

## SIR FREDERICK TREVES

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*'Courtesy of the Royal London Hospital Archives & Museum'*

The Boer war is regarded by some as a relatively minor conflict, and in terms of the health horrors of the Crimean and the casualty horrors of the First Great War, this is correct. But as far as the Army Medical Services were concerned, it was of considerable significance. The newly formed Royal Army Medical Corps had not had time to consolidate its form and function when the Boer war began. It quickly became clear that the full-time Corps members could not carry the whole load,

so the call went out for civilian doctors and surgeons to volunteer for service in South Africa, and Treves was one of those.

Frederick Treves hailed from Dorset, but was a graduate at the London Hospital, with which his name would forever be associated. He was elected in 1879, at the age of 27, to his hospital (now the Royal London) as an assistant surgeon. His most famous early patient was the Elephant Man. Most unusually, he elected to retire from his hospital post in 1898, and this may have been co-incidental with his early move to South Africa when the war started the year after. Like other civilians, he had a private sponsor, the Duchess of Bedford, for himself and for the two nursing sisters from the London he took with him.

On their arrival, they were at once involved in the surgery of war. Although officially independent of the RAMC, Treves spent his first six months in charge of the surgical side of No. 4 Field Hospital, and was totally involved with the fighting which later led to the relief of Ladysmith. The real importance of Sir Frederick Treves is that he was a senior civilian consultant of high status who worked with the uniformed RAMC, who took his full share of emergency surgery but who could also stand back and watch the whole Army Medical system working – not only the clinical side. He wrote a book, *The Tale of a Field Hospital*, [1] as soon as he came back to London, and in it he recorded plainly and unemotionally what he had seen and experienced. The book is illustrated by many photographs he took himself – of soldiers and battlefields – many against a background of veldt and bright skies – of ambulance waggons and trains. These 'evocative photographs', as Dr. Denis Gibbs called them [2], made his account all the more striking and historically important.

And then, on Treves' return, two events occurred – one of national and international importance, and the other which was of great local importance to the developing RAMC. The first

was on 24th July, 1902, when King Edward VII developed appendicitis and Treves was called to operate. The second was the evidence Treves gave to the Royal Commission the very next year. The Royal Commission of 1903 was called because the Boer war had exposed grave deficiencies in the Army, in training but especially in the organisation and competence of senior staff at the War Office which had alarmed the government of the day. The Medical Services were not exempt from all this scrutiny, in spite of their undoubted successes and emergence as one of the most efficient and dedicated elements within the Field Force in Southern Africa. .

It was here that Treves made a great contribution. As one of the 99 civilian surgeons whom the War Office had considered would be needed to make good deficiencies (against a grand total of 476 RAMC medical officers), he was one of the most senior and influential. He was critical of the medical and surgical equipment provided, much of which was out of date. He, with Professor Ogston of Aberdeen, University was critical of the amount of administration the MOs had to do, in relation to equipment. 'In a civilian hospital', said Treves, 'it would be preposterous for a senior surgeon to have to have all his time taken up with accounting for every blanket and stretcher, so that he had no time for anything else'. He saw with great insight the need for a reorganisation of field casualty processing, and said the bearer company and the field hospital should be combined. 'It would be much better if the Bearer Company were to be part of the field hospital, and work under the command of the officer in charge of that hospital, who should hold the rank of Colonel'. Treves was able to show that the new Corps had to have a field C.O. who could hold his own, by virtue of his rank, with the commanding officers of the teeth arm brigade units. He also made suggestions for the more rapid carrying of the wounded back along the system – he said sadly how often wounded men had died because of the complete inefficiency of their transport. He noted the 'failure of the rigid English ambulances compared to the light cars such as the Indian Army two-wheeled Tonga.....it is the dragging about of the man that kills him'. When told in reply by the staff officers that the standard model Mark V ambulance 'stood the work across country', he replied 'Yes, but the patients did not'. [3]

By contrast, he and his other senior colleagues were full of praise for the civilian medical officers. He stated that the regulars were not short in ability but in the scale of practical training and experience the civilians had. They also had the enormous advantage that they were not at all afraid of the senior generals. And in retrospect, it was the fair while constructive criticism of Treves and his colleagues which in a very short time, and under the far-seeing reforms made by the great Keogh, put in place the field service which would stand the test of time over the new century. Some were far ahead of their time – one was the serious suggestion two years later that senior NCOs be taught to give anaesthetics under supervision in the field.

He had his blind spots also, however. Like other London based surgeons, he sneered at the new antiseptic surgery of Lister. Before the war, he had ridiculed continental surgeons who had accepted the ideas of Lister more whole-heartedly than the Londoners, for their insistence on meticulous technique: 'In

this practical country (London) we have been fortunately spared the extravagances which have brought certain Continental operating theatres into ridicule....the exquisite ceremonial on the part of the operator, the surgeon in his robes of white mackintosh and his India-rubber fishing boots...this exhibition may be scientific, but it is no part of surgery.... The surgical ritualists appeal to the infallible tests of the bacteriological laboratory'. [4] Perhaps his time in South Africa taught him to see sense – although he never publicly admitted so.

## References

1. Treves, F. *The tale of a field hospital*. London: Cassell, 1900.
2. Gibbs DD. Sir Frederick Treves : surgeon, author and medical historian. *J Roy Soc Med* 1992; **85**: 565-9
3. Blair JSG. Centenary History of the RAMC, Chapter 3.
4. Treves, F. A review of the surgery of the peritoneum. *BMJ* 1896; **2**: 1305-1308.