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This exhibition guide was compiled by Dr. Robert Morrison, in  
collaboration with George Marshall Medical Museum



# The Royal Army Medical Corps

## Exhibition Guide



**CHEC**

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**GEORGE MARSHALL  
MEDICAL MUSEUM**

250 Years of Medical History

# 120 Years of the RAMC

Early this year the Royal Army Medical Corps celebrated the 120<sup>th</sup> anniversary of its formation on June 23<sup>rd</sup> 1898. The RAMC is an integral part of the modern Army - its men and women are responsible for the treatment of the injured and wounded, though this is only one aspect of the care and support provided to all army personnel.

Even in ancient times people have been attached to an Army to deal with wounds sustained in fighting, and individuals have been recorded in armies from medieval times up to the English Civil War. With the formation of a regular army, regiments were expected to appoint a surgeon and two deputy surgeons, whose appointments were required for treatments which were still crude and basic.

In the Peninsular War a few improvements were instituted by George James Guthrie, initially of the 29<sup>th</sup> Foot (Worcestershire Regiment) and who eventually retired as Deputy Inspector-General. Further improvements were made by Sir James McGrigor, Wellington's *Inspector of hospitals* and later *Director General of the Medical Services*. He organised hospitals to follow the Army, as well as the transport of wounded, and the setting up of medical boards to determine fitness.

It was the appalling conditions in the Crimean War (1854-1856), and the poor care of the sick and wounded revealed by newspaper correspondents which brought about more major reforms. Florence Nightingale was assigned to improve the nursing care provided.

Despite Royal Commissions, changes and re-organisation was slow. Eventually the Medical Staff (for Officers) and Medical Staff Corps (for other ranks) were formed. These were combined to form the Army Medical Corps (1873) and subsequently the prefix “Royal” added in 1898.

In the Boer War (1899-1902) lessons had to be learned, especially dealing with large numbers of casualties, and prevention of disease. A severe epidemic of enteric fever (Typhoid) was a serious cause of illness, with many thousands of cases. It was the first major campaign in which the troops used the First Field Dressing.

Prior to the First World War, General Sir Alfred Keogh was appointed to oversee further re-organisation. This involved training of army medical staff in hospitals and in the field, which together with improvements in sanitation considerably reduced disease. There was also provision for adequate numbers of beds and personnel in the event of war. He created “Field Ambulance” medical units (that is to say field *hospital* units), casualty clearing units and transportation for evacuation of casualties.

In the First World War inoculation, sanitation (latrines, baths and water provision), general health care (for lice, trench fever, trench foot, venereal disease etc.), better splinting for lower limb injuries, oversight of stretcher bearers and ambulances were all part of the Medical Officers’ duties. They also had to deal with the effects of poison gas.

Back in Britain there was also provision for disabled limbless servicemen, St. Dunstan’s for the Blind and care for Psychiatric problems like “shell shock”.

In 1914 the RAMC strength was 9000 personnel, which rose to 13,000 officers and 154,000 other ranks. By 1918 they had dealt with nine million sick and wounded. On the Western Front alone there were 1.6 million wounded treated able to return to the Front.

Casualties were less extensive in the Second World War; some five million sick and wounded were treated. Advantage could be taken of advances in medical science with the production of penicillin, organised blood transfusion services, DDT and progress in surgery and anaesthetics. Battlefield casualties were dealt with more swiftly as static dressing stations became more mobile. Field dressing stations and more specialist units were set up into divisional areas to allow treatment to be given earlier. Aircraft might help, where possible, with evacuation. Control of diseases, especially tropical, and help with psychiatric problems were also part of the Corps role.

The RAMC has of course been involved in more recent conflicts in the 20<sup>th</sup> Century (eg. Korea, Malaya, The Falklands) and in the 21<sup>st</sup> Century in Iraq & Afghanistan.