

Sir Alexander Ogston and the Royal Army Medical Corps

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It is a privilege to pay tribute to Alexander Ogston for his surgical work in the Army Medical Services and for his great influence upon the development of military surgery, the care of sick and wounded in battle, and upon the very foundation of the Royal Army Medical Corps in 1898. It is fitting that Ogston's place in military annals be remembered in his own University which has played, through its graduates, such a great part in military medicine. Among them, James McGrigor, Director General of the Army Medical Department 1815–51, was considered to be the greatest military doctor of all time, and was described by Wellington, with soldierly lack of grammar, as 'one of the most industrious, able and successful public servants I have ever met with' (Cantlie, 1974). James Wylie was for twenty-five years the head of the Army Medical Department in Russia being appointed in 1811. He founded the Medical Academy of St Petersburg and Moscow, and was president for thirty years. He was physician to several Czars and at the Battle of Borodino in 1812 is said to have performed over 200 operations on the field (Comrie, 1932). In the First World War, Gordon Taylor, another Aberdeen graduate, was recognized as a superb operating surgeon and Robert Stephen, lately consultant surgeon to the Army, at the beginning of the Second World War, taught the principles of the surgery of war wounds, which had been forgotten or never learned, and which are accepted everywhere today.

OGSTON'S WRITINGS AND CAMPAIGNS

Alexander Ogston was a man with a fluent pen and wonderful descriptive powers, who kept a detailed diary during his Army service. From the diaries

he wrote his fascinating book *Reminiscences of Three Campaigns* published in 1919. I have drawn freely from this book. The delightful paper by Dr Ian Porter presented in 1970 before the Scottish Society of the History of Medicine has also been most helpful. I have in addition consulted Comrie's *History of Scottish Medicine* (1932) and Neil Cantlie's *A History of the Army Medical Department* (1974).

Early history

Ogston had always been fascinated by military surgery and felt that he really must learn about the practical aspects of the subject. He was intrigued by the accounts of the Franco-Prussian War of 1870-71 which directed his attention to this very specialized subject. He refers to the times of Napoleon I and Barons Larry and Percy, when the French Army introduced (1792) the 'ambulances volantes' and the 'brancardiers' to rescue the war-wounded. These were the 'field ambulances' and specialized 'stretcher-bearers' of modern times. In the British Army, sixty years later at the time of the disastrous Crimean War we had no such field medical organization, but the French had, and the shocking comparison between the quality of care for the wounded of the two armies is known to all and is detailed by Cantlie. Modern military surgery really originated in the 1860s and 1870s. Dunant and Moynier, the two great Swiss founders of the Red Cross, appealed for mercy to the wounded and for protection to those who cared for them. The dreadful carnage and gross neglect of the wounded after the Battle of Solferino in 1859 was brought to the attention of all so-called civilized countries of Europe, leading to the signing of the Geneva Convention in 1864. In this country strong sympathy and support were aroused for the Swiss, enhanced no doubt by memories of the medical scandals and disasters suffered in the Crimean War. In north-east Scotland the determination to assist and train civilians to help the injured, resulted in the formation of the Aberdeen Ambulance Association which 'for patriotic reasons' later fused with the St Andrews Ambulance Association, the Society which we know today.

The Volunteer Bearer Companies of Medical Schools were the forerunners of the Medical OTCs and the RAMC Territorial Army as we know them. One Dublin and two Aberdeen graduates led this movement throughout the country—Surgeons Major George Evatt and Peter Shepherd with James Cantlie. Shepherd's brilliant career ended tragically a few years later (1879) at the disastrous defeat and massacre of our troops by the Zulu under King Cetewayo at Isandhlwana, when he was killed while rescuing a wounded comrade. The two others encouraged the raising of the companies

in Aberdeen University and the redoubtable James Cantlie himself founded those in Charing Cross Medical School in London.

Ogston strongly supported the formation and training of the bearer companies with Alexander Macgregor, and developed, in his own words, '... large and enthusiastic units of high efficiency which embraced the flower of our medical students'. Ogston also supported Cantlie in his battles for recognition of this new volunteer reserve for the Army, and although the two were rivals for the Chair of Surgery in Aberdeen in 1882 they seem to have remained good friends in spite of Ogston's success. Cantlie was invited to Aberdeen by the new incumbent in surgery whose warm support for the infant Volunteer Medical Staff Corps, developed from the bearer companies by 1883, helped to ensure its official recognition in 1885 by the War Office. During all these endeavours Ogston, who had to teach military surgery to such keen young men, felt deeply his lack of practical knowledge of the subject. Conscientious and dedicated he determined to take part in active military operations and an early opportunity arose in the Sudan, during the Egyptian War of 1884–5.

Egyptian War 1884–1885

Britain had been involved in the affairs of Egypt and the Sudan since 1882, and this continued intermittently until 1898. There had been rebellion in and a military 'coup' by the Egyptian Army, and Tewfik the Khedive was practically held hostage—this has a modern ring. The British and French Navies attacked the rebels and landed troops at Alexandria. Another purely British force landed at Ismailia to march on Cairo. In the meantime the Sudan was in revolt and under the control of tribesmen led by a Muslim prophet, the Mahdi—a nineteenth century Ayatollah! These rebel forces had massacred an Egyptian Army led by General Hicks at El Obeid near Khartoum. The Arabs of the Red Sea coast revolted in support and destroyed the Egyptian garrisons and armies. Khartoum fell and General Gordon was murdered. A slow moving relief force marched up the Nile and another force landed at the Red Sea ports of Trinkitat and Suakin to deal with the revolt, and to attack across the desert to the river Nile at Berber. Ogston was unable to join the Nile force based at Cairo, but managed to get authority from the Director General to join the Red Sea force—at his own expense. Under the command of General Sir Gerald Graham, some 12,000 men were as he relates 'to be equipped among other things with all the most up to date appliances for the sick and wounded, including field hospitals, bearer companies, and materials for dealing with the difficulties that might be met with under any conceivable eventualities'.

Ogston had an adventurous journey across Europe and the Mediterranean, including a chance meeting in Cairo with a fellow Aberdonian James Beattie, in command of the hospital at the Citadel, needless to say in Shephard's Hotel. Through Beattie's influence Ogston joined SS *Ganges*, the newest, largest and finest vessel of the P & O fleet which had been converted to a hospital ship.

Ogston describes in detail this splendidly equipped ship and efficient well-trained medical staff. He landed at Suakin after several days of comfortable travel to join the Field Army in camp in the desert under very different circumstances. He was warmly welcomed by the medical staff and the PMO himself took him to meet the General Staff, and promised to arrange about tent, rations and, though hard to obtain, a horse and saddlery. (Ogston was struck here as in other campaigns by 'the British way to locate the hospital contingent in the more exposed and dangerous quarters of the Camp'.) He and his servant Mohammed were attached to the First Bearer Company for the Battle of Hasheen due to commence the next day. The promised horse and saddlery did not materialize, so our hero marched with the foot-soldiers, not a whit dismayed, but thrilled at the prospect of battle and carefully observing and recording all that went on in his diaries. There were disappointments, the appearance of the troops was as he says

. . . instead of the clean, trim uniforms, handsome war array and music to which one was used at home, nearly all the British troops were clad in the then uncommon brown cotton (khaki), dirty and worn untidily as the men pleased, with unshaven chins and unwashed faces, set off by occasional blue spectacles. The rough men and badly groomed horses conveyed something of the impression of a lot of day labourers rather than of soldiers.

The Indians were much more impressive and he was astonished to note among the Guards contingent

a stout old gentlemen in plain clothes on horseback, said to be Lord A. . . , a former Colonel of the Guards who had defied all considerations of age and prudence in order to accompany his beloved regiment to the field.

During the ensuing battle Ogston attended the wounded and with a sense of public relations, as we would now say, he was sketched by one of the war correspondents, kneeling beside a badly wounded officer—the sketch appearing afterwards in one of the London illustrated papers. He studied carefully the organization of the collection and evacuation of the wounded from where they fell to the base hospital and on to the hospital ship *Ganges*. He was especially fascinated by the transport used—the Indian doolie bearers, the ambulance wagons, the camel and mule 'cacolets' and litters were new to him and under command of his (and our) old friend Evatt. This

critical observer and ardent reformer later became Surgeon General Sir George Evatt. He had already analysed the tactical problems of bearer companies, and drew up a new field organization and development first used at Suakin. It has a strangely modern ring and will be familiar to many. Ogston does not comment on this, although Cantlie describes it, but busied himself personally trying out carriage in doolies, cacolets, litters and wagons in all sorts of terrain to discover what would be the most comfortable form of transport.

In his studies of the surgical treatment in the base hospitals, he was most impressed by the skill and kindness shown. However, when four nursing sisters (two regulars from Netley and two auxiliaries) appeared and took charge, there was 'something like a revolution' in patient care. 'It was my first introduction to women's work at the front in war' says Ogston, 'and it was a lesson I am not likely to forget.' All of us with battle experience will echo his words.

Ogston was invalided home but was fit enough to be in charge of wounded on board the P & O ship *Deccan* to Suez and finally to the military hospital at Netley. He therefore, followed, observed and tended many seriously wounded men from the field of battle to the home hospital—valuable experience indeed.

Considered impressions

Ogston's conclusions about the Army Medical Service are of great importance as they were to form the basis of the advice which he gave to the Government. His admiration for the quality of the medical officers, non-commissioned officers and nurses was great but he saw clearly that they had not the organization and authority in the military hierarchy and command and the value of their service was not recognized by the War Office or the Nation. Medical officers had no proper rank or powers of command or discipline, as members of the Army Medical Department. The soldier bearers and orderlies of the Medical Staff Corps (previously Army Hospital Corps) were the unfits and throw-outs from the regiments and were not answerable to the doctors. A single corps of officers and men analogous to the rest of the Army was required. The purely medical and surgical equipment he felt was as perfect as could be devised and yet was so jumbled in procurement and supply that sorting out on the approach of action was an impossible task—a medical supply system was required.

He felt that the medical service had to be given a place of honour at least equal to that of any other Corps, that its officers and men be recruited from the best in the country, and finally that the Director-General should have

rank and authority equivalent to that of the Commander-in-Chief of the Army. The Nation must understand that to protect the lives of its battle-worn men and officers is as important as to fight the enemy.

He also believed that the Army and Navy Medical Departments, and the National Aid Society should not be subordinate to the War Office and Admiralty, but should be under a minister responsible to Parliament, the Nation and the profession. The minister should be advised by a council of military and civilian medical experts. It may be of interest to note that in 1975, the Armed Forces Medical Advisory Board was set up to advise the Secretary of State for Defence in medical matters as Ogston laid down.

The seeds of these ideas had unquestionably been planted in his mind by those young regular firebrands and reformers, Evatt and Shepherd at their meetings in Aberdeen some ten years before. Today we have come a long way towards completing his recommendations.

FORMATION OF THE ROYAL ARMY MEDICAL CORPS

From 1896 a subcommittee of the British Medical Association had been studying the problems of the Army Medical Department and had strongly recommended reform to Lord Landsdowne, the Secretary of State for War, with a request that he should receive a formal deputation. In January 1898 Lord Landsdowne received a deputation of distinguished doctors, led by Sir Thomas Grainger Stewart, President-Elect of the British Medical Association and including Professor Ogston. The submissions of this group were finally accepted and the Royal Army Medical Corps was formed on 1 July 1898. Amalgamation of officers and other ranks occurred and substantive military rank was conceded, and the long, bitter struggle was over—no-one having more influence or speaking with more authority than Ogston. The establishment of the day however, showed their displeasure by refusing to recommend Jamieson, the Director-General for an honour which was his due. One would have thought that Ogston would have rested after such a triumph, but not a bit of it. Having since his adventures in the desert visited the Army Medical Services of Germany, France and Russia, he then, armed with letters from Queen Victoria, visited military and naval hospitals and institutions in England. He was appalled to find how far ahead of us other countries were. This unfavourable comparison was the theme for his Address on Surgery to the British Medical Association meeting in 1899 at Portsmouth. Although gaining general support in the country and among younger doctors, his outspoken views were taken as criticisms of themselves by many of his senior friends in the British Service and they never forgave

him. Later that year the South African War started and during that campaign the truth of all he had said was revealed.

SOUTH AFRICAN WAR

It was a misfortune that the South African war against the Boers broke out in 1899 little more than a year after the formation of the Royal Army Medical Corps. The fledgeling corps could not possibly have been ready. The War Office had conceded its organization structure and command system after decades of bitter opposition, but the Army in general was not prepared to accept the medical branch and give it rightful support. There was no time to recruit and train those splendid soldiers described by Ogston, and the medical officers were uneducated in, and unfamiliar with their new staff and command duties. Proper procurement of medical supplies and a suitable transport system had not been arranged. The campaign turned out to be another series of military disasters, and looking at it in retrospect after 80 years, it was characterized by the extreme fortitude and bravery of the British soldiers and regimental officers in the field and the gross incompetence and stupidity of many commanders and their staffs. The Nation had no idea of the vast distances, hostile climate and impossible terrain up country. They knew only the gentle fruit growing area with the lovely beaches of the Southern Cape. The Commander-in-Chief was General Sir Redvers Buller, later to be replaced, who had as Quartermaster General in 1889, with the Duke of Cambridge and Lord Wolseley, bitterly opposed reform in the medical services and in particular the granting of military rank to doctors.

Meanwhile Ogston, meeting Queen Victoria at Balmoral Castle, had gained her interest and support for his plan to go out to South Africa to study military surgery and to give his services to the wounded. The confirmatory letter on behalf of Her Majesty refers him to Buller for help and cannily appreciates his 'self-sacrifice in thus at your own expense, going to the scene of war'. In the 'Black Week' of military disasters at the end of 1899, when the nation was reeling from the calamitous news and the dreadful casualty lists, our hero set sail for Cape Town. On arrival he found that although the Queen's letters gained him all possible help from the military side, yet the head of the medical department was completely obstructive and humiliating. He does not say who this was, but we assume he was a senior man alienated by Ogston's Portsmouth oration in January of that year and unable to forgive an individual considered treacherous. By contrast the attitude of the subordinate medical officers was warm, kind

and friendly. He congratulates himself on going out with the Queen's interest and at his own expense without asking for the authority and blessing of the Director General of the day. Surely this was a tactless, unwise move and could account for the coolness of his reception.

He was disappointed that use was not made of the Voluntary War Work Agencies or civilian trained nurses, and the spurning of their offers to help. The newspapers said, 'The Royal Army Medical Corps is a magnificently equipped and disciplined force and is in no way in need of (voluntary) assistance in its own department'. A foolish statement—but have we not heard similar sentiments in the not-too-distant past about our own National Health Service!

Ogston visited a hospital train returning full of patients to Cape Town from the battle area, but could find no fault with its efficiency. At the Modder river he was attached to Lord Methuen's staff and Colonel Townsend (later General Sir Edward) was most helpful. He was appalled at the state of the typhoid hospital in a half-completed building and although praising the quality and work of the medical officers, found the conditions under which they were working and the materials supplied in no way supported the boast that assistance was not required. Even the non-medical officers and soldiers saw this.

By contrast when he reached General Gatacre's Headquarters, in the Eastern Cape, he was most hospitably received by the PMO, the Staff and the General himself, who offered Ogston the use of his armoured train for travel which was forthwith made ready. On this 120-ton steel-plated monster, he proceeded towards the Boer lines and after leaving the flat plain entered 'a region resembling the Grampians at the sources of the Aberdeenshire Dee . . .'.¹ On his return south he saw the Red Cross depot in Cape Town with masses of useful stores but no organization for distribution. People in Cape Town were almost in revolt at the conditions they were learning about and were desperate to help. The Red Cross was incompetent and could not even supply chairs which Ogston demanded for a field hospital, and 'had they supplied a few capable cooks for medical units would have done incalculable good'. A supply officer in the hospital in Cape Town said the 'deficiency of milk and medical comforts is inexcusable and no limit is placed on either. The cooking is execrable and the food as cooked here, is barely eatable by a sound man'. The newspapers at home began to print horrific eye-witness accounts of sickness and suffering just as bad as anything which had happened in the Crimea and public opinion was at last aroused. A South African Hospital inquiry commission was set up, which turned out to be vague and useless and a white-wash to Ogston's fury. This reinforced his long-held conviction that the medical service must be independent of the War Office and directly responsible to Parliament.

On return to the Modder river with the reinforced Army under Lord Methuen, he was horrified at the enormous increase in incidence of typhoid fever and the inadequacy of care for the patients—the flies covering everything, patients' faces, mouths and eyes in black masses. The mortality from this disease alone was twenty-four per cent. Eventually Ogston himself contracted the illness, with fever and thrombophlebitis of the leg. He became so weak that he could hardly walk. He dosed himself with Dover's powder, bismuth, chlorodyne and an array of other medications, but at the end of a days march could only lie exhausted on the ground and could not get his boot off. He began to become confused and eventually on the advice of his friends tried to get back to Cape Town, or into a military hospital, and was admitted as a patient in Bloemfontein. There he lay gravely ill and has recorded for us a most extraordinary description of his own delirium, a well recognized feature of typhoid fever. Many of you may have heard this before in Dr Porter's talk or read it in his paper (1969) I make no apology for repeating it and would make this passage required reading for every student of medicine.

I was conscious that my mental self used regularly to leave the body, always carrying something soft and black . . . and wander away from it under grey, sunless, moonless and starless skies, ever onwards to a distant gleam on the horizon, solitary but not unhappy, and seeing other dark shades gliding silently by. . . . I seemed to wander off by the side of a silent dark, slowly growing great flood, through silent fields of asphodel, knowing neither light nor darkness, and though I knew that death was hovering about, having no thought of religion nor dread of the end, and roamed on beneath the murky skies, apathetic and contented until something again disturbed the body. . . . I was drawn back to it . . . and entered it with ever growing revulsion.

Some weeks later he slowly began his recovery and convalescence, and was eventually evacuated to Cape Town and home to England in July 1900. His furious parting shot after the campaign was that 'the British War Office in medical matters, was dragging along years behind other countries, obstinate, ignorant, narrow-minded, self-complacent, and strangled in ancient pipe-clay and red-tape'.

FIRST WORLD WAR

On the commencement of hostilities in 1914, Ogston once again applied to the much maligned War Office for a post anywhere, in any capacity. He received only a courteous acknowledgement of his letter. He had no doubt that his age was the factor which excluded him; as he was now seventy his rejection was not surprising. He was not put off by the War Office attitude

but volunteered for Southall Auxiliary Military Hospital and acted as operating surgeon during 1914 to 1915 when he was asked to go to Belgrade to take charge of a hospital detachment for the British Naval Force on the Danube, supporting military operations against the Austrians. After a short time he had to return to Salonika to see a relation who was dangerously ill, and this patient had to be taken back to London under Ogston's care. This journey and his return to Serbia took much time and there were many adventures. He left the hospital in Belgrade 'as I was out of sympathy with the manner in which some matters concerning it were conducted'. Before leaving that country, he had formed a high opinion of the care, skill and humanity shown by the Serbian Army Medical Department. There were however, some British officials whose behaviour was scandalous.

Ogston forbears to mention that in 1915–16 he was President of the British Medical Association, but simply says '. . . after a year in various activities connected with the War'. Repeated efforts to rejoin the British Army were all futile but eventually in 1916 he had the opportunity to serve as an operating surgeon with the first British Ambulance Unit (supplied by the Red Cross) for Italy. This unit joined the Second Italian Army on the Austrian front and with it he worked happily for some fifteen months. The front line held by the Austrians in the mountains behind Udine and Gorizia commanded one of the main passes between the Carnic and Julian Alps and many of the roads were within range of the Austrian artillery. Having settled into his unit location, he soon procured a pass from the Italian commander which allowed him full access to the war zone and permission to inspect any or all medical installations. Of this he took full advantage and toured extensively. He was often well in front of the Italian guns and noted that the noise of roaring and crashing prevented him hearing the whistle of rifle bullets. He formed a very high opinion of the Italian Medical Service but pointed out the grave defect—lack of young, competent women nurses. (The moral standards of Italy forbade their employment.) The 'Religieuses' and elderly ladies of rank were nearly all unfit for the work, although he greatly admired their efforts and dedication.

Ogston considered that the Italian Army had fine well-trained officers and men. They excelled in the difficult operations of mountain warfare and the medical backup for their troops was extremely skilful and competent. He felt that few soldiers in the world could have maintained the attacking spirit in those terrible mountains, and he notes that their bravery was matched by their kindness to enemy captured and wounded. In the middle of a fierce battle, now aged 73, he got himself to a field dressing station where he relates '. . . on an exposed part of our route about 200 metres from the Austrian trenches, and there the great guns flashed and crashed

and bullets whistled, reminding me of former days in other parts of the world'. He also visited many of the forward stations in the frozen depths of the Alpine winter through deep snow drifts and at risk from avalanches.

Naturally this life took toll of his health and although only sick for three days in a year of service, he obtained six weeks leave to return to Scotland to recover his strength to enable him to serve to the end of the War. (He would have by then been aged 75.) In his absence the Austrians attacked fiercely through Friuli towards Udine and Venice, and an Italian Army was defeated at Caporetto, resulting in disastrous and disorderly retreat. The Hospital at Trento had to be abandoned and Ogston met his colleagues as refugees in Paris, as he was on his return journey. Nothing daunted he got himself back to Mantua and among the scattered remnants of the Second Italian Army, looked for the remains of his unit. He managed to find 22 pieces of transport including thirteen ambulances, and five of his old unit sick in Castelbelfonte. There was no medical equipment, drugs or dressings of any kind for them, and the Italian medical officer was posted off elsewhere. Ogston managed to obtain some disinfectant, bed linen and packets of invalid food, and began to care for the patients. He learned that the unit was to be disbanded and deplored this, offering to set up a small, well-equipped hospital, with proper nursing. This was refused as was the offer of his service to the British Red Cross commissioner. He stayed caring for the little group of sick until arrangements were made for their welfare and in November 1917 the gallant old warrior started off on his journey home.

EPILOGUE

There his book ends and so must my account of this great Aberdonian. His interest in and influence upon military medical affairs began in 1870, and thereafter he campaigned ceaselessly for reform and improvements particularly in the field of organization for war. As he insisted equipment, training and transport must always be kept up-to-date or disaster will result.

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