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Our talk this week will now be on Zoom only, due to the heatwave. Enjoy refreshments at home!

<u>The talk will start at 1830hrs, Friday 26 June 2026</u>

Our guest speaker, Dominic Hodgson, presents

'(Temporary) Captain Kenneth Walker RAMC

and the paradigm shift in battlefield medicine in WWI'

Medicine, it has been said, progressed more in the four years of the First World War than at any other time. In the early stages, antiquated care and ill-preparedness resulted in many deaths from delayed surgery following lengthy transfers, inadequate initial wound care, rudimentary anaesthetic techniques and understanding of the physiological consequences of injuries. A rapid learning curve ensued, under the impetus of sustained large casualty loads. During the last year of the war casualty numbers exceeded those in each of the previous years, yet a greater proportion of wounded men survived. A similar 'learning curve' effect is evident in subsequent large scale or prolonged conflicts, with a significant dip in retained knowledge in between wars (the 'Walker dip', so named by a different Walker, a modern-day naval surgeon) – and therein lies the challenge to today's serving military medical personnel facing the current or next war.

Proceeds will support the Royal British Legion,
https://www.britishlegion.org.uk/

Prior registration required.
Register HERE or via www.friendsofmillbank.org

info@friendsofmillbank.org www.friendsofmillbank.org

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Some notes on Temporary Captain Kenneth Walker RAMC

This talk will focus on the experience of the surgeon Kenneth Walker (1882-1966) who later in life became an author and sexual reformer. In 1914, he volunteered to practise in a base hospital in Le Touquet (France) where he was appalled at the condition of men who had endured prolonged evacuation. Later commissioned into the Royal Army Medical Corps, he ran an advanced operating centre close to the Somme battlefield. He transformed the trench management of shattered thighs by improving splinting, which stabilised painful injuries and crucially reduced blood loss and resultant shock.

From 1917 he was a visiting member of the Shock Committee in London through which study of the physiology of acute wounding and trialling of corrective techniques were co-ordinated. He ran a "shock centre" on the Western Front and working with colleagues from North America he introduced blood transfusion into the army, with subsequent benefits for post-war civilian practice.

Captain KENNETH WALKER, R.A.M.C.

I shall lay stress on those points connected with shock which have a bearing on civil practice. Of all the work actually done in France of a more exact nature in investigating shock, that which most impressed me was the work carried out by Robertson at the Base, and by Keith in the First Army, on blood volumes. Robertson showed that the drop in blood volume that occurred as the result of shock, hæmorrhage, &c., was very much greater than most of us had previously suspected. A man's blood volume often sank to only 60 per cent., or even to 50 per cent., of its original amount as a result of hæmorrhage and of shock. Robertson emphasized the importance of reinforcing the fluid reserves of the body in combating this condition of exæmia. From his results, and owing to having read his paper, I, personally, derived the greatest advantage in the actual treatment of cases of shock hæmorrhage.

One or two of my cases struck me very forcibly in this connexion. On one occasion I had transfused a man with 700 c.c. of blood, and had apparently gained very little advantage from doing this. The case was an extremely bad one; the man's leg had been blown off from the thigh, and my blood transfusion did not cause him to rally at all. I then continued running in saline (2 per cent. sodium bicarbonate), more as a forlorn hope than for any other reason. Much to my astonishment, after I had got in a litre of saline following the blood used, the man opened his eyes and recovered in a dramatic manner. For his recovery I felt that the saline had been as necessary as the blood, and that I could not have got the same results from the use of either alone. Saline alone had invariably failed in such desperate cases to produce more than a temporary improvement, a failure that Professor Bayliss has fully explained by his animal experiments. But given in conjunction with blood the fluid apparently remained in the circulation and no subsequent fall in blood-pressure was noted. The importance of the volume of fluid given (apart from its nature), was a matter which was forced upon me by many subsequent cases of a similar nature.

Extract from 'General Discussion on Shock', 1919
https://journals.sagepub.com/doi/10.1177/003591571901200511

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Our Guest Speaker

Dominic Hodgson

Dominic Hodgson is a consultant urologist at Queen Alexandra Hospital, Portsmouth. He is also a committee member of the West Sussex History of Medicine Society, which holds talks on alternate Saturdays in Chichester each autumn, open to all. See https://wshoms.co.uk/.

Dominic is currently also a PhD student in History at the University of Winchester. He shares his primary profession (urology) with the subject of his talk, Temporary Captain Kenneth Walker RAMC, whom he has chosen to investigate as a vehicle to throw new light on a wide range of innovations in 20th century medicine, social attitudes, and masculinity.

Some recommended reading

Friends of Millbank site '*The Defence Medical Services in the Great War*'
See: https://www.friendsofmillbank.org/ww1/

Scotland, Tom. *A Time to Die and a Time to Live: Disaster to Triumph: Groundbreaking developments in care of the wounded on the Western Front 1914-18* (Helion & Company, 2019) (Book review at https://bshm.org.uk/wp-content/uploads/2019/10/A-Time-to-Die-and-a-Time-to-Live.pdf)

Vassallo, DJ. *The Army Medical Services in the First World War*
https://www.friendsofmillbank.org/downloads/AMS%20in%20WW1.pdf