit in the 1990s, writes with empathy about the intrepid ENT surgeon Charles Ballance, assisted by female surgeon Sarah Marguerite White, who together removed a bullet from the heart of a young soldier in Malta in early 1918. This audacious cardiac operation was only the third such intervention worldwide, and the first in Malta, performed in a school converted to a military hospital to care for casualties from Gallipoli and Salonika. Ballance's own careful reflection on the case, and his state-of-the-art review in the 1920 Bradshaw lecture, inspired generations of cardiac and thoracic surgeons.

The neurosurgical history article by Tony Hollingworth has an intriguing connection with that on Charles Ballance, who became the first president of the newly formed Society of British Neurological Surgeons in 1927. Ballance's career progression through truly general surgery in the First World War to specialist neurosurgeon thereafter mimics the evolution of neurosurgery itself under the trauma load of two successive World Wars, particularly the Second. The paper focusses on the pivotal role of the key figures Hugh Cairns, Norman Dott and Geoffrey Jefferson, and explores two rich veins of primary source material: the archival operating theatre records from St Bartholomew's Hospital,

³ Named in honour of Dr Edmund Alexander Parkes (elected FRS in 1861), appointed as the first Professor of Military Hygiene at the newly created Army Medical School in 1860 following the Crimean War; this was the first such appointment in Britain, revolutionising the education of military medical personnel in preserving health and preventing disease. For more information see: <https://www.friendsofmillbank.org/parkes-professors/> (accessed 20 December 2023).

and the Gillingham papers covering the workload of Mobile Neurosurgical Units in various theatres of war.

The crucial importance of morale and leadership in war has been recognised since time immemorial, testified by works ranging from Sun Tzu's *The Art of War* through to the newly published *Conflict: The Evolution of Warfare from 1945 to Ukraine* by General David Petraeus and historian Andrew Roberts.⁴ What is not so well known was the role of a select cadre of British Army psychiatrists, mainly from the Tavistock Clinic, working often behind the scenes to maintain morale and foster leadership at strategic levels during the Second World War. Military psychiatrist H. Thomas de Burgh brings this fascinating story to light.

Military healthcare and medical ethics are intrinsically bound up with one another, both fundamentally affecting the management of casualties in war. Martin Bricknell has a solid background, none better, in these areas. His insightful article analyses key topics in military medical ethics within papers and other sources published up to the end of 1999, complementing a previously published article covering 2000-20, to examine whether there has been change in the character of military medical ethics, or whether the topics endure due to the fundamental nature of war (a clever play on the two different concepts of the character and nature of war itself). He also uses the newer term 'military healthcare ethics' in recognition that ethical issues apply to the entire healthcare team, not just doctors.

I have worked closely with military chaplains on many a deployment to conflict zones during my military surgical career and so am pleased to include Linda Parker's article on the symbiotic relationship of military doctors and chaplains, together providing holistic care to wounded and ill service personnel and others in war, 'alleviating suffering in the service of humanity'.⁵ I challenge anyone not to be moved by reading her paper, not least by quotes such as that by Padre Stuart Hallam, talking about the death and wounding of a close friend:

He was unconscious by the time he arrived, and was rushed into the operating theatre. I watched and prayed for him from the doorway of the operating theatre, until the consultant saw me. Once he realised that I knew JT, he asked me to come in and hold his head and talk to him. For two hours, JT fought for his life, but the odds were stacked against him. Eventually, the consultant said: 'There's nothing more we can do for him, Stu. It's over to you now.' I thanked them for all they had done, and prayed for them, and then I gave JT the last rites.⁶

This special issue on the history of military medicine concludes with a guide to researching modern military medical history, a period most likely to provide lessons relevant to military health practitioners and their patients in today's wars, and crucially relevant to those in leadership and command roles. Martin Bricknell and I have distilled our years of experience and research to signpost key sources of information that we hope

⁴ Petraeus D, Roberts A. *Conflict: The Evolution of Warfare from 1945 to Ukraine*. Glasgow: William Collins; 2023.

⁵ Pope Pius XII. An Address to Physicians of the Allied Forces. *Journal of the Royal Army Medical Corps*. 1958; 104: 201-203. Quoted in Martin Bricknell's paper in this issue, p.245.

⁶ Hallam S. *Church Times*, 9 November 2010. p.20. Quoted in this issue, p.274.

will catalyse and enrich personal study. We trust the guide will prove of value to all readers, whether historians or healthcare practitioners, no matter how knowledgeable.

And finally

I am deeply grateful to all contributing authors for your articles, and also for your dedication and patience throughout the editorial revision process. Also thanks to our reviewers, co-editors and proof-readers, who have not simply corrected errors, but have often contributed from your own deep knowledge to suggest improvements. And thanks to my senior editors, Edward and Christopher, for your trust in inviting me to be guest editor in the first place, and then for your guidance, mentorship, and patience throughout this year as we worked together. I hope readers will find much to whet your interest in every paper in this journal. Look and learn, but above all I hope you enjoy what you discover, and that you will return for future issues.

Keywords

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Biographical Details

David Vassallo is Guest Editor of the ‘History of Military Medicine’ issue, Volume 3 of the BSHM journal *Topics in the History of Medicine*. He previously served as a general surgeon in the Royal Army Medical Corps. He is Chairman of Friends of Millbank, organising regular military medical history talks online and at the former Royal Army Medical College at Millbank, London, open to all, see www.friendsofmillbank.org.

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