14743 PRIVATE E.L.PENERY

14743 Private E L Penery of the Royal Army Medical Corps was awarded the Queen's South Africa Medal 1899-1902 with a state clasp for the Cape Colony and date clasps South Africa 1901 and South Africa 1902.

ROYAL ARMY MEDICAL CORP

At the close of the $19^{\rm th}$ century, the construct of British military medicine was archaic and in need of change. The distribution of medical officers was inefficient, there were no prospects of promotion, and there was no access to specialists nor dentists.

In 1898, Lord Lansdowne announced the intention to form a single medical corps to remedy the estrangement between the British Army and the medical profession. Subsequently the Royal Army Medical Corps was established by Royal Warrant, its badge incorporating the serpent and rod, a laurel and the Royal Crown.

The Director General Army Medical Services at the time was Surgeon General James Jameson, unpopular with his superiors for having been explicit about the unpreparedness of the Corps for war.

The first battle for the newly organised Corps was the battle of Omdurman in 1898. The corps treated some 434 wounded and were considered to have conducted themselves well.

In the Anglo-Boer War (1899-1902), once again there was a shortage of medical staff. There was little credit given to the fighting prowess of the boers and consequently preparation for an extended war was poor. When the war was over Lord Roberts is quoted as having said "I think that the Medical Department suffered under perhaps greater disabilities than any other Army Department. It was far from being prepared for expansion."

At the beginning, some eight hundred and fifty doctors were sent to South Africa, supported by ten hospitals. By the end of the war, the Corps had reached 8,500 personnel catering for 21,000 hospital beds scattered throughout Southern Africa.

Transport of the wounded was a logistical nightmare, the ox-wagon being the main source used. Liaison between the Bearer Companies and field hospitals was inefficient, and the hospitals poorly staffed and equipped.

However, the main killer in the war was not enemy fire but typhoid. A visit to any of the numerous grave-sites scattered through the country will attest to this. It is estimated that during the Anglo-Boer War, 14,000 persons died from disease and 6,000 were killed in action. Standards of hygiene were extremely poor both amongst the soldiers, the prisoners-of-war and the inhabitants of the internment camps. In the 46 camps that were set up housed 117,000 inmates of which 20,000 died. The general attitude towards hygiene was summed up by a Royal Commission as: "regarding hygiene and sanitation, Tommy doesn't understand it, and his officer regards it as just a fad." Indeed, Lord Wolseley, the Commander-in-Chief of the British Army, took the view that the most useless officer in the Army was the Sanitation Officer.

The nature of gunshot wounds was seen to change over the war years, low velocity lead shot being replaced by higher velocity 'hard nosed' missiles which made a far less damaging wound. Surgeons responded by being no longer deterred from tackling gun shot wounds even to the head. It became commonplace for depressed compound fractures of the skull to be elevated, bone fragments removed from the brain and penetrating wounds of the chest successfully explored.

Often forgotten is the fact that the medical officers, nursing staff and orderlies in the service, surrounded by infectious patients and contaminated materials of all kinds, were more exposed to the risk of disease than any other group. Over 300 members of the Corps died as a consequence. The awards for gallantry in battle were only surpassed by the Royal Artillery and included six recipients of the Victoria Cross.

Following the Anglo-Boer War, a new Director-General, Sir Alfred Keogh, instituted changes which turned the Royal Army Medical Corps into an efficient medical supported by Queen Alexandra's Imperial Military Nursing

The above is a precise of the following references :

- 1. http://www.btinternet.com/~niccoleman/boerwar/ramc.html
- 2. http://www.the-awa.u-net.com/ramc.htm
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