



## **JULY 2017 EDITION OF THE RAMC REUNITED NEWSLETTER**

### **CALLING NOTICE**

### **CENOTAPH REMEMBRANCE PARADE 12 NOVEMBER 2017**

### **HEADLEY COURT CHARITY**

The Headley Court Charity was established in 1940 and in 1947 decided to acquire the estate at Headley Court in Surrey for the purpose of providing a facility for the medical rehabilitation of pilots and aircrew of the Royal Air Force. The facility opened in 1949 and the objects of the charity have since expanded to provide medical rehabilitation for all members of the armed forces.

In 2018, the clinical facility will move to a new purpose built facility at Stanford Hall in the East Midlands and the MOD will vacate Headley Court.

In recognition of the significant role that Headley Court has played in the lives of so many servicemen and women over almost 70 years, the Royal British Legion has kindly agreed that a Headley Court Charity contingent of 70 veterans drawn from former patients and staff should form part of the Remembrance Parade for 2017.

This is a once only occasion.

Former patients and members of staff who are veterans are invited to register their interest at the contact address below.

Please send a self- addressed stamped envelope which will be used to forward your ticket. Also please indicate whether you are a former a patient or former member of staff, specifying the year that you were at Headley Court and in the case of former staff members, the appointment held.

Security is tight and entrance to St James will only be permitted on surrender of an appropriate ticket. You are advised to register early. Tickets for carers can be provided.

Register with:  
WO1 (RSM) Andy Barthram RLC  
Regimental Sergeant Major  
Defence Medical Rehabilitation Centre  
Headley Court  
Epsom  
Surrey KT18 6JW

Armed Forces Charities are invited to cascade this calling notice to their membership

Anthony J Stables  
Chairman Headley Court Trustees



## **RAMC ASSOCIATION SHEFFIELD BRANCH**

Anyone in the West or South Yorkshire area this might be of interest to you.

The last RAMC Association meeting was a success with some new members present and signed up. It was decided that we should keep the meetings at Endcliffe Hall and on a Tuesday evening so that we can keep close ties with the RAMC unit in Sheffield.

To this end the next meeting is due to take place on Tuesday 18th July 2017 at 19:30 hours at Endcliffe Hall. It would be great to see some more new members.

If you would like a membership form to fill in to bring to the next meeting please email Jackie at [jaxawood@blueyonder.co.uk](mailto:jaxawood@blueyonder.co.uk) and she will send you a membership form or contact Bryan Hair at [bryan.hair@blueyonder.co.uk](mailto:bryan.hair@blueyonder.co.uk) or on 01709 553556.

## **SOLDIER MAGAZINE JUNE 2017 EDITION**

Please find the link to the June Edition of the Soldier Magazine.

<http://viewer.zmags.com/publication/19042323#/19042323/1>

There is a downloadable PDF version and the button is located in the bottom right of the opening page.



Members can go to the link below to review the updated leaflet which provides information on who the Joint Casualty and Compassionate Centre are and what they do.

<https://www.gov.uk/government/publications/a-guide-to-the-joint-casualty-and-compassionate-centre>

**Guidance: A guide to Veterans Services**

The leaflet was updated on 31 May, 2017 at 01:30pm

This leaflet provides information on who Veterans UK is and what they do.

<https://www.gov.uk/government/publications/a-guide-to-veterans-services>

**Guidance: A guide to the Veterans Welfare Service**

The leaflet was updated on 31 May 2017 at 01:30pm

This leaflet provides information on who the Veterans Welfare Service are and what they do

<https://www.gov.uk/government/publications/a-guide-to-the-veterans-welfare-service>

Form: AFCS and War Pensions Scheme claim form (updated form on 7 June, 2017 at 05:04pm)

<https://www.gov.uk/government/publications/afcs-and-war-pensions-scheme-claim-form>

## Who qualifies for the service?

The official Ministry of Defence discount service is available for all members of the Defence Community and you can join for free and start saving £100's a year. The Service is available for the following:

- Serving Armed Forces
- Reserve Forces
- Spouses/Partners of serving personnel
- Forces Veterans
- MOD Civil Servants
- Bereaved Family Members
- War/Service Widow(er)s
- Cadet Forces (over 16)
- NATO Personnel in the UK

To register please go to:

<https://www.defencediscountservice.co.uk/index.php?p=home>

## **SERGEANT CARER (CONTINUED)**

### **NESSUN DORMA**

Night time on duty as Night Superintendent was normally a time of peace and tranquillity, but night time during the summer months, was never as boring as one would imagine. The heady nights would pass by often quickly, if busy, or on occasions seem to drag. Once the routine work was completed, other tasks were there to occupy each individual within their level of responsibility. Being responsible for the whole hospital, there was a variety of functional routine activities to attend to and this also included ensuring the effectiveness and wellbeing of the staff whatever their duties maybe.

A large Victorian Hospital can be quite noisy and busy during the day time, but at night, alone in charge of individual wards that contained up to 30 patients, each individual with their own different conditions and problems, can be quite unsettling to some individuals. Apart from the glow of the odd night light, it would be dark after lights out. The floors that creaked when one did a tour of the ward with a torch and the odd patient's request for aid, help or assistance of some sort.

Under pressure! Of course, there would be on occasions the patient who was unwell or in pain that needed constant care and attention. Often there being the need for staff to cope with the work load such as after an influx of new patients from abroad, brought in by helicopters from Kent. Sheets would be laid out on the football pitch in the shape of an 'H' to guide in the helicopters.

This would always entail the intake of casualties being placed on stretchers along each side of the main corridor and the orthopaedic surgical team carrying out a progressive quick examination of each individual taking note of the details depicted upon the individual's casualty label which was firmly attached to their clothing. Most had been injured less than 48 hours previously, in whatever part of the world they were in action. They were often highly sedated and many had emergency surgical dressings and or plaster of Paris splinting applied by Field Ambulance. As the team progressed, they would sort out the urgent from the less urgent and indicate which casualty would require surgery immediately and who required urgent specialist care. Once the team had completed their survey, the decisions were made and the corridor would be cleared. Some patients being taken direct to pre-op, the others to whatever ward had been chosen for them.

Throughout the whole proceedings, which was carried out with the utmost speed and urgency, the casualties voiced their gratification and contentment that they had at last arrived home, were safe and in competent hands. Once, when an intake of casualties had come in from Aden, as he went along the line of stretchers, a voice said, "Are you Sergeant Tug Wilson?" On answering, "Yes, that's me!" "The boys at the Casualty Station sent this back for you." And from between his bandaged legs, with his free hand, he pulled out a bottle of spirits that was somewhat grubby and blood stained. "They knew that we would end up at the Herbert and they said to give this to you with their best wishes and said, "Good on you Tug." He was quite stunned and for once quite speechless.

Once started, the care of the casualties went on continuously until everyone had been operated upon, treated and settled. Sometimes, because of the work load upon the theatres, they worked throughout the night and on through the day, taking short breaks, meals and snatches of sleep. Everyone joined in and team work was in the essence, paramount to achieving satisfactory results. Each knew their role and never heard any word or form of dissent from anyone in the team, be they surgeons, physicians, nurses, orderlies or any other personnel. Each accepted the role of the other without question and that is most probably why the whole system, in those days, was a success.

Some nights were full of laughter. Corporal Denis Wheatley, like Sgt Carer, would often, during his break, to take a bath or shower. He had noticed a smell after the Sergeant had used the shower and asked Sgt Carer, "What is that pleasant smell that you have about you after you have had your shower?" He was told, "That is 'Bien-être', it is a French Eau de Cologne, it is natural and I use it to freshen my feet, because I used to have sweaty feet and I was quite aware of the odour if I did not take care of them". Denis asked if he could try the 'Bien-etre' and was allowed to take the bottle with him when he next went for his ablutions. Sometime later, loud high pitched howls and swear words were heard coming from the bathroom which

awoke many of the patients. Denis emerged, agitated, red in the face, dressed only in a towel, blowing and cursing loudly.

When asked what was the problem. He gasped out that he had applied the 'Bien-être' everywhere and that it had stung him extremely severely. He did not see the funny side of the fact that 'Bien-être' Eau de Cologne was 70% spirit and that there are certain parts where it is not advisable to apply it. By the grins on everyone's faces, Corporal Wheatley never recovered from the question, "Is It all right now, Denis?"

Sgt Carer was in the habit of bringing food in for his midnight meal and often items required cooking. One night he had brought in some liver and onions and when all was quiet he began to prepare his meal. Quietly, in the ward kitchen, he began to fry the onions and liver and prepared his tray ready for the meal. The phone started ringing and voices were asking what was the smell and where was it coming from. He realised that although he was content with the aroma of the liver and onions, it had unfortunately spread far further than he realised and staff and patients were all asking for some.

The CO, at that time, occupied a house within the grounds. Because the house had a stable with a horse stabled within. In the summer, the horse would be put out to graze in the Hospital grounds, often at night time. The Royal Herbert had a lift, which ascended from the basement up to the upper floor. It was automatic in the sense that if one entered and pushed the appropriate button, it would rise or fall to the required floor and the door would open automatically. There it would stay until someone entered or called the lift from another floor. One summer's night, someone put the horse into the lift and reached in and pushed to top floor button. The lift ascended to the top floor, stopped, the door opened and the horse clip clopped out and along the top corridor, much to everyone's amazement who encountered it. Summer time was good for the musical members of the staff. On warm summer's evenings as Sgt Carer was on his rounds, he could hear Tony Harrison's vibraphone echoing up from the football field. Tony would gather his musical friends together, run many extensions from the mortuary, out to the field and they would play music of the time, early sixties of course, to their hearts content and to the absolute contentment of many patients and staff with the windows open, listening. Just memories.....

**To be continued**

## **BLOOD AND BANDAGES: FIGHTING FOR LIFE IN THE RAMC FIELD AMBULANCE 1940-1946**

Chris Pollard contacted me and informed me of the old soldier who he saw on television recently and also brought the above publication to my notice.

"This old soldier was on our local TV, BBC South East, and at 102 he is a sparky old timer. I have no idea if any society is in touch with him but perhaps you could be so kind as to put it in the next RAMC Newsletter or any other means you are aware of and perhaps help his sales. It is an excellent read, both sad and funny and very informative to anyone with an interest in how times changed and Field Ambulances evolved with them".

War changes everyone and for those lucky enough to survive there can be no return to the carefree days before the hell of war broke out. William Earl was a 26 year old Chemist's Assistant when his call up papers arrived and his life changed forever. Leaving a wife and new baby virtually alone to fend for themselves was a constant worry and circumstances grew worse as the years went by. Joining the 214th Field Ambulance Royal Army Medical Corps as a Nursing Orderly William's role was no soft posting. He was assigned to the Field Ambulance, so followed the infantry into battle to treat and recover the wounded, often under fire, before removing them from danger. Seeing action in North Africa and throughout the entire Italian campaign at places such as Salerno, Anzio and the Gothic Line William recalls his experiences in detail with the emotion of someone who lost many friends and was the last comforting voice to many a dying soldier. William is a charming, intelligent and independent man who will shortly be celebrating his 102nd birthday. Liz Coward has written his moving story with extracts from his letters home, original photographs, training manuals and official war diaries. Blood and Bandages is a very personal, honest and moving account of one man's life over 6 years of war. A war which left William asking the guilty question on many a soldier's lips: "Why did I survive when so many of my friends didn't?"

Members can order the book "Blood and Bandages: Fighting for life in the RAMC Field Ambulance 1940-1946" by going to the following link:

[https://www.amazon.co.uk/Blood-Bandages-Fighting-Ambulance-1940-1946/dp/1781220085/ref=sr\\_1\\_2?s=books&ie=UTF8&qid=1496481737&sr=1-2&keywords=bandages](https://www.amazon.co.uk/Blood-Bandages-Fighting-Ambulance-1940-1946/dp/1781220085/ref=sr_1_2?s=books&ie=UTF8&qid=1496481737&sr=1-2&keywords=bandages)

## **ANYONE KNOW THE WHEREABOUTS OF SERGEANT HUDDLESTONE**

Derek Muldown an ex member of the RCT is in possession of a clock which was presented to Sergeant Huddleston by members of Warrant Officers' & Sergeants' Mess, 28 Field Ambulance, Hohne during 1963.

Derek would very much like to return the clock back to Sergeant Huddleston himself or any surviving member of his family.

Derek can be contacted at [dmuldown@yahoo.co.uk](mailto:dmuldown@yahoo.co.uk)

## **ROYAL HERBERT PAVILION – HISTORY OF THE BUILDING**

I published an article in the May edition of the newsletter "FORMER 23645496 SGT MICHAEL WILSON RAMC - 1959 to 1968" and the Royal Herbert Pavilion – History of the Building was an additional part of the article.

I contacted the Royal Herbert Freehold Ltd for permission to publish some of the content of the website and photographs. Mike Fairclough, Director of Royal Herbert Freehold Ltd, replied granting permission and he pointed out that in 1965 on the

100th anniversary of the Royal Herbert Hospital an article was written for the Journal of the Royal Army Medical Corps by 2nd Lieutenant Peter Godden-Kent RAMC a serving member of the military, reflecting on the origins of the hospital. A copy of this article can be found at the Wellcome Library and the Heritage Centre in Woolwich where it can be read in full. The article was titled "A Modest Centenarian - Some Reflections On The Origins Of The Royal Herbert Hospital".

I made contact with the Wellcome Library who granted me permission to publish the article written by Peter Godden-Kent, but was unable to locate where it was archived. I re-contacted Mike Fairclough stating that the BMJ had granted me permission to publish the article in a non-commercial use and would he forward me a copy.

I would like to thank Mike Fairclough on behalf of the RAMC Reunited Newsletter readers for forwarding the article which is appended below:

## **A MODEST CENTENARIAN**

### **SOME REFLECTIONS ON THE ORIGINS OF THE ROYAL HERBERT HOSPITAL**

**by P. GODDEN-KENT**

In the temples of ancient Babylon and Egypt, more than four thousand years ago, the art of healing was practised with skill that seems in retrospect surprising; for to those temples came the sick and injured in search of comfort, to be treated and sometimes cured by herbs and even by the knife, accompanied by the mystic incantations of the priests. We know from ancient inscriptions that the methods used, though comical to the mind of the modern clinician, were quite often successful - indeed the chances of a cure are believed to have been better in those days than in the hospitals of London in the Middle Ages. What, then, had been lost in the course of centuries? The answer is simple; it is that the importance of cleanliness had ceased to be appreciated. In those bygone temples, there was plenty of fresh air and space in which to accommodate the sick, so that disease did not spread so readily from one person to the next: yet the appalling conditions of filth and squalor found in even the greatest of London's institutions in the Middle Ages are well known, and those days were surely the Dark Ages of medicine.

As late as the middle of the nineteenth century, there had been but little improvement in many hospitals, and this was true of the Army's hospitals as much as of any others: when Florence Nightingale went with other ladies to nurse the wounded in the Crimean War of 1854-56, she was so horrified by the low standards that she found in the Barrack Hospital at Scutari that she devoted most of her considerable energies from then on to stir the Government of the day into action. Mrs Cecil Woodham-Smith, in her biography of Miss Nightingale, records that "the catastrophe which destroyed the British Army was a catastrophe of sickness, not of losses in battle.

The troops on the heights before Sebastopol fell sick of diseases resulting from starvation and exposure. When they were brought down to Scutari and entered the

Barrack Hospital, they died of fevers resulting from the unsanitary construction of the Barrack Hospital assisted by insufficient food, filth, and overcrowding. The second sickness was the more fatal". Miss Nightingale, who had been appointed-on-the authority of the Cabinet to supervise the introduction of female nurses into the Scutari hospital, lost no time in, reporting on the state of affairs she discovered there, and she found willing support in many quarters; not the least of her supporters was Sidney Herbert, who had been Secretary at War (not the same office as Secretary for War) since 1852, and who was one of her close personal friends.

The story of the Crimean War, and the development of the Army's Medical Services during the campaign is in itself an absorbing tale; but this development was reflected in the provision of better facilities at home as well as abroad. Immediately after the War, a Royal Commission (over which Herbert presided) was appointed to enquire into the sanitary state of the Army, and it is not surprising that Florence Nightingale was asked to submit a paper of evidence. Most, if not all, of her recommendations were accepted and adopted in the final reports of the Commission, which in its turn proposed 'the establishment of a working party to carry out detailed investigations. This latter, the Barrack and Hospital Improvement Committee (again presided over by Sidney Herbert) examined 114 military hospitals in Great Britain alone, as well as studying the plans of several hospitals in other countries and comparing them with the best current thought (including, of course, the ideas advanced by Miss Nightingale).

One of the hospitals examined by the Committee was the Royal Artillery Hospital at Woolwich. This, it was solid, had been built to accommodate 304 patients; but when visited it held 579 (of whom some had perforce to be placed in marquees in the grounds). Furthermore, the buildings were quite unsuitable for their purpose, lacking as they did any adequate sanitary facilities. This, it should be remembered, was only little over a century ago; and yet, over two hundred years ago, and before the Royal Artillery hospital was built, Sir John Pringle (an Army surgeon) in his "Observations on the Diseases of the Army" had , said "When the- disease begins to be frequent the sick should not be sent to one common hospital, at least not in such numbers as to vitiate the air, so as not only to communicate the infection to others, but to keep it up amongst themselves.....As to the disposition of hospitals with regard to preserving the purity of the air, the best rule is to admit so few patients into each ward that a person unacquainted with the danger of bad air might imagine there was room for double the number..... I have generally found those wards the most healthful when, by broken windows and other wants of repair, the air could not be excluded". This excellent advice on the prevention of cross-infection had been ignored at Woolwich, but a remedy was soon to be provided for, in 1859, Mr Herbert become Secretary of State for War, and one of his first acts was to arrange for the building of a new hospital in the Garrison. This new hospital was to be designed upon the principles laid down by the Royal Commission and by the Improvement Committee. One of the members of the latter had been Captain Douglas Galton of the Royal Engineers, who was now to play a prominent part in the supervision of the construction of the new building, and from whose final report much of the information about the origin of the new hospital has been gleaned.

The principles followed in the design were, to modern eyes, so obviously necessary that it may be surprising that they had to be stated in the specifications; but a

moment's thought will suffice to remember that hospitals were generally overcrowded at that time, and that this was an accepted thing whose evils were not recognised except by a few enlightened people. That these new ideas were not at once accepted will be seen later in references to contemporary Press reports.

Briefly, the principles laid down were:-

That the number of beds should be ten per cent of the garrison strength, which when applied to Woolwich required 620 beds (plus 28 beds for prisoners and a few beds for cases of "itch");

That the building should consist of a series of detached structures, each a separate hospital, connected by an open corridor running along the ground story;

- The cubic space per bed was to be 1200 cu ft;
- Impervious material was to be used for walls and ceilings;
- There was to be sufficient provision for warming and lighting the interior of the hospital;
- Water closets and sinks were to be fitted, with efficient sewage by impervious drains free of the buildings, cut off from the hospital by ventilated lobbies;
- Fireproof materials, not wood, were to be used for staircases and landings;
- Proper cooking apparatus was to be installed.

The dimensions of the wards, and the number of beds in each, were also specified; it was decided that there should be a maximum of 32 beds in any one ward, and that the windows should be spaced along the sides of the wards with the beds between them. Thought was given to the elimination of waste gases from fires and gas lights, and to the accessibility of baths and other facilities required by the patients; there was to be a convalescent dry-room, and at the other end of the scale there were to be rooms for the very ill (to avoid other patients being disturbed by noise). All this and more was to be accommodated in a building of only two floors, since it was believed that 'bad air' would rise from the lower levels to contaminate the upper stories of a higher building.

Nor was the staff forgotten; the specification goes into great detail about where each grade of staff should be accommodated in relation to the hospital itself, saying for example that "the dispenser should also have a quarter in the hospital to be in readiness for night calls". It was even laid down that there should be a room set aside for meetings, consultations, etc. of medical officers. The total number of staff is not clear, but the scale was said to be "one orderly for every ten sick and every fractional part of ten sick, and one nurse for every ward or set of wards except venereal or convalescent wards, no nurses Having the care of less than 25 sick" – but it was also suggested that "in a properly constructed hospital a nurse could very well take charge of 60 sick on one floor", so it must be assumed that "nurse" was

meant to imply trained nurse, equivalent perhaps to a senior sister today. It is evident that the staff/patient ratio was much lower in those days than could now be accepted, for it seems that there would only have been about 65 orderlies and ten to twenty nurses for 640 beds.

The building was started to 1859, but as there is no known foundation stone the exact date remains a mystery. Situated on the western slope of Shooters Hill, the hospital consists of seven parallel ward blocks (most consisting of four wards, but some of less) joined by a single corridor which runs from east to west through the waist of each block, and a separate three-storey block to the north containing offices and staff accommodation.

On August 2, 1861, Sidney Herbert (then Lord Herbert, having been honoured for his great services to the Army and the nation by the award of a barony in 1860) died at his home, worn out by the immense struggles he had had during his term of office. Florence Nightingale was distraught at the loss of a close friend and a man by whose backing she had so much achieved; and it was at her suggestion that the new hospital at Woolwich was named the "Herbert Hospital". Nevertheless, all did not run smoothly for the new building: the Commander-in-Chief, Duke of Cambridge, had never been in favour of the idea of constructing a new hospital in the garrison of Woolwich, and once Herbert was dead he tried to have the project cancelled. This gave rise to the remark of Lord de Grey, who said "Sir it is impossible. Lord Herbert decided it and the House of Commons voted it". The building continued.

By early 1865, completion was in sight, but opposition was still rife: "The Times, on 7th February of that year, reported:-

"The official inspection of the new Herbert Hospital, in course of completion on Kidbrook Common near Woolwich was terminated on Saturday. The committee consisted of Captain D. Galton FRS, Under Secretary of State for War, Colonel J. S. Hawkins, commanding Royal Engineer at Woolwich; Captain W. Newsome RE, Divisional Commanding Officer; Mr Mennie, of the works; and Mr G Myers, the building contractor. The inspection period occupied a period of nine days, when the committee at length resolved on the necessity of recommending that the eastern pavilion and other portions of the building should be partially reconstructed, and that other measures should be taken to remedy as far as possible defects at the base of the building, many portions of which are tottering and unsafe, in consequence of the yielding of the soil. The cause of this is that the drainage, by an extraordinary oversight was ordered to be laid down below instead of above the deep layer of concrete and rubble forming the artificial foundation. The occurrence, for which, it is stated, the contractor is in no way responsible, is exceedingly unfortunate, as the structure in its present state, is said to have cost the Government upwards of £300,000. The pavilion has been "needled" or propped up, with a view of forming a new and more lasting and solid foundation without delay".

Nevertheless, Captain Galton was able to say in his official report dated 19th June 1865 that the building was all but ready for occupation; some work remained to be done, but on 9th September the "Kentish Independent", showing no more enthusiasm for the project than had "The Times", reported that "the whole of the hut cottages in rear of the General Hospital (i.e. the old Royal Artillery Hospital) at

Woolwich occupied by Staff-Sergeants and their families, have been vacated and given over to the Royal Engineer department to be cleared, for the erection, on their site of the stables and other offices suitable for the Military Train Corps, whose Headquarters will be established in the hospital, about to be converted into barracks on the completion of the new Herbert Hospital on Kidbrook Common. The latter establishment, notwithstanding its many disadvantages for the habitation of invalids, is now in course of being furnished for the reception of patients from the old hospital. The War Department ships Thomas and Inkerman have been engaged in conveying upwards of 500 tons of hospital furniture from the stores at the Tower and Sheerness, and the transfer of the patients will take place in a few weeks. An estimate has been entered into with a view of ascertaining the additional amount of expenditure required for its conversion as a military barrack, which, it is stated, would entail an outlay of upwards of £50,000. This it appears at once decided in favour of the original intention of its designers, and, well or ill adopted, the experiment is ordered to be entered upon without delay", if this was type of the prevailing public opinion of the new hospital, It is perhaps not surprising that there was no opening ceremony; certainly, no trace can be found of any official note being taken of the arrival of the first patients at the Herbert Hospital. Only a brief report, again in the "Kentish Independent", affords a clue to the date of the opening, for on Saturday 4th November 1865 its readers were told that "The patients in the Royal Artillery Hospital are being removed, as opportunity serves, to the new Herbert Hospital at Shooters Hill, and the first-named building will shortly be converted into barracks for the Military Train".

The first Governor of the Herbert Hospital, Colonel Shaw, took up his post on 1st November 1865, and this, together with the report of the move of the patients quoted above, suggests that the centenary date of the hospital was 1st November 1965. When Colonel Shaw arrived, there were no female nurses on the staff (though there is some evidence that female nurses may have worked previously in the garrison hospital); the first ladies to join the staff of the new hospital were welcomed on 17th October 1866 by "The Times" in the following terms:-

"Miss Shaw Stewart and eight attendant lady nurses from the Royal Military Hospital at Netley have taken up quarters in the Female Infirmary at Woolwich, and for some days past they have performed a portion of the day duties at the Herbert General Hospital, attending on the invalid soldiers, dispensing medicines, &c. The inmates complain, however, that they are unnecessarily deprived of the privilege of having their wants attended to by nurses of their own sex provided by the well organised Army Hospital Corps, to whom they have been accustomed; and it appears to be generally considered that the introduction of the lady nurses is an innovation from which no benefit can possibly be derived. It was stated yesterday that the number of patients in the Herbert Hospital amounted to about 300, and that 19 in 20 had been understood to have expressed a dislike to the attendance of female nurses being thrust upon them contrary to their desire".

It is open to question whether a census in the hospital today would reveal the same reluctance to enjoy the attentions of the "lady nurses":

Yet again, on 7th September 1867, "The Times" sniped at the new hospital, once more, the subject was the imminent collapse of the fabric. "The Herbert Hospital,

recently erected for the use of the troops at Woolwich, and which has for some time past shown signs of dilapidation, on account, it was supposed, of imperfect drainage and an unsettled base, is now undergoing the process of what is termed 'underpinning'" reported the article. "A drain has been found at the base of the concrete, which was referred to some time ago in the Times as being the probable cause of the giving way of the building. The route in the outer walls and throughout some of the pavilions became the subject of much discussion and were visited by Lord Dalhousie to convince him of the fact, which was denied by the officials at the hospital at the time. It has since become evident that unless immediate measures are taken to stop the yielding of the foundation, the total destruction of the building must soon follow. Since the appointment of Colonel Gosset, the new Commanding Royal Engineer, the buildings have been excavated and surveyed. The work now in hand has been undertaken by a civil contractor, and about 30 or 40 men are employed in excavating to the base, driving gallerics under the foundation, needling the walls, and underpinning them with balks of timber 12 inches square and Portland cement concrete. The work is supervised by Mr Jones, one of the senior clerks of the works in the Royal Engineer Department, whose experience has brought into use a most available method of forcing in the concrete by means of a peculiar species of screw-jack, which is placed horizontally, and operates on the last layer about 12 inches thick, with a pressure of 20 tons. About £1,500 is stated to be the estimated cost of this work, which, it is hoped, will render the building perfectly secure".

From then until 1900, little of note seems to happen to the Herbert Hospital, but in that year, on 22 March, Queen Victoria visited the hospital. Thenceforth it was to be known as the "Royal Herbert Hospital", and it appears that relations with the Press had by then improved. Certainly those relations are good today, especially with the local papers; it is a matter for regret that the date of opening of what has proved to be a most serviceable hospital should have been obscured by the unhappy atmosphere of a century ago. As it approaches centenary, the hospital is far from dying; it is true that, like all hospitals of such an age, its work could be done better in a brand-new building, but there are only limited funds available for building new hospitals and there are many other old buildings whose priority for replacement is much higher. Thanks to the foresight of its planners, the Royal Herbert is spacious enough to allow room for change and development within its existing walls while the budget is limited; its role today is vastly different from its original purpose as the hospital for Woolwich Garrison only. The gradual improvement in methods of treatment over the years has made it possible to reduce the number of beds by half, and at the same time to widen the field of medical cover provided. The hospital is now the Army's main orthopaedic centre, receiving cases from all over the world, but it still retains its role as a general hospital not only for Woolwich but also for the troops in the whole of London area, as well as providing beds for soldiers' families. Some of the old ward blocks have been converted to uses not dreamed of when the hospital was built; ancillary services, such as radiography, physiotherapy and laboratory facilities, have found space within its walls, and other old wards are now used as classrooms for the Army School of Physiotherapy, Army X-Ray School, RAMC Clerks' School, and the nurses Preliminary Training School. There remain in use up to thirteen wards as required, though under present conditions some are in reserve, accommodating an average of over 200 patients (of whom about half are medical cases and half surgical).

From December 1962 (a very severe winter) until the summer of 1964, the Royal Herbert was on the Emergency Bed Service "not", accepting critically ill patients from the Woolwich area when the civilian hospitals were too full to find beds for them, and since December 1963, patients from the surgical waiting lists of the Woolwich Memorial Hospital have also been accepted. Those civilian cases, especially the E.B.S. admissions, have presented a heavier nursing load and a number of unfamiliar administrative problems, but the few snags have been speedily sorted out and the benefits of this broadening of experience have been manifold. Not only are beds being provided for patients in need of them a little sooner than would otherwise be possible, but also the staff have gained much valuable experience of cases which they would not normally see in Service hospitals; and while this training aspect is valuable, the provision of beds for patients in need is more important and is indeed a moral obligation upon the authorities responsible for running any hospital.

The Royal Herbert Hospital may well be proud of its role in the community today; it is a far cry from the days of its opening, perhaps someone, somewhere, who possess the diaries of an old soldier who may have been one of the first to enter the Herbert as a patient in 1985, and who can help to shed more light upon the mystery surrounding its opening.

## **BIMONTHLY MAGAZINE MILITARY JOURNAL ISSUE 8 – JULY TO SEPTEMBER 2017**

I have received from the editor of The E Magazine Military Journal issue 08

Members can access the latest Version of the E Magazine Military Journal by clicking on the link below which will enable you to download and read the magazine.

<https://www.dropbox.com/s/pntukucb1dinjai/Military%20Journal%20Edition%208%202017.pdf?dl=0>

I append below an email that I received from the editor of the above Journal, which is self-explanatory;

"Dear Friends, Comrades and Readers of the Military Journal,

On page two you'll find a preview of a real exclusive, gorgeous live taken photograph (not an internet-copy!) by my good friend and professional/ embedded Photographer of The Airport of Maastricht Netherlands, Bjorn Janssen. If you like the example, please feel free to order the original - guaranteed - professional print-out on A 4 Format glossy photo paper.

Intentional the print-out is meant as a yield and for use to donate to the Wounded Warriors foundation Netherlands and the Royal Airforce Association Welfare United Kingdom, that is, to support disabled and wounded veterans/ soldiers. This agendum is one initiative of Media Hill Publications Netherlands, commissioning editor of Military Journal Magazine and Dutch Magazine Arsenal Netherlands. The total yield is really destined and to be sent to both mentioned foundations. Please note, there

is no private or commercial interest by Media Hill Publications at all! Thank you so very much for your support in advance. Let's not forget them!

Please note: fixed price is going to be € 20.00 - GBP 18.00 for each professional A 4 Glossy format print-out.

Shipping cost: Are included in special protective envelopes

Ordering: Please send your orders by email to: vkminfo@yahoo.com

Indicating how many copies you would like.

NOTE: Shipping procedures will start with a minimum of 25 registered orders.

Payment instructions will be provided afterwards. Media Hill is not liable for damage during shipping by Royal Mail

<https://www.wwnl.nl> = Wounded Warriors

<http://rafaroi.org/welfare/> = RAFA welfare

Sincerely yours

Rob Vaneker

Editor in Chief Media Hill Publications Netherlands"

## **DOCTOR JOHN BLACK – FORMERLY 23894488 SGT JOHN BLACK RAMC**

John joined the RAMC Apprentices College at Crookham in April 1962 but having fallen out with the College hierarchy was transferred to JTR Rhyl in January 1963. He along with some other old lags notably McKinley, Attwood and Ken Lewis. They all passed out from JTR in August 1964.

He undertook his Clerks Course at 12 Coy RAMC Woolwich from October 64 to February 65 and, during this period along with another 14 was roped into Churchill's funeral. The instructor at the Clerks School was SSgt Holloway. He never met or heard of him after leaving Woolwich.

John served in BAOR with 7 Field Ambulance, Osnabruck and BMH Munster. He states that 7 Field Ambulance was his worst posting and the Chief Clerk who was a senior clerk and as a clerk and soldier, much to be desired, and I nearly left the Army because of him. John served 12 months at 7 Field Ambulance and was posted to BMH Munster. Whilst there he passed his Clerk 2 and Clerk 1 exams plus his first 3 'O' levels. He noticed from the June RAMC Reunited Newsletter there was a piece on Colonel Jack Webb. He was Consultant Physician at BMH Munster and gave him his first break. He used to tidy up his office and clinical area, and give blood samples at least twice a week. He was always on top of his profession and always researching. His married quarter always seemed to be an extension of the Command Pathology Laboratory! Thank goodness the beer kept the pressure up! He arranged for me to be promoted acting lance corporal, and gave me time off to study for my 'O' levels and my Clerk 1.

The Chief Clerk at BMH Munster was Roy Foreman whom he met later as Chief Clerk of 16 Commonwealth Field Ambulance and later as a WO2 at the Training Centre. He is still in contact with Roy, smashing guy. The second Chief Clerk at

Munster was SSgt Harper, later WO1 Superintendent Clerk at the Training Centre who later went onto be commissioned, after John had left the army.

John also served in 16 Commonwealth Field Ambulance, Terendak, BMH Hong Kong, Military Hospital Colchester, Military Wing Musgrave Park, RAMC Training Centre. John's last posting was Military Hospital Catterick, which was from the end of 1973 to September 1975, when he opted for transfer to the reserve by purchase. The new hospital was under construction near the Sergeants Mess Harden Barracks. It was the happiest unit he served in. John was sorry to leave but had secured a place at Bristol University. I did not regret it as the genre of the Army was changing, and not to his liking. John went onto serve 20 years in the Territorial Army in the RAPC, again as a Sergeant, serving with CVHQ RAPC Winchester, and with Ordnance Company attached to a Regular Army Ordnance Battalion. On leaving the Regular Army John went to Bristol University and then taught in a large South Bristol comprehensive school for 12 years, in further education and ended up at the University of the West of England. His discipline was modern history.

John having later gained four degrees BEd MA (Ed) MA and an Open University PhD, the hardest examination he ever experienced was the Clerk RAMC Class 1 (five papers) and as an acting unpaid lance corporal at Munster I passed first time. He is still proud of that.

John has forwarded me a paper which is being considered for future publication in an academic journal called Modern Irish History and is about Major George Stoker CMG who was the younger brother of Bram Stoker author of Dracula. Major Stoker is buried in Higher Cemetery Exeter and he only discovered his CWGC marker by accident whilst looking for an SQMS of the Army Pay Corps whose stone is located next to Stoker's. John thought that this paper would be of interest to former comrades if published in RAMC Reunited Newsletter, probably in instalments. He has been researching and writing about the Army Pay Services during the First World War having had a number of publications on the way. He states that he is currently two thirds through writing a book on the topic.

**'Bram's' Younger Brother  
George Stoker CMG MD 1854-1920  
His Adventures as a Doctor and Promoting  
Ozone Therapy in Medicine**

**By  
John Black**

**Abstract**

The family name of Stoker is generally associated with Abraham (Bram) Stoker, the author of Dracula. Little has been written, however, about Bram's younger brother, George Stoker, an Irish physician whose life was divided between his adventures as a doctor in various conflicts in the Balkans and South Africa during the 19th century; and his involvement when 60 during the First World War.

George Stoker was an advocate of ozone therapy which was, and is still regarded as being beyond orthodox medicine. This paper explores both spheres of George Stoker's life, including his involvement in this controversial aspect of medicine.

**Key words: Medicine and War, Ozone Therapy: An Irish Medical and Literary Family**

## Introduction

The name George Stoker is not generally recognised as being related to ear, nose and throat specialisms, and to oxygen and ozone therapies. Although other medically qualified authors have written on oxygen and ozone therapies, few have mentioned the name of George Stoker. {1}

The author's interest in George Stoker began when researching a completely different topic and, whilst searching in the Higher Cemetery Exeter, stumbled across a Commonwealth War Graves Commission (CWGC) headstone identifying the name of Major George Stoker CMG RAMC, who had died on 23 March 1920 at the age of 66. On researching the CWGC records, a pen picture of George Stoker emerged. It was clear that George Stoker was a man who was worthy of further research. This picture of George Stoker identified him as an Irish doctor who had two sides to his medical career.

The first was his involvement as medical officer to the Bulgarian Peasant Relief Fund (formed by Viscountess Elizabeth Strangford), followed by the Turko-Servian War of 1876, the Russo-Turkish War 1877-8, and then in 1879, shortly after his appointment as Assistant Commissioner to the Stafford House Committee's visitation to the Anglo-Zulu War. Later still was the idea of George to recruit, supply and transport what became the voluntary Irish Hospital Corps and as a field force hospital during the second Anglo-Boer War. In 1900 George went to South Africa as a civilian second surgeon with the Irish Hospital Corps. For his services Stoker was awarded the Companion of St Michael and St George (CMG). The commissions, characters and campaigns in which Stoker was involved are not well known as major historical events, and this makes the career of George Stoker much more interesting as a subject deserving further research.

His life and adventures continued, however. For example, in 1914 when aged 60 George was commissioned as a temporary major in the Royal Army Medical Corps (RAMC) and for two years served with the British Expeditionary Force (BEF) in France before returning home to the Queen Alexandra's Military Hospital, Millbank, London, where he was officially involved in his research into ozone therapy. The official CWGC records regarding Major George Stoker CMG RAMC, from where most of this description comes, also stated that Stoker was the "originator and pioneer of the use of Oxygen. {2}

This description is not totally correct however; in fact George Stoker pioneered the surgical application of ozone, which was then and is still now controversial and not accepted practice within conventional medicine.

{1} C Crainge MRCP, 'Breath of Life: the evolution of oxygen therapy', in The Journal of the Royal Society of Medicine (J R Soc Med) 2004, Oct 97 (10): 489-493; John F Fleetwood (1983) 'The History of Medicine in Ireland', second edition: Dublin, The Skellig Press.

{2} Commonwealth War Graves Commission Records (CWGC), archive, Higher Cemetery Exeter: Major George Stoker CMG RAMC interred at Higher Cemetery Exeter.

This description is not totally correct however; in fact George Stoker pioneered the surgical application of ozone, which was then and is still now controversial and not accepted practice within conventional medicine.

His numerous adventures, which included being a medical officer with the BEF at an age when most may have considered some form of retirement, were more than enough for one person's medical career; but George Stoker also pioneered the use of an alternative but radical medical treatment known as ozone therapy. This area of George's career was not as successful as his first, indeed it is fair to state that the non-acceptance of ozone therapy in general medical practice may have been what relegated the career of George Stoker to the footnotes of history, taking with it the first part of his career with all the adventures and experiences of practical military medicine.

George Stoker did write some papers recording his research, but not in any great depth. In his claims and published papers, was George Stoker extending the truth with his reported near 100% success rate? This paper is not suggesting that Stoker was a 'quack doctor' in the field of attempting to promote ozone therapy, in which he genuinely believed. In no sense was he considered a fraud, just perhaps misguided. Fleetwood suggested that:

It is not unknown for qualified doctors to refer to some of their colleagues as "quacks". The term may be used in affectionate raillery or sometimes as an expression of barely concealed disapproval of someone else's unorthodox methods of treatment.{3}

It is more likely that George Stoker was credulous about his experiments and research regarding ozone therapy. He perhaps genuinely believed the almost 100% results, which he claimed at the time were actually true, when perhaps they were not.

### **The Early Years**

George Stoker was born in 1854 into a well-connected Dublin family. His father, Abraham Stoker (1799-1876) was a civil servant employed in the Chief Secretary's office at Dublin Castle. George was one of six siblings. His eldest brother was Sir William Thornley Stoker (1845-1912), and his second eldest brother was Abraham (Bram) Stoker (1847-1912). Both of these brothers are better known than George,

{3} 'Irish Quacks and Quackery' by Dr John F Fleetwood, Dublin Historical Record, vol.43, no.2 (autumn 1990), pp70-84. The original paper was read to the Old Dublin Society on 21 February 1990).

65: Medal Index Card for Major George Stoker CMG RAMC. The card shows George in the rank of Temporary Major, then Major, which suggests that he was appointed as a war substantive major. His date of death of 23 March 1920 is endorsed on the card, and the reverse states that his wife applied for the medals on 24 October 1920, and that they were despatched to her at 'Moorgate' Home, Ashburton, Devon on 12 July 1921.

66: The Irish Times, 8 April 1920.

67: Most of the personal files of doctors who received temporary commissions in the RAMC during the Great War are missing from the National Archives, Kew. The reason for this is not known.

whose achievements have been eclipsed through their greater fame. William Thornley became a well-known and respected Irish surgeon, anatomist, medical writer and anti-vivisectionist. He had a strong social conscience and opposed the Irish workhouse system. William was made a Baronet and during his career became President of the Royal Academy of Medicine. {4}

Abraham, known as Bram Stoker, was the business manager to Sir Henry Irving for 27 years and through this connection became associated with the theatrical world both in Britain and America. Bram is more well-known as an author, who wrote numerous novels with the most famous being *Dracula*, published in 1897. {5} George's younger sister was the widow of Sir William Thomson, another noted Irish surgeon who, along with George Stoker, served with the voluntary Irish Hospital Corps during the second Anglo-Boer War in 1900, which is referred to later.

George was educated at Rathmires School, Dublin and at the Royal College of Physicians. In contemporary Victorian society it could be said of George that he married well. His wife, whom he married in October 1876, was Agnes McGillicuddy, daughter of Richard, 'The McGillicuddy of the Reeks'. The McGillicuddy estate included a mountain range known as McGillicuddy Reeks or Na Cruacha Dubha – 'the black stacks'. {6}

### **The Professional Medical Career of George Stoker**

The medical career of George Stoker can be divided into two areas.

The first area is his professional career. He qualified as LRC (Ireland) in 1876 and MRCP (Ireland) together with MRCP (England) in 1882. {7} His medical career and adventures included involvement in the Balkans during the Russo-Turkish War of 1877-8 when George was a doctor with the International Red Cross, and shortly after as an assistant commissioner with the Stafford House Commission in the Anglo-Zulu War of 1879, and later again in South Africa with the Irish Hospital Corps in 1900 during the second Anglo-Boer War. {8}

{4} The Irish Times, 23 April 1912: obituary of Sir William Thornley Stoker. In June 1878 William Stoker, whilst Professor of Anatomy in the College of Surgeons, performed the first successful abdominal hysterectomy in Ireland. William Stoker was the first to recognise the advantage of leaving a healthy ovary in place; John F Fleetwood, *The History of Medicine in Ireland*, 1983, p147: A cousin of the Stoker brothers was Captain Henry Hew Gordon Stoker, DSO RN, who commanded the Australian submarine HMAS AE2 during the First World War, which was the first allied vessel to break through the Dardanelles in April 1915. After the Great War Henry Stoker became an actor, producer and playwright, skills he learnt whilst a prisoner of war of the Turks.

{5} The Irish Times, 8 March 1912, obituary of Abraham (Bram) Stoker.

{6} Abraham (Bram) Stoker Family Archives.

{7} The Medical Register for Great Britain for the years 1880, 1890 and 1905 were consulted. By 1880 George Stoker of 16 Harcourt Street, Dublin, had been registered on 7 September 1878 with the qualifications Lic R.Coll. Sug. Ire., 1876 Lic. K.Q. Coll. Phys. Irel, 1878. From 1890 to 1905 the Medical Register notes Stoker's address as 14 Hertford Street, Mayfair, London.

{8} A society London journal noted that Stoker had "As is known ... already served in three campaigns – the Russo-Turkish, the Serbian, and the Zulu – and he is one of the few British subjects who were actually present in Plevna and Erzeroum during the sieges of those strongholds": *Pall Mall Gazette*, 12 January 1900. See also *The Irish Times*, 8 April 1920, obituary of Major George Stoker.

In 1914, when he was 60, George was commissioned into the RAMC as a temporary major and served in 1915-16 with the BEF in France. George specialised in laryngological medicine (now ear, nose and throat) and during his career held the positions of both Vice-President and President of the British Laryngological Association. His other achievements included membership of the Pathological and Clinical Societies, and Physician to the London Throat Hospital. George was also Honorary Medical Officer to the Actors' Benevolent Fund. His involvement here was possibly influenced by his brother Bram Stoker.

The second area of George's career, which is linked to the first, was his professional involvement in ozone therapy that still occupies the fringes of orthodox medicine. George was influential in the private Oxygen Hospital, located at Pimlico until it relocated to Fitzroy Square, London. His research and practice of ozone therapy led to a number of short papers published in medical journals, notably the *Lancet*, *British Medical Journal*, {9} and the *Journal of the Royal Army Medical Corps*. The latter paper displayed a tabulated statement of 21 cases which Stoker claimed were cured in a relatively short time after ozone treatment. {10} In reality however the results suggested by George due to ozone therapy or treatment have never been substantiated or accepted, and this would have tarnished his otherwise remarkable and unorthodox 19th-century medical career.

### **Medical Officer to the Bulgarian Peasant Relief Fund, the Turko-Servian War 1876 and the Russo-Turkish War 1877-8, and Assistant Commissioner to the Stafford House Committee in the Anglo-Zulu War, 1879**

The Bulgarian Peasant Relief Fund was established in 1876 by Viscountess E Strangford for the relief of Bulgarian peasants at a time when atrocities were being committed by the Turks representing the Ottoman Empire. {11} Lady Strangford's public appeal in the London Times newspaper appeared shortly after the official Baring Report into the situation. In her letter to the Times, Lady Strangford stated that she had opened:

My fund on the 14th August 1876... There are 60 villages to rebuild, where neither house, nor church nor school remains; tracts of land to be re-stocked, cattle to be replaced, household furniture restored... The relief will be distributed solely by Bulgarian gentlemen who know their own people and their needs, and who are anxiously awaiting the arrival of help... [Lady Strangford emphasised that] there is little use in sending any made up Western clothes, but I ask for money to purchase the right sort of these. {12}

{9} 'Treatment of Wounds & Ulcers by Oxygen Gas' (British Medical Journal, 1882). Stoker's other publications include 'The Clergyman's Sore Throat', 'Black Tongue, 1884', 'Deviations of the Nasal Septum', 'With the Unspeakables', and 'The Oxygen Treatment'. Stoker also contributed to 'Tonsillotome versus Bistoury and Vulsellum' published in the British Medical Journal in 1882, and 'Tonsillotome' also published in the British Medical Journal. I am grateful to the Archivist of the Royal College of Physicians Archives, Dublin for this information.

{10} 'The Surgical Uses of Ozone', by Major George Stoker CMG RAMC *Journal of the Royal Army Medical Corps*, 1917: 28, pp611-614.

{11} Viscountess E Strangford (1877). Report on the Bulgarian Peasant Relief Fund with a Statement of Distribution and Expenditure, London: Hardwicke and Brogue.

{12} The London Times Newspaper, 25 September 1876

Lady Strangford's method of relief included the local purchase of relief aid rather than material aid being sent from the host nation, an approach more reminiscent of the late 20th and early 21st centuries. George Stoker became Medical Officer to the Bulgarian Peasant Relief Fund. The Medical Directory for 1905 recorded that George Stoker was Surgeon to the Imperial Ottoman Army: Turkish Ambulance and in 1876 he organised medical relief to the Bulgarians after the massacres, and established hospitals under the Bulgarian Relief Fund.

The Russo-Turkish War was a conflict between the Ottoman Empire and the Eastern Orthodox Coalition led by the Russian Empire consisting of Bulgaria, Romania, Serbia and Montenegro; the war itself was fought in the Balkans and in the Caucasus. Stoker joined the 'Ambulance du Croissant Rouge' and acted as the chief on the ground during the conflict. He was present at the sieges of Shipka, Plevna and Erzeroum. In his obituary notice, it was stated that George Stoker and a friend made a perilous march to the relief of the garrison of Erzeroum, when the town was being devastated by typhus. {13} For his services in the Balkans, the Ottoman Empire awarded him the Order of Medjidie 4th Class. {14} Stoker's experiences in the Balkans probably influenced his appointment as Assistant Commissioner to the Stafford House South African Aid Committee and then to South Africa with the Committee during the Anglo-Zulu War in 1879.

The representatives of the Stafford House Committee who were sent to South Africa included Surgeon General J T C Ross CIE, Chief Commissioner, and Stoker as Assistant Commissioner, together with seven trained women nurses. The Stafford House Committee was established following a meeting in 1879 at Stafford House, St James's, London, the home of the Duke of Sutherland. The Committee was chaired by the Duke himself, and the objectives of the Committee were to provide trained nurses and hospital comforts to the British sick and wounded, and to supplement arrangements for the convalescence of the sick and wounded in South Africa. Stoker was employed in the hospital at Ladysmith. The scheme planned by the Stafford House Committee was similar to that established for the Balkan Peasant Relief Fund. After the termination of the Anglo-Zulu War, both Ross and Stoker drafted the Official Report. {15} The Appendices to the Report included a testimonial from Thomas Babington, Senior Medical Officer at Ladysmith, South Africa, who praised the services of two of the nursing sisters, Edith King and Emma Durham, "to the sick and wounded officers and men of Her Majesty's Army who were treated at Ladysmith". {16}

It was while George Stoker was in South Africa as Assistant Commissioner to the Stafford House Relief Committee that he became interested in 'oxygen treatment' through his apparent observations of the method by which the Zulus treated their wounded. This area is discussed in more detail later. Ross, Stoker and the nursing sisters who accompanied the Stafford House Committee to South Africa during the Anglo-Zulu War were awarded the Zulu War campaign medal with the 1879 clasp.

{13} The Irish Times, 8 April 1920, obituary Major George Stoker.

{14} CWGC archive records, Major G Stoker CMG RAMC.

{15} The Report of the Stafford House South African Aid Committee Zulu War 1879. London: Spottiswood & Co, 1880.

{16} Ibid. Nursing Sisters Edith King and Emma Durham were early recipients of the Royal Red Cross when inaugurated in 1881.

Stoker was one of the instigators for the founding of the Portland Hospital.<sup>{17}</sup> As part of the funding, the proposed mobile hospital would have its own transport and its strength would be in its flexibility.

Lord Iveagh left the medical organisational planning to Sir William Thomson, who became chief surgeon; his deputy was Charles Stoker, his brother-in-law. The War Office sanctioned the idea and most of the personnel left London on 3 February 1900 aboard the SS Montford. Among the volunteers was the eldest son of Lord Iveagh, the Hon Rupert Edward Cecil Guinness (who became the 2nd Lord Iveagh in 1923), as one of two financial and procurement managers, and members of the Hospital Board, the other being Colonel F W Nixon (Retd). At this time Rupert E C Guinness was a Captain in the London Rifle Volunteers, but went out to South Africa with the status of Captain together with his manservant, William Wisking. Other medical volunteers included Dr James Bryne Coleman (surgeon), Mr A Friel FRCSI (surgeon / radiographer to Waterford City Hospital), and Mr J Pouden MB, University of Dublin (surgeon). <sup>{18}</sup>

A contemporary report suggests that as the hospital was to be in the lines of communications, no nurses would accompany the Volunteer Hospital. However, nursing staff did accompany the venture to South Africa; <sup>{19}</sup> they included the matron, Miss A M MacDonnell, and her assistant matron, Miss Walker, both seconded from the Richmond Hospital Dublin along with 26 other nursing sisters who were attached to the Army Nursing Services for the duration of the campaign. Other extra medical staff included Dr von Gernet, and Dr Haylett the registrar. The dressers were Mr Counihan MB, Mr J Pouden MB, and Mr Edwardes (all from the University of Dublin), and Mr Percy Stewart (College of Surgeons), Mr McElwaine (Queen's College, Belfast), and Mr Douglas B Thomson

<sup>{17}</sup> Pall Mall Gazette, 12 January 1900. The 1905 Medical Directory also stated that George Stoker initiated the Portland, Irish and Langman Hospitals. (Courtesy of the Archivist, the Royal College of Physicians, Dublin.) The Langman Hospital was a 100-bed mobile hospital formed in London which was contemporary with the Irish Hospital and served in the field, as did the Irish Hospital, and became a static hospital in Pretoria. There is no mention that George Stoker was associated with the Langman Hospital as mentioned in the London Times newspaper on 7 February 1900.

<sup>{18}</sup> Dr JB Coleman CMG (1862-1915) was implicated in a legal case in 1906, when his wife alleged among other things that the respondent subjected her to hypnotic influence. The petitioner called Lady Stoker as a witness. The jury found that "Dr Coleman had not been guilty of cruelty and the petition was accordingly dismissed" (The London Times, 7 June 1906). The membership of the Royal College of Physicians Dublin congratulated Dr Coleman "on the successful manner in which he has recently refuted the unfounded charges brought against him, and express our sympathy with him in the trouble through which he has passed, 'without blemish on his character or honour'" (British Medical Journal, 16 June 1906). Dr Friel served in the RAMC and the South African Medical Corps during the Great War. He married Dr Sophia Seekings, a fellow medical doctor, after 1918 and on his death left part of his estate to the Royal Free Hospital School of Medicine for the assistance of poor women students.

<sup>{19}</sup> Ibid. The Medal Roll for the Irish Hospital, for the award of the South African medal and clasps, confirmed that Rupert E C Guinness was a captain in the 1st City of London Rifle Volunteers. Ten other nursing sisters accompanied the Irish Hospital to South Africa (TNA WO 100/225).

(University of Dublin). {20} Four came from the Richmond Hospital, Dublin, one from the Royal Hospital (later to become the Royal Victoria Hospital), Belfast, and one from Sir Patrick Dun's Hospital, Dublin. The Irish orderlies recruited by Sir William Thomson were supplemented when the hospital was established by a number of convalescents.{21} The Irish Hospital Corps was also supplemented by volunteers from the Royal Irish Constabulary (RIC), mostly sergeants and constables who provided the x-ray machine for use by Mr Friel. It would appear that most enjoyed their experiences in South Africa, "but complained bitterly that the price of drink [which] was double that in Irish bars".{22}

The Irish Hospital Corps served in South Africa from March 1900 until the end of that year. The hospital treated over a thousand casualties, and despite their success they were nearly always under strength, having to provide bed numbers of 500. From April to July 1900 the Irish Hospital moved with the advancing British Army to Bloemfontein and other places, leaving small detachments to cope with the wounded prior to evacuation. July found them in Pretoria, where the Irish Hospital became a static hospital and established itself in the Palace of Justice, the Hospital being opened by Lord Roberts. The relocation of the Irish Hospital in the field to a more static location in Pretoria had been undertaken when the hospital itself was understaffed, causing stress and strain on the few who undertook the work of transferring 83 patients to Pretoria. Sir William Thomson describes this transition that happened on 19 July 1900:

On the 19th I transferred all the patients (83) remaining in the Irish Hospital on the field. It was a hard day's work. We had no nurses; there were five orderlies, one dresser, (Mr Thomson), Dr Coleman and myself. Each man had to be undressed and washed before being put into clean sheets. But we took off our coats to it, helped to arrange the beds, and generally did orderly work all round. Dt Coleman, distinguished physician as he is, never appeared to greater advantage.{23}

**(20)** Douglas Stoker Brownlie Thomson MB (1879-1939) was the son of Sir William Thomson CB and the nephew of George Stoker. Douglas Thomson qualified in Dublin as MB DPH in 1904, the same year that he was commissioned into the RAMC. In 1905 he transferred to the Egyptian Army as a medical officer on a commission investigating the kala-azar disease in the Sudan. In 1910 Thomson left the Sudan Medical Department and became a junior inspector of the Political Service. He re-joined the RAMC during the Great War serving in the Egyptian Expeditionary Force from 4 August 1915, being mentioned in despatches. His medal index card in the National Archive, Kew gives his address in 1922 as Port Sudan, Red Sea Province, Sudan. 'Thomson Bet' was commissioner at Port Sudan from 1928 until his retirement in 1932 (source: official website for the Bram Stoker Estate). T Edwardes was also commissioned in the RAMC during the Great War and served in the Balkans. In 1922 he was living in Arundel, Sussex.

**(21)** 'The War in South Africa' by Sir William Thomson, *The British Medical Journal*, 1 September 1900, p597.

**{22}** Donal McCracken, 'The Irish in South Africa: The Police, a Case Study' in *Familia*, 1991, Ulster Genealogical Review, No.7. p45.

**{23}** *The British Medical Journal*, September 1900, p597.

The Pretoria site for the Irish Hospital was taken over by the Hospital Board on 15 June 1900. Once established, the hospital was inspected by both military and civil dignitaries whilst in Pretoria including Lords Roberts and Kitchener. Sir William Thomson's article in *the British Medical Journal* mentions being deluged with enteric cases (typhoid), who had been left lying in the veldt covered only by a blanket, or soldiers being crowded into a bell tent eight to a tent, who were very moribund when they arrived at the Irish Hospital. "It was disheartening work, for there was little margin of hope". {24} Thomson continued:

At one time the Hospital was accommodating some 765 patients of who 248 have been discharged and 49 have died leaving 468 at present under treatment. I am sorry to report the death of Dr Teufel, a German physician, who has rendered service to the sick prisoners at Waterval, with Dr von Gernt. He had acquired the disease there and was admitted here, but he was unhappily unable to resist the virulence of the attack. He received a military funeral. {25}

The majority of the British casualties during the second Anglo-Boer War were caused by disease rather than through combat. This becomes apparent when looking at William Thomson's paper in the *British Medical Journal*. He commented that:

There have been a few wounded. Two of these- one shot through the spine with complete division of the cord colon and liver- have died. Another, an officer, shot through the left kidney has made excellent progress, and although there is still slight haematuria, he has no other symptoms. {26}

Earlier in the campaign William Burdett-Coultes reported on the inadequacies of the medical services in the *Times* newspaper, in which he observed the chaotic conditions of medical care. A Medical Commission was established and sent to South Africa. In August 1900 the Medical Commission arrived at the Irish Hospital at Pretoria and found that it was very efficient although the local supply of medical equipment could be problematic, a point noted by Sir William who found that:

Some articles could only be had by the half dozen. Clinical thermometers had almost vanished from the town. Between this and Johannesburg we could only get a few bedpans... We had to pay £16 for 24; then we got some made at a pound a piece... Foremost in the work are Mr Leigh Wood (the Chairman) and Mr Rupert Guinness... The Commander-in-Chief has given every facility for the important work [encouraging] the efforts of the Commission. His solicitude for his men who are enduring hardship is constant and untiring. {27}

Sir William does not directly refer to George Stoker in his article, although he would have been working in the conditions as described. However the correspondent of the *Daily*

{24} Ibid, p598.

{25} Ibid.

{26} Ibid.

{27} Ibid.

**To be continued**

## MALTA GC

Pete Starling having read the article on Malta GC contacted me stating that he had taken a group to Malta a couple years ago and he possess a lot of material on Malta.

He enclosed two photographs, a general one of Pembroke Cemetery Malta and one of Ginies' grave.

Note that in Malta the headstone is shared by more than one grave and also note that he is Army Medical Corps, Malta Territorial Force on his headstone.



## **ARMY HOSPITALS OF THE MALTA GARRISON** **INTRODUCTION (continued)**

### **FLORIANA DISTRICT – HOUSE OF OUR LADY OF MANRESA (CASA SANTA)** **St CALCEDONIUS REGIMENTAL HOSPITAL**

The House of Manresa, popularly known as St Calcedonius or Casa Santa, was appropriated as a barrack for 600 French troops during their occupation of Malta. The French were replaced by Neapolitan troops when the British entered Floriana on 4 September 1800. The Casa Manresa remained in the hands of the military as there was no other suitable quarters in Floriana. At first a "very insufficient bad house" in the neighbourhood was used as a regimental hospital. This was unsuitable. The sick had to make their way to the Sacra Infermeria of the Order of St John in Lower Merchant Street Valletta, which had replaced the country house of Count Agostino de Fremeaux at Zejtun, as the General Military Hospital. With the end of the Revolutionary Wars and the anticipatory departure of the British in compliance with the Treaty of Amiens, the House of Manresa was repaired and restored to the clergy.

The outbreak of the Napoleonic Wars in May 1803 halted the evacuation of the garrison. The casemates at Floriana were fitted up and used as quarters for an infantry regiment. In April 1805, Sir James Craig arrived at Malta with over 6000 troops to secure Sicily. This so increased the demand for accommodation, that all available large premises were utilised as billets. The convent of St Calcedonius fell once again into military use. William Anne Villetes, General Officer Commanding Troops Malta, justified his claim on the property, from the large expenditure defrayed on its restoration.

The location of the convent in an airy and in the healthiest part of Floriana made it well suited as a hospital. It was also close to Floriana barracks. That part of the convent occupied as a regimental hospital consisted of two corridors, with a certain number of small rooms opening on to them. The wards were small and capable of holding 44 patients. They opened on each side on a long and spacious corridor that could supplement as a ward. A large yard formed part of the hospital and enclosed the cook house, privies, and dead house. The corridors were completely separated by temporary partitions from the rest of the convent and the church, which had their separate entrance. In 1813, St Calcedonius was used as a Military Plague Hospital by Inspector of Hospitals Ralph Green.

Villetes was unable to find an alternative building which could be hired out as a hospital for the Floriana Barracks. "I have not the least desire to cause offence to the clergy" remarked Villetes, "and shall readily evacuate the building if another can be found equally convenient for the essential purpose to which it is appropriated, but I know of no private house in Floriana that could be procured without much expense which meets that purpose".

The Floriana Market, which was large enough for part of it to be utilised as a hospital, had been converted by Captain Alexander Ball RN, (1802-1810), into an administrative centre for the importation of corn. In 1826, it became an officer's mess for the resident infantry.

On 23 December 1835, the 53rd (Shropshire Regiment) moved from Floriana Barracks to Bormla. It was the last battalion to use the Casa Santa for its hospital. A regimental hospital for the Floriana Barracks was opened in the General Hospital Valletta, and the convent of St Calcedonius was handed back to the Civil Government.

### **COTTONERA DISTRICT – BRITISH NAVAL HOSPITAL (ARMERIA)**

A Temporary Naval Hospital was opened from 30 August 1799 to 16 November 1799 by Captain Alexander J Ball HMS Alexander for the sick of the fleet suffering with fever. Ball does not mention the location of this building, but naval ships unloaded their sick at Marsaxlokk Bay, St Paul's Bay and St Julians Bay. Following the capitulation of the French garrison on 4 September 1800, sick naval patients were temporarily admitted to the General Hospital Valletta.

In December 1800, the Armeria in Vittoriosa was prepared for use as a naval hospital.

On 13 January 1801, the first patient was admitted to the Armeria. 2nd Master Peter Carrall, from HMS Alexander, was suffering from Rheumatism. The first recorded death was that of able seaman Mark Christian, HMS Alexander. He was admitted on 13 January but died on 24 January 1801 from debility.

In December 1800, the Armeria in Vittoriosa was prepared for use as a naval hospital. On 13 January 1801, the first patient was admitted to the Armeria. With the opening of the Armeria, naval patients in the Military Hospital Valletta were returned to the care of the naval surgeons. Thus, on 14 January 1801, Pte Marine Richard Martin of HMS Regulus, who had the "Flux", was transferred to the Armeria. Martin died on 31 January 1801. Able seaman James Webb of HMS Blonde

The Naval Hospital at the Armeria closed on 13 May 1802, when the garrison prepared to return Malta to the Order of St John, in compliance with the Treaty of Amiens. From 17 July 1802 up to 2 January 1804, sick naval patients were admitted to the General Military Hospital Valletta.

Following the start of the Napoleonic Wars in May 1803, naval sick were admitted to the General Military Hospital Valletta and to Fort Ricasoli. On 6 December 1803, a contract was entered into between Dr John Snipe, Physician to the Fleet and Inspector of Hospitals in the Mediterranean, on the part of the Sick and Wounded Board, and William Higgins, for victualling sick and wounded seamen and sick prisoners of war in the naval hospital at Malta. The victualling of each patient, which included the daily provision of half a pint of good milk, cost HM Treasury 2 shillings a day per patient. The victualling contract commenced on 1 January 1804 and expired in October 1805.

On 8 January 1804 sick moved from fort Ricasoli and the military hospital to the Naval hospital. in accounts of J Woodhead from 1 January 1804 to 31 March 1804.

Joseph Woodhead agent to HM sick and wounded seaman at Malta. Mr William Higgins was contractor for victualling sick and wounded seamen and sick prisoners of war at Malta between 1 January 1804 and 13 October 1805.

On 6 December 1803, a contract was entered into between Doctor John Snipe Physician to the Fleet and Inspector of Hospitals in the Mediterranean on the part of the sick and wounded Board and Mr William Higgins for victualling sick and wounded seamen and sick prisoners of war in the naval hospital at Malta to commence the 1st January at 1s 10 1/2d sterling per man per day which contract was approved by Admiral Lord Nelson commander in chief but as it contained no provisioning for any supply of milk it was subsequently stipulated with Lord Nelson's approval that each patient should receive daily half a pint of good milk and that an additional allowance of one penny half penny should be made to the contract on that amount making the daily victualling two shillings for each patient. The accounts of victualling the hospital to the end of October 1805 when Mr Higgins contract expired have been amounted to £6050.06 shillings including amount of the bill drawn for the December quarter 1804 the amounts of which were lost in HM Sloop Arrow when captured by the enemy in February 1805.

The new agent to the naval hospital at Malta was Matthew Welch and submitted his accounts for the quarter ending 30 September 1805, submitted a bill in 4 November 1805 for 368 dollars and 20 Tari.

On 9 Nov 1805, John Allen surgeon to HM naval hospital at Malta swore on oath that none of the sick and wounded seamen sent to the said hospital in the year ending 7 August 1805 were ordered by him to be kept a day longer in the hospital or sick quarters than was necessary to the recovery of their health or cure of their wounds.

On 2 January 1804, the naval sick in the Military Hospital Valletta were moved to the Slave Prison at St Christopher Street Valletta, which became a temporary naval hospital; on 8 January, those from Fort Ricasoli were transferred to the new naval hospital. On 6 May 1805, Army Purveyor George Dickson recorded that a total of 726 sick sailors, 98 of whom died, had been admitted to the General Military Hospital Valletta between 13 May 1802 and 3 January 1804. Mr John Newton was agent in Malta in 1816 submitted accounts 1 Jan 1816 to 30 September 1816 John Allen became surgeon of the Naval Hospital on 7 August 1804. He had been posted out of HMS Royal Sovereign on 6 August 1804.

A slave prison had been established at Valletta during the time of Grand Master Fra Hugues de Loubeux Verdalle (1582-95). This consisted of three storeys bounded by St Christopher Street, St Ursula Street, East Street (Strada Levante) and Wells Street (Strada Pozzi). Alexander Ball placed the building at the disposal of the navy for use as a temporary hospital. A house at 272 Strada Forni (Old Bakery Street) was hired at £40 a year as a residence for the surgeon in charge of the hospital. In his letter dated 21 December 1803, Horatio Nelson directed Lieutenant William Pemberton, resident agent of transport at Malta, to take charge as governor under Mr John Gray Surgeon of the new hospital established at Malta by the Lord Commissioners of the Admiralty.

On 11 July 1819, the Armeria replaced the Slave Prison, and once again became the Naval Hospital for the Mediterranean Fleet. The Armeria was ill adapted as a hospital. It was in the middle of a very populous neighbourhood, distant from the water edge, and without any means of conveying the sick and wounded to it, other than by steep narrow and tortuous approaches. The arrival of the combined fleets of Russia, France and Great Britain after the Battle of Navarino, 20 October 1827, showed the inadequacy of the Armeria as a hospital. Fort Ricasoli was quickly adapted to accommodate the wounded of the Fleet. The British squadron sent 71 officers and men, and the Russians 60 men to Fort Ricasoli Temporary Naval Hospital. The sick remained under the care of the respective surgeon of the ships to which they belonged.

In 1830, work commenced to convert Villa Bighi, on the San Salvatore promontory, into a naval hospital. The Royal Naval Hospital Bighi opened on 24 September 1832. It cost £20,000. The hospital had beds for 250 patients. Each pavilion had two large and four small wards, and rooms for officers. A corridor 10 feet wide and 160 feet long ran through the centre of each wing. Bighi received about 8% of the ships' companies of the fleet per year. For a fleet of 10,000 sailors, this amounted to an admission rate of about 800 patients a year.

### **COTTONAREA DISTRICT – UPPER VITTORIOSA HOSPITAL (ARMERIA)**

The Cottonera District was served by a hospital of about 50 beds at Fort Ricasoli. It was, however, little used. On 19 December 1826, the regimental hospital of the troops in the Cottonera District moved from Fort Ricasoli to the Inquisitor's Palace. How long it remained here is not known, but in 1835, surgeon Thomas Price Lea stated that there was no hospital establishment for the 5th Regiment of Infantry stationed at Cottonera. Thus, it was necessary for the assistant surgeon to remain with the regiment, while the surgeon moved to the General Military Hospital Valletta.

The sick of 5th Foot were conveyed by boat across the Grand Harbour from Cottonera to the Valletta marina. From there, they had to make their own way to the military hospital under a broiling sun. Those too debilitated by fever were unable to walk the two miles to the hospital. In June 1849, the United Service Magazine appealed for a more humane way to convey the sick to hospital. "The walk is one of the most fatiguing", reported the journal, "we have been pained to see the suffering of the sick". In response, Staff Surgeon James Barry, PMO Malta 1846-1851, introduced "a sort of omnibus in which his sick could take air and exercise, and which could convey them from the Custom House to the military hospital".<sup>9</sup>

Surgeon Thomas Price Lea, 5th Regiment, in his annual report for 1835 refers to "an asylum for the sick" which was established at Cottonera during that year. This asylum was none other than the Armeria, the former armoury of the Order of St John, which had been occupied by the naval sick of the Mediterranean Fleet. The Armeria reverted to the Civil Government on completion of the transfer of stores and personnel to the new Naval Hospital at Bighi. On 3 October 1835, the Armeria was transferred to the military. The sum of £117.17 shillings had been spent to prepare it as a hospital for the troops in the Cottonera District, which until 1835 was without one. The battalion stationed at Fort Verdala Barracks transferred its regimental hospital from the General Hospital Valletta to the Armeria. The wards which it had

occupied were allocated for the use of infantry regiments stationed at Floriana Barracks.

Under the military, the Armeria was referred to as the Upper Vittoriosa Hospital. It was occupied by the two regimental hospitals of the infantry quartered at Fort Verdala and Fort Ricasoli. It had 13 wards and 108 beds. On 21 January 1848, the Head Quarters of the Reserve Battalion 69th (South Lincolnshire) Regiment moved to the Cottonera District. Three companies were at Isola Gate Barracks, two companies at St Francesco di Paolo Barracks, and a company at Fort San Salvatore.

Surgeon John Bathurst Thomson, 69th Foot, described the hospital as a large building with ample accommodation for 92 sick. It consisted of an upper and a lower flight of rooms. On the first floor were three long wards, parallel to each other, running nearly north-south along their length. The centre ward accommodated 18 beds, while those on either side of it had 20 beds. In one of the wards was a fire place in which a fire was constantly lit in the afternoon during the cold weather. The surgery and reception room were in the upper part of the hospital.

The lower floor of the Vittoriosa Hospital had a large ward for 22 beds, with five small wards on either side. The ward was completely embedded among narrow streets of houses which cut off its ventilation and darkened all its rooms. The ground occupied by the building was on a slope and the ceiling of the ground floor rooms were nearly at a level with the higher end of the site. The ground floor was reached by descending a flight of steps to a small courtyard. Opening into the courtyard were six casemates, three on either side used as cook house, orderlies room, privy and ablutions.

At the end of the courtyard, a door gave access to a ward 74 feet long by 23 feet wide. This room had one window at the end opposite the door which opened on to a narrow street, and had a high wall opposite to it. Out of this central ward eight small wards opened, four on each side, each having one small window close to the ceiling. Over this central corridor with its cells, were the upper wards of the hospital. These were reached by an outside staircase carried up one side of the courtyard. There were three wards corresponding to the central ward and the two range of cells below. Two of the wards were on the outer side of the block. They each had five windows to the outer air along one side, and one window at the end. On the same level with these upper wards were a series of small rooms, built over those in the sunken courtyard below, for the sergeant's quarters and surgeries.

The hospital had an enclosed courtyard with a covered ambulatory on one side for convalescents. However, the mortuary was located here and the men preferred to ascend to the top of the hospital for a better view. On the roof they smoked and spat, oblivious to the fact that rain water washed all the filth down into the water tanks which supplied the hospital. There was no parapet to the roof to prevent a sick man from stumbling over the edge. On 14 May 1847, Private Robert Millar, Reserve Battalion 97th Regiment, a patient at the regimental hospital, committed suicide by throwing himself off the hospital roof.

The Report on the Barrack and Hospital Improvement Commission of 1863 condemned the hospital. "Of the total 15 wards", it said, "there were only three on the upper floor of the main building in which the sick ought to be placed at all. The remaining wards are absolutely unfit for human habitat in such a climate, and should at once be struck off the barrack list. It is better to put sick men in wooden huts or in tents on the Cavalier than expose them to risks as they incur in these bad wards".<sup>15</sup>

Close to the Vittoriosa Hospital was St James Cavalier. This had two wards with 38 beds embedded in the mass of the work. The first ward was 81 feet long and 23 feet broad. It was cut off from the external air by a wall 36 feet thick, and received its light through the door and from two narrow loopholes in the wall. The other ward was 39 feet by 18 feet and was interposed between part of the long ward and the outer air excavated out of part of the 36 foot wall.

### **COTTONERA DISTRICT – LOWER VITTORIOSA (HIRED HOUSES)**

This second hospital in Vittoriosa consisted of two adjoining hired private houses situated at the bottom of Strada San Giorgio, near the unhealthy dockyard creek. The houses were in a narrow lane and in the same neighbourhood, but at a much lower level than the Vittoriosa hospital. One of the houses had two floors, the other three floors. On the lower floor of No 1 house was a surgery, cook house, ablution room and coal stores. In the ground floor was the mortuary and three unoccupied cellars. The sick wards were all on the upper floors. The rooms had space for about 40 sick instead of 56, the amount allowed by regulations. The ground floor of No 2 house was occupied by private families. The buildings were unsuitable for use as a hospital. The hired houses were a temporary accommodation. In September 1873 the sick were moved to the new Cottonera Hospital which opened near Notre Dame Gate (Zabbar Gate).

### **COTTONERA DISTRICT – COTTONERA HOSPITAL**

On 16 November 1870, the Collector of Land Revenue informed the Chief Secretary to the Government that three plots of land had been purchased at Cottonera, near the Zabbar Gate. Contracts had been ratified, and the plots were at the disposal of the military authorities for the building of a new hospital. The hospital was designed and constructed by the Royal Engineers for 148 patients. It cost £21,000, including the purchase of the land.

The hospital was built on the pavilion principle where the wards were separated from the administration block. It consisted of two end to end pavilions in two floors for 136 beds with an administration block between the wards. The advantage of the double pavilion was the ease with which a large number of sick could be superintended and nursed on the same floor. The hospital was 355 feet long, 51 feet wide and 47 feet high. It had four wards each 128 feet long and 26 feet wide containing 32 beds with a cubical space of 1500 feet per patient. In addition, there were four small wards, two on each floor, of two beds each for special cases. In the centre on the ground floor were the waiting rooms, surgery, room for orderlies, and hospital sergeant's quarters. On the upper floor was a day room for convalescents. The kitchen and stores were in an outbuilding behind the hospital. All the pavilions were connected on both floors by open arched corridors. This veranda was 9 feet wide. It ran on each side of these

wards and afforded shelter from sun and rain without interfering with the free air circulating to the pavilions.

The basement of the hospital had a ward for prisoners, and a contagious diseases ward for six patients. The top floor had a day room for convalescent patients. The hospital had no quarters for the medical officers who had to live some distance from the sick under their charge. The Cottonera Hospital had hot water only on the ground floor. Orderlies had to carry it to the first and second floors.

On 28 August 1873, the new Cottonera Hospital replaced the hired buildings in which the sick of the three Infantry regiments in the Cottonera had been treated. In September, the hospital was handed over to the 1st/13th (Somersetshire Light Infantry) Regiment. The sick and hospital establishment of 1st/13th were transported from the Lower Vittoriosa Hospital to the Cottonera Hospital.

### **VALLETTA DISTRICT – GENERAL HOSPITAL VALLETTA**

The Hospital of the Order of St John of Jerusalem, the Sacra Infermeria, served as a Garrison Hospital. It remained in use until 1920, despite repeated calls from successive Principal Medical Officers to abandon it. It was partly administered on the regimental system. Each regiment had its own orderlies who slept in the ward with the sick.

The hospital was commenced in 1575 under Grand Master Jean de la Cassiere (1572–82). It had a simple plan resembling a monastic cloister. Initially it consisted of a quadrangle with a corridor around it. The corridor facing the Grand Harbour became the Old Ward. Rooms for a pharmacy, accommodation and administration opened on to the other three corridors. On 4 February 1660, Grand Master Raphael Cotoner (1660-1663) extended the Old Ward towards Old Hospital Street to form the Great Ward. This was completed by his brother Grand Master Nicholas Cotoner (1663-1680) who on 19 December 1674 established the first School of Anatomy and Surgery at the hospital. Extending underneath the whole length of the ward below ground level, and reached by a staircase from near the north end of the long ward, was the Great Magazine Ward roofed with a cross vaulted ceiling.

In 1712, Grand Master Ramon Perellos y Roccaful added the Upper Quadrangle measuring 24 by 24 metres. The quadrangle lay at an angle of 45 degrees to the older part of the infirmary, from which it was separated by a Triangular Courtyard. The Upper Quadrangle was bounded by Hospital Street, North Street and Merchant Street where the main entrance was situated. The large ward abutted on Hospital Street. The Upper quadrangle was surrounded by a number of rooms along its four sides, which included the residential quarters of the army medical staff. It was destroyed during the Second World War. The rooms surrounding the triangular courtyard were used as the regimental hospital of the Royal Malta Fencible Artillery.

The Long Ward did not form part of the military hospital. It was retained by the Civil Government who used it as a rope walk for the employment of convicts. These were subsequently removed, and the ward let to Messrs Woodhouse, wine merchants, who had been induced by government to make Malta their general depot for their

Marsala wines. Only the wards around Upper Courtyard were utilised. Five wards and a surgery on the first floor of the building, surrounding the upper courtyard, made up the regimental hospitals. Another set of wards of 80 beds formed the Ophthalmic Hospital. Between 1 June 1863 and 16 June 1865, the British carried out substantial structural alterations, and opened out the eastern wall and formed a stone balcony for convalescents facing St Lazarus Curtain.<sup>17</sup> After 1860 some wards were converted into a family's hospital.

The sick of the infantry regiment at Floriana were admitted to the regimental hospital at the General Military Hospital. This consisted of one large and two small wards, a surgery, cook house, and a sergeant's room. There was an open gallery for convalescents to walk on. The wards of the regimental hospital had beds for between 40 and 50 patients. At first the sick lay on boards and trestles and used straw mattresses, but following the intervention of PMO Staff Surgeon James Barry, iron bedsteads were provided with hair mattresses and pillows.

Inspector General Daniel Scott, PMO Malta 1855-1857, did not consider the Sacra Infermeria a suitable building for the sick. A great portion of it was in blocks of rooms round small yards with sinks and privies in the corners, or under wards. The sewers of the privies passed under many of the rooms, so that there was always an offensive smell around these badly ventilated yards. The large back yard, surrounded with damp cellars, was itself always damp and unwholesome in appearance. It was the only place where soiled bedding could be laid out to dry and purify. The dirty linen, remarked Scott, created "a vitiated atmosphere which circulates through all the wards of the hospital, a further proof that the locality alone is sufficient to condemn the place".

The cholera epidemic of 9 June 1850 to 13 October 1850 highlighted once again the inadequacy of the General Hospital. It infected 228 soldiers out of a garrison of 3,475 men, and killed 135 of them. The insanitary location of the hospital was implicated in the cause of the outbreak. Inspector General Daniel Scott was certain that "the late outbreak of cholera in the military hospital Valletta, having drawn special attention to the probable origin of it there, the experienced medical officers of the garrison, and others versed in sanitary matters have come to the conclusion, that the concentration of the disease in the establishment may be attributable to the locality, the imperfect drainage, and the bad construction of the buildings. The site of it being low and dirty, and close to the outlet of two main sewers, and in close contiguity to badly drained streets, of which several of the dwellings occupied by filthy population, actually run in the shape of damp close cellars under the wards of a portion of the hospital".

There was an urgent need for another hospital. The PMO held, "that the lives which were lost from cholera, originating in the hospital this season, would have been saved in a better located and better constructed establishment". Colonel Thomson, Commander Royal Engineers Malta, had proposed to abandon Strada Torre Barracks and to convert the Cavalier of St James into a general hospital for 500 patients. This would have cost £30,000. The men from Strada Torre Barracks and St James Cavalier, about 439 of them, were to be relocated in a refurbished St John's Cavalier at an expense of £17,500 to £20,000 from cost of labour and material.<sup>19</sup>

On 17 December 1855, the Garrison Commander, Lieutenant General Sir John Lysaght Pennefather, proposed the building of a military citadel between Floriana and Valletta. This would not only concentrate all the ordnance and commissariat stores in one fortified area beyond the reach of an attack from the sea, but also incorporate a new hospital on the higher ground of Valletta. This citadel was to be enclosed with a defensive wall. All the houses within the area were to be either demolished or reserved for military use. Inspector General Daniel Scott approved the area of Strada Torre Barracks, and St James Cavalier as an ideal location for a military hospital. The site was adjacent to the Auberge de Castille. It was elevated with free circulation of air all round it, and well drained.

The major drawback to the plan was the presence of civilians living in the area. "We might buy their streets with money but no price could compensate our loss if it were to cause vexation to the inhabitants of Valletta," observed the civil governor Major General William Reid, (1851-1858). The attachment of the people to a Sovereign State....can only be purchased and maintained by constantly considering their interests and wishes." Reid, a military engineer by profession, perceived the danger of shutting up his military in one place. "To have a small body of soldiers shut up in Valletta would not be to hold Malta in the sense the British Nation intends this possession to be held", said Reid, "for the dockyard and the naval hospital have to be protected and the harbours ought to be covered. If an enemy besieging Malta should have command of the sea and the garrison was withdrawn from the detached forts, Valletta would be raked from all sides, and with little bomb proof shelters within it, a concentrated bombardment on the small space would be terrible, owing to the falling in the roofs of the houses".

On 30 January 1856, Reid offered to buy the roomy palace in upper Strada Mercanti, adjoining the Auberge De Castille, and to convert both the auberge and the palace into a military hospital. On 26 May 1856, a committee presided by Major General C Warren, with PMO David Scott, as one of its members, assembled to decide on a site for a new military hospital of 500 beds. The committee visited the Ta' Franconi Lunatic Asylum at Floriana, and having been assured by Dr T Chetcuti, superintendent of the asylum, that the location was a very healthy one, decided to build the hospital there. Sufficient ground existed so as not to have to incorporate the recently completed barracks of St Francis within the hospital. The patients from the lunatic asylum were to be moved to the proposed asylum at Attard which was due for completion in 1860.

In October 1856, Scott received the plans of the Military Hospital Aldershot from the Director General of the Army Medical Services. He passed these on to the Commanding Officer Royal Engineers, for him to prepare an estimate for a general hospital for 500 patients. The site of the Franconi asylum was, however, only large enough for a 300 bed hospital. To construct a 500 bed hospital based on the pavilion principle, with accommodation for the staff and various offices as laid down in the plans of the Aldershot Military Hospital, St Francis Barracks would also have to be taken over. The estimated cost of the project would rise to absorb the construction of a new barracks on the Floriana Curtain, between the two gates of St Anne and Notre Dame to replace St Francis Barracks. The alternative solution was to build two hospitals, with a two hundred bed hospital constructed elsewhere, or to find a different location altogether.

The Committee reconsidered the problem. It decided that the hospital would be built on the site of St Francis Barracks and Civil Lunatic Asylum. The proposed hospital was to be limited to 300 beds, and to contain no accommodation for sick officers. The question of building another hospital for 200 beds was placed in abeyance. The hospital never materialised.

New plans were submitted for a General Military Hospital on St Michael's Bastion. This hospital was to have 300 beds accommodated in six pavilions on two floors. The wards were to be connected by open arcades sufficient to afford shelter from sun and rain but to leave ventilation perfectly free. The administration block was to be detached and placed in front of the hospital but all parts of it were to be connected by convenient staircases with the corridors. The hospital was to overlook the Quarantine Harbour at a height of 170 feet above its level.

Major General William Reid, left Malta in 1858 and was succeeded by Lieutenant General Sir Gaspard John Le Marchant (1858-1864), who was appointed both Governor and Commander in Chief of the garrison. Concurrently, Inspector General Daniel Scott was succeeded by Inspector General John Forrest, PMO Malta 1859-1861. On 15 November 1859, Le Marchant, acting on the advice from his PMO, recommended to the Secretary of State for the Colonies, that the purchase of property for the new military hospital should be temporarily postponed. A sanatorium at Citta Vecchia and a stone encampment for the troops at St George's Bay were more urgently needed. Le Marchant argued that a sanatorium for convalescents and the formation of a proper encampment for musketry instruction at St George's Bay were not only of "paramount importance as concern the sanitary condition and discipline of the troops in this command", but also "highly economical, by saving the large and wasteful annual expenditure which now takes place in invaliding the sick to England.

The sick remained at the General Hospital Valletta. The Long Ward was partitioned into two wards known as 20A and 20B. The middle section comprised the dining hall, and the chapel was used as a special ward. The medical staff consisted of two nursing sisters, each sister having 25 beds under her charge, two medical officers, a ward master, a 1st Class Orderly who had charge of all equipment and six orderlies whose duties were to assist nursing the helpless patients, to distribute the diets, and keep the wards spotlessly clean and neat. One or two orderlies were always in the ward on duty. In 1905 a house was hired at Strada Zecca, ten minute walk from the hospital, for the accommodation of ten sisters.

The virtual eradication of Malta Fever in 1906, reduced the need for the hospital. In former days, the wards would have overflowed with the victims of Malta Fever, but by 1909 there were no cases of Malta Fever amongst the military. In February 1909, the Station Hospital Valletta was handed over to the Army Service Corps as an unoccupied building. On 10 March 1909, the Warrant Officers and the Non Commissioned Officers of 30 Coy RAMC gave a Ball in the Long Ward to celebrate the anniversary of the marriage of King Edward VII to Princess Alexandra of Denmark, which had taken place on 10 March 1863. The Great Hall was transformed into a dazzling and brilliant ballroom. In 1910, the old Valletta hospital was converted into a reception station. The spare wards, offices and stores were re-appropriated

and converted into wards for the Military Families Hospital and into quarters for the nursing staff.

The peace establishment of the RAMC in Malta in 1914 was 23 officers, including 2 quartermasters, 150 other ranks and 12 nursing sisters of the Queen Alexandra Imperial Military Nursing Service. The average Garrison Strength was 5,977 men. The Station and Military Families Hospital had only 36 beds, of which, all but 10 constituted the hospital of the Royal Malta Artillery. The Military Hospital Cottonera with 278 beds was the main hospital and HQ of 30 Coy RAMC. In 1920, the Station Hospital Valletta, and the hospital of the Royal Malta Artillery, with which it was co-located were shut and together with the Cottonera Hospital moved to the new hospital on Mtarfa Ridge. The Station Hospital was handed over to the civil authorities and became the Headquarters of the Civil Police.

**To be continued**

## **RAMC REUNITED REUNION 2018**

I would like to remind members of the 2018 RAMC Reunited Reunion. The event is from 2nd to 4th February 2018 and will take place at the Adelphi Hotel, Liverpool.

The weekend has been planned as follows:

### **Friday 2nd February**

Check in from 1400 hours until 1700 hours  
Dinner - 1830 -2230 hours – Venue Banqueting Hall  
Disco – 2100 -2359 hours  
Overnight En Suite Accommodation

### **Saturday 3rd February**

0730 - 1000 hours - Full English Breakfast – Pearce Room  
1045 hours - General Meeting – Derby Room  
1900 for 1930 hours - Reunion Dinner - 3 Course Set Menu – Banqueting Hall  
2100 hours - Raffle  
2130 – Entertainment – Stadt Band  
Overnight En Suite Accommodation

### **Sunday 4th February**

0700 - 0930 hours - Full English Breakfast – Pearce Room  
Guests depart by 1100 hours.

## **COST**

Dinner Only Friday Night (2nd Feb) @ £20.00 per person

Dinner Only (Saturday 3rd Feb) @ £27.00 per person

1 Night B&B (Sat 3rd Feb) + Dinner - Twin / Double @ £76.00 per person

1 Night B&B (Sat 3rd Feb) + Dinner - Single @ £100.00

2 Nights B&B (Fri/Sat) + Dinner - @ £145.00 per person

Extra nights (Thu + Sun) - @ £40.00 per person

**LIST OF ATTENDEES RAMC REUNITED 2018 REUNION – AS AT 29th JUNE 2017**

<b><u>NAME</u></b>	<b><u>2nd Feb</u></b>	<b><u>3rd Feb</u></b>
ANNE ALDRED	1	1
GARY BELL	1	1
BARRY CRAVEN	2	2
CHRIS EDGAR	2	2
NOBBY GARBUTT	2	2
BRIAN GREAVES	2	2
BRYAN HAIR		2
ANDY HARDY	1	1
WALTER HART	2	2
JIM HUNTER	2	2
BRIAN JONES	2	2
BOB JORDAN	1	1
DEREK MADDOCK	1	1
MICK McCRAN	2	2
MAC McHALE	2	2
TOM MEADE	2	2
TREVOR MILLER	1	1
LANCE MILO	2	2
ALAN MORTON	2	2
GRAHAM MOTTLEY	2	2
KIERAN MULHALL		
NOEL PRICE		2
SHERIDAN PRICE	2	2
DEREK PROUDFOOT	2	2
TONY SMITH	2	2
PETER STOBART	1	1
ED SUTTON	2	2
KEN TAYLOR	1	1
M TAYLOR	1	1
ROY TERNENT	2	2
CHRIS TONG	1	1
PHIL VANDEBERG	2	2
ARTHUR WHISTON	1	1
ROY WHITTICK	2	2
BRIAN WILLIAMS	1	1
B WILSON/M BUFFREY	2	2
MR WOODHOUSE		2

**Booking Form can be obtained by going to [www.ramcreunited.co.uk](http://www.ramcreunited.co.uk)**

## **ABSENT BRETHERN**

**Charles William Brannan**

**22999296 Ssgt Alec (Dolly) Gray** - It is with regret I have to tell you of the demise of Alec (Dolly) Gray on 27th June 2017. He had been suffering from dementia for many years, but more recently, this was complicated with ischaemic heart disease and pneumonia.

Alec was an ex boy soldier and enlisted in 1954. He was one of the original bunch of boy soldiers that moved from AAC Chepstow in 1955 to the RAMC Depot when it was at Queen Elizabeth Barracks, Crookham.

He qualified as a State Registered Nurse and State Registered Mental Nurse and left the Army in 1978 as a Staff Sergeant. On leaving the Services he he worked in Saudi Arabia for 15 years.

## **THE LATE NIGEL LINKLATER**

I have extracted the following from the Facebook Group 'Proud to have served in the RAMC' which was posted by Steve Wilson. Not all members who read this newsletter are on FB and some of you may have known Nigel.

"Some time ago I asked Nigel for a message to you all -

Fellow Crean Troop members,

I've finally received the invitation we all ultimately receive – the one where refusal is an impossibility.

I cannot tell you how much getting back in touch with you all has enriched my life. I did not imagine it possible. It has brought back so many memories and made them alive again. It connected me to my past and to people I never thought I'd see and hear from again. This happened at a time when I felt vulnerable and at times quite alone. Thank you for your support. It has been immense. I'm honoured to have known you all. Thank you for sharing an important part of your life with me, both now and before.

I was so sorry to miss the York reunion. But also happy to have played a small part in it. After we all spoke that night I'm unashamed to say I cried.

I wish all of you the very best that can be had from life. There are no rules that say you go when you're 80, happily in your sleep. It can happen any time as we all know. Make a good fist of it until you get that invite. I know you all will.

Nigel".

**Rest In Peace brother.**