Medical men and military matters: the BMJ and the Victorian army

Anne Summers

The British army in the mid-Victorian period was a world within a world: recruited by voluntary enlistment rather than universal conscription, grouped in regimental “families,” and passing long years away from home on colonial service. The army’s medical officers were physically and intellectually isolated from their civilian colleagues and could almost be said to be living in another age as well as another world. Military nomenclature knew only “surgeons,” so that while the civilian profession was not only distinguishing between surgery and medicine but also spawning further specialties within them, army practitioners, despite the immense variety of their workload, could still be popularly identified with the sordid aftermath of battle and the crude and none too hopeful remedy of amputation. Whereas civilian doctors strove to associate their calling with the advance of science and the exercise of their talent their military counterparts had few opportunities to observe new clinical developments and little incentive to do so; promotion, which came to them with exacerbating slowness, was the reward not of merit but of seniority.

“Drudges and subordinates”

Anyone wishing to speak out on the military medical officer’s behalf—and the Association Medical Journal under Dr JOHN ROSE CORMACK was most anxious to become his champion—was placed in a quandary. If the medical officer’s practice was condemned from a professional viewpoint he was likely to feel aggrieved and alienated from his civilian colleagues; a fierce attack on his War Office employers would do little to enhance his standing among them; yet if no criticisms were aired it was hard to see how his conditions of service could be improved.

The medical officers themselves pressed for change in one particular aspect of their service: the classification of the Army Medical Department as one of the “civil” departments of the army. The combattant wing refused to recognise the medical men as brother officers. They were denied, for example, the distinction of military medals and citations, despite the gallantry they showed in tending the wounded under enemy fire. They had no authority to command a combatant. At the lowest level this meant that they could not directly instruct an orderly to clean a ward in a military general hospital. At the highest level they had no right to advise a commanding officer on the siting of a camp or hospital. Their skills could not be deployed in preventive medicine, and their curative role was thus diminished to that of “mere drudges and subordinates to cure disease,” as a medical officer wrote to the journal in 1861. He might have added that their principal role was often to clear up a mess that would not have occurred if their advice could have been given in the first place.

Chorus of disapproval

The outbreak of the Crimean War in 1854 brought to a head the problems inherent within the army medical system and launched the journal on the long and often tortuous path of reform of military medicine. It is, indeed, difficult to exaggerate the traumatic effect of this short war on the medical opinion of the day. It was Britain’s first major engagement since Waterloo; it was also the first to be reported daily to the public at home. Military misjudgment, bureaucratic mismanagement, and medical failure became the staple fare of the press. The Army Medical Department was virtually on trial for the high mortality from enteric disease, the near total lack of ambulance provision, and the appalling overcrowding in hospitals and sick transports. The journal at first hesitated to join in the chorus of disapproval, but in February 1855 it broke its silence.

The journal accused the Army Medical Department of “gross neglect, gross mismanagement, and a blind and obstinate adherence to a system of routine totally unsuited to the crisis, shameful in a liberal profession.” The authors said, “as medical men, we keenly feel the dishonour he [Dr Andrew Smith, the Director General, AMD] has brought upon our profession.” If these were strong sentiments they were not more extreme than those which a committee appointed by the General Council of the British Medical Association reported a month later: “the dreadful revelations which had for months past occupied the newspapers, and which had been recently fully confirmed by evidence given before a Committee of the House of Commons, had made the very name of doctor a derision and a by-word.” Dr Cormack acknowledged that the army system, which condemned medicine to a subordinate mapping up role, was deeply flawed; he objected to “trial by newspaper,” and to censure by the unqualified, such as Florence Nightingale’s amanuensis, Charles Bracebridge. But he distanced the journal from the rival Medical Times and Gazette in refusing to exonerate the Department itself from blame. The self respect of an ambitious profession depended on its members being responsible for their own actions. Medical men should not have allowed their better judgment to have been overridden; Dr Smith was particularly at fault in admitting poorly
qualified candidates to the service, promoting inferior men, and refusing, for as long as possible, the help and advice of his civilian colleagues. A much softer line towards him and a harsher tone towards the War Office made themselves felt after October 1855, when Dr Cormack was succeeded by Dr Andrew Wynter.

"Participant observers"

From a military point of view the years after the Crimean War and the Indian Mutiny passed relatively quietly for the British Empire. On the Continent, however, it was a time of ferment as both Italy and Prussia struggled to throw off the domination of Austria, while the adventurism of the French Emperor, Louis Napoleon, revived fears of Bonapartist aggrandisement. The numbers participating in battles rose to unheard of heights—for example, 500,000 at Sadowa in 1866—and the numbers of wounded increased more than proportionately, thanks to the deadly effects of the new breech loading firearms. Continental armies became concerned to improve their ambulance services; and the Red Cross movement was born when in 1864 the Geneva Convention established the neutral status of the wounded and those who cared for them.

The British became "participant observers" in this new age of warfare on the outbreak of the Franco-Prussian War in July 1870. From the outset the journal, since 1857 called the British Medical Journal and now edited by Mr Ernest Hart, was intensely interested in the medical lessons to be drawn from the conflict and strongly supportive of the National Society for Aid to the Sick and Wounded in War (the precursor of the British Red Cross) in its efforts to supply personnel and equipment to those in need on both sides. The journal clamoured for more observers to be despatched from the Army Medical Department and identified itself fully with medical officers and National Society activists who, as the war drew to a close, urged the War Office to study and adopt the methods of Continental army medical services and, in particular, to become better prepared in peacetime for the emergency of war. In December 1870 the journal reported at length an address given by Mr Hart to the Social Science Association (Colonel Loyd-Lindsay of the National Society was in the chair) on medical organisation in time of war. Mr Hart called for a reserve force of medical volunteers to be organised and for the regular medical officers to be deployed to better effect by loosening their rigid regimental affiliations.

The official British reaction to these developments materialised in the army reorganisation undertaken by Gladstone’s Secretary of State for War, Edward Cardwell, and was closely monitored by the journal. The creation of a volunteer medical reserve was delayed by a decade, and its completion had to await the years between the Boer War and 1914. But the nettle of regimental organisation was grasped. A more centralised Army Medical Department was proposed, which offered practitioners more opportunities for general hospital work and hence experience of a greater

1890s

- 1890: von Behring introduces a diphtheria antitoxin
- 1895: Wilhelm Röntgen discovers x rays
- 1898-9: Independent work by Ronald Ross and Giovanni Grassi establishes the mosquito as the vector in the transmission of malaria
- 1899: Introduction, by Bayer, of aspirin
range of cases than a single regiment was likely to provide; from a professional point of view, said the journal, it was a “progressive and valuable” reform. But for the medical officers themselves any change in the old system raised the spectre of uncertain seniority in the matter of pay, promotions, and pensions, and their mood was one of resistance. Many appealed to the journal over the head of the Director General, being, as one letter put it, “deserted by those who should have guarded our rights and privileges as their own . . .”

Neither the BMA nor the journal was willing to disregard such a striking testimony to their position within the profession. Putting to one side earlier reservations about the efficiency of the regimental system, the BMA organised a deputation to Mr Cardwell on the medical officers’ behalf in June 1873. Its brief had been prepared by its Parliamentary Bills Committee, chaired by Mr Hart. The démarche produced little satisfaction beyond the assurance that previous improvements obtained in medical officers’ status would not now be dissipated. In September the journal, for neither the first nor the last time in the century, exhorted potential candidates for the new army medical service not to apply.

Unification in one corps

In the 1880s the journal had once again to respond to the public pillorying of army medical officers: the Egyptian expedition of 1882, like the Crimean War, gave rise to press cries of hospital scandals and a parliamentary committee of inquiry into the army medical services. The journal pointed out the faults in the system as a whole, which despite the journal’s own best efforts was as ill equipped as ever for rapid expansion in wartime. The medical officers were praised for the low surgical mortality achieved during the campaign, and the editor attacked no less a personage than General Sir Garnet Wolseley for casting aspersions on the conduct of the medical services. With some prescience the journal also looked forward to the possibility of a reform that would confer on medical officers most of the advantages of regimental organisation with few of its disadvantages: this was the union in one body of the officers of the Army Medical Department with the sergeants and orderlies of the Army Hospital Corps. Within such a corps the medical officers would hold full commissioned rank, combattant titles, and authority to command subordinates.

This reform was finally accomplished with the creation of the Royal Army Medical Corps in 1898. In his official history of the Army Medical Department former Director General Cantlie wrote that ”it was the unswerving support of the British Medical Association which forced the Government to give way.” The journal was crucial to this success. Had Ernest Hart, through both the journal and the Parliamentary Bills Committee, not persisted through 30 years in a campaign combining constructive professional criticism with moral and organisational support the serving army medical officer’s isolation—from military as well as from civilian colleagues—would not have been overcome and his grievances would have continued to be ignored.

This said, it must be emphasised that the BMA’s and the journal’s achievement consisted principally in providing the army medical services with a launching pad for further and much needed reform, a framework within which medical professionalism could at last be validated and exercised. The creation of the Royal Army Medical Corps did not come soon enough to save the British troops from the many medical debacles of the Boer War; the twentieth century began with the wary familiar spectacle of a press furore over overcrowding, understaffing, bureaucracy, and antiquated procedures. The overwhelming preponderance of men dying of disease compared with those dying because of wounds shows all too clearly that the question of how to transform the chiefly retrospective duties of the medical officer into preventive powers was still far from being resolved.

Limited and concrete objectives

In this article I have concentrated on the topic of the British army almost to the exclusion of the subject of war itself because neither the journal nor any body of practitioners in this period voiced any critique of methods of waging war or of war as an instrument of policy. The Paris correspondent had, indeed, written in July 1870 that a military hospital had been set up containing 2000 beds: “To contemplate so enormous a consort of sick and wounded seems almost reprehensible”; but other correspondents in France and Germany described in a completely dispassionate manner, which was appropriate to their neutrality.
end of the century a somewhat less detached contribution to this published work appeared in the journal in the form of a defence of the dum-dum bullet by Professor Alexander Ogston: any criticism of the weapon was said to be motivated by sheer anti-British prejudice, and it was “a well-known fact that England had never used these bullets save against barbarous and absolutely ruthless enemies” (in this case Afghans).

Both the BMA and the journal were, inevitably, far too heavily concerned in their military colleagues’ struggles for better working conditions to begin to question the morality of the enterprise in which they were engaged. There was not Victorian or Edwardian equivalent of “Doctors against the Bomb.” It might perhaps be argued, however, that contemporary public willingness to respect the opinions of medical men on military matters owes much to the fulfilment of the more limited and concrete professional objectives of the BMJ’s early years.

**Rescued from the Plague** (1898)
Frank William Warwick Topham (1838-1924; British)

At a time when revolutionary changes were sweeping through European art some British artists were still painting in this unadventurous way. The true story that Frank Topham, the watercolourist and genre painter, illustrates here may be found in Pepys’s Diary for 1665: Having lost all of their children but one from the plague, and fearing that their own days are numbered, the parents ask friends to look after their surviving child. Here Topham shows the naked child being handed over, but in such a mawkish way that one’s instinct is to echo Oscar Wilde’s verdict on Dickens: that he could never read the death of Little Nell without bursting into hysterical laughter.

A more obvious choice to represent the 1890s would have been “The Doctor” by Luke Fildes—a splendid picture, much admired today—but the Topham reflects popular taste of the time as well as showing the artistic gulf between Britain and the rest of Europe. In “Rescued from the Plague” the vertical format used so effectively by seventeenth century Dutch genre painters in scenes of jewel-like clarity is a mistake. Everything seems unnaturally elongated. Unconvincing draughtsmanship, particularly awkward in the central group, adds to the air of unreality. No doubt Topham intended the beggarswoman in the doorway to tug at the heart strings, but the effect is merely cloying. This kind of melodrama gives Victorian painting a bad name—a pity when artists such as Hubert von Herkomer and Luke Fildes, both admired by van Gogh, were still producing memorable images of working class deprivation in the 1890s. How depressing to think that Topham painted this picture after van Gogh’s death and nine years after “Dormitory of Hospital” (p 715).

**CLASSIC OF THE DECADE**