Commentary on "With a Royal Marine Battalion in France"

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"Who is bolder in danger, experter in fight,
Than that maritime soldier, the Honest Marine?"

On joining the Battalion some two years ago, to my extreme embarrassment I quickly discovered that a battalion medical officer was not only supposed to have a certain elementary knowledge of medicine and surgery, but was also suspected of being an expert sanitarian and a first class mess caterer, in addition to showing an intelligent appreciation of the tactics and strategy of modern warfare. In order to hide my colossal ignorance of certain of these very specialised subjects I had perforce, to adopt the attitude so commonly attributed to Highlanders of saying little, but appearing to think an "awful lot", until such time as I was able covertly to assimilate a little knowledge from that all-round expert: the adjutant.

The duties of battalion medical officer on active service are both varied and interesting. He is, first and foremost, the sanitary adviser to the commanding officer. In other words, he is an M.O.H. of a community of approximately a thousand souls who live under conditions absolutely unknown in civil life. Prevention of disease, not treatment, is what must be aimed at. This is done by anti-typhoid and anti-tetanus inoculations, chlorination of all drinking water, efficient disposal of excreta, urine and kitchen refuse, strict supervision of issue, quality, and cooking of food, frequent inspections for scabies, lice, and personal cleanliness, and, last but by no means least, care of the feet.
Next in importance comes treatment of sick and wounded, and training of the battalion stretcher-bearers. In addition, he's possibly battalion gas officer, and probably mess caterer for the headquarters officers' mess.

For those whose knowledge of the medical personnel of a battalion is somewhat vague, it may be as well to summarise briefly what men the medical officer has at his disposal:-
(1) A corporal and four men of the medical unit, whose primary function is to look after sterilisation of drinking water, but who also assist in the aid post.
(2) A lance-corporal from the battalion, who acts as orderly, and a private who drives the medical cart.
(3) Sixteen stretcher-bearers, four attached to each company, with possibly a lance-corporal in charge.
(4) A sanitary sergeant attached to headquarters, and eight sanitary men, two attached to each company.
(5) A chiropodist to assist in looking after the feet of the men.

As so much has been written during the past two years about wounds that any remarks made regarding their nature are open to the criticism of being merely a repetition of former conclusions, I am avoiding any mention of the varied and ghastly wounds it has been my lot to treat. In this paper I propose to deal only with active operations, omitting the many interesting medical conditions and sanitary problems which arise in rest billets and during the routine occupation of trenches.

Preparation for the attack
The commanding officer issues a secret operation order giving details of the time and method of relief and the disposition of the companies. In addition, an officers' conference is held at Battalion Headquarters, at which any obscure points are cleared up and the mode of attack is explained.

Secret orders are also issued to all medical officers of the division explaining the arrangements for the evacuation of the wounded. The points of interest to the battalion medical officer are the situations of his primary aid post, the

advanced dressing station of the field ambulance and the collecting point for walking wounded. In addition, he must fully understand the position and nature of the objectives aimed at in order to formulate a rough plan as to when he will advance his aid post and where to.

Each battalion has eight stretchers. These have to be carefully examined to see that they are in perfect working order, and arrangements must be made that the bearer subdivision of the field ambulance can supply many more when required. An adequate supply of first field and shell dressings must be served out to all stretcher-bearers and medical unit ratings.

The importance of every man thoroughly applying whale oil to his feet before going up to the trenches must be impressed on all company and platoon commanders. It undoubtedly has the effect of greatly diminishing the number of cases of so-called "trench foot".

My own kit for an attack consists of a Wildey's hypodermic syringe, a bottle of morphia solution, two water bottles, one full of brandy, the other of water, a haversack containing shell dressing, tourniquets, and a few instruments, and an abundant supply of cigarettes.

Duties during the attack

In brief, these are:-

(1) Prevention of shock.
(2) Alleviation of pain.
(3) Quick evacuation to the advanced dressing station of the field ambulance.
(4) Mitigation of sepsis.

Sepsis

Prevention of sepsis was, in peace time, the very foundation of modern surgery, in trench warfare it is practically impossible, as a general rule it may be said that every wound goes septic whatever antiseptic be used and however soon after the infliction of the wound that antiseptic be applied. The opportunity often arises of thoroughly cleansing a wound a few minutes after it has been received. My experience goes to prove that whatever antiseptic paste, etc. - the result is always in varying degree the same, i.e., the wound goes septic. I have never been able to make up my mind that any one antiseptic has any great advantage over another in influencing the course which a wound will take. It appears probable that the healing of wounds depends more on the so-called "physiological resistance of the patient" than upon the variety of antiseptic used.

In the South African War the man who put on the first field dressing and painted the wound with iodine was looked upon as the saviour of the patient. In the present War all that can be expected of the first field or shell dressing is to prevent the entrance of any further gross contamination.

Shock

The vital importance of alleviating pain, and hence diminishing shock, cannot be over-estimated. In the first aid treatment of all severe wounds the medical officer must mainly concentrate his attention on combating shock. The high nervous tension of a soldier both before and during an attack greatly increases the degree of shock he experiences when wounded. The belief that he is invulnerable is rudely shattered and his mental equilibrium is proportionately upset. This in addition to the pain of a severe wound produces the extreme degree of shock which is not met with in somewhat similar injuries in civil life.

It is an exceedingly common impression amongst both officers and men that a compound fracture of the upper half of the femur is necessarily fatal. My experience, perhaps unfortunate, is that a very large number of such case die of shock, either at the regimental aid post, the field ambulance or the casualty clearing station. On one occasion I had two officers, both wounded by the same shell and each sustaining an uncomplicated compound fracture of the humerus. One had an injection of morphia within five minutes and the other within ten minutes of being wounded, and yet both died of shock on the following day at the field ambulance. These two cases are however, somewhat exceptional, and are only given to illustrate what a large factor shock can play in modern warfare.

Most cases which are given morphia early respond in a remarkably gratifying manner. My practice is to give half a grain hypodermically to every stretcher case, and I have found it eminently satisfactory. It is difficult for anyone who has not actually seen men wounded and followed the course of the cases, to appreciate fully the degree of shock which is always associated even with trivial wounds.

Looking back on two years of fighting, I must admit that my prognosis has become very much more guarded than it was when I first joined the battalion. This change is entirely due to bitter experience.

Evacuation of Wounded

The prime object of a battalion is to fight. Everything which will impair its efficiency must be sacrificed, and all is subservient to the exigencies of the service. This is the reason why quick evacuation of wounded from the battlefield is essential. The battalion medical officer collects the wounded in as sheltered spots as he can find. The ambulance bearer subdivision evacuates them by stretcher to the advanced dressing station of the field ambulance from whence they are send on by motor ambulance to the main dressing station of the field ambulance and then to the casualty clearing station, from where they are despatched in hospital trains to the base hospitals.

In all sections there are a large number of "walking wounded" cases; these are directed to make their way to a collecting point from where they are sent by motor lorry, G.S. wagon, or other transport to the railhead and thence to hospital.

As the supply of stretcher squads is not inexhaustible every man who can possibly walk to this collecting point is made to do so. Many, who appear quite exhausted, are able to walk slowly down after having a cigarette and a tot of brandy. This is the reason why I invariably carry a supply of both.

Impression of the attack

(Footnote on this section in original publication: Owing to censorship regulations, this is not description of any one particular attack, but is a poor attempt to portray the impressions got from the numerous times this battalion has been "over the top".)

Dawn is just breaking and a thick mist envelops everything. The companies are all waiting in their "jumping off" trenches for "zero" time to arrive. The commanding officer, adjutant, and medical officer, are in a trench a short distance behind. "Zero" time arrives. Bang - bang - bang bang bang - bang bang - go the field guns; Crrrr - ump - crrrr - ump, go the howitzers: shrapnel bursts overhead, and machine gun bullets whizz past. The Artillery has formed a barrage under cover of which the infantry advance on the enemy trenches. The barrage slowly creeps forward, our men unconcernedly follow it. Up go the Boches' S.O.S. rockets until the scene resembles a Crystal Palace Brock's benefit night. The enemy artillery quickly reply to the frantic signals of their infantry and their barrage opens. Many of our men fall, some dead, others wounded. The remainder push on and are in the Huns' front line directly our barrage has passed over it. Many of our men fall, but few of them before doing all, or even more than all, of what is expected of them.

The first objective being taken, headquarters has to be advanced. The scene in "no man's land' is indescribable. The ground is a mass of shell craters and almost impassable. The cries of the maimed and dying mingle strangely with the shriek of our own shells overhead and the explosions of the hostile shells around us. That period of waiting, sufficient to try the hardiest, is now over. The medical officer has his time fully occupied injecting morphia into the badly wounded; whilst his orderly affixes tallies marked with the dosage. Shell dressings and first field dressings are quickly applied and the wounded are collected into groups in any spot which affords some shelter from the shells which are bursting around. The ambulance bearers now arrive and carry the cases back to their advanced dressing station.

The battalion medical personnel has to push on so as to keep in touch with the battalion. But on the way numerous cases are hastily treated and got into cover.

Large batches of prisoners are now beginning to come across "no man's land." These are at once commandeered to carry wounded back. Most of them appear only too willing to do; those who object are quickly shown the error of their ways.

On getting into the German trenches it is exceedingly useful if the German aid post can be located and taken over. A red cross flag is stuck into the ground over it to indicate the position of the battalion medical officer to walking wounded and stretcher bearers. On entering the aid post it is usual to find that the German medical officer has remained behind with his wounded. On one occasion I had three Boche doctors, in different dugouts, working under me. The German doctors are very different from their combatant brethren. I have found that they treat all wounded regardless of their nationality. They are doctors first and Boches a long way afterwards.

The next procedure is to collect all further wounded into this aid post or other places of comparative safety, from where they can be evacuated later by the field ambulance bearers.

The battalion has now reached its final objective, and the medical personnel, having collected all wounded, joins it in the new line which is being dug.

Suddenly the enemy open a furious barrage. Large numbers are seen congregating in front of us. They are advancing to counter attack and drive us out of our new positions. Our artillery liaison officer quickly telephones back to his batteries. We open fire with machine guns, Lewis guns and rifles, and await events. There are a few minutes of suspense and then our deadly artillery barrage opens. The advancing line is seen to be greatly thinned, it wavers, and the remainder then ignominiously take to their heels. Our barrage lifts slightly and catches that remainder. The night is spent in consolidating the new line and repelling further counter attacks.

The relief

On the following morning we are relieved, and the battalion, now sadly diminished in numbers, wends its weary way back to billets. The men, though tired, footsore, lousy, unshaven and laced with mud from head to foot, are remarkably cheery. The last two days is a thing of the past, and hence forgotten. They live for the present and the thought uppermost in every man's mind is that their efficient quarter-master will have a tot of rum for each one of them on their return to billets. This expectation is realised, and

wrapping themselves up in their blankets they are soon enjoying a well deserved night's repose.

On the following day, sitting in a partially demolished village just behind the trenches, one attempts to fathom the mysteries of the British soldiers' nature and fails miserably in the attempt. How curious it seems that these cheery, high-spirited fellows, sitting in the local estaminets, each with his glass of innocuous "vinne blank," puffing perseveringly at the inevitable woodbine and making amorous advances to the delightful French girls, were only yesterday face to face with a very imminent death, and had, by their reckless devotion to duty added a fresh lustre to the traditions of their already famous Corps.

The psychology of the soldier is truly beyond the comprehension of most of us. They ruthlessly kill Boches and endure the mental agony of being face to face with almost certain death. But still on the following night these hardened warriors, the tragedy of it all forgotten, are found sitting in the divisional cinema, shrieking with laughter over the ridiculous antics of their prime favourite, Charlie Chaplin.

They never complain, but still each man has his "grouse". "Calls us blooming light infantry, they does, I feel more like a Christmas tree", ironically soliloquises an old soldier, manfully staggering along carrying the innumerable appliances of modern warfare. Call digging a fatigue and the "grouse" becomes pronounced; call it a working party and there is hardly a murmur. Tell them they are going "over the top" to-morrow and no man, however ill he may feel, reports sick. Suggest a long day's route march in the back area, and many develop strange and awful complaints quite unknown to the medical faculty. "I eats well and I drinks well, but as soon as I hears of this 'ere march I feels all over alike", is how the patient describes his symptoms. The prescription of "One No. 9 pill three times daily until cured" is the polite way in which the hard-hearted medical officer tactfully informs his would-be patient that his ailment is purely imaginary. This remedy has a remarkably efficacious effect.

On one occasion, adopting a very lowly attitude, I made a strategical advance to see a wounded man lying in the open. I found him nursing a badly fractured jaw, and having, in addition, numerous other wounds. He did not complain of his pain; he never mentioned the shell fire or cold; he did not even ask if the wound was likely to be fatal: his only question was, "Is my false teeth all right, sir, I paid two-thirteen-nine for them just afore war?". The assurance that his lower denture was intact had a remarkably sedative effect on him and undoubtedly increased his chances of recovery.

In a recent operation, I found a man lying wounded in a shell hole. "Blighty one this time, sir" he said cheerily, doubtless thinking of the two previous occasions when he had been wounded and got no further than the casualty clearing station. He had a compound fracture of both femora and died in the field ambulance on the following day. "Don't waste time over me, doctor, I'm done in. There's plenty of others wanting you", casually remarked a severe abdominal case on a very busy morning. All he would accept was a cigarette - he died peacefully ten minutes later, puffing contentedly until the end.

An officer came into my aid post one night with a man of his platoon who was suffering from a fractured leg. After the somewhat lengthy operation of immobilising the fracture between a rifle and a pick handle, I was somewhat surprised when the officer apologetically asked me to look as his eye as he had got "a bit of mud or something in it". On examination it was obvious that his sight in that eye was irretrievably lost. He walked down to the field ambulance behind the stretcher bearing the man, encouraging him to stand the pain and making light of his own much more serious injury.

Such incidents as these could be multiplied indefinitely, but they would only go to show the courage, endurance, unconscious humour, and unfailing optimism of the soldier when confronted by the unutterable tragedy, suffering and horror, of a great war.

Back in rest billets we see much of the French. Both old and young are quite irresistible. The flapper who coyly calls a stern battalion commander, "un beaucoup, beaucoup brigand"; her mother who christens the medical officer "mon petit enfant"; the little fellows who sell the Daily Mail in these ruined villages shouting "piper" in the most approved Fleet Street style; the girls who reply to our questions with an invariable "apres la guerre" or "no bon for the troops"; the poilu en permission who gives us cunningly-made souvenirs de Boche, and the old man who unconcernedly ploughs the fields a few miles behind the firing line - all are typical of the French.

At first the insular Briton was somewhat surprised to find that they do not live entirely on a staple diet of frogs and dry champagne as we were so gravely assured in our school days. We find them an exceedingly temperate race, who eat what we eat and drink what we drink. They have the same amusements as we, most of our good qualities, and what binds us even more closely to them - a few of our failings. They possess all the attributes which we complacently used to consider peculiar to the British nation.

At first the common bond of friendship was the cause for which both nations were fighting. Now, in addition, there is the much more intimate bond of personal respect,

admiration and affection between individuals who have received kindnesses from one another which can never be forgotten, who have fought and died side by side, and who as a result of the War appreciate and honour one another. The camaraderie between our now cosmopolitan soldiers and the blushing village maidens does more to cement the "entente" than the most eloquent speeches at Westminster.

The Marine spends his off duty hours helping mademoiselle to draw water from the well, carrying her buckets home for her, feeding the cows, cleaning the farmyard and helping her generally in his own inimitable style. He asks for no reward, but feels amply repaid if she deigns to accept his services and allows him to bask in the sunshine of her smile. She, knowing instinctively he can be trusted, does her best to entertain him during the few days he is back in billets and they finally part with mutual regrets.

The War has undoubtedly broadened the Briton's outlook on life. His patriotism is no longer the old Jingo patriotism of former days, but is a real and personal thing entailing hardships and sacrifices hitherto undreamt of and often even death - the supreme sacrifice of all.

Commentary

The simple humility of Temporary Surgeon MacBean Ross's account of his two years with the 2nd Battalion Royal Marines Light Infantry (2nd Bn RMLI) is all the more impressive as shortly before he wrote this paper, he was awarded the Military Cross (MC): *'For conspicuous gallantry and devotion on many occasions in organising and leading stretcher-bearers in search for wounded and attending them under very heavy fire.'*

Soon after this article was published, he was shot in the left thigh while attending to injured marines in an exposed position near Passchendaele. For this he was awarded a bar to his MC. He served with the 2nd Bn RMLI in Gallipoli, Salonika, Ancre, the Somme and Passchendaele. In addition to his MC and bar he was mentioned in dispatches three times and was awarded the Croix de Guerre with palms. He survived the war and was medically discharged in 1919, later becoming a General Practitioner in Surrey.

It was fascinating to read his account and to realise how little has changed for a Regimental Medical Officer (RMO) to a Royal Marines (RM) unit in the field; his account of involvement in what we would now call the command estimate process, sanitation provision and combat casualty care are all still the core duties of the RM Unit RMO.

Force Protection

T/Surg MacBean highlights the predominance of vaccination and sanitation in his duties. This echoes my own experiences in Helmand; although less exciting than pre-hospital trauma care, ensuring adequate sanitation keeps more men in the fight, and as the author puts it: *'the primary objective of the battalion is to fight.'* Disease and non-battle injury still result in more casualties than enemy action account for.

Haemorrhage and Infection

The two challenges treating battlefield casualties are the same in 2014 as they were in 1914: bleeding and bacteria. Then and now, the cornerstones of battlefield haemorrhage control are field dressings and tourniquets. However, today we can augment this with haemostatic dressings and pelvic binders.

T/Surg MacBean offers a much more realistic appraisal of combat wound infection than some of his ship-borne colleagues writing earlier in the war included in this special issue. Interestingly, he contrasts the experience in the Boer War of relatively low rates on infection, with his in the heavily manured fields of Belgium and France which resulted in the devastating clostridial infection known as gas gangrene. There are parallels with the recent experience of treating casualties injured in the irrigated agricultural fields of Helmand who developed unusually aggressive wound infections from the water-borne gram negative *Aeromonas* bacteria (1).

Another prescient observation of his is that antiseptics placed in the wound are ineffective. Only a few miles from where T/Surg MacBean Ross was writing this article, Lt Alexander Fleming RAMC was working on microbiological samples from wounds and his more scientific work proved that antiseptics damaged host tissue in combat wounds, resulting in more infection (2).

Shock

The only element of his article that seems at odds with our current practice is the author's understanding of shock. T/Surg MacBean Ross clearly identifies an emotional cause to this condition, while we would use the term to refer to a circulatory deficiency. It is tempting to smile at his use of morphine, brandy and cigarettes that he relied on to treat shock. However, in the absence of any alternative effective therapy, his treatment seems to be at least merciful, if of limited efficacy. It is important to remember the demographic of some of the men, and indeed boys, that he was looking after. The Royal Naval Division (RND) was not comprised of a self-selecting group of men who have had to earn their position at the front of the UK's military, as do today's Commandos. Figures 1 and 2 show some of the men and boys fighting in the RND at around the time this article was written.

Figure 1: Members of the Royal Navy Division in Belgium 1918. Note the mix of Royal Marine and Royal Navy headdress. Reprinted with kind permission of the National Museum of the Royal Navy.

Figure 2: Ratings of the Royal Navy division in 1915, location unknown. Reprinted with kind permission of the National Museum of the Royal Navy.

Conclusion

This article describes, in unadorned language, the vast amount of experience and knowledge that the author accrued working under conditions that are hard to imagine, even for those of us who have followed in his footsteps. Much of what he wrote remains pertinent to those of our branch supporting the RM in operations today. That T/Surg MacBean Ross was able to discharge his duties in the most dangerous and austere conditions, to a very high standard for over three years is an example of extreme bravery and fortitude. That he was able to interpret his observations and learn from his experiences at the same time is nothing short of remarkable.

References

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