

APPENDIX No. 3

AN AUSTRALIAN'S EXPERIENCE IN THE R.A.M.C.

Further extracts from the comments by Dr. S. F. McDonald based on the experience of Australians in the R.A.M.C. during the war are as follows:

There were many Australians with the R.A.M.C. It is safe to say that anyone who belittles the Imperial officer and soldier never saw these latter from inside. One of the happiest, keenest and most efficient Units in France contained English, Irish, Welsh, Australian, Canadian, and South African medical officers.

There was often much misunderstanding at first—everybody got it, especially from the Regular officer of the worst type. But once a man showed that he was willing to work and associate with his fellows he seldom had more trouble.

To the better type of young R.A.M.C. commander the Australian soon adapted himself—he was usually ready to turn his hand to anything. One Colonel welcomed his first Australians with the remark that he liked Australians—he'd seen them in South Africa where they would eat anything, sleep anywhere, and work all the time. Possibly it was in the Base jobs that Australians shone least. There the creature comforts were greater and the risks less, and too often the Hospitals became staffed by permanencies, whom the C.O. knew and liked, and knew he could trust. When the Australian stayed long enough in a Base Unit to become known he was usually kept till his restless spirit was irked at the monotony and he applied for a move further on.

It was safe to say that those who served in British Units came back with a broader outlook and a wider sympathy. The English crust was broken—there was generally little difficulty with Scotch or Irish—and what good stuff there was under that crust! The courtesy and kindness, the willingness to help, and the smiling tolerance of another's point of view; with an intense contempt for swank and "side", for meanness and trickery, and for anything calculated to "let a fellow down".

And the courage. It is the fashion among a certain section of Australians to sneer at the British, especially after the Fifth Army disaster; but at no time was the Australian morale taxed as was the British by the awful strain on the home front. It is one thing to face an air raid or a shelling in person, it is another to know that home and family are in the same risk, and above all, are hungry. No one in Australia knew hunger, everyone in England did—it was share and share alike—and every leave

¹ See Vol. I, p. 518 and Vol. II, pp. 806, 829n.

only made the strain more evident to the soldier. Among many Australians the idea of the British soldier was gained from the shattered remnants of the Fifth Army. This wreckage the writer also saw under the same unfavourable circumstances. On the other hand he had many friends in the Fifth Army Units and the blame for that debacle must, it has always seemed to him, be on the shoulders of the higher command. When the dissolution began Field Ambulance, C.C.S. and Ambulance Trains, left to their own initiative (took it) very eagerly.

On the side of the Regular officer (in the trouble between him and the civilian profession) there was much to be said. He *was* a soldier; he knew how his Army was organised, transported, fed and administered, what to do with his patients, why and how. The lack of such knowledge was well seen in the extreme failures that many of the Red Cross Hospitals produced. There were instances, too, when the Temporary officer must have been a sore trial to his seniors—not infrequently from sheer excess of zeal. Also time often hung heavy, the periods of inactivity not yet being lightened by schools of instruction or other means. Many Temporary officers were actually suffering heavily financially and at times there was a tendency to answer back. On the other hand the very knowledge of the proper way to do things sometimes made the Regular C.O. unable to adopt a more expedient way.²

Much of the attitude of the Regular towards the Temporary officer was inspired by the very definite fear that the latter might demand a share in the higher posts. Towards the end of the war such things did happen: in France there were Territorial A.D's.M.S.—but little more; and in Palestine the D.G.M.S. for Armageddon was a Territorial.

Every unit had a Quartermaster—in many cases a man in the prime of life, in others just about to retire or just retired on pension. These officers were not medical men; they had risen from the ranks and had a spotless record for good conduct, especially for sobriety, and a thorough knowledge of the internal running of the Corps. A quartermaster had usually served in his warrant rank as a regimental Sergeant Major—a man of great weight and character—his Colonel's left hand and the company officer's or adjutant's right. The quartermaster was at once the enemy and the best friend of the Temporary officer; let him suspect an officer of trying to overreach him in any matter of unauthorised stores, and he became as adamant; let him realise that an officer was doing his best in his job and there was no one more helpful. To the Quartermaster must be assigned much of the success of the R.A.M.C.

Unfortunately the highly trained, conscientious and devoted orderlies of the first few months were all too few for the mushroom expansions.

Their places in the ranks were filled by every possible form of P.B. man, who had often made a tour of half the branches of the service—a failure in each, to come to rest at last in the base units of the R.A.M.C.; it speaks volumes for the work of the Officers, Sisters and N.C.Os (most of all perhaps the last) that the standard of nursing in the later days of the war was at

² For example an ex-house surgeon from St. Thomas's Hospital who was attached to the R.C. Ambulance Convoy at Ypres was met by a friend in a field ambulance with the request for morphia—theirs was exhausted. Gladly he gave a liberal amount—he still had plenty. The recipient received a brutal reprimand from his Colonel for not waiting to procure stores from an "authorised source".

least as high as that in the earlier stages. Before the great dilutions took place the trained personnel knew their work so well that even an incompetent C.O. would have little trouble. Later on when perhaps one man in 5 or 10 was trained—matters were very different, and the C.O.'s influence was the supreme factor in failure or success. And then it was that the better type of young R.A.M.C. officer got his chance and in most cases made every use of it. Too often with a personnel made up of the scrapings of the Army the work was done—often on poor rations and worse quarters—with, too often, only the C.O.'s devotion to his men between them and absolute misery.

By no means least in the Army Nursing Services were the members of the Voluntary Aid Detachments. These were girls who had in peacetime from motives of public spirit undergone a certain amount of voluntary nursing training. They were often the sisters and daughters of the Territorial officers, or retired Regular officers.

And what if any are the lessons to be gleaned from the R.A.M.C. by an Australian Medical Service?

Esprit de Corps. First and foremost *esprit de corps*—founded very largely on tradition and training. The conduct of the R.A.M.C. in this and previous wars was constantly being cited as an incentive to good work; it was not for nothing that the only bars to the V.C. were won by R.A.M.C. officers. Previous V.C.'s in the Corps were quoted, sometimes with a good deal of laughter, often with the most intense respect. Tales were told in messes of cholera epidemics in India and malaria in Africa, where men went out to work and die "because it was all in the day's work", and the devotion of the medical officers in the typhus epidemics³ was taken usually as a matter of course. It was surprising to find how much the lower ranks knew of Corps achievements in previous wars, and how obscure and unrewarded gallantry was rumoured and treasured in this one.

Training. The peace-time training of the R.A.M.C. was most efficient despite two great handicaps. The first of these was the fact that the units were seldom working as such but were scattered through a dozen military hospitals. This made the mobilisation of the R.A.M.C. most difficult. Majors met their Colonels for the first time. The Sergeant-Major and Q.M. were more likely to have met, and possibly some of the other rank and file; but the junior officers often had neither seen their seniors, their fellows, nor their men. The second was the fact that the *drivers* were no part of the Corps, and had no strong ties with it.

As against these defects it was held that the training system of the Corps was so thorough that any trained man was fit to take his place and "carry on" in any Unit to which fate or the War Office might allot him.

The Q.M. and N.C.O. Apart from purely medical qualifications the greatest strength of the Corps undoubtedly lay in its *Quartermasters* and *Sergeant-Majors*. Such men are not produced in a moment; what steps are being taken in Australia to train them? There are tales—which may or may not be true—of Australian medical units and their troubles

³ In the terrible episode of the Prisoners of War camp at Wittenberg, in Germany. (*A Short History of the Royal Army Medical Corps* by Col. Fred Smith). See p. 982n.

in administration and discipline in their early days—and in their later days, too; whereas such troubles in the British units with “Regular” Quartermasters and Sergeant-Majors were unknown.

Trained Army Sisters. An added strength was undoubtedly the Q.A.I.M.N.S. *Regular Sisters*. Here, too, *esprit de corps* and training counted for much—there was less of the personal element, less of the jar of training school jealousies.

The place of “eye-wash”. The very eye-wash so much despised by many of us at the time undoubtedly served a useful purpose and helped patients to forget the dreary disorder of the war.

System of recruiting, grading, and promotion. Finally there should be one system of recruiting and grading medical officers. The three systems in the British Army undoubtedly caused much friction—not so much between the officers themselves, as in their attitude to the higher powers. Especially was this the case with certain special Territorial Hospitals in which officers only just arrived in France were given higher rank than many who had been in France years before and had far more of both military and scientific experience.⁴

Specialists, clinical and research. So too, the appointment of specialists—the encouragement of research and the control of rewards are matters in which much care must be exercised if the Medical Service of the Commonwealth are to profit by the lessons of the R.A.M.C.

⁴ cf. Vol. II, Chap. xxvi.