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History Committee
- Health for Heroes

Health for Heroes

Prior to the early 20th Century the majority of casualties were not due to hostilities but suffering illness or death from disease often as the result of poor hygiene or debilitating parasitic infestation. As each of these were conquered the efforts turned to the combating the effects of blood loss.

Edmund Alexander Parkes (1819 - 1876)

As the incompetence of the medical services in the Crimea became common knowledge, EA Parkes was appointed to take charge of a temporary hospital at Renkioi in the Dardanelles to relieve pressure on the hospitals in Scutari.

Prevalent Diseases

- Typhoid
- Syphilis
- Yellow Fever
- Tuberculosis
- Malaria
- Undulant Fever
- Kala-azar
- Sleeping sickness

No Aseptic Technique

Joseph Lister had not yet popularised the use of antiseptics in surgery.

- Doctors ignored the cleanliness of their surgical instruments and wounds became infected during surgery.

Crimean War 1854-1856

- Within a few weeks of the British Army's arrival in the Crimea, around 8,000 soldiers had contracted cholera or malaria
- The swift spread of disease amongst wounded soldiers was mainly due to insanitary conditions in the hospitals
- Most lacked effective sewerage and ventilation
- Severe overcrowding
- Many more soldiers died from cholera and dysentery than battle wounds

1858 Royal Sanitary Commission

As a result of the glaring faults of organisation in the Army Medical Department, a Royal Commission was convened.

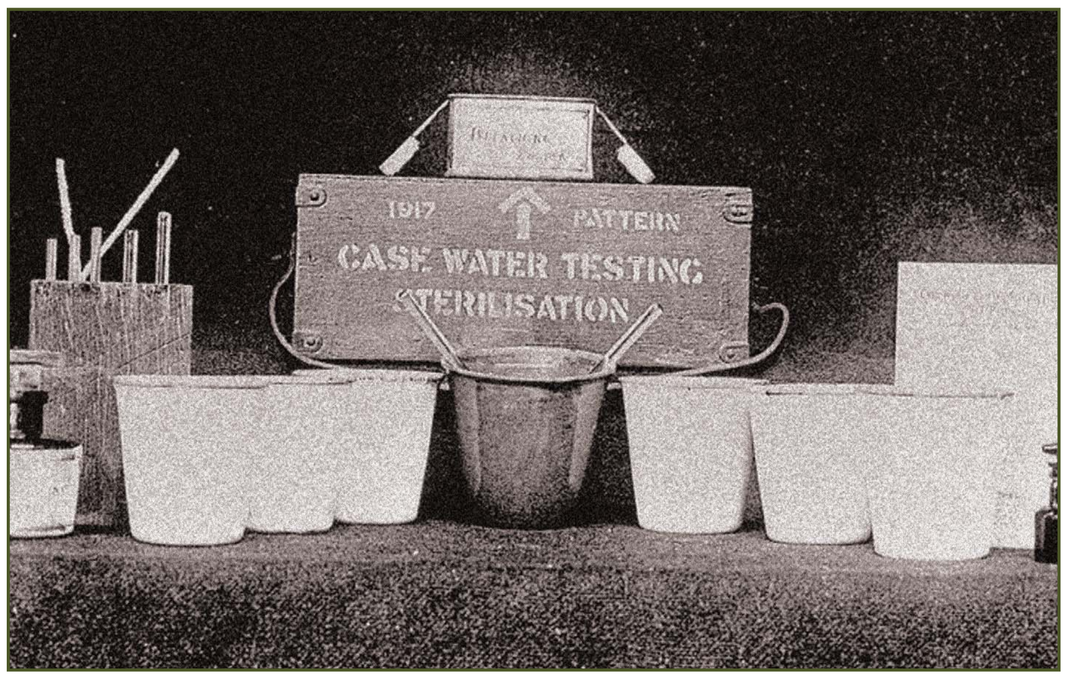
- Parkes served on the Commission, which included Florence Nightingale, to investigate the health of troops
- The establishment of a Army Medical School with a brief to instruct young Medical Officers in medicine, surgery, hygiene and sanitary science
- The first Army Medical School was set up at Fort Pitt in Kent
- Parkes became the first Professor of Military Hygiene
- After three years the Army Medical School moved to the 1000 bedded Royal Victoria Hospital at Netley near Southampton Water
- 1863, Parkes produced his Manual of Practical Hygiene which was to run to eight editions 1864 –1891

After The Crimean War

The Royal Commission highlighted issues that needed to be addressed: the commission ordered that sanitary experts should report on the suitability of proposed sites for Army hospitals and barracks: more suitable sanitation facilities should be supplied (e.g. properly dug sewers). The inadequate provision of medical transport which was run by veterans of previous campaigns. Many of these veterans were in ill health and consequently helped to spread infections such as cholera. Soldiers' exposure to extreme cold resulted in ill health. The commission ordered the provision of suitable uniforms for different climates.

South African War 1899-1902

The main killer in the war was again not the enemy but disease; 6,000 British soldiers were killed in action whilst 14,000 died of disease (8,000 from Typhoid: 74,000 were treated). The advice of the new Hygiene Officers was ignored, resulting in poor sanitation and drinking water. One problem was the long evacuation chain for casualties. Each soldier carried a field dressing which he was to apply to himself if wounded.



Lesson From The South African War

The high number of deaths due to disease highlighted the need for strict hygiene procedures to be introduced into the hospitals. Sir Almroth Wright and Captain Leishman (who later became Director General of the Army Medical Services) started work on an anti-typhoid vaccine. Resultant vaccination of 10 million troops in WW1 largely eliminated typhoid casualties.

Pure Drinking Water

Colonel William Horrocks RAMC developed the Horrocks Box. This device filtered water through sand in order to provide a portable method of purifying drinking water. It was particularly beneficial during WW1 in keeping Allied forces largely free from water borne diseases. Dr (Later Colonel) Sims Woodhead introduced chlorination of water in bowsers and devised a test for residual chlorine in the water. Its success laid the foundations for continuous water treatment until this day.

Health & Fitness Of Recruits

- Of great concern at induction was the general bad health of the nation
- Recruits were already weakened by poor nutrition, tuberculosis or typhoid and were susceptible to further disease
- High priority given to raising the nutrition and the fitness of civilian population to provide suitably fit men to defend the expanding empire and fight future wars

Antibacterial revolution

- In the decade from 1935-1945, a new class of medicines capable of controlling bacterial infections launched a therapeutic revolution that continues today. It began in the mid-1930's with the use of sulphonamides
- Penicillin was first used to great effect in the North Africa campaign
- Both carried the main therapeutic burden in both military and civilian medicine

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