History

Sickness and Injury in the Navy
Medical Officer’s Report after Jutland

M J Northeast

On 9th March 1916 the Deputy Surgeon General of the Royal Navy, Robert Hill, joined the Iron Duke as Medical Officer and thus became Medical Officer of the Home Fleet. This position reflected the importance of the vessel as Admiral of the Fleet Jellicoe’s Headquarters at sea. The Royal Navy obviously anticipated action for below is an abridged copy of the report rendered by the Fleet Medical Officer to the Medical Director General after December 1916, which includes references to the Battle of Jutland fought at the end of May.

History shows that lessons we think may be new (the importance of anti flash protection post-Falklands conflict) had been recognised 60 years previously. The importance of good dental support is highlighted as is the essential role of a responsive medical logistic system.

Deputy Surgeon General’s Report
On arrival on the Fleet Flagship on 9th March, I found the health of the Grand Fleet very good, average about 0.8 to 0.9 per cent sickness.

At the southern base the sick and injured were sent to the Royal Naval Sick Quarters at Queensferry. A hospital ship in full working order was in readiness at this base but was seldom used except for dental case……

At the middle base another hospital ship was retained and received the sick from the ships in that port and also looked after their dental work. The Sick Quarters on shore had only a few beds and were not fully equipped. They received cases from the Dockyard and made arrangements for sending infectious cases from the ships to Dingwall and Inverness. An ambulance train ran once a week and took cases to the large naval hospitals in the south.

At the northern base a main hospital ship acted as a hospital for the fleet at that base. In addition to the dental surgeon of the ship, two dental surgeons were lent to the hospital ship for duty for dental cases from the ships. (At this time many newly entered sailors had never seen a dentist in their lives and the lack of oral hygiene resulted in many unnecessary sick cases).

The ‘infectious hospital ship’ received infectious cases from the ships and the base and was a most valuable asset. The sick were collected from the ships in three hospital drifters each having a small deckhouse to take four cot cases. The four hospital ships were: China (222 beds – 250 emergency cots), Garth Castle (220 beds – 250 emergency cots), Plassy (240 beds – 250 emergency cots), Soudan (200 beds – 300 emergency cots).

Under normal conditions these moved around once in five weeks, which was found to be about the time when the hospital ship at the northern base would be full.

A start was made by sending the hospital ship longest at the southern base to the middle base after any necessary transfer of cases. The hospital ship which had been at this base sailed to the northern base and took on the duties of hospital to the fleet. The hospital ship finishing her time there turned over the convalescents and sailed to the southern base with her cases for the south to transfer there to the ambulance train which would be in readiness for her on arrival. This routine had proved satisfactory. It was found that by the end of five weeks the hospital ship that had been doing duty as hospital to the fleet was fairly worked out in personnel and stores. It usually took about a fortnight to get her into complete working order again, but at any time she would be available at twelve hours notice.
The first alteration to this routine was the removal of the dental surgeons, lent to the hospital ships at the northern base, from the hospital ship to the battle squadrons. The Admirals commanding the 1st and 5th Battle Squadrons were requested to name one ship to accommodate a dental surgeon. These dental surgeons were thus brought into their area of work. The advantages gained were:

(a) The hospital ship was relieved of the presence of large dental parties from the fleet blocking up the ship all day.

(b) Dental appointments could be made with ships for morning and afternoon instead of a man having to go at 8.00am and returning at 4.00pm, having taken his dinner with him.

(c) The transport of the dental parties was facilitated by reducing the distance by two thirds.

The demand for dental treatment has increased, I might almost say weekly, since this last departure, so much so that two extra dental surgeons were appointed in July. One was accommodated in the 2nd and one in the 4th Battle Squadron. Two more have been asked for by the Battle Squadron. These have been approved and will shortly be appointed.

Hospital ship facilities were increased by the arrival of Barbice at the middle base and the Magic 11 at the northern base. Later in the year, by the courtesy of Captain Sir C. Chadwick Healey, the Queen Alexandra was lent for duty at the northern base.

During the first few months after her arrival Barbice was stationed at the middle base but has since been removed and is now doing special service at the northern base. Magic 11 has carried out many and diverse works since her appearance in the north.

When the Agadir had to be docked Magic 11 became the infectious hospital ship. When ships have to be disinfected Magic 11 takes charge of the operation. When the main hospital ship cannot run her full time at the northern base Magic 11 evacuates her cases for the south and during the past few months has had to perform this duty every ten days. I cannot speak too highly of the way Staff Surgeon Hastings has carried out these duties.

The Agadir has acted as infectious hospital ship for considerably more than a year and has treated nearly every variety of exanthema and very often many at the same time.

An epidemic of mumps started in the Fleet on 27th February and persisted until 7th August.

An epidemic of rubella has been almost continuous and for only about a fortnight early in October could the Agadir say she was free from rubella patients.

It is evident that the infection must be introduced from the drafts arriving from the south, or from returning off leave from the south, and also proves that the precautions taken by the Medical Officers are efficient. No two cases have occurred in the same ship.

On 30th May the Grand Fleet put to sea from its various bases and was making one of its usual sweeps and carrying out various exercises. At about 3.00pm on 31st May a signal was received that the German fleet was out and shortly afterwards another signal was received that Sir David Beatty, with the Battle Cruiser Force, was in touch with the German Battle Cruiser Fleet and about to engage...

The British battle fleet became engaged at about 6.16pm, the first gun from this ship being fired at 6.23pm. Unfortunately it was a very short fight as the mist came down and obscured the German fleet. While it lasted a great deal of damage was done to their battleships. A destroyer attack made by the Germans was driven off later in the evening. Some very sharp fighting occurred during the night between our light cruisers and destroyers and the German battle fleet.

In addition to our cruisers lost, several ships were hit and suffered casualties;...

The hospital ships China and Barbice were ordered to the northern base and were returning ahead of the fleet. Our hospital ship was refitting at a southern base but was in working order in a commendably short time.

By the time the Iron Duke reached her buoy the Flying Kestrel, the temporary hospital carrier, was alongside. I went on board accompanied by Staff Surgeon Bell and a small medical party and went to the Calliope whose Staff Surgeon I knew had been wounded. I found
that Surgeon Guine had done excellent work and all the wounded were already in cots and stretchers ready for transport. A gangway was run between the two ships and the wounded carried on board and placed under cover.

Staff Surgeon Bell accompanied Surgeon Guine to the hospital ship and later on took on the medical work in the Calliope to give their medical staff a much-needed rest. The Flying Kestrel was alongside Calliope for under twenty minutes – a very commendable expedition.

I then went on board Barham, whose medical department had received severe punishment by a shell bursting on the deck above the forward medical distributing station. The fragments caused a great many casualties to patients and the first-aid party, including the Chaplain and Fleet Paymaster and some of the Sick Berth Staff. Considerable havoc was caused to the medical stores including the Instrument Chest. A certain number of severe burns had been caused by other shells.

Barbice was ordered to come alongside if possible. This was a difficult task in the gale which was blowing, but the gain to the wounded, I knew, would be so great that I urged a trial. This was cleverly accomplished and the wounded were just carried across a gangway on board. Less movement the wounded could not have had. I then went aboard Malaya, who also had a large number of casualties – these were chiefly caused by burns from a cordite fire which practically incinerated some of the bodies. All the wounded were evacuated a short time later by the Barbice coming alongside.

When she had cleared these two ships Barbice sailed for the middle base and evacuated most of them the next day. A few of the most serious cases were kept on board...

We were kept on the ‘qui vive’ for three or four days in case the Germans wished to further celebrate their ‘victory’, and after that things settled down to the usual routine and we were able to work out our lessons from the action. These were classed under:

(a) The large number of cases of burns, and under the same heading, the effect of shell flash, the heat of which is intense but momentary and easily protected against.

(b) The excessive shock caused by wounds especially where accompanied by burns.

(c) The necessity for extra secondary lighting.

(d) The necessity of a much larger supply of cots at the northern base in order that the supply in the hospital ships should not be encroached on.

(e) The availability of a store of extra instruments, utensils and dressings at the northern base, quite apart from the extra emergency dressings in the ships – which proved ample.

A committee was appointed by the Commander in Chief to report on the anti-flame, anti-gas and fire extinguishing apparatus required in His Majesty’s ships for use in action...

A helmet of the Balaklava pattern was decided on, made of a thick Merino, with the oval of the face exposed from the eyebrows to the lower lip and with flaps round the neck to fit under the flannel and jumper to protect the neck. This was to be rendered flash proof by immersion in a solution of ammonium phosphate. Thin canvas gloves with fingers and gauntlets fitted with a wrist strap were also decided upon and these were also to be rendered flash proof.

The fire party were to wear thick fearnought suits and gloves without fingers but with gauntlets, also Edes helmets and sea boots. It was very difficult to get any enthusiasm over the goggles and anti gas respirators.

There is no evidence from any ship of poisonous gases having been experienced on 31st May. The latest pattern respirator sent up for trial by Mr Hutchinson is a very neat arrangement – contained in a tin box – which should be strapped round the body. The extra cots at the bases, the supply of reserve surgical stores and instruments, and to a certain extent, an increase in the secondary lighting during action, have all been provided.

During the action the medical parties in this ship were distributed as follows: Staff Surgeon Wilkinson was in charge of the starboard forward distributing station with a Sick Berth Steward and an attendant and a proportion
of the first aid party. Staff Surgeon Bell was in charge of the port forward distributing station with a similar staff. I was in the after distributing station with the Chief Sick Berth Steward and an attendant with a considerable first aid party, cooks etc., and the Chaplain and Fleet Paymaster. The medical stores were distributed between the three places.

In each turret were six men, three per gun, trained in first aid and supplied with sufficient dressings to be self-supporting until further help could be given them. In the 6-inch battery, two men per gun had been similarly instructed and also provided with a surgical outfit. The engine room department was also supplied with an outfit as were also the submerged torpedo flat party.

The men at the guns were provided with urine tubes with Izal, and a certain number were distributed along the main deck. The cooks were ready to provide soup for the men as the occasion served.

It was disappointing that circumstances prevented the whole fleet getting to grips with the enemy and also that our own organisation was not put to the test. The question of providing extra accommodation for the wounded had been troubling the minds of the medical officers in the fleet and the first practical solution was furnished by Fleet Surgeon Lavertine in HMS Monarch, who constructed a rigid wooden framework on the tier system to take six service cots in a space which on the deck would have only accommodated two. Staff Surgeon Bringam elaborated this scheme and constructed one with wire roping on a similar idea. The late Fleet Surgeon Capps also evolved a scheme somewhat on similar lines.

A committee of medical officers of the fleet, presided over by Fleet Surgeon May of HMS Emperor of India, was appointed to report on the various proposals and make suggestions. They decided in favour of the wire roping system and that these should be constructed in single groups of three tiers, that is to say each group to take three stretchers.

They also suggested the adaptation of a new form of cot proposed by Fleet Surgeon Parrish. In size it was something between a service stretcher and a service cot. It had much to recommend it, but as time was of great moment it seemed better to stick to the patterns in vogue and increase them several fold, than to start a new type at this juncture. In most ships at the present time the system of wire roping in groups containing three cots and the bamboo service stretchers are generally used. The Neil Robertson is employed to carry the wounded to the distributing stations.

During the early months of the war venereal disease in the Grand Fleet decreased in a most marked manner. The causes bringing this about were chiefly the desire of the men to keep themselves fit and not to be absent should their ships be engaged, and the small amount of leave given. As the war has gone on the acute enthusiasm of the men has suffered from the long periods of waiting and want of excitement which has been forced on them. And although as keen as ever to prove conclusions with the enemy many have returned to their habits of self indulgence when on leave and the amount of venereal disease has increased accordingly. Leave has also been granted more regularly…….

Robert Hill Deputy Surgeon General Royal Navy

It should be noted that at this time Britain had 28 dreadnought battleships opposing just 16 German battleships. The speed of the German ships was reduced because they were accompanied by much slower pre-dreadnought class battleships, which could only manage 18 knots. In addition, the British had 113 lighter vessels to the enemy’s 72. the cost in human life approached 9,000, nearly 6,000 of which were British Officers and men who had gone down with their ships, or who were killed on their decks. However, after Jutland, the British Fleet remained largely intact, whereas the German Fleet returned to base and lost the use of the North Sea for the remainder of the war.

Michael Northeast MCIEH Retd Naval & Port Health Officer