



**THE
ROYAL CANADIAN
ARMY MEDICAL CORPS**

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The history and traditions of the RCAMC cannot well be considered apart from those of the RAMC, for our organization and training have closely followed the RAMC; although our history is short, it is one of which we all may be proud. Let us look at the medical arrangements in the early days of the British Army.

Royal Army Medical Corps

Before 1660 there was no standing army in England. The army was raised only for war and entirely disbanded at its end. The army consisted of only two types of soldier, foot (or infantry) and horse (or cavalry). Civilians looked after the supply of food, transport, engineering, etc. Medical officers were few and without authority. Many were just personal medical attendants of Senior Officers.

Medical attention of wounds was poor, and any attention was liable to be worse than useless, as there was practically no knowledge of infection. It was common for the troops to kill their wounded if their condition appeared hopeless in order to put them out of their misery. Any severe wound usually proved fatal. There was no organization for removing wounded from field of battle.

However, during the reign of Elizabeth I the first rudimentary steps were taken towards the formation of the so-called regimental medical service, whereby each company in the field had its own surgeon and some medical equipment. With the formation of a standing army by Charles II in 1660, medical officers were offered permanent careers for the first time. Each medical officer ran a small regimental hospital, although there were some larger non-regimental hospitals in existence at this time. The Napoleonic wars witnessed a great struggle for improvement in the medical care of the army in the field, but no spectacular progress was made as events in the Crimean War indicated.

In 1854 the Crimean War with Russia broke out. At its outbreak there was still no Medical Corps in the British Army, and the Force set out with a hastily improvised, hurriedly enlisted Hospital Conveyance Corps, which was intended to function as an ambulance service to carry sick and wounded men from the battlefield and provide attendants for general base hospitals. However, owing to the rapidity of its origin, poor organization, and very poor personnel, it proved an entire failure. Personnel were enlisted from aged and feeble pensioners and other untrained personnel. One book says the failure was "Owing to the lack of training of the men, their loss of

activity through age and infirmity, and their general drunk and disorderly conduct". It was during this same Crimean War that Florence Nightingale introduced the Nursing Service to the Army. Her story is the early history of the Nursing Service.

It may be of interest to note that the first Medical Officer to win the VC was Surgeon James Mouat at Balaclava in 1854 (Light Brigade). The first Canadian Medical Officer, however, to receive this coveted decoration was Surgeon Herbert Taylor Reade who won it in 1857 while serving with the British Army during the Indian Mutiny.

Towards the end of the Crimean Campaign the inept Hospital Conveyance Corps was incorporated into the Land Transport Corps, and a new formation for hospital service known as the Medical Staff Corps was created.

In 1857 the Medical Staff Corps was replaced by the Medical Hospital Corps. Its ranks were filled by former members of the Staff Corps and volunteers from the line who had over two years service. The Hospital Corps was given equal status with the rest of the army. It gave a good account of itself in both the South African and the Zululand campaigns of the late 1800's.

In 1884, in an attempt to obtain unity in the medical branch of the army, the Army Medical Department Officers were designated Army Medical Staff, and given command of the Army Hospital Corps other ranks, who reverted to their old title of Medical Staff Corps.

It was not until 1898 that the two components were brought together to form one single corps—Army Medical Corps—and on 23 June of that year Her Majesty, Queen Victoria, conferred upon the newly formed Corps the title of "Royal".

At this time the new Corps got its colours; "Blue, dull Cherry and Gold"; its badge and motto, "In Arduis Fidelis" (Faithful in Adversity) "Regimental Badge with the Snake of Death, entwined around the Staff of Life, Wreath of Remembrance and Crown of Life and King". "Bonny Nell" was authorized as the Corps March Past. The Corps March Past was changed to "Here's A Health Unto His Majesty" in 1949.

Royal Canadian Army Medical Corps

The origin of the RCAMC may in a sense be said to date from 1885, the year of the North-West Rebellion. Up to that time the only medical service in the Canadian Militia consisted of the medical

during the years 1905-06 and combined the functions of the bearer companies and field hospitals. It was felt at the time that the increased mobility of the field ambulance would add to the efficiency of the medical services in the field. The second development was the clearing hospitals. These units, formed in 1913, were designed as the pivot upon which the removal of the sick and wounded turned, receiving casualties from the field ambulance and distributing them to the stationary or general hospitals. They were the fore-runner of the casualty clearing stations.

At the outbreak of the First World War, the CAMC though small was well organized. From both the permanent and non-permanent elements 30 regimental officers and 10 medical units were provided for service within the first month of war. By June 1918 the overseas strength of the Corps had risen to 15,519 all ranks, while the number of medical units had increased to 68, of which 37 were hospitals. In Canada 65 military hospitals with a bed capacity of 12,282 were in operation. By October 1918 the strength of the CAMC in Canada was 5,452.

The work of the CAMC in the First World War is legend. The Corps together with the Medical Services of other allied nations had won a victory over disease; smallpox which had decimated armies in the Middle Ages, and typhoid fever which had plagued the forces in the Boer War virtually disappeared. Having controlled disease, the Medical Corps were able to devote their full attention to rapid evacuation of casualties and early surgery. In recognition of its valour the permanent portion of the Corps was permitted, in November 1919, to adopt the title "Royal"—The non-permanent element, the backbone of the Corps, was not granted this privilege until 1936.

The RCAMC during the interwar years, restricted as it was by government economy, was small. The permanent element on September 1939 consisted of 42 officers, 11 nursing sisters and 123 other ranks. It was widely scattered throughout the length and breadth of the Dominion, largely engaged in administrative duties. The non-permanent portion was a more potent force, at least on paper. By 1939 it had 24 Field Ambulances, 12 Field Hygiene Sections, six Casualty Clearing Stations, and 18 Reserve General Hospitals. Its strength was more than 1,000 officers (including nursing sisters) and 1,400 other ranks.

In September 1939 when war was again thrust upon the free nations of the world, the RCAMC looked at its motto "In Arduis

Fidelis" and forthwith began the mobilization of a force which was to outdo its remarkable record of the First World War. A total of 8,175 officers (including the nursing services), and 26,589 other ranks saw service with the Corps.

The R.C.A.M.C. Overseas 1939-1945

The first medical units overseas were three field ambulances of the First Division, and on them fell the task of supplying the medical care of the division during the first winter overseas. By mid-1940 a casualty clearing station and three hospitals were in operation in England. After this modest beginning the expansion of the medical corps was rapid and by early 1944 there were overseas approximately 200 medical units of various types. There were 24 general hospitals, two special hospitals, 11 field ambulances, five casualty clearing stations, three convalescent hospitals, five medical stores depots, and a wide variety of other units such as field surgical units, field transfusion units, mobile hygiene units and mobile neuro-surgical units. One of the special hospitals, No. 1 Neurological and Plastic Surgery Hospital at Basingstoke, deserves special mention. The concept of concentrating all neurological and psychiatric and plastic surgical casualties under one roof was a RCAMC innovation which drew praise from the medical services of all our Allies.

From 1939 to 1943 the work of the RCAMC overseas was confined to training and care of the troops stationed in England. This period of "watchful waiting" was not without excitement and even danger. Canadian troops shared the German "Blitz" with the rest of England and on many occasions the medical corps rendered invaluable assistance in treating air-raid casualties. Highlights of this period were the raids on Spitsbergen and Dieppe. Although the raid on Spitsbergen was unopposed, Dieppe proved to be a costly prerequisite to the successful landing on the Continent at a later date. In so far as the medical corps was concerned the day of Dieppe—19 August 1942—was marked by the heroic efforts of the medical officers who landed with the assault force, and by the work of Nos. 1 and 15 General Hospitals which between them handled the bulk of the Canadian casualties that were brought back to England. Canadian troops did not again meet the enemy until the invasion of Sicily in 1943.

On 10 July 1943 the First Canadian Division as part of the British-American invasion force landed on the shores of Sicily accompanied by its medical units. By the end of August the entire island was in

our hands. Then came Italy; here the Canadian Force experienced one of the most stubborn campaigns of the entire war. The long evacuation lines over difficult and mountainous terrain made the evacuation and treatment of casualties a monumental task. In order to shorten the evacuation lines, hospitals in the early stages were established well forward and often within the sound of gun fire, exposed to Luftwaffe attacks, and under the most primitive conditions.

Considerable ingenuity was displayed in adapting transport to fit the conditions. When the heavy ambulance cars got bogged down the dependable jeep, fitted with stretchers, was employed. Even Bren-gun carriers were fitted up as ambulances.

There were 25,882 Canadian battle casualties in Sicily and Italy, of which 4,390 were fatal. Non-battle casualties averaged about 500 per thousand over the whole period. The high rate of sickness was largely due to malaria, infectious hepatitis, and dysentery.

Long before the campaign in Italy was over the great Normandy assault had taken place. At the end of hostilities Field-Marshal Viscount Montgomery wrote of the "truly remarkable success of the medical organization". He is quoted as saying that "doctors were prepared to lay 15 to 1 that once a man got into their hands, whatever his injury, they would save his life and restore him to fitness. It is a fine thing that these odds were achieved with a handsome margin". The recovery rate of all wounded was, in fact, 94 per cent. This figure may be even higher in view of the finding that many of those classified as "died of wounds" were actually dead on admission to a forward installation. In fact, 32 per cent died within 24 hours of wounding and had not been evacuated beyond field ambulance level.

The honours and awards bestowed on officers and other ranks of the Corps in World Wars I and II are evidence of the high standards of courage and devotion to duty which have always characterized the Corps:

Summary of the Decorations to Personnel of the RCAMC in First and Second World Wars

VC—2 (Victoria Cross)

Kt—1 (Knight Bachelor)

CB—9 (Companion of the Order of the Bath)

CMG—29 (Companion of the Order of St. Michael and St. George)

CBE—26 (Commander of the Order of the British Empire)
DSO—57 (4 bars) (Distinguished Service Order)
OBE—99 (Officer of the Order of the British Empire)
RRC—120 (4 bars) (Royal Red Cross (Class 1))
MC—198 (21 bars) (Military Cross)
ARRC—386 (Royal Red Cross (Class II))
AM—1 (Albert Medal)
DCM—35 (1 bar) (Distinguished Conduct Medal)
GM—2 (George Medal)
MM—282 (17 Bars) (Military Medal)
BEM—34 (British Empire Medal)
MSM—80 (Medal for Meritorious Service)
Royal Victoria Medal (4th Class)—1
Mention in Despatches—1071
Foreign Decorations—197

Post War Organization

At the end of the war, the RCAMC in conjunction with other corps was reduced in size to conform to peacetime requirements. It did however remain much larger than in the period prior to 1939.

The post-war organization has been designed to cover the peacetime functions of the corps. These functions include: the administration of the Active and Reserve Force Medical Services; the training of Active and Reserve Force Medical Services; the provision of medical care to the Active Force personnel and in isolated locations to their dependents and the supply of medical equipment and stores to the Medical Services of the three Armed Forces. These functions necessitated the following establishments:

- Branch of the AG (DGMS)
- HQ RCAMC Commands
- HQ RCAMC Areas
- The RCAMC School
- 37 Field Ambulance
- Military Hospitals
- Station Hospitals
- Medical Inspection Rooms
- No 1 Central Medical Equipment Depot
- Command Medical Equipment Depots
- Regimental Medical Establishments
- Liaison Detachments.

The post war organization of the RCAMC, Reserve Force, has been designed to provide a nucleus of trained and training personnel for service in the event of general mobilization. Field ambulances, field dressing stations, casualty clearing stations and field hygiene and sanitary sections have been organized in accordance with the requirements of the Canadian Army.

The disturbed international situation of the last few years has occasioned a remarkable expansion of the RCAMC (AF). Its strength has doubled and new hospitals have been opened in Canada. Four field ambulances are now in existence, one with the Canadian Bde Gp in KOREA, one with the Cdn Bde Gp in EUROPE and two remaining in Canada for training and coverage of Defence of Canada Forces. The RCAMC School at Camp Borden, Ont. has tripled in size and expanded its functions.

Following in its tradition, the RCAMC is providing medical service wherever required. Wherever troops are located, from the forward fighting areas to base and home stations, there is a requirement for medical service and RCAMC must provide. As always, the motto "In Arduis Fidelis" prevails.