

# History, health, and the Australian Defence Force

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*We must be aware of our history to better understand not only whence we came, but to identify some of the possible paths down which the Australian health services in the ADF are likely to proceed. To ignore recent and past history is to neglect our traditions and to risk errors based on ignorance of mistakes already made and solutions already devised.*

HISTORY AND HISTORICAL METHOD have a place in our work as defence health personnel. We are all aware, in a general sense, of the historical traditions of the armed services and the units within them; and, as health professionals, most of us know some medical history personified by figures such as Lord Lister, Florence Nightingale and Howard Florey. But what is the importance of history for us, health professionals serving Australia and its defence personnel? In this short article, I want to indicate something of the relevance of our history to our future and provide some sign posts for those who would like to learn more about past practice in medicine and allied health professions within the ADF.

It has been said that the

history of medicine has become a field where historians write for other historians who, limited by their ignorance of medicine, cultivate mainly its sociological and political aspects. Physicians on the other hand ... practice medicine in ignorance of their past because history of medicine does not seem to have any immediate utility.<sup>1</sup>

There are many misconceptions about history, historiography (the study of history) and historians themselves. How often does one hear the view that “history repeats itself”? But all of us know that each moment in time is unique and the events which make up an incident can never be replicated. So what do we mean by the phrase? Do we mean that humanity, being what it is, will keep making mistakes, or worse, similar mistakes? A depressing view, perhaps, but one that urges us to learn from the past or risk repeating it.

A second view is that history documents some sort of

inevitable progress, an idea which gained popularity after Darwin announced his theory of evolution. Must things get better as time passes? History is not so reassuring. We know that human experience has been pockmarked with reverses and long periods of stagnation. The tragedies which surround the current breakdown of security around the globe are witness to this.

Thirdly, history is often viewed merely as a chronological narrative of past events. However, the purpose of history is to explain the reasons for and links between events, not only to record their sequence.

While many people, especially politicians, try to learn lessons from history, history itself shows that in retrospect very few of these lessons have been the right ones. Time and time again history has proved a very bad predictor of future events. This is because history never repeats itself, nothing in human society ... ever happens twice under exactly the same conditions or in exactly the same way. And when people try to use history they often do so not in order to accommodate themselves to the inevitable, but in order to avoid it. [Evans, p59]<sup>2</sup>

The lessons of history are complicated, but in understanding the links between events that have gone before we can improve our insight into our current circumstances.

In the Australian Army's *The fundamentals of land warfare*, history is specifically mentioned several times throughout the text.<sup>3</sup> This document recognises the utility of a study of history by stating that “battle will remain bloody, chaotic and unpredictable” as part of “war's enduring features”. Yet, despite these enduring features, the Army's objective is “To ensure that land forces are prepared to fight and win the next war and not locked into the last.”<sup>3</sup>

Because people make history, not ships or buildings, battles or documents, gifted military leaders still profit by a study of the tactics and strategies of leaders long since dead. As health professionals we too can gain an intellectual edge by being familiar with the solutions found in the past to meet different problems, whether it was controlling disease vectors, resupply of drugs, aeromedical evacuation or underwater medicine.

Those who practise in medicine, nursing or other allied health professions confront daily social, biological and ethical issues that are complex and usually have a long history. There can be little doubt that an understanding of those histories would lead to better judgement and practice.<sup>4</sup>

Like medicine, dentistry, nursing, and indeed science, the



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study of history marches on. In what has been described as “post-modernist” history, many topics which had been considered to have been done to death (eg, Gallipoli, the fall of Singapore, Jutland, the Battle of Britain) are now being looked at more closely — and no, I do *not* mean revised:

[Postmodernist history] has forced historians to interrogate their own methods and procedures as never before, and in the process has made them more self-critical, which is all to the good. It has led to a greater emphasis on open acknowledgment of the historians’ own subjectivity, which can only help the reader engage in a critical assessment of historical work. [Evans, p248]<sup>2</sup>

Historians are now more wary of the “facts”. As one Australian historian has noted they

are not raw data which can speak for themselves. To be available to historians, information must be collected, a process which involves a range of transformations.<sup>5</sup>

Take a unit war diary, or a ship’s log, for example. These constitute critical basic data for those who later try to explain the actions of individuals or personnel attached to a unit or vessel. But the observations and descriptions of what supposedly happened “on the day” have themselves been filtered. A battle, a radiograph, or even a ward shift, can be viewed (and recorded) in different ways. Individuals’ training, experience, prejudices and so on all contribute to static in recording “facts”.

Such “facts” as are recorded may not be seen again until many years after the event, often by people who not only do not share the same values, but who were not alive at the time of the original events. No matter how scrupulously objective they try to be, there will always be an interpretation involved in the writing of history, which will be influenced by the historian’s life experiences and philosophy. It remains then for the reader to critically read any history, and to apply its lessons in the light of personal circumstances and experience.

The Box lists key resources for the study of Australian military medical history. As you can see, there are some glaring gaps, both in the history of the services themselves and within various health disciplines. Someone reading this might one day close some of these gaps. Remember, on your next posting or deployment, that someone else, at some other time, may have done something similar. It might be productive to find out what challenges they faced, what they had to deal with and how, if at all, they met their particular set of circumstances.

All members of the health services should be aware not only of their part in history, but of the gaps in the recorded knowledge or surviving documentation of our services in previous conflicts. This article is not a plea for everyone to begin writing private diaries. Rather, we should ensure that official documentation is completed, and that letters home, photographs and other items will be accessible to those in the future who try to interpret our actions.

## References

1. Pioreschi P. A history of medicine. Vol. 1. Omaha: Horatio Press, 1998: xvii.
2. Evans RJ. In defence of history. London: Granata, 1997.
3. Australian Army Doctrine Wing. Fundamentals of land warfare. Canberra: CATDC, 1998. <<http://www.army.gov.au/special/lwd1/MAIN2.HTM>>
4. Reid B. Newsletter, Australian Society of the History of Medicine. 3rd Series, 19 August 1998: 1.
5. McQueen H. Suspect history. Kent Town, SA: Wakefield Press, 1997: 162. □

## Australian military medical history

There is a vast bibliography dealing with all aspects of naval, army and aviation medicine, surgery, nursing, dentistry, pharmacology and other related professions. The internet makes specific searches easier. Useful web sites are maintained by the Australian War Memorial ([www.awm.gov.au](http://www.awm.gov.au)), the National Library of Australia ([www.nla.gov.au](http://www.nla.gov.au)) and the National Archives of Australia ([www.naa.gov.au](http://www.naa.gov.au)).

Books remain the main source of our knowledge of medical and health-related topics, both in war and peace. Here are some of the major sources from the period of the Great War until Vietnam.

### Navy

Butler AG. The Official History of the Australian Army Medical Services. Canberra: Australian War Memorial, 1943. Vol. 3: 351- 404.

Jose AW. The Royal Australian Navy 1914–1918. Vol. IX. Brisbane: University of Queensland Press, 1987.

Walker AS. Medical Services of the RAN and the RAAF. Canberra: Australian War Memorial, 1961.

### Army

Bassett J. Guns and Brooches: Australian Army Nursing, from the Boer War to the Gulf War. Melbourne: Oxford University Press, 1992.

Butler AG. Official History of the Australian Army Medical Services 1914–1918. Canberra: Australian War Memorial, 1930–1943.

Walker AS. Australia in the War of 1939–1945, Series 5 (Medical), Canberra: Australian War Memorial, 1952, 4 vols.

For the Southeast Asian conflicts, the most comprehensive work is: O’Keefe B, Smith FB. Medicine at War: medical aspects of Australia’s involvement in Southeast Asia 1950–1972. Sydney: Allen & Unwin, 1994. It analyses campaigns we hear little about, namely those in Malaya (1955–1963) and Borneo (1964–1966), in addition to a comprehensive treatment of Australian military medicine in Vietnam (1962–1972). This book includes a piece on the Agent Orange controversy.

### RAAF

Butler AG. Official History of the Australian Army Medical Services 1914–1918. Canberra: Australian War Memorial, 1943. Vol. 3: 405-424.

Director-General of Medical Services. The Medical Service of the Royal Australian Airforce. *Med J Aust* 1927; 2: 739-742.

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