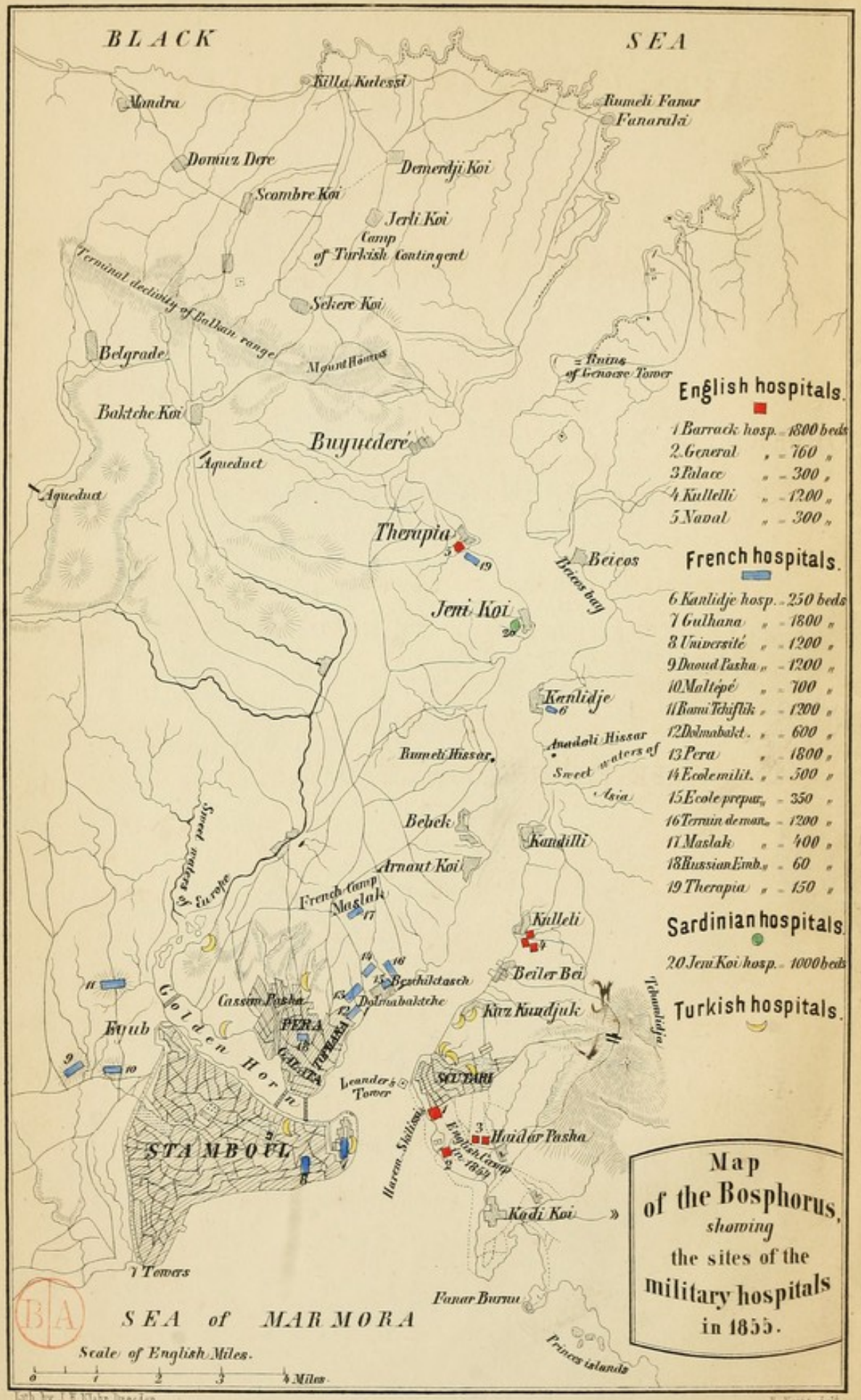
EXTRACT FROM THE FOURTH BY-LAW RELATIVE TO TAKING BOOKS FROM THE ATHENÆUM LIBRARY.

"If any book shall be lost or injured, — *the writing of notes, comments, or other matter in a book shall be deemed an injury*, — the person to whom it stands charged shall replace it by a new volume or set."



Lith by J. H. Klahr, Dresden.

B. Voigt del.

K

EXPERIENCES OF A CIVILIAN

IN EASTERN

MILITARY HOSPITALS

WITH

OBSERVATIONS ON THE ENGLISH, FRENCH AND OTHER MEDICAL DEPARTMENTS

AND

the organization of military medical schools and hospitals.

BY

PETER PINCOFFS, M. D. Lugd.,

KNIGHT OF THE IMPERIAL ORDER OF THE MEDJIDIÉ 4th CLASS,
MEMBER OF THE COLLEGES OF PHYSICIANS OF LONDON, BRUSSELS AND DRESDEN,
LATE CIVIL PHYSICIAN TO THE SCUTARI HOSPITALS,
HONORARY AND CORRESPONDING MEMBER OF THE BRITISH MEDICAL ASSOCIATION,
AND OF THE MEDICAL AND PHILOSOPHICAL SOCIETIES
OF ANTWERP, ATHENS, BRUSSELS, CONSTANTINOPLE, DRESDEN,
MANCHESTER, ROTTERDAM, VIENNA &c. &c.

Polon. My lord, I will use them according to their desert.
Haml. Odd's Bodikin, man, much better: Use every man after his desert, and who shall 'scape whipping?

WILLIAMS AND NORGATE,
14, HENRIETTA STREET, COVENT GARDEN, LONDON;
AND
20, SOUTH FREDERICK STREET, EDINBURGH.
1857.

B. G. TEUBNER, PRINTER, LEIPZIG.

TO

SIR JAMES CLARK, Bt., M.D., L.L.D., F.R.S.,

PHYSICIAN IN ORDINARY

TO HER MAJESTY AND H. R. H. PRINCE ALBERT.

ETC. ETC.

THESE PAGES ARE RESPECTFULLY INSCRIBED

BY

THE AUTHOR.

PREFACE.

In writing this little volume I have had three objects in view: first, to give the general public some account of the introduction of "the civil element" and the anomalous position which it held in the Eastern Military Hospitals, 2. whilst deprecating the injustice which laid the blame of many evils, beyond their power to remedy, on some of my military confrères, to signalize defects in the organization of the Army-Medical-Department, which contributed to the general confusion and the deplorable state of the Army in the beginning of the late campaign, 3. to propose some changes in the Army-Medical-Department based on personal experience and information acquired in frequent intercourse with my colleagues of all nations.

Most of the facts adduced are well known, but I thought it desirable to collect them.

May my obervations meet the eye of those who are not of CANDIDE's opinion: "que tout est pour le mieux dans ce meilleur des mondes" and who have the will and the power of introducing reforms.

DRESDEN, April 1857.

ERRATA.

Page	33	line	18	*for* ministering angles, *read* ministering angels.
,,	49	,,	17	*for* professional-qualifications, *read* professional qualifications.
,,	61	,,	2	*for* preception, *read* perception.
,,	73	,,	3	*for* Piroyof, *read* Piroyoff.
,,	111	,,	9	*for* in how for, *read* in how far.
,,	129	,,	14	*for* Mojor, *read* Major.
,,	129	,,	17	*for* Inspecteur ,,,, ,,,, ,,,, *read* Inspecteur.
,,	162	,,	22	*for* in 1798 the army, *read* in 1798 the French army.
,,	177	,,	19	*for* chocolade, *read* chocolate.
,,	186	,,	6	*for* unparallelled, *read* unparalleled.

CONTENTS.

CHAPTER I.

Interest of Constantinople to the medical observer in 1855 — French policy and English humanity evinced in the choice of site of hospitals — A comparison between the English and French "military systems" impossible — Civil generalship.

From the summit of the Tchamlidja, a mountain to the north-east of Scutari, a panorama of surpassing beauty is presented to the eye. At a glance one surveys the Turkish Capital, with its mosques and minarets, its magnificent harbour, in which the huge man of war and the tiny kayik are alike secure, and the blue waters of the Bosphorus whose banks are, for many miles, studded with innumerable villages. The prospect is bounded to the North by the Black Sea, to the South by the sea of Marmora. Poet or Painter could hardly do justice to the landscape as I have viewed it, and yet it was impossible, in the summer of 1855 to look down upon that fairy scene without feeling awed and saddened, for within the range of vision lay the greater number of suffering victims of the war then raging.

To the medical observer a hitherto unparalleled opportunity was here afforded of watching disease in

its most varied forms, amongst sufferers of all nations, and of witnessing the treatment and comparing its results, in the various native tribes, attended by their own Physicians, along with that of English, French, Sardinian and German, in upwards of 30 Hospitals, often containing 15,000 patients.

It is however not the object of the present volume to give the result of medical experience of disease amongst this motley crowd, but to speak of facts of which the public was more or less cognizant, but for the right appreciation of which an impartial elucidation is still necessary.

I must begin by drawing the attention of my reader to the fact, that the English hospitals were all on the Asiatic, the French all on the European side. This fact, unimportant as it may appear, at once characterizes the French policy. Constantinople is the Turkish Capital, the seat of the Turkish Government, and curiously enough, all the French hospitals occupied situations commanding the city, though some of them (Gulhana, Rami-Tchiflik and the Hôpital de Péra) are decidedly bad localities for hospitals. The English, with greater regard for their patients, chose the more healthy localities on the Asiatic shore, appropriating however, as Artillery Barracks, one commanding point in Pera of the greatest importance, Galata-Serai. I premise this remark about the French policy because I wish at once to establish the principle, that it would be as unfair as it is impossible, to institute a comparison between the French and the English Military systems. France has from the earliest times, by internal and external wars, proved that her emblem,

the cock, was not inaptly chosen, the French are naturally of a warlike disposition. In a country where the conscription, for a limited period, transforms alike rich and poor into a soldier, it is natural that the Army should be held in very different estimation by the nation at large, than in a country, like England, safe by her insular position, looking chiefly to her Navy for protection, and where the Army has hitherto been looked upon as a necessary evil, hired for an emergency.

It is therefore not surprising to find in France so many excellent military schools and colleges, profuse honorary and pecuniary rewards for those who distinguish themselves, a most liberal provision for their children, for pensioners, for the sick and invalids*.

* Promotion from the ranks is in France the rule and not the exception. The order of the Legion of Honor is given to both officers and soldiers; an annual pension of 250 francs is attached to the rank of Knight, 500 to that of officer, 1,000 to that of Commander and so on. The "Médaille Militaire" is given to soldiers only and entitles to an annual pension of 100 frcs.

There are three establishments where the daughters of those who belong to the order of the legion of honor receive a free education — at St. Dénis the daughters of the superior officers, at Ecouen and les Loges (near St. Germain-en-Laye) those of officers of inferior grades and soldiers. The sons of officers and soldiers of merit have also the preference for admission into the different public schools.

"The average cost of an English pensioner is £. 18. 4 *s.* "11 *d.* yearly or about 1 s. daily, whilst that of a French "pensioner is £. 22. 13 *s.* yearly or nearly 1 *s.* 3 *d.* daily, "which considering the fewer wants of a Frenchman is nearly

In an army in which every soldier has the conviction that he may become a general, in which at all events a large number of officers have been raised from the ranks, there must needs be a very different feeling between the officer and the soldier from that existing in the English Army, where hitherto such promotion has been very exceptional, and where the military career has always been chosen by the younger sons of the aristocracy as the profession *par excellence* of a gentleman; even in private life the distinction between the higher and lower classes is more marked in England, and to prove this I need only advert to the greater familiarity of manner existing abroad between Master and Servant, tho' in this relation kindness of feeling is assuredly not wanting in England. This difference of manner is particularly striking at the bed-side, where the cheering words addressed by the French Physician to his patients, and the sympathy which he evinces in their private affairs, contrast favorably with the authoritative military tone of the English surgeon. Many of the French officers are deserving and hardworking men, who have risen from the ranks, and it cannot therefore be expected that their habits and feelings should be altogether as gentlemanly as that of English officers; it

"double. Their Hôtel des Invalides holds 3,000, whilst our "Chelsea hospital holds only 538."

Besides numerous large military hospitals throughout France, there are special establishments in watering places (Etablissements militaires d'eaux thermales) where soldiers as well as officers can have the benefit of the various mineral waters of the country.

must however be allowed that these very men, if less of the gentleman, have more thoroughly the nature of the soldier, while those French officers who have attained their rank after a proper course of education command moreover that respect from society to which their accomplishments as gentlemen entitle them. In accordance with the politics of France it is imperative that her Army should be as efficient as possible, above all that it should be ready for any emergency, thence all arrangements are made with a view to the utmost mobility, every contrivance is reduced to the greatest simplicity, during a campaign all considerations are subordinate to action in the field and matters of minor importance must be waived; besides in a country where the conscription yields annually near upon 100,000 fresh soldiers, it stands to reason that human life is held comparatively cheap, and — there is no public press to disclose facts, the stern and inevitable consequences of war, which are perhaps better left untold, as, if revealed, they might shake the entire political edifice of the country. It is but just to add that England, the most wealthy and liberal of nations, can in times of need provide more prodigally for her soldiers, than less opulent France for an Army three times as numerous, so that the comforts which our men enjoyed, both in and out of hospital, during the latter part of the campaign, struck our Allies as excessive luxuries.

I wish it to be understood that I by no means desire to comment on the advantages or disadvantages of either policy, which I dare say, in both countries, is calculated for the peculiar nature and wants of

each; I merely state these facts as explaining my opinion, that though we may compare the relative merits of some particular part of either system, an absolute comparison of the two systems is utterly impossible. Moreover, as a civilian, I would, in fear of the "ne sutor ultra crepidam", not venture upon a judgment on military affairs beyond those directly connected with my profession, and to such limiting my campaign, I must, as a good General, begin by reconnoitring my terrain and draw the plan of the various military and civil hospitals which during the period of the war existed in Constantinople, most of which I have repeatedly visited and of which an enumeration and short description may not be without interest.

CHAPTER II.

English, French, Sardinian and Turkish military hospitals — Population of Constantinople — Permanent civil hospitals.

Of the Scutari Hospitals the largest was the Barrack-Hospital, situated on a hill above the landing place Harem-Skilissi, about a mile to the south of the town of Scutari. It is a large quadrangular building with four square towers and a spacious court-yard, originally built for Barracks (Selimié Kislak — Selim's Barracks). It was at first used by the English partly as hospital, partly as stores and barracks. When the dépôt became more considerable, and was removed to wooden huts outside, the part formerly occupied by them remained empty until the arrival in November 1855 of the German Legion and Osmanli Horse-Artillery. This part of the building, owing to the inequality of the ground on which it stands, is lower than the rest and consequently less well-drained and healthy. A sudden outbreak of cholera amongst these arrivals led to its evacuation by the troops; in the early Spring of 1856 it was, for reasons nobody understood, again fitted up as a 5th Division of the Hospital. The corridors and wards of the higher parts (1st 2d and

3d Divisions) are extremely good and the corridors, when not occupied by beds, served admirably as ventilators to the wards and ambulatories for the patients. The building would fairly have accommodated 1800 patients. The General-Hospital, about half a mile to the south of the Barrack-Hospital was a Turkish hospital and intended to hold 1000 patients; with the English it had accommodation for 760. It is a fine oblong building, beautifully situated, with a court in the centre, laid out as a garden. In my opinion it was far preferable to the Barracks as regards situation, disposition of the wards, drainage and ventilation. Like all Turkish Hospitals it has excellent baths. Turkish baths are extremely convenient in Military Hospitals, not only useful in many cases as a remedial agent, but also admirably adapted for the use the French made of them viz. cleansing the patients wholesale on admission, the two heated inner rooms *Sooklook* and *Halvet* being capacious enough to admit numerous patients at once. To the General-Hospital was attached the dissecting room, established under the superintendence of the Civil Pathological Commission with a room and laboratory for chemical and microscopical examinations. By the natives this hospital is known by the name of Haidar-Pasha, whilst the English often gave this designation to the Palace-Hospital. The cause of this confusion of names is, that a small palace of the Sûltan, to the South-East of the General-Hospital, called Haidar-Pasha, gives its name to the whole surrounding plain. This palace was converted into an hospital and accommodated about 300 patients; a small

building adjoining it, the Kiosk, was appropriated to officers under the management of the widow of the gallant Colonel MOORE, who, in charge of the 6th Enniskillens, perished on board the Europa on the night of the 30th May 1854 having refused to leave the burning ship whilst one of his troopers remained alive on the deck. Mrs. MOORE fell a victim to Dysentery, one of the scourges of the country, deeply regretted by numerous patients to whose comforts she had attended with unvarying kindness. The locality of these buildings, low and swampy, was not at all suited for an hospital; they were afterwards used for cavalry barracks and the sick officers were admitted into the General-Hospital. About four miles and a half to the North - East of the Barrack - Hospital lay the Hospitals of Kulleli, three separate buildings, the higher and lower hospitals, and the riding-school which was set apart for convalescents. The other buildings are not remarkably well calculated for hospitals, they lie rather too near to the water's edge and most of the wards have inside upper - galleries, so common in Turkish barracks, where beds were also placed and which render proper ventilation almost impossible. In the autumn of 1855 the riding-school and lower hospital were given over to the German Legion for barracks and hospital (the greater part of the regiments being encamped on the heights above), and the so called General-Hospital was put at the disposal of the Sardinians, who however never availed themselves of it. Altogether the Kulleli hospitals could accommodate about 1,200 patients. The list of the English Military Hospitals closes with a small but

remarkably neat and beautifully situated Regimental hospital for the Artillery at Galata-Serai in Pera. The English Naval Hospital at Therapia consists of two buildings of which the so-called Palace is the best; it has accommodation for about 300 patients and may now be considered a permanent Establishment.

The French Hospitals were not less than fourteen in number. The only one on the Asiatic shore was a small one holding about 250 beds at Kanlidja, about eight miles to the North of Kulleli, just above FUAD PASHA'S summer palace and its terrace-like gardens. On the Stamboul side are five of the largest. That of Gulhana situated at the Seraglio Point consisted of fourteen wooden huts accommodating about 1,800 patients. During the last epidemie of Typhus, in the spring of 1856 a great many tents were put up, holding four fever-patients each, in order to disencumber the overcrowded wards. The Hôpital de l'Université close to St. Sophia was only opened in August 1855. It is a large, handsome, unfinished building, facing our Scutari-Hospitals, which was intended for an University; it held 1,200 patients. Daoud-Pasha, a large square building, formerly used as Turkish barracks to the West of Stamboul had room for about 1,200 patients; in May 1856 it was entirely burnt down. The hospital of Maltepé is situated at a mile's distance from the last mentioned, on a hill from which Mahomet is said to have pointed his guns at the city. It is a fine large stone building, erected for a Military Hospital, intended by the Turks to accommodate 1,000 patients; it held about 700 French sick. On an eminence, at the back of the suburb

of Eyub a vast, rather dilapidated building Rami-Tchiflik contained about 1,200 patients. On the Pera side, five hospitals lay clustered together on the high ground above the new Palace of the Sultan. In ascending from the Palace of Dolma-Baktche, to the left, we first see the hospital called by the same name, it holds 600 patients and consists of two buildings of which the upper, built of stone, is particularly well ventilated, the lower building is not so good. To the right and in front of the great cemetery is the Hôpital de Péra (which was built for a school of medicine), it contained 1,800 beds. Though the handsomest in appearance and most frequently seen by casual visitors, it was universally considered the worst of the French Hospitals. The ventilation was very defective; the large wards containing two rows of beds, and these wards opening on either side into corridors, also furnished with double-rows, the circulation of air was necessarily impeded. The drainage was also bad and the effluvia occasionally offensive. At about a quarter of a mile, beyond the Hôpital de Péra, on the road which leads over the hills to Therapia, the outer walls of a fine building, formerly a military college (which was burnt down in the winter 1854—55, when already occupied as a hospital by the French) contained capacious wooden huts with tiled roofs and was known by the name of l'Hôpital de l'Ecole Militaire; it held about 500 beds. Owing to the great care with which it was kept and to its particularly good locality, it was one of the most healthy hospitals. A small building in front, a little more on the slope towards the Bosphorus and which

formed part of the just mentioned military College, called the Ecole préparatoire, held for a short time about 350 beds; it was not long occupied as an hospital and was latterly used for medical stores (Pharmacie-Centrale). To the North East of this there were wooden huts holding about 1,200 patients, known as l'Hôpital du terrain de manoeuvre, and which served for the reception of patients from the camp for the Army of reserve at Maslak. At the camp itself, on the hills midway between Pera and Therapia, there was hospital accommodation during the summer of 1855 for about 400 patients. In Pera, the Palace of the Russian Embassy was converted into a hospital for the exclusive use of officers. In its spacious, well ventilated rooms about 60 patients were admitted; it could comfortably have held many more. The fourteenth French Hospital was the Naval Hospital at Therapia, but little can be said in its praise.

The wounded were generally admitted in the Hôpital de Péra, Dolma-Baktche, Gulhana and the Université; the cholera patients principally in the Hôpital de l'Ecole Militaire, and the convalescents and invalids selected to proceed homewards were sent to Daoud-Pasha. When after the peace had been proclaimed the troops were evacuating the Crimea, a dépôt for scorbutic patients was formed at Prinkipo, one of the Princes' Islands.

The Sardinian Hospital was at Yenikoi about half a mile to the south of Therapia. It consisted of excellent wooden huts, built on a healthy spot, containing about 1,000 patients. Before their arrangements for accommodating so many were completed, the

possibility of having to admit some of their sick into our Barrack-Hospital was contemplated; the General Hospital at Kulleli was subsequently placed at their disposal, but they never found it necessary to occupy it. In the spring of 1856 part of their hospital was burnt down; no lives were sacrificed, but the sisters and medical officers lost part of their property.

The large military hospitals (such as Haidar-Pasha and Maltepé) having been ceded by the Turks to the English and French, they were themselves obliged to take refuge in small hospitals of which there are a great many, some holding 40, the largest not above 300 patients. There are five on the Asiatic side, in and near Scutari, three in Stamboul and four on the other side of the Golden Horn. A small hospital is also attached to the School of Medicine, Tebiéh, situated at Combarhana, high up the Golden Horn. The naval hospital on the hill of Cassim-Pasha has room for 600 patients. The Turkish hospitals are all kept admirably clean, they have a good supply of water, but fresh air is greatly wanted. Their medical officers are chiefly Italians, Armenians and Greeks, educated partly in France and Germany, partly at the medical school of Constantinople under French and German Professors. The treatment is on the whole negative, blood-letting still much the fashion; the diet is very spare, operations are as much as possible avoided, inspections are permitted on the bodies of criminals and slaves only.

When the allied Armies left Constantinople, all the buildings which had been given over to them for hospital purposes, were restored to the Turkish

Government, and the temporary huts erected by them sold or otherwise disposed of.

It is computed that there are nearly a million of inhabitants* in Constantinople and its 18 suburbs comprising many straggling small towns, villages and hamlets on the European and Asiatic shores of the Bosphorus. The great national differences of this motley population, Turks, Armenians, Greeks (the so called Rajahs or Turkish subjects and Hellens or Greek subjects), Jews, Austrians, Germans, French, Italians, English &c., render it necessary that each nation should have a hospital, in which regard can be paid to its peculiar wants, habits, language and religious ordinances. Besides various civil hospitals for the different native tribes, the Greeks, Armenians and Turks, for which last the Valideh (Sultan's mother) established one in 1847 holding 700 beds, in which women also were to be admitted (none however have yet made their appearance), nearly every European nation has its own special hospital. The old English hospital behind the Embassy was certainly the worst of all the civil hospitals, a new one has lately been built on the high part of Galata which is said to be extremely good and likely, under the able management of Dr. HOYLAND by whom many improvements have been suggested, to become one of the best Establishments of its kind. There is an excellent

* This number includes the military, and the Bekiars (*bachelors*, a name given to Asiatics of the interior) who spend a few years at Constantinople, to make a small fortune.

French Hospital at the top of the Pera Street near the Gran-Campo, it is admirably conducted by sisters of Charity. The English intend erecting a church in Pera as a memorial to their countrymen who fell in the late struggle; the French with similar intent have left a large number of beds and other stores for a hospital to be open to all nations. Whether to carry out this plan, a separate hospital is to be built, or whether the existing civil hospital is merely to be enlarged I know not. The Austrians have a hospital at Galata containing about 50 beds which is in excellent order; it is under the special superintendence and pay of the Austrian Government. The Prussian hospital in Pera though very small and poor, is extremely useful, as sick of many foreign nations, Dutch, Swedes, Danes and Americans are admitted into it. It is under the management of Protestant sisters (Deaconesses) from Kaiserswerth on the Rhine. On leaving Constantinople Miss NIGHTINGALE very liberally endowed some new wards which have lately been added, so that the Prussian Hospital now contains 60 beds. The Prussian Minister and his lady take a lively interest in this establishment, the Physician receives a very trifling salary from the Prussian Government. There is another hospital for Germans called the Evangelical Hospital, and also a small Sardininian one; both are insignificant. The majority of the patients in these various civil hospitals are generally sailors. Though numerous, these hospitals yet hardly meet the wants of a city where disease abounds, consequent upon habits of intemperance and over-indulgence in the products of the country, by a

mixed population not inured to the climate. To these causes must be added, that although within the last ten years great progress has been made by the Turkish Government in sanitary matters, and though during the occupation the French and English materially improved the draining and sewerage of the various localities held by them, much still remains to be done to render Constantinople worthy of being compared in this respect to our Western cities.

CHAPTER III.

Situation and climate of Constantinople — Causes of disease, epidemic and endemic — Diseases of the natives and treatment required — Modification of treatment necessary for new-comers — "Own correspondents" — State of Scutari hospitals 1854—55 — Erroneous impressions still existing abroad.

Constantinople is built upon seven hills; within the numerous little vallies formed by these terminal declivities of the Balkan range, all the causes of epidemic disease abound. The soil, fertile in itself, is rendered more so by the numerous streamlets and by the abundance of decaying animal matter, amongst which a genial climate favours the rapid growth of weeds and vegetables which decay with corresponding rapidity, and are unfortunately not scoured by the numerous wolfish dogs and birds of prey, the sole scavengers at work, and they only appointed by nature's providential board of health. It has often been remarked that in Turkey every thing is at variance with the customs and habits of Western Europe; to the numerous instances of contraries mentioned in MURRAY's Handbook for Turkey (page 27) I can add the fact, that the many mischievous influences which here

co-operate, do not seem to produce the same baneful effects which would inevitably follow in any of our European towns. It is true that in some localities e. g. Combarhana (the site of the school of medicine), and in the neighbourhood of the sweet waters of Europe, where the sweet water mixes with the saltish water of the Golden Horn and stagnates under the influence of a scorching sun, intermittent fever prevails, and that in the forest of Belgrad and some villages to the North-West of Buyukdere and Therapia, malaria is rife, yet on the whole Constantinople may be called a healthy town. I believe that the explanation of this anomaly may partly be found in the very situation of the city, on the brink of the narrow and rapid canal which connects the Pontus with the Propontis, and that something similiar takes place in the numerous gorges and ravines inland, which obtains in the Bosphorus itself, where seven currents with their counter-currents continually sweep the bays and inlets which, abounding to the same extent, with animal and vegetable detritus, would otherwise never be exempt from pestilential emanations. The briskness and rapidity of the currents of air is really surprising, but however refreshing they may be, and under existing circumstances undoubtedly a cause of health, by sweeping away the noxious emanations, we must in a great measure look to them for the origin of the many short but rapid epidemics of fever and particularly of cholera which continually befal some circumscribed locality, such as we had the opportunity of witnessing during the Autumn of 1855. The same atmospheric peculiarity

may, along with the habits, diet and constitution of the inhabitants also account for most of the endemic diseases. Though neither from its situation (41° 00′ 20″ N. Lat., 26° 35′ 40″ E. Long. Paris) nor from its temperature (ranging from + 10° — + 98° F.) there seems reason to expect diseases differing from those observed in our own country, still, as by its geographical position, as well as by its political significance, Constantinople may be considered to form the transition between Europe and Asia, so do its diseases or rather the character of its diseases partake of this intermediate nature.

In the mixed physical nature of the native inhabitants, the preponderance of the Asiatic over the European element is indicated by the sanguino-bilious temperament and the tendency to disease of an inflammatory and bilious character; their natural indolence and sedentary habits render abdominal and haemorrhoidal disease common among the men, whilst in the women, the customs and practices of the Harem are a fruitful source of dyspeptic, uterine and nervous complaints. The tendency to struma and skin disease in both sexes is the combined result of the constitution, farinaceous diet, and too frequent use of the bath. The Mussulman doctrine of fatalism which seems also to have taken a profound hold of the other natives, is the cause of their consulting a physician at a very advanced stage of disease only, and than but rarely following his advice*, preferring in most cases, the various incantations practised by

* The usual practice is to send for three or four physicians one after the other, without either being made aware of

the priests to regular physic, and it is curious enough that Armenians and Greeks will consult Turkish Imans, more curious still that Turks will seek advice from Armenian and Greek Priests, but it is the reason why chronic diseases, where remedies are of little avail, chiefly come under the observation of the Physician. Acute disease is undoubtedly very often the result of the great and abrupt changes of temperature, mainly produced by the afore mentioned currents of air, the freezing North winds (Porias) that come from the boisterous Euxine, and the South wind (Lodos) which wafts the relaxing air from Egypt and Asia Minor over the sea of Marmora.

The sudden changes in these winds which generally get up towards noon and last till after midnight, not unfrequently cause the thermometer, all at once, to rise or fall six degrees or more, the proximity of the sea, augmenting the cold at night, by the rapid evaporation of the water previously heated by a scorching sun, and thus occasioning the heavy dews, so commonly observed in the early morning. The native, though he guard against these sudden variations by wearing flannel winter and summer, or even furs, and by swaddling the abdomen with a shawl or belt, is still frequently affected with Rheumatism, Pneumonia, Bronchitis, Diarrhoea and above all with Dysentery; though he wear the turban or the fez, to protect himself less I believe from the power-

the fact that others are also to be consulted. All come, each writes his prescription and no one is expected to call again unless specially requested so to do.

ful rays of the sun than from the more sudden suppression of perspiration of the head*, is still often seized with inflammation of the membranes of the brain, with apoplectic symptoms (coup de soleil) and affected by Ophthalmia. If the native be thus liable to disease, notwithstanding these precautions, it is not surprising that the stranger should suffer more, in proportion to his neglect of them; he moreover is not yet acclimatized, and has to get used to diet very different to what he has been accustomed to; the indifferent mutton (the only meat usually served), the peculiar nature of the water, the immoderate use of cooling fruit, of shell- and other fish, predispose to derangements of the digestive organs.

A great and very striking peculiarity in the nature and course of disease is the briskness of the invasion and the rapidity with which it runs through its diverse stages. It has hitherto not been unusual with the profession to ascribe any otherwise unaccountable phenomena, connected with the apparition and nature of diseases, to some hidden *telluric or atmospheric* influence; I have no doubt that a better understanding and a clearer experimental deduction from HUMBOLDT'S theory of Isothermal lines will ultimately give us the

* It is certain that many of the religious observances of Eastern nations (particularly those regarding food and cleanliness) were originally dictated with a view to the requirements of health in warm climates; the precept which enjoins Jews and Mussulmans to cover their heads whilst at prayer, is not unlikely to have been intended as a hygienic measure, to prevent the cold air striking a perspiring surface in their not unfrequently vaulted places of worship.

explanation of many of these facts, and lead to an appreciation of the right causes of this just-mentioned character of diseases, as well as of an analogous peculiarity which is observable throughout nature. The hottest summer-weather succeeds to coldest winter without intermediate transition, like night succeeds to day without intervening twilight; the brisk and unexpected changes of the wind I have already mentioned; a violent thunder-storm or a protracted blast of South wind, which sometimes during several days renders crossing the Bosphorus so dangerous, will suddenly be followed by weeks of calm weather. The same want of gradation obtains in vegetation, which in a few days will change from utter barrenness to the most brilliant verdancy, the plants seem to sprout, flower and bear fruit all at once, so that every fruit and vegetable is in season for a much shorter period than in most other countries. Another great peculiarity is that fruit never seems to ripen properly, it rots when left on the tree, and is therefore generally gathered when still unripe. In man, and more particularly in woman, the same sudden transition from child to adult and from adult to decrepitude is striking.

Epidemics present the same feature of sudden invasion and disappearance. During the year 1855 I witnessed seven different successive outbreaks of Cholera, distinctly limited to a peculiar locality in and near Constantinople, twice in our own hospitals, three times in the French, at Kuz-Kundjook, a village to the North of Scutari nearly exclusively inhabited by Jews, and at Yeni-Koi. At Daoud-Pasha the

French convalescent-hospital, there were in one night 30 cases of cholera, of which by far the larger number proved fatal, three days afterwards there was not a case left. The sudden turnings of acute disease, particularly observable in continued fever (which when not in a locality where malaria prevails closely resembles the typhus of our countries), are very remarkable and I have been especially struck by the absence of critical movements in favorable cases. Notwithstanding their carbonized diet (chiefly consisting of farinaceous food, vegetables, fat and oil), the diseases befalling the natives are mostly of an inflammatory character, and be this ascribable to their sanguino-bilious temperament or to the just mentioned unexplained general influence which render the antiphlogistic treatment more imperative, the fact is that the principal and nearly sole treatment of the physicians of the country consists in bloodletting and in enforcing the most strictly abstemious diet; every article of animal food, even in convalescence, is forbidden. It is rare to meet with any man or woman who does not bear the traces of repeated scarifications on the legs and arms — for such is their favorite mode of bleeding — and a great many are in the habit of being thus blooded several times a year, in the Spring and Autumn generally, as a prophylactic measure. I was however told by the late Dr. MACGUFFOG (who for upwards of 40 years was Physician to H. B. M. Embassy) and by several other leading physicians in Constantinople, that within the last twenty years bleeding has become less frequent, and seemed less required. The same is, we

know, the case in England as well as on the continent, and I do not, as many do, ascribe this change to fashion only, but believe that the type of disease has become less purely inflammatory all over the world. I was also told by some of these physicians that they perceived a difference in the necessity and tolerance of bleeding in the different inhabitants, dependent upon their being of *pure* native, or European, or of mixed origin, also upon their being born in the country, or descendants of new or old settlers. It is possible that the great nicety of these distinctions is rather imaginary, but those physicians who like myself have had frequent opportunities of treating Englishmen abroad and foreigners in England, will agree with me, that the treatment in either case must be modified according to the degree to which the individual has been acclimatized, or rather his constitution (mental and physical) more or less changed by the difference of climate, habits and living. The greater the difference, the greater the discrimination required in treatment. It was observed, that the troops arriving from Europe, by no means bore depletion as well as the natives or acclimatized inhabitants. The French, who certainly do not spare the lancet at home, were obliged to use it less frequently, even pneumonia cases when freely bled soon assumed the typhoid type, the Sardinians also modified their treatment accordingly; our men, accustomed to a more generous diet, would of course require a more stimulating treatment, and it is not surprising that such treatment should have struck casual visitors at our hospitals, as being very different from

that pursued by the physicians of the country, and being commented upon by non-professional people, should have given rise to the many erroneous reports which went abroad. On the other hand, according to my own experience, confirmed by that of numerous observers, the patients returning from the Crimea did by no means bear the even moderately stimulating treatment, necessary for those newly arrived from England. The rationale of this fact, rather puzzling in the beginning, gradually dawned upon me by what I first observed in the French Hospitals in the summer of 1855, and grew clear as day-light, when during two months in the Spring of 1856, I did duty in a French Hospital.

Typhus was at that period raging fiercely, and I am convinced that if not its main cause, certainly the cause of its great fatality was Scurvy. Of 20 patients admitted during that period, 18 were usually more or less scorbutic; 8 perhaps would be so deeply affected (as indicated by sloughing ulcers, gangrene of the mouth, general dropsy and chronic diarrhoea), as to render recovery impossible, the remaining 10 might, if they could have been placed under proper hygienic conditions, have had a fair chance of recovery*; exposed as they were to hospital atmosphere, if treated at all by stimulants or indulged in stimulating diet, they were sure to become feverish and the fever was certain to assume the typhoid form. I

* The removal of the scorbutic patients to Prinkipo, one of the Princes' Islands, was attended with the most beneficial results and was followed by abatement of the Epidemic.

have the undoubted authority of excellent medical and other observers, that during the winter of 1854—1855 the same state prevailed in the Barrack-Hospital at Scutari, and that much harm was done by the indiscriminate use of stimulants. During the whole of the following summer, traces of that scorbutic diathesis were still perceptible in some patients arriving from the Crimea, as manifested by the general habitus, the state of the gums, patches and slight ulcers (ecthyma) and chronic diarrhoea; all these patients did not bear stimulants well *.

* "It may be necessary to explain with reference to the above classification, that the cases recorded under the head of Scurvy afford but a very slight indication of the sufferings of the troops from that disease, as they include those only in which it showed itself in the form of scorbutic sores and eruptions. Nearly all the Medical officers stated that the greater proportion of the diseases of the bowels were complicated with scurvy, and the results of post-mortem examination fully confirmed that opinion. The cases recorded as frost-bite, too, were those only in which that happened to be the prominent or sole affection; numbers admitted for fevers and diseases of the bowels had also to be treated for frost-bites, though to prevent the complexity which must necessarily have arisen from entering the same men twice in the Returns, the graver disease only has been noticed."

"It should also be kept in view that the deaths which took place at Scutari were not always from the same disease as originally came under treatment in the Crimea. Many who were sent away from the army suffering only under frost-bite or scurvy, recovered from these, in a great measure at Scutari, but died subsequently from fever contracted there; while, in other cases, men who had been sent

I have been thus explicit in pointing out these particulars, being anxious to vindicate my brethren of the Army from unjust and indiscriminating remarks made upon them in the public papers during the winter 1854—1855. Not contented with discussing the arrangements of the hospitals and the accommodation provided for the sick, they freely indulged in observations on the comparative merit of the medical treatment of the native, French and English physicians. The substance of these observations, which were generally disparaging to the English, shows that they must have originated either with prejudiced medical observers, or with non-professional visitors, unable to appreciate the different receptivity for treatment of the different nationalities, and the modification of treatment adapted to the constitution of the soldier, before and after a campaign. That with the necessity for such continually modified treatment, practice should have presented uncommon difficulties is as natural, as that errors should have been committed by the young military surgeons of all nations, who had not the experience by which only the necessary practical tact is acquired. Although many medical officers of long service were on the spot, who

from the Crimea labouring under fever, partially recovered, but afterwards sank under diarrhoea or dysentery. Whether these diseases, that proved so fatal at Scutari, originated in any peculiarity of the climate there, or were merely the result of previous sufferings and broken constitution, it is impossible for us to determine."

(The Crimean Commission and the Chelsea Board by Col. Tulloch page 168.)

might have had that experience, that the treatment of patients in our Hospitals was chiefly left in the hands of *the juniors in the profession* is unluckily a truth which can not be gainsayed, it is a fact for which not the medical man, as I intend hereafter to show, but "the system" and the system only is to be blamed.

I should be but too glad, could I with equal justice, question the remarks of the Daily Papers on the arrangements of our hospitals and the accommodation provided for the sick during the winter 1854—55. Accurate inquiries from the most trustworthy authorities (nurses, clergymen and physicians, whose labors in our hospitals during that winter the English nation can never enough appreciate) have convinced me, that exaggerated as these accounts may have appeared, they only gave a faint idea of the real state of things during that dismal period. That therefore „own correspondents" were guilty of no exaggeration on these points and that they rendered essential service by manfully showing up crying evils, I am fully persuaded, but, as soon as the cause for complaint had ceased, why, I ask, did they not more effectually still the anxiety of the nation whose indignation they had roused by their representations, whose sympathy in the sufferings of the Army had been so practically expressed? As a comparison had been made before, which was so much to the disadvantage of the English, it would have been but just, again to institute a comparison, when three months later a parallel drawn would have shown the English patient, as far as material comfort and attendance were concerned, far more fortunate than his French brethren,

and three months later still would have shown him provided with comforts, and by the liberality of his fellow-countrymen, even with luxuries, such as no soldier in hospital had ever yet been indulged in. Even after this lapse of time I consider an accurate account of the state of the hospitals during the latter half of the war of the greatest importance, as I have often observed that in consequence of the details given of the sad state of the English hospitals having found their way into the Continental journals, and no notice having been taken by them of the improvement which afterwards took place, the erroneous notion still exists abroad that *throughout the war* the condition of the English sick was far more deplorable than that of their allies.

CHAPTER IV.

State of the English, French and Sardinian hospitals 1855—56 — Impossibility of judging of the state of the allied armies by cases in Scutari and Constantinople hospitals.

When at the end of April 1855 I arrived at Scutari, our hospitals which together could have amply accommodated 4000 patients, contained about 2000 and at no subsequent period was this number exceeded. The Barrack-Hospital which at first had been overcrowded, having served at the same time as Barracks, Store-room and Hospital, and where the supply of beds and other necessaries for the sick had been very deficient, was then comparatively empty. In the recently newly paved corridors, in which at a former period the patients had been huddled together, there were no longer any beds. Wooden partitions had been put up to prevent the cold and draught, and none of the wards were full. There was a more than sufficient number of medical officers, a super-abundance of drugs, the necessary instruments for scientific examinations, and contrivances of all kinds for the relief of suffering, such as air-cushions, water-beds, warming-bottles, baths &c. Much had already been done

towards draining the building which, with the exception of a few localities, was free from offensive smells. The wards which had been newly floored and had new windows put in were scrupulously clean, tho' when the summer came the vermin which could never be exterminated in a building which had once served as Turkish Barracks, became very troublesome. The patients were provided with hospital-dresses and clean linen at stated times and supplied with books, news papers, writing-materials and games. The kitchen was undergoing repairs, and improvements much needed in the preparation of the food were being made under SOYER'S Superintendence. Medical comforts were dispensed from Miss NIGHTINGALE'S kitchen by the nurses who especially attended to the worst cases, and throughout the hospital traces of the beneficial influence of female sollicitude were perceptible. Sheds had been erected for the convalescents within the court-yard, to which a spacious dining-room was attached, and a reading-room containing easy chairs and games, for the exclusive use of the men. In short, *as far as the eye could see*, the arrangements of the hospital were complete.

The French hospitals (then only 12 in number) with accommodation for about 10,000 patients, contained about 7000. At various times, both before and after that period, the number of patients in Constantinople was considerably larger. Though the hospitals were not then over-crowded, the number of medical officers and attendants was by no means sufficient. I have known many physicians have more than 200 patients to visit at their morning round, which according to

regulation was to be completed before 9 a. m. Not only were they over-worked (and I believe that many sank in consequence of their great exertions), but scientific research, had they even had the necessary implements, was rendered next to impossible. That all the medicines directed by their formulary were not always to be had, was of less consequence, as their mode of treatment is extremely simple and the most necessary drugs, Quinine and Opium were plentiful. The most striking difference with the English hospitals was the great want of cleanliness, visible in the bedding, linen and state of the wards; it is however just here to remark that this difference is partly dependent upon national peculiarity, for instance the habit of spitting, which but little improves the appearance of the floors, seems nearly indispensable to the comfort of every other nation but the English. A marked difference was also observable in the state of the *latrines* which, as unavoidable in wooden huts, were too near the wards and otherwise faulty in arrangement. In quality, bedsteads and bedding were decidedly superior to those in our hospitals, but here it is again only fair to remark, that throughout France, the beds are unquestionably more comfortable than in England; they were also higher, and much more convenient for the proper examination of the patient, which in our hospitals was a difficult and very back-breaking work. The want of a hospital-dress (which is provided for soldiers in hospitals in France) not only prevented the men looking as neat as our invalids, but was attended with the more serious inconvenience, of making it necessary for

all patients to keep their beds for two or three days after admission, as the clothes which they brought with them had all to be washed and purified, before they were restored to them. The kitchen department was throughout well managed, and if often the articles of food directed by the regulations made only a *nominal* appearance on the diet-roll, the innate culinary talent of the Frenchman generally managed, with such articles as were provided, to produce a palatable and comfortable meal. It is superfluous to add, that whilst in accordance with the nature and requirements of their service (page 5) all necessary accommodation is reduced to the simplest expression, the many articles of comfort and amusement, provided for our soldiers, were entirely out of the question. I said that in our hospitals the comforting presence of woman was felt; in the French Hospitals the Sisters of Charity throughout the war were truly ministering angles; witnessing their labors, to which alas! many fell victims during the last epidemic, seeing the management required to eke out comforts to so many claimants, one could but regret that in spite of the charity of private individuals and that bestowed through the medium of the French commanding General, in spite of the many contributions from Miss NIGHTINGALE'S private stores, the stock at their command should still have been so limited.

If from the description I have given, the superior state of the British Hospitals in most respects, as compared to the French (which was readily acknowledged by many French medical officers, who, with me, visited our hospitals) was apparent in the summer

of 1855, this superiority was not only fully maintained up to the end of the war, but became particularly striking in the Spring of 1856, when the French were so severely visited by scurvy and typhus, whilst our hospitals were almost empty and contained scarcely any cases of the least importance.

It has often struck me how impossible it would have been, from the cases to be seen during the year 1855 in the Scutari and Constantinople hospitals, to judge of the actual respective sanitary condition of the allied armies, and to what false conclusions such a judgment would have led. Ever after that winter, when the cases abounding in our hospitals told the sad tale of mismanagement and neglect from which our unfortunate soldiers had suffered in the Crimea, the cases arriving at Scutari could no longer be said to express the state of health of the British Army, any more than the state of the French hospitals at Constantinople could be considered as expressing the exact condition of the French Army. Our hospitals in the Crimea as soon as the general state of affairs improved, were fitted up almost as well as those of Scutari. Had it been necessary all of a sudden to move the Army to any distant spot, much of the *matériel* would of course have been lost, and it remains dubious whether, on a fresh field of action, the necessary hospital-accommodation would have been sufficiently promptly at hand; as it was, the excellent hospitals (the General and Castle-Hospital and that of the Naval Brigade at Balaklava and the Sanatorium of the Monastery) accommodated nearly all the fresh cases from the camp. The wounded were operated

and kept till sufficiently well to be moved, the acute cases till nearly convalescent. The consequence was that the hospitals at Scutari (and I believe the other British Hospitals in the East) chiefly received patients who had been from 3 to 4 weeks in treatment up at the front. Judging from the cases which were admitted into my wards (and I believe that they may be considered as a fair average of the cases generally admitted), I should say that about 70 per cent of the cases treated in the Scutari-hospitals during the last twelve months of the war were convalescents from fever, diarrhoea, dysentery and rheumatism, of whom the first arriving still bore the traces in their constitutions of former hardships and privations. A generous, but not too stimulating diet and proper hygienic measures were the chief treatment required. We saw but few wounded as the greater number were sent direct to England. The remaining 30 per cent were patients furnished partly by the dépôt, partly by the troops fresh from England. With the exception of the cholera-cases at two different periods, some cases of fever and a good many of diarrhoea and dysentery(frequently the consequence of intemperance and excesses), few acute diseases occurred in our hospitals.

The French always mindful of preserving their mobility could not have such extensive hospital accommodation as would have been sufficient for their much larger number of troops. After every affair the old cases had to make room for the new, and even those who had undergone operations were, often before the first effects had subsided, shipped off to

Constantinople, many were not operated until after they reached Constantinople. Fever and other patients were likewise sent down in every stage of disease*; it need not be remarked that their condition was not ameliorated by the voyage, and that an influx of such patients did not improve the state of the hospitals. The majority of cases in the year 1855 — 56 were those of fever, scurvy, wounds and frost-bites and at different times cholera. As regards the mortality, there were several days when no deaths occurred in our Hospitals, and but very seldom the fatal cases amounted to 10. The French frequently lost more than 70 patients per diem and their average daily loss may have been about 40. These facts explain why at Constantinople and at Scutari we were no judges of the real state of things, the worst English cases being kept in the Crimea and the worst French sent down to Constantinople. I mean hereafter to refer to the more remote causes which influenced the comparative sanitary state of the Armies.

The Sardinians arrived at Yeni-Koi in the Spring of 1855. Owing to the loss of a great part of their hospital stores which were burnt in the Transport "Croesus" off Genoa in April 1855, they were at first but scantily provided and received official assistance from our Scutari hospital stores, and a private supply of comforts from Miss NIGHTINGALE'S inex-

* At different times a large number of sick and wounded Russians were sent down. But few of these prisoners entered our hospitals and those were usually admitted into the General-Hospital.

haustible stock. When fresh supplies had been sent them from home, their hospital was really in excellent order; by degrees they got as many as 800 patients (they had accommodation for 1,000), for whom they had always a sufficient number of medical attendants and a proper supply of medicines. The ensemble of their arrangements may be said to have held the medium between the English and French, as they were more amply provided with necessaries than the French, while their comforts could not be compared to those of the English. I know that the officers, as well as the men, of the Sardinian force were generally liked by all those who came in contact with them, and that the excellence of their military equipment was universally acknowledged; the whole of the Medical Department was likewise most praiseworthy, their medical officers, under the efficient direction of Dr. Comissetti, were distinguished by gentlemanly behaviour and great kindness to their patients. It is but just to pay a tribute of admiration to their Sisters, whose devotion was untiring. The cases at Yeni-Koi bore also an intermediate character between those of the French and British Hospitals. They suffered greatly from cholera, and at one time had many cases of fever, without however the complications arising from a scorbutic diathesis. It is therefore an interesting fact that quite at the outset, they had a great many cases of Hemeralopia, which is generally supposed to be one of the earliest symptoms of scurvy.

Whatever may have been the sufferings of the Turkish troops at the seat of war, the state of their hospitals in Constantinople never varied much

throughout the campaign. Fever, Diarrhoea and particularly scurvy were their most frequent diseases. It was however difficult to procure accurate information, as the entrance to their hospitals, chiefly on account of the language, was always attended with much trouble and waste of time.

CHAPTER V.

History of the introduction of the "civil element" in British Army-hospitals — Opposition to the measure — "The System" — Smyrna Hospital — Lord PANMURE's circular — Appointment to Scutari hospitals — Renkoi — Letter from the Director General of the Medical Department.

In most continental states it is not an uncommon measure, whenever the number of Army-Surgeons is found deficient, to have recourse to the services of civil practitioners. According to the French military medical regulations "when the number of medical officers attached to an Establishment is not sufficient, the Intendants are empowered to engage the services of half-pay or retired military surgeons, or if such are not to be had, those of civil physicians and surgeons."* In countries where the conscription obliges every man to carry arms for a limited period, those who have entered the medical profession naturally prefer serving as Army-surgeons during that period, so that the difference between army and civil medical men is less marked, and the latter having

* See Aide-mémoire medico-légal de l'Officier de santé de l'armée de terre par MAILLOT et PUEL. Paris 1842. Page 362.

generally acquired a knowledge of the nature and rules of the military service, their undertaking military duties is connected with little inconvenience, either to themselves, or to the service. During the late war, many civilians were thus appointed to do duty in the French Military Hospitals; they however were attached to the hospitals at home in order to enable the military surgeons to proceed to the East, where death and disease had thinned the ranks of their confrères.

The introduction of civilians into British Army hospitals, which was also not without precedent in the service*, may be considered during the late war to have been called forth by the combination of several causes. The sufferings, illness and losses of the entire Army having extended to the surgeons, it is beyond doubt that the want of medical attendance, already complained of at Varna, was most severely felt after the battle of Inkerman, and throughout the following winter. It has also been fully proved that the Army-surgeons, however capable and desirous of doing justice to their patients, were trammelled by

* At the time of the Walcheren expedition civil physicians were employed in the army-hospitals and after the battle of Waterloo a great many civil surgeons were sent over to Brussels, as the number of army-practitioners was totally inadequate to treat the immense number of wounded. In the regulations for the management of Army-hospitals (Art. 53) a proviso is made for the engagement of a private practitioner "by the commanding officer when a Detachment is without a Regimental assistant-surgeon and is not within the reach of any military medical officer."

obstructive rules and regulations, to avoid which would have required an entire, at that moment impossible, reorganization of the system. It had moreover been clearly shown, that had even the number of medical officers employed in the hospitals been adequate to the number of cases on hand, the existing system saddled the superior officers with numerous non-professional duties, which rendering their attendance upon the sick impossible, threw the whole of the cases into the hands of the junior members of the profession. Lastly it had become evident, that the continual working of a system, which requires the medical man of superior grade to devote all his time and energies to administrative duties must needs have exerted a prejudicial influence on the professional acquirements of the senior members of that Department, who by medical experience, as well as by superior scientific attainment ought to be considered the natural guides of the younger officers.

Medicine is more than any other a progressive art, and though perhaps in it, less than in any other, all innovations are to be considered as improvements, it is nevertheless necessary that its votary (particularly if he be intrusted with the direction of subordinates) should have the leisure and above all the opportunity, of inquiring into the nature of any new theory propounded, of watching the progress of any new system, and of using the new means of scientific research constantly devised, in order to enable him to form an independent judgment of their value, neither rejecting a novelty from prejudice, nor blindly adopting it from the love of change, but after due examination

holding fast whatever he esteems conducive to the interests of his patients.

Without any disparagement therefore to my professional brethren in the Army (and I know that I have the full concurrence of those amongst them who are unprejudiced), I do not hesitate to say, that those medical men who have a more extensive and varied field of observation than is open to military surgeons *in times of peace*, those who have a better opportunity of watching and moving on with the tide of medical science, those who living in the centre of the scientific world have easy access to books and the implements for research, have a better chance of attaining high professional acquirement than military medical officers, who deprived by the moving nature of the service of these advantages, have moreover not the leisure for study.

All these considerations had been repeatedly brought under the notice of Her Majesty's Government and it is therefore not surprising, that prompted by their own good sense and sollicitude for the welfare of the army, advised by those who saw the deficiencies on the spot, and urged on by public opinion, H. M's. Ministers, at that time at the head of the War Department, should have been desirous of devising some plan by which the Army-Surgeons might be relieved from their too onerous duties, and these duties confided to men who could offer guarantees of their professional capacity, and might fulfil them unfettered by the regulations of a faulty system. After it had been for some time rumoured that some such measure was in contemplation, the first official confirmation of the report was

conveyed in the following words, uttered by the Duke of NEWCASTLE on the 29th January 1855 in the House of Lords "I am ready to do all justice to the eminent and zealous men serving in a professional capacity with the army in the Crimea, but of this I am certain that in the present state of the army and of the hospitals it will be absolutely necessary, in spite of all opposition and all professional feelings to the contrary, to introduce in those hospitals the civil element."

Even at that time it was not difficult to surmise from whom "all the opposition" emanated and the ulterior course which matters took, or rather the manner in which the civilians were dealt with by the medical authorities of the army, clearly proved that the "professional feelings to the contrary" alluded to, did not mean those of the medical profession in general but of the military branch in particular. I am willing to make every possible allowance for these feelings. On the one hand the public had been unjust in crediting the animadversions, and acquiescing in the censure passed on some of the most prominent, some of the most deserving (and as in the case of Dr. LAWSON one of the most efficient) medical officers of the Army, for faults and mismanagement, which it was afterwards clearly proved did not lie at their door. On the other hand the so called heads of the Department had perhaps some secret misgivings that the faults of "the system" which were so often quoted in their defence were, in a measure, *their own.* The mot of LEWIS XIV "l'Etat c'est moi" might have been aptly parodied by these executive representatives of

"the system." With full propriety they might have said, "le système c'est nous" in as much as if not made by them, they had long before this crisis had the power, if they had had the will, of reforming that system, at least of rectifying many of its defects. "Il n'y a que la vérité qui blesse" is a saying unluckily founded on a profound knowledge of the human heart; imputations cast on that system must therefore have struck a tender chord, and the appointment of men who would be the means of attracting notice to the defects of a system from whose restraints they were themselves freed, could not be expcted to meet with support from its representatives. That a measure distasteful to their superiors should have been regarded with a jaundiced eye by the majority of the medical officers of the Army-Medical-Department, was not unnatural. That the junior officers should have objected to it as likely to interfere with their promotion, was more excusable still, but as the appointments were never meant to be permanent, no fears on that score need have been entertained, whilst their jealousy of the civilians receiving much higher pay, ought entirely to have vanished before the consideration that is was an engagement for a limited period only, without a retiring pension, for which an expensive outfit was to be provided, and that the men appointed had all some professional income to sacrifice, to leave their homes and families and to expose themselves to unaccustomed discomfort and hardships.

Most of the periodicals (medical and other) of that period, seem to have considered the introduction of

the civil element into the Army hospitals, as an experiment intended to try whether really "the regu-"lations of the Army-Medical-Department, those ve-"nerable traditions written on vellum that cannot be "torn and bound by red tape, that cannot be un-"tied", were to blame, and whether an entirely new system would prove more suitable to the wants of the Army. The Army-Medical-Department had certainly no such intention; to my mind, a careful consideration of the origin, the carrying out and the results of that measure proves not only that it had been forced upon that Department by the anxiety of the Duke of NEWCASTLE and Mr. SIDNEY HERBERT, but also that they had determined that it should be cancelled at the earliest opportunity. It is to be regretted that the execution of the plan should have fallen at the period that the two gentlemen above named, retired from office; I do not know whether the step ever had the full approval of the Minister who succeeded them, I mean, not the tacit acquiescence which sometimes a minister is obliged to give to measures forced upon him by circumstances, but the inward conscientious approval which leads to co-operation, but I certainly believe that the plan was not carried out with that earnestness of purpose, that unity of execution which it would have received at the hands of those by whom the first impulse was given.

The first appointments made were those to the Smyrna-Hospital, which were very nearly completed at the end of the second week in February. The gentlemen appointed "were to be entirely independent of "the Army-Medical-Department, were to be solely

"amenable to the War Office at home, and were to "have almost unlimited powers for carrying out the "objects of the Expedition."* After that, a kind of nebulous uncertainty seems to have prevailed in the minds of the War Department as regards their further intentions visible in the following circular which the "Times" of the 20th February 1855 stated to have been addressed to the Governors of the principal hospitals and dispensaries.

War Department Febr. 17.

"Gentlemen,

"I am desired by Lord PANMURE to request your immediate and earnest consideration of a subject which at this moment engages his Lordship's most anxious attention — namely the best means of rendering the vast professional resources of Great Britain and more particularly of the metropolis available, for the medical relief of the British army at the seat of war. Lord PANMURE is well aware that members of the medical profession ever forward in a cause of humanity, no less than of patriotism, would not be wanting to respond to any appeal which might be addressed to them by the Government, but his Lordship is of opinion that the present necessities of the army call for medical assistance of an order which can only be insured by selection from individuals who have already given proof of their possession of the requisite skill, and whose antecedents guarantee their experience; such individuals must be

* See a letter from Dr. A. WHYTE BARCLAY to the Editor of the Med. Times and Gazette. March 24. 1854.

looked for first in the medical establishments of the great metropolitan hospitals."

"I am directed by Lord PANMURE to request your aid and concurrence in his organisation of a special civil medical staff to assist the military medical staff of the army at the seat of war. His Lordship considers that this could best be effected by your selection of two or more medical gentlemen for the posts of physician and surgeon, of four or more other gentlemen of a junior standing as assistant-physicians and surgeons and of such proportion of advanced medical pupils as you may deem necessary to perform the duty of dressers; but his Lordship considers that such an arrangement will fail to secure the services of the most highly qualified of your officers unless you can at the same time, by an internal and private arrangement of your establishment, protect the gentlemen selected from a permanent professional loss resulting from their humane exertions. This can probably be effected only by declaring that such offices as may be held by gentlemen volunteering to proceed to the seat of war on temporary furloughs from the establishments to which they belong shall not be declared vacant during their absence; but that their duties shall be provisionally performed by other gentlemen especially appointed for the purpose, and that they shall be reinstated in such offices on their return."

"The remuneration which Lord PANMURE would propose for these officers would be that already fixed for the civil medical officers at Smyrna, which are as follow — viz., physicians and surgeons £2. 2*s*. per

diem; assistant ditto £1. 5 *s.* ditto. But his Lordship will be ready to consider any suggestion you may desire to make on that head and I am instructed to add that to meet the case of gentlemen who may give up private practice to proceed to the East, it is his Lordship's intention to propose that the salary to be paid by the Government shall be continued for one year from the termination of the engagement, which it is hoped will enable those who may find their private practice wholly or partly passed into other hands, to bear with less inconvenience the interval that may elapse before they can recover it."

"Lord PANMURE proposes that the hospitals to be conducted by the civil staff shall be as much as possible distinct and apart from those in charge of the military staff, nevertheless he proposes to give local medical rank to the gentlemen so engaged."

"Lord PANMURE is well aware that in the present state of the great Hospital at Scutari a local removal of the sick is greatly to be wished. This subject presents many practical difficulties, but his attention has been given to the means of overcoming them; and he trusts that the infection in question will not remain to augment the difficulty of the duty."

From this circular it was perfectly impossible to gather, whether it was their intention to place the civil staff which was to be organized "to assist the military medical staff of the army" at the head of separate hospitals, or whether part of a military hospital was to be confided to their sole and entire charge. The chief tenor of the circular being however, that

Government wished to secure the assistance of "individuals who had already given proof of their possession of the requisite skill and whose antecedents guaranteed their experience," many gentlemen who thought themselves thus qualified volunteered their services. Their appointment through the Army and Ordnance Medical-Department "to do duty in the military hospitals in the East" cleared the doubt, but it was natural and reasonable to expect that the "independence" promised to those appointed to Smyrna would be extended to them.

The next appointments were those to the hospital at Renkoi on the Dardanelles.

It is a matter of regret that all these appointments should have been placed in the hands of different private individuals. However unimpeachable the honor and professional qualifications for the task, of these gentlemen, it would have been preferable had it been entrusted to an officially appointed board. All confusion and some dissatisfaction would have been avoided, and a body thus constituted would have been considered by the public a surer guarantee against patronage, a charge which a single individual could hardly escape. In such a body the War Department would have had a proper and ready council in its novel situation, and it would likewise have served as a court of Appeal for the gentlemen appointed to a somewhat anomalous office, and whose usefulness owing to the want of such authority and support, in more than one respect, was considerably curtailed. In how far the independence promised to the Smyrna and Renkoi staff was maintained, and what their ul-

terior relations were to the Army-Medical-Department I cannot say. My observations are strictly confined to Scutari, but as one of the civil staff there, I can conscientiously affirm that the Civilians appointed to the Military hospitals have no reason to laud the liberal spirit exhibited towards them by the Hospital Authorities. At the time that the first of these gentlemen set out for Scutari a letter, dated "Army and Ordnance-Medical-Department, 9th March," was sent by the Director-General of the Department to the Inspector-General of the Scutari Hospitals, from which I give the following extracts:

"In consequence of the impossibility that exists during the present pressure, of securing a sufficient number of gentlemen of standing and experience in the Profession, for service in this department, as well as with a view to prevent many army medical officers if promoted from being placed on half pay in the event of peace being established, Her Majesty's Government has decided to resort to the services of a certain number of civil medical practitioners, to be employed temporarily at the military hospitals in the East with the standing of Surgeons and Physicians; they are to be engaged with the understanding that they are not to be interfered with in the discharge of their professional duties, or in other words they are to be left to the exercise of their own judgment in the treatment of the sick and wounded, placed under their charge, excepting in special cases where consultation may be deemed advisable. —

"On their arrival at Scutari they will communicate with you, in order that you may make such arrange-

ments in regard to their employment as you consider necessary for the interest of the service. —

"Of course you will take care to place a sufficient number of Assistant Surgeons under their directions to enable them efficiently to discharge the duties which will be entrusted to them."

Assurances to the same effect as expressed in this letter had been given to most of the civilians before they left London, and now I will proceed to describe how the intentions of Her Majesty's Government were carried out as regards those "gentlemen of standing and experience in the profession", who according to the circular which invited their services, and the letter which defined the nature of their appointment, had a full right to expect an extensive field for useful activity.

CHAPTER VI.

Small number of patients entrusted to civilians — Constant moving of Doctors — Countersigning of requisitions — Inconveniences of that part of "the system" — Suggestions for improvements — Causes of partial failure of the measure.

There were several ways in which so large an addition to the medical staff of the Scutari hospitals might have been turned to real use and advantage. The first by entrusting a certain number of patients to their charge, in the treatment of whom "they were not to be interfered with and left to the exercice of their own judgment". The "sufficient number of assistant surgeons to be placed under their direction" of course implied a large number of patients: instead of which, the greater number of the civil physicians had seldom more than 30 patients at one time under their charge, generally placed in 2 or 3 wards, whilst many had often nothing like that number, and some occasionally could not even get a single patient. It is true that no matter how few their patients, they might have had an assistant-surgeon placed under their (nominal) direction, but of this privilege they were not anxious to avail themselves, as it would

only have diminished their already limited sphere of usefulness. Should it be argued that from the time of the arrival of these gentlemen, there were really too few patients in hospital to occupy such a staff, I answer that during the year 1855 the whole of the Scutari hospitals rarely held fewer than 1200 patients, and as several of the civil physicians were at different times in the Crimea, and one absent on sick leave, each of those remaining might have had a hundred or more patients committed to his charge. The staff and regimental surgeons might have been sent to the Crimea or other stations, and some Assistant surgeons retained to act under the civil physicians. Instead of this I can state the fact, that whilst some of these civilians were partly or entirely unemployed, not only young Assistant surgeons but also unqualified dressers were actually in charge of wards, some of whom would have been but too glad to be allowed to proceed to the Crimea. If however there had not been patients enough fully to occupy the civil physicians, it still would have been wise to have organized them into a complete staff, so as to render the whole of the military surgeons available in case of need. Nobody, not even the demi-god at Whitehall nor his high priests in the Crimea and at Scutari, could know what emergency might still arise to render the services of every man amongst them necessary. As it was, happily no such event occurred, though in September a good many of the military surgeons were all at once summoned away *. Had there been such an organization

* "About 100 Doctors are sick from overwork or disgust and yet we have civil hospitals on the Dardanelles maintained

of the civilians in these stationary hospitals, the constant moving of medical officers might have been avoided which, regardless of the interest of the patients, was constantly going on without any other object that I could divine, than that of giving every man the only possible chance of qualifying himself for the honors so parsimoniously bestowed upon English Military surgeons; when however I found out that the privilege of being shifted (if only from one part of the hospital to another) was extended to the civilians, I began to ascribe it to a certain restless spirit, the consequence perhaps of the nomadic habits of the military profession. I speak feelingly because it has been my lot, in spite of remonstrances on my part, to be thus transplanted to different wards amongst patients of whom I knew nothing, whilst the cases, which had been admitted under me and which I thought I had just began to understand, were left to the ingenious devices of some new-comer. That some such organization of the civil staff would have been entirely in accordance with the intention of Her Majesty's Ministers who originated the measure, is evidenced by a passage which I quote from a speech of the R^ght Hon. SIDNEY HERBERT on the 24th January, a few evenings previous to the announcement made by the Duke of NEWCASTLE in the House of Lords already referred to "he (the Duke of NEWCASTLE)" is engaged in forming a hospital staff which will I believe be the means of

at some expense in which the medical men have so little to do that they come up to camp to "tout" for patients and practice." (See RUSSELL's War, Vol. 2. Page 121).

redressing one of the most crying grievances of the army, by supplying the want of a permanent staff attached to the hospitals instead of trusting to those men passing through the hospitals. It is impossible for any thing to be worse than the system which has hitherto been pursued in this respect. I trust that by adopting a sounder one, copied from that of our Allies, our hospitals will be placed in a more efficient state than they have ever yet been". With the French, many a medical officer was left in the same hospital at Constantinople throughout the war, and fought many a hard, less famous but not less dangerous battle, and won many a less bloody but not less glorious laurel than his brethren in the field: it is fair to add that the *laurel* would, under the circumstances, have been denied to his British colleague.

With a proper number of patients the civil physicians, besides bringing the fruit of their experience to bear upon treatment, might have rendered themselves useful by imparting some of that experience to their assistants. Some of these gentlemen had been lecturers at medical schools or physicians to large hospitals, others accustomed to have pupils under their guidance; they would have been too happy to contribute in any way towards supplying one of the greatest deficiencies of the Army-Medical-Department. With the splendid dissecting-room built under the direction of the civil pathological commission, with the numerous and excellent instruments, microscopes, chemical apparatus etc. so liberally provided by Government (at the suggestion of Miss NIGHTINGALE and under the superintendence of Sir JAMES CLARK), with a Pathologist of superior

attainments and industry stationary at Scutari, what advantages might not have been secured for the junior members of the profession!

As regards the non-interference in the treatment of their patients, it is true that those who placed a great reliance on drugs might have prescribed any unlimited quantity of that staple commodity, and that no one would have cared whether calomel was prescribed where magnesia would have answered, or bread pills given where opium was required, and I believe that in this respect the same liberality is generally observed by the senior towards the junior officer; for those however who "throwing physic to the dogs" were wise-acres enough to conceive that the peculiar cachectic constitution (page 27) of some patients required in many cases a mildly nourishing diet, different from the substantial hospital fare, those had to plough an endless field of tribulation and often to ride a steeple-chase with many impediments.

The hospitals generally consisted of several divisions (the Barrack hospital had at different times 3, 4 and 5 such divisions), over every division was placed a staff-surgeon 1st or sometimes 2d class. It is difficult to believe that it was at first required that the civil physicians should be, like the assistant-surgeon, under the control of the staff-surgeon in whose division his wards happened to be situated, in all respects saving the medicine to be prescribed. Thus the diet-rolls filled up by the treating physicians had to be countersigned by staff-surgeons who had not seen the patients, which may be compared to a physician prescribing for a patient whose case he does not know.

I must explain that the diet for the patient must, according to the regulations, be marked one day for the next, so that the physician is expected exactly to know to-day what his patient will be able to eat to-morrow, or rather that the patient is expected to take care to be well enough to morrow, to relish whatever the doctor thinks proper to order for him to-day. The extras, i. e. every thing beyond the regular diet, are properly speaking to be filled up in the morning of the same day they are wanted, but some how or other this could never be accomplished in the Scutari hospitals, and they had also to be ordered the day before. Article 55 of the hospital regulations very naively states, that "the diet table has been so arranged as to prevent the necessity of any extras beyond wine, porter or spirits being ordered, except with milk and spoon diets and in special cases". Whoever now was unfortunate enough to have many "special cases", in which he thought his patients wanted some extras, was exposed to remarks dependent upon the whim of the head of his division. The extras which had not been put on the diet-roll the day before had to be obtained by requisition, which had also to be countersigned. In the regular course of things there was no great inconvenience attendant upon this proceeding, as in the regulation hours for duty, the heads of the division were generally to be found at their post, and it must be acknowledged that the thing required was, after a little delay, generally forthcoming; but if by chance the physician was so inconsiderate as to ask for any thing that was contrary to the local regulation, some times a little energy and perseverance

were necessary to obtain the object demanded*. When however a medical man was so irregular as to look

*In February 1856, we had a few days of, in that climate, unusually cold weather. The snow was on the ground and there blew a sharp East wind; the wards then in my charge were exposed to the wind, without a ray of sun, and had inside galleries which prevented the circulation of the hot air. With constant firing the thermometer could scarcely be raised to 50° F. and my patients complained bitterly of cold. As the fuel allowed was not sufficient to keep up the fire through the night, and at 7 o'clock in the evening no more was to be had from the regular stores, a little wood was fetched from Miss NIGHTINGALE's quarters. Next morning, my requisition for a larger quantity of wood having been refused, I went to the Inspector-General and was told: that the regulations allowed 112 lbs of wood for one stove and no more, which exact experiments had proved to be sufficient to heat a ward. I had frequently seen a regulation to that effect posted up, and often admired how well orderlies and other officials were able to "stand fire" when "in the sweat of their brow" they consumed the 112 lbs of wood which one stove was ordered to burn; in my innocence I had fancied that in the heating of a ward it would make a difference whether that ward were large or small, well or badly situated, with or without a gallery, above all whether the weather was mild or severe. I even dared to give utterance to my astonishment, how on earth the afore-mentioned experiment could have been made, as the weather never yet had been so severe, and adduced the evidence of my thermometer to justify the shiverings of my patients; these remarks seemed to make some impression on my *chef*, who however told me that "a board must first sit" on the propriety of allowing a larger quantity of wood to be issued. If the Head of hospitals was able to preserve his gravity in telling me so, such was not the case with me when with

in upon his patients at the extra-regulation hours and in the middle of the day found that one patient was too ill, say on Wednesday at 1 p. m. to eat what had been ordered for him on Tuesday at 9 a. m., that another patient, for good reasons, had better not eat potatoes, or a third had been unable to eat the egg given him (it being extremely difficult to procure fresh eggs) and wished to get something more suitable for them, if he were so curious as to come late at night, and finding a patient cold and languid wished him to have a little hot gin and water, if he were so over-anxious as to come very early in the morning, and saw that an exhausted patient wanted a trifle at once, instead of waiting for the regulation jorum of tea in prospect for him at 9 o'clock, it was often at serious inconvenience to the patients, either very difficult or impossible to procure these extras, as the heads of the departements were seldom to be found at such "preposterous" hours. Any other necessaries which might be wanted at any time at a moment's notice, such as an air-pillow, a water-cushion, a

my most winning smile I asked him whether he could not let me have the wood first and the board sit afterwards, when the weather grew warmer. I do not know whether it was the force of my observation, the smile which accompanied it, or the determination I expressed to get the wood some how or other (which he well knew meant from the stores always open when wanted) which prevailed upon him to grant me half the quantity of wood beyond that allowed by the regulation "as long as the severe weather lasted", but I got it, and — two days afterwards the weather had become milder.

slipper-bath, some drug or surgical instrument which happened not to be in the divisional surgery, had likewise to be procured by requisition, which in this case had to be countersigned by the principal medical officer as well as by the staff-surgeon. As for any necessary repairs which the physician wished to be made immediately, it may not be without interest to follow a requisition for such, through its eventful course. The process was extremely simple, after having been signed by the staff-surgeon, approved of by the P. M. O. and sanctioned by the Purveyor, at last it arrived at the Engineer's. As the patient requisition not unfrequently remained lying for half a day or so in the offices of the various gentlemen who had to honor it with their sign-manual, it might happen that a sudden hail-storm having taken undue liberties with several panes of glass, a less patient sufferer had to lie some 2 or 3 days shivering before an open window and often had to bless the sudden changes so common in that climate, which brought him warm weather before the official glazier made his appearance. There was a more expeditious way of managing the business, by seeing the unlucky requisition oneself through its various ordeals, but even then a Doctor has sometimes been obliged with his orderlies to set-to mending some broken stove pipes, in despair of ever getting it done *secundum artem*. I really believe that if a fire had broken out in the hospital, the orderly would have had to go to the orderly-surgeon who would have sent a requisition to the staff-surgeon, P. M. O. and so on, before the engine would have allowed itself to be set working.

From this glimpse of the inconvenience attendant

on this system of signing and counter-signing, it will be perceived that is was not alone a keen preception of the absurdity of the proceeding, not even the very natural feeling of indignation any qualified medical man, be he either civil Physician or Military Assistant-Surgeon, would experience at having his prescriptions subjected to such scrutiny, nor the wish of giving themselves airs, or "the love offinding fault", but simply a sense of duty to their patients and a desire of establishing their position as acknowledging no other authority than that of the P. M. O., which from the first caused the civil Physicians and Surgeons strenuously to object to having their requisitions countersigned by the Staff-Surgeon. If owing to this strongly expressed objection this plan was for a time abandoned, it was every now and then tried again to be enforced, whenever a Deputy-Inspector chose to grow cantankerous or an unlucky physician happened some way or other to incur his displeasure. As however even to the last there were some who pertinaciously resisted the supreme will on this point, an other ingenious device was imagined to prevent things being got without at least some trouble. I have still in my possession two requisitions for „one gallon of barley-water for 9 patients in 16 Ward. C. Corridor" which were returned to me with the following polite Memo. "P. M. O. Office. Scutari 27. February 56. The accompanying requisitions are returned to Dr. PINCOFFS with a request that the name and Regimental-number of each man may be specified, as also to mention the Extras to be given to each man". I knew that the Civilians were on the point of

being recalled, and having just then but few patients on hand, I thought I might as well *more majorum* (which here does not mean forefathers, but may be taken for betters, superiors or majors = staff-surgeons) employ my leisure in exercising my penmanship, and therefore filled up that requisition with the names of all the happy mortals who were to partake of the dainty, and I must say in my own praise that ever after (for about 3 weeks) I conscientiously gave the names and all attributes in full, and would even, if required, have willingly added the religion or color of the hair of each individual, for whom I was so greedy as to ask for a little barley-water, ½ lb bread, two or three potatoes, a pudding or a spoonful of gin extra.

Beyond the actual treatment and management of the patients entrusted to their care, the civilians might have exerted a beneficial influence had their occasional suggestions, many of them of a local nature, sometimes been attended to.

Civil physicians and surgeons would gladly have furnished the patient, sent home invalided or transferred to an other hospital, with a report of his case, as a guide for future medical treatment, having themselves labored under the disadvantage of receiving him under their care sent down from Crimea without any such report, although he had perhaps been several weeks previously under treatment. The neglect of furnishing a patient with an account of his case was excusable enough in times of unusual pressure, but at a period when the medical staff had become so numerous, quite inexplicable to practitioners

accustomed to take an interest in each individual case brought under their eye. Civilians would have been glad to have been allowed to watch their patients a while in order to make a correct diagnosis, instead of being obliged, within a few hours of admission, to send in a list of the names of the diseases of any number of patients, a practice which necessarily occasions a hit at random, and must lead to worthless statistics. It was observed that there was danger in patients being allowed in that climate to be out of doors exposed to the heat of a broiling sun at midday, and objection was also made to their being permitted to remain out after sunset, or to sit on the cold stones, or to loiter about smoking in the vicinity of the latrines exposed to draughts. If not blindly wedded to routine as military medicos are, the propriety would have suggested itself of patients being seen at an earlier hour than 9 in the summer and 10 in the winter, (see Art. 11) in a country where the days are so long and bright, and the morning is just the time when one feels most refreshed and disposed to work, especially as the late hour entailed the inconvenience of patients frequently not being supplied with the perscribed medicines till afternoon, as when many cases were on hand the last were not seen before 11 or 12, and then came the dinner-hour which was 1 o'clock. It would also have been a boon had the regular hospital diet been altered in accordance with the climate, the provisions attainable, and the nature of the disease prevalent*. It was proposed in

* I must not be ungrateful and omit recording that on

order to simplify the additional work of the dispenser, occasioned by the influx of civilians from different parts of the kingdom, each prescribing in his own way, to draw up a common formulary, a trifle more in conformity to the modern practice of medicine than that used during the Peninsular war, to be adopted by both civil and military medical officers. Fixed meetings for the purpose of consultation on intricate cases might also have been introduced with advantage.

To my knowledge all these suggestions *were* offered, and probably many other proposals were made which if adopted might have eventually led to improvements on the regular military hospital system, but alas! no hint from a civilian was ever received with favor, and all came to the conclusion that is was a hopeless case, as no measure, not emanating direct from Whitehall, would ever be attended to. They therefore according to individual temperament, some contentedly, others for ever "kicking against the pricks" went on in the usual jog-trot style, seeing, feeding and managing their patients as if they had been in foggy London and had always had the honor of being attached to the British Military-Medical-Department. The local rank spoken of in Lord PANMURE's circular never came to a solution, and though some few civilians desired that it might, partly out of vanity (seeing the importance attached to it by their military brethren), and partly on account of the solid advantages in coals and candles to which it would have entitled

one occasion, when cholera and diarrhoea, were rife I was permitted to substitute rice for potatoes in my wards!

them, I cannot see how their position would have been bettered thereby, except in the one point of better enforcing discipline amongst the orderlies; on the contrary, I am inclined to think that had any such assimilation been made, they would have been subject to military control which might have been terribly galling to many when exercised by men in whom they acknowledged no professional superiority.

Those who originated the idea of introducing "the civil element" into these military hospitals certainly never meant them to do duty fettered by military regulations, nor was it likely that unrestricted by such regulations they would work harmoniously with men brought up and grown old in their chains, so that the appointment of civilians *dependent upon the Army-Medical-Department* must be considered as an injudicious step. The opportunity of extended usefulness was denied them, as comparatively few patients* were committed to their care, their suggestions never met

* It is a striking fact that in the Smyrna Hospital from the time of its being opened (Febr. 55) prior to its being given over to the civil staff, there were as many as 800 patients, whilst subsequent to that period there were never I believe one half that number. Renkoi was ready to receive patients in July 55, but the first draft was not sent down until October. It had accommodation for 1500 patients and a numerous medical staff, yet never held more than 640. The small number may be partly attributable to the then luckily improved state of health of the Army, yet I am inclined to believe that the anxiety of the Head of the Military Medical Department in the Crimea not to overwork the civilians had a share in these arrangements.

with any attention, and it was the evident wish of the Hospital authorities, that the position they held should by no means be considered of more importance than that of Assistant-Surgeons.

It is therefore not surprising that the measure failed in realizing all the expectations it had excited, as the civilians, who went out with the hope and the wish of laboring zealously in their professional capacity, were at least as disappointed at finding no field open to them, as those who had urged their being sent could have been at the small amount of positive good they effected, and the little change wrought by their presence.

If I have been too diffuse in my statements or too severe in their expression, let my excuse be, my very natural desire of doing justice to the "civil element" as well as of proving that its introduction, if carried out according to the original intention, might have been productive of the best results.

Let it not be supposed that personal disappointment has given a sting to any observation I may have made. In spite of manifold impediments, for those who wished to occupy themselves usefully there were still ways and means, thanks to the cheerful assistance Miss NIGHTINGALE was ever ready to lend in any plan for the benefit of the soldier — to the authoritative support of the enlightened Commandant, General STORKS — to the good example of our hard-working senior chaplain Mr. SABIN, and to the cooperation of other clergymen and colleagues. I would, more emphatically still, deprecate the idea that personal resentment has in any way influenced my remarks, for, as a scene

in a drama rendered ludicrous by the bad acting of one of the performers remains present to our mind, long after the tragic parts of the play have faded from our memory, so does the recollection of petty slights and annoyances, which at the moment provoked my wrath (I plead guilty to a not very conciliating temper), at this distance of time excite only a smile, without a shadow of unpleasant feeling towards any individual. I look back with pleasure to agreeable hours spent with military confrères, amongst whom some were even inveterate apologists of "the system" and others, though aware of its evils, had become accustomed to them "as eels get used to skinning." I have met with senior officers who, were their duties professional instead of administrative, would not have disdained to stoop to the microscope or to look up at a test-tube, and certainly were possessed of skill and experience to do full justice to their patients. I have met with junior officers, not yet wedded to "the system" and alive to its defects, who are qualified by scientific attainment, under another system, to become ornaments to their profession. As for those in authority in the hospitals who seemed to be the stumbling-blocks by their everlasting "contrary to regulation" whenever any trifle in the interest of the patients was demanded, the excuse may be pleaded, that the man who does not treat patients himself is less cognizant of their wants and less anxious to supply them. I am moreover convinced that most of them were far too kind-hearted to refuse the sick any trifling indulgence, nay would even willingly have paid for such out of their own pockets, but for

"the system" or rather the blind adherence to a system which, denying a man when young the privilege of exercising his judgment, leaves him nothing better than a machine when he has attained the higher grades of his Department.

CHAPTER VII.

The Providence of the Barrack-Hospital — FLORENCE NIGHTINGALE'S preparation for her "Mission" — Letter from Mr. SIDNEY HERBERT — Her sphere of usefulness — Tacit opposition she encountered — Lady-nurses and Catholic-Sisters — Her assistance extended to all nations.

And now I must speak of her who was emphatically the providence of this Barrack-Hospital, whose ministry brought comfort to the sick and consolation to the dying, whose energy and self-devotion compassed miracles in times of fearful woe and calamity, as evidenced by the testimony of those who shared her labors at the outset, and whose untiring patience under difficulties of no common order, whose open-handed benevolence, extended alike to all the suffering, without regard either to country or religion, and whose invaluable support to the medical officer in carrying out any plan for the benefit of the patients and the alleviation of their sufferings, it was my own lot to witness during many months subsequent to the eventful period, when she of whom I speak first landed on the Asiatic shore, strong in the holy purpose of fulfilling her vocation.

The great secret of FLORENCE NIGHTINGALE'S success

in the noble task she undertook lay in her perfect training for the duties which it entailed. Her enthusiasm for the self-sacrificing calling of a nurse was not the hot-bed production of the harrowing accounts of the "Times' correspondent", the premature birth of the excitement which then prevailed in England, it was the steady growth and full development of years of patient preparatory initiation. She had gone on "from strength to strength", had fed long on "the milk of babes" and was "able to bear the strong meat" which now became her portion. No doubt that many emergencies did occur she never could have calculated upon and that her strong natural intellect and talent for administration carried her through such triumphantly, but the ground-work was there, she had experience of hospitals, was inured to sights and sounds with which most females in her sphere of life are unacquainted, was practically *au fait* in the art of nursing, and above all, had from early youth had the one object of hospital regeneration ever in view and the whole faculties of a mind of no common order had been brought to bear on this one subject. Her exclusive leaning in this direction was at first discountenanced by her parents, but she was not to be dissuaded from following her vocation, and gently and steadily she pursued the object of which she never lost sight.

During a continental tour in 1847 she visited many of the hospitals in Italy and the South of France, and made herself acquainted with the system and working of these establishments. Wherever she went she gathered fresh knowledge on the, to her, one all-

engrossing subject, and neglected no opportunity of applying practically the knowledge she acquired; thus during a short *séjour* in Egypt, it was her delight to tend the sick Arabs with whom she came in contact and it was frequently in her power by judicious advice to render them important services. On her return from Egypt in 1847 she paid her first visit to Kaiserswerth. This admirable institution was the first founded in Germany for the training of Protestant Nurses, forming a sisterhood not bound by vows of any kind, who after a novitiate of *at least* 6 months pledge themselves to observe the rules of the order for a term of five years, at the expiration of which they are free to return to private life or renew their contract, which at fixed periods may always be dissolved. Miss NIGHTINGALE paid a second and more protracted visit to Kaiserswerth in 1851 and there went through the regular course of education which these so-to-say professional Nurses receive.

In 1852 she was for some months in Paris and had constant and familiar intercourse with the French Sisters of Charity, and doubtless acquired much additional information from visiting the convents and the numerous public establishments in which these admirable women exercise their holy calling. After having thus thoroughly qualified herself for the management of a training school for Nurses, she in 1853 for the first time publicly assumed responsible duties by undertaking the direction of the Harley St. Institution. In this Institution known as "The Invalid Gentlewoman's Establishment" educated females are received as patients on very moderate terms, and gratis on

the recommendation of a £ 5. 5 *s.* subscriber. Here her administrative talents were first called into play, here her judgment and discernment exercised to the fullest extent in the control and management of these patients, and here also, whilst witnessing amongst those of her own sex so much bodily and mental disease induced by the mere fact of their position, faculties either misdirected or lying fallow for want of direction, she must have been strengthened in the conviction that many females would be the happier for an object in life beyond the mere aim of supporting themselves, and at the same time have become painfully alive to the difficulties of recruiting from amongst the middle ranks that superior order of Nurses which it had been the cherished object of her life to form, and which had led her to draw the attention of the public to the Institution of Kaiserswerth on the Rhine for the practical training of Deaconesses, in the hope that the example of the German Sisters might inspire the young women of England with the necessary courage and self-devotion to embrace a similar career.

It is impossible to say whether, if at that period a prophetic vision had revealed to her that the infinitely wider sphere of usefulness, which from early youth she had regarded as her destiny (though uncertain how or when it was to be fulfilled), would now shortly be open to her, attended not only by dangers such as she had often undauntedly braved, but actually fraught with perils, "the fire, the pestilence and the sword", she would have contemplated it undismayed, but it is certain that when the hour did come the heroic

woman stepped forth and was ready to obey the "call", for such she doubtless considered the faint echos of the groans of dying and wounded men that reached her ears through the medium of the public journals. Strange to say, that she wrote to Mr. SIDNEY HERBERT volunteering to venture forth with a company of devoted women to bring help were it was so much needed, the very day (15. Oct.) on which that gentleman addressed a letter to her which, through the indiscretion of a friend, found its way into the "Daily News" of the 25. Oct. 1854 from which I copy the following extracts.

"You will have seen in the papers that there is a great deficiency of nurses at the Hospital at Scutari." —

„But the deficiency of female nurses is undoubted, none but male nurses having ever been admitted to Military Hospitals. It would be impossible to carry about a large staff of female nurses with our army into the field. But at Scutari having now a fixed hospital no military reason exists against the introduction, and I am confident they might be introduced with great benefit, for hospital orderlies must be very rough hands and most of them on such an occasion as this very inexperienced ones." —

"There is but one person in England that I know of who would be capable of organizing and superintending such a scheme and I have been several times on the point of asking you hypothetically if, supposing the attempt were made, you would undertake to direct it. The selection of the rank and file of nurses will be very difficult, no one knows that better than yourself. The difficulty of finding women equal

to a task after all full of horror and requiring besides good will great knowledge and great courage, will be great, the task of ruling them and introducing system among them great, and not the least will be the difficulty of making the whole work smoothly with the medical and military authorities out there. This it is which makes it so important that the experiment should be carried out by one with administrative capacity and experience. A number of sentimental enthusiastic ladies turned loose into the hospital at Scutari would probably after a few days be *mises à la porte*, by those whose business they would interrupt and whose authority they would dispute. My question simply is would you listen to the request to go out and supervise the whole thing? You would of course have plenary authority over all the nurses and I think I could secure you the fullest assistance and cooperation from the medical staff, and you would also have an unlimited power of drawing on the Government for whatever you think requisite for the success of your mission. On this part of the subject the details are too many for a letter, and I reserve it for our meeting, for whatever decision you take, I know you will give me every assistance and advice. I do not say one word to press you." — "but I think I must not conceal from you that upon your decision will depend the ultimate success or failure of the plan. Your own personal qualities, your knowledge and your power of administration and among greater things your rank and position in society give you advantages in such a work which no other person possesses. If this succeeds an enormous

amount of good will be done now, and to persons deserving every thing at our hands, and which will multiply the good to all time." —

"Deriving your authority from the Government, your position would ensure the respect and consideration of every one, especially in a service where official rank carries so much weight. This would secure you any attention or comfort on your way out there, together with a complete submission to your orders. I know these things are a matter of indifference to you, except as far as they may further the great object you would have in view, but they are of importance in themselves and of every importance to those who have a right to take an interest in your personal position and comfort. I know you will come to a right and wise decision. God grant it may be one in accordance with my hopes." —

It would appear that Mr. SIDNEY HERBERT was not only imbued with the idea that FLORENCE NIGHTINGALE was the only woman qualified for the task he proposed to lay on her, but also that he knew and reckoned upon her self-abnegation, her courage and her discretion!

On the 21. Oct. 1854 she left England under the protection of her devoted friends Mr. and Mrs. BRACEBRIDGE and accompanied by her staff of Nurses. That immediately on her arrival at Scutari she energetically set to work we have the testimony of the Newspaper and a host of private correspondents. I quote a part of a speech held by Sir JOHN MACNEILL, the Government Commissioner, at the Crimean banquet held at Edinburgh on the 31. Oct. 1856 and published in the

"Times" of the 3d Nov. which gives a simple statement of her practical usefulness.

"But though I am unable to tell you who was responsible for leaving the sick in that wretched condition, I am able to tell you who rescued them from it. FLORENCE NIGHTINGALE found them in that condition and except the aid she received from the Times fund, provided, at her own expense, linen for the numerous patients, which could not have cost less than £ 2,000 or £ 3,000. She found the hospitals unprovided with any establishment for washing the linen, and with the aid of the ladies and the nurses made arrangements for that purpose, some of the ladies taking an active share in that menial labor. She found the hospitals without any trained cooks, and she established a private kitchen in which food fitted for those who were most reduced was prepared, and, I have no doubt, contributed to save the life of many a brave man. Foreseeing that the accommodation would be insufficient, she urged the repair of a large wing of the Barrack-Hospital which was so dilapidated as to be uninhabitable, and the repairs were commenced; but the workmen soon struck because they were unpaid, and the officer who had charge of the work could not procure the requisite funds. She advanced them from her own means, and curiously enough, the very day on which those repairs were completed a number of sick and wounded, sufficient to fill that wing, and for whom there was no other accommodation, arrived from the Crimea and were placed there. But the wards were as empty as barns and the hospital authorities declined to provide the requisite

furniture, she purchased it at her own cost and furnished the wards; but the amount has since been repaid. I mention these things — and I might tell you of many more — because many of you may not know or may not remember them, and very few I am sure, have ever heard or will ever hear of them from her. But it is needless to dwell further upon services to the sick and wounded which are known to the whole world — which have redounded to the honor of the nation, which have made her name dear to the army and to the country, and which secure to her a place in the history of our times as the worthy leader of one of the most remarkable movements which this war, in many respects memorable, has produced."

In spite of this and much other testimony to her successful efforts, the general public is still little able to measure the extent of her merit. The steady firmness in overcoming difficulties which had their origin in the not unnatural aversion to her mission, which though never openly displayed was still secretly felt by many with whom she was of necessity constantly in collision; the gentle endurance of constant impediments thrown in her way by the ill-will of those who should in their manhood have scorned all petty jealousy and have aided and abetted her wherever they might; the patient long-suffering during many months of much negative opposition, requiring far more judgment and temper to cope with than any positive resistance for — as the collective pressure of many little fingers suffices to set a table turning, though the pressure of each singly be imperceptible — so does the aggregate of many nameless grievances make up

an amount of trial which would quickly have disheartened many a woman even of superior mind. These virtues were veiled to the public eye, yet in them lay the power and the influence FLORENCE NIGHTINGALE acquired and exerted to the benefit of thousands.

It was not my privilege to be a witness of Miss NIGHTINGALE'S personal efforts as a nurse at the time when our hospitals were overcrowded with sick and wounded, but I can from personal experience testify that she never spared herself when unusual pressure did arise. She was in the Crimea at the time of the sudden alarming outbreak of cholera in the Barrack-Hospital in Nov. 1855. Directly the news reached her, she hurried back to Scutari and in those cholera wards resumed her useful labors with her accustomed activity; I believe that there never was a severe case of any kind that escaped her notice, and some times it was wonderful to see her at the bed-side of a patient who had been admitted perhaps but an hour before, and of whose arrival one would hardly have supposed it possible she could already be cognizant. This was the case on the night of the 9th January 1856 when she was actually earlier than the Orderly Surgeon in attendance on a poor wretch belonging to the Land-Transport corps, who had fallen asleep whilst on watch on the common and had set himself on fire; his agonies were soothed by her presence, and although the case was a fatal one, there can be no doubt but that his life was protracted and his fearful sufferings greatly mitigated by the watchful care she and her clever aide-de-camp, skilful Mrs. ROBERTS,

bestowed upon him. Her assistance was invaluable to those medical men who desired to procure any extra comfort for their patients; from her kitchen the dainty pudding was never withheld, a warming-bottle, a hip-bath, an air-pillow, an easy chair — freed from the vexatious operation of signed and counter-signed requisitions — were obtainable from her store, books and games were supplied by her to cheer the dull hours of convalescence. The men knew from what source their comforts flowed and appreciated her kindness. Through her they had received the expression of their Royal Mistress' sympathy and approbation, which printed and posted up* in every corridor was constantly in their view, they felt that she was the medium through which all benefits reached them, and their occasional hearty demonstrations of good-will and gratitude towards her must have helped her to persevere in doing good in their behalf, for she certainly lacked encouragement from the military medical officers, some few of whom retained to the last a ridiculous jealousy of any "meddling"† instead of

* "I wish Miss NIGHTINGALE and the ladies would tell these poor noble wounded and sick men that no one takes a warmer interest or feels more for their sufferings, or admires their courage and heroism more than their Queen. Day and night she thinks of her beloved troops. So does the Prince." — Extract from a letter of the Queen to Mr. SIDNEY HERBERT Dec. 6. 1854.

† It will appear almost incredible that as late as the night of the 27th January 1856 an orderly refused at her request to supply a dying patient (whose feet she had found stone cold) with a hot water bottle, on the plea that his orders

thankfully acknowledging any interference on her part, which was always strictly limited to the nursing and comforting of their patients.

Many devoted females shared her labors, and greatly to be honored is that company of educated women who with her voluntarily exchanged the comforts and refinements of home for the dangers and privations they were sure to encounter in a military hospital. Here as every where the Catholic Sisters of Mercy did their duty bravely and well, under the superintending direction of their worthy Rev^d. Mother. In one of their number I found a most valuable auxiliary when in charge of the 1st Jäger-Regiment, and many a poor German soldier would, I am sure, heartily join me in all blessings on the head of good Sister GONZAGA.

I must confess to a leaning towards Catholic Sisters as hospital Nurses *par excellence.* English, French, Irish and Italian, all with whom I have ever come in contact have shown themselves intelligent and docile as assistants to the Physician, patient and uncomplaining under any accumulation of work, and invariably

were, to do nothing for a patient without directions from the medical officer. Miss NIGHTINGALE immediately applied to the orderly surgeon, who of course gave the required instructions. The refusal of the orderly appeared justifiable to me when I learned from a reliable source that he had been put under arrest for a similar offence on a prior occasion, and that the junior medical officers and orderlies in this newly opened 5th Division, quite close to Miss NIGHTINGALE'S quarters, had been told that the less they had to do with Miss NIGHTINGALE'S people the better it would be for them.

gentle in manner towards the patient and so thoroughly conversant with the practical part of their business, that all the help they gave was done handily and expeditiously. It has appeared to me that to pass a life-time in the cheerful performance of duties oft times revolting in the last degree, it must require the all powerful incentive which actuates these women, who literally "work out their own salvation" and purchase Heaven at the price of complete renunciation of all earthly joys. My own experience amongst Protestant Sisters is less extensive; I believe that the very absence of such enthusiasm as inspires their Catholic fellow-laborers renders their abnegation all the more meritorious, and that notwithstanding they lack the essential element, the strength of all Catholic communities — implicit obedience — some of them may be found most devoted nurses. The attention of the nation has been called to the deficiencies of the nursing system generally pursued in England, and it is to be expected that in consequence of Miss NIGHTINGALE'S meritorious exertions there will be a complete reform of this branch both in civil and military hospitals.

We have reason to believe that in her position towards the nurses of all persuasions, Miss NIGHTINGALE behaved with uniform consideration and impartiality. It was her wish that each should enjoy the privileges of her own religion without endeavouring to proselytize her companions. On many occasions she showed her freedom from all intolerance, and in this assertion those will bear me out, who saw her attend the death-bed of a Sister who died at Balaclava, stand by whilst

extreme unction was administered, and follow her remains to the grave.

But Miss NIGHTINGALE's sphere of usefulness was not confined to the sick; her active and benevolent mind embraced the whole Army, and perhaps the amount of positive good done by her was greater even in other ways than in actual nursing. She was foremost in every plan for affording the men harmless recreation; on her own responsibility she advanced for the "Times fund" the necessary sum for completing the erection of the Inkermann café; she aided the active senior chaplain in establishing and furnishing a library and school-room, and warmly supported him in getting up evening lectures for the men. She took an interest in their private affairs, and forwarded their little savings to their families in England at a time when there was no provision for sending home small sums; she wrote letters for the sick, took charge of the last bequests of the dying and forwarded them punctually to their relations; she supplied the convalescents with books, games and writing-materials, and with considerate attention to their comfort had a tent made to protect those who were permitted to take the air from the scorching rays of an Eastern sun and — endured the mortification of a refusal from the Hospital Authorities to have it put up.

It must not however be supposed that Britons alone have cause to remember with gratitude Miss NIGHTINGALE's visit to the East. Our Allies were liberally supplied by her with many hospital comforts and to her quarters in Scutari the natives, both Turks and

Greeks, constantly resorted for advice, medicine, alms etc. The sick and the needy of all nations found in her an active friend. In the spring of 1856 when the scourge of Typhus fever committed such fearful ravages amongst the French, and the *amour propre* of the *Intendance* prevented their at first accepting General STORKS' humane offer of medical comforts which they lacked, as a loan from the British Government, she paved the way in overcoming their scruples, by sending as a present to the sisters and medical officers large quantities of wine, arrow-root etc. * The Sardinian Sisters of Mercy experienced much kindness at her hands when put to great straits in consequence of the destruction of the ship „Croesus" by fire; from her stores they were supplied, in the first hours of their need, with many necessaries for their poor patients, she visited them herself at Yeni-Koi and remained during the whole campaign in constant communication with them, both on the Bosphorus and in the Crimea. The deficiencies of the German (both Austrian and Prussian) civil hospitals having been brought under her notice, they also became recipients of her bounty, the Prussian especially will not soon

* It is not unlikely that the fact of Miss NIGHTINGALE's liberality towards the French Army is a secret jealously guarded by the *Intendance*. This would account for the surprising fact of the Ruler of the politest nation in the world being behind the Eastern Potentate in courtesy towards a lady. As far as I have learnt, no similiar graceful acknowledgment of her services, as that offered by the Sultan, has up to the present reached her from the Emperor of the French.

forget her name as the additional hospital building, only lately, completed has been furnished almost entirely with her gifts *.

Without the aid of the large amount of free gifts put at her disposal it would have been impossible for her to dispense benefits thus liberally, and it must be gratifying to those who at home made sacrifices to enable them to send contributions to Scutari, to know that after the British soldier had been provided for, the surplus went to help the necessities of the sick of all nations, of all creeds and of all callings †.

FLORENCE NIGHTINGALE may have had, nay still may have detractors. No person, man or woman can play a public part without having to suffer from misrepresentation, but time will dispel the mist of prejudice and petty jealousy through which medium her acts have oft been canvassed, and then will remain clear, bright and shining the good she has effected, and her name will be held up to the veneration of our grand-children, her example as "a hand-maid of the

* The Prussian hospital was at that period the only one where English patients could be admitted, except the *then* (see page 14) miserable establishment for merchant seamen and where of course women could not be received.

† The British consular hospital lately established at Constantinople has likewise been liberally endowed by Miss NIGHTINGALE "who in spite of the manifold claims to her exertions procured whatever she could for its outfit." See Letter from Constantinople Dec. 26. 1856 in the "Times" of January 9. 1857.

Lord" * piously imitated by the daughters of England.

* See "the Institution of Kaiserswerth on the Rhine for the practical training of Deaconesses". Printed for the benefit of the Invalid Gentlewoman's Establishment — Upper Harley St. page 32.

CHAPTER VIII.

Causes affecting the state of the British Military Medical Department — Education of officers of other Departments —Want of a Medical School — Lumbering administrative duties — Career of a Military Surgeon — Loss of taste for scientific pursuits — Its inconveniences — Military medical Statistics.

In considering the various causes which influence the state of the Army-Medical-Department, I must for a moment transgress the limits of my professional observations, convinced as I am that one of the primary causes affecting the standing of the Military Medical Department is to be found beyond and not within the pale of that Department. I have already mentioned why the Army in France is held in higher estimation than it is in England, and I shall now endeavour to show why the medical service in the British Army does not enjoy the same relative advantages of position compared to the other departments, which it does in the French Army.

The average education of the soldier in France, and in other countries where according to the conscription he is taken from all classes of the people,

is superior to that of the British soldier. As regards the officers, it has been truly remarked that the great difference between the English and French officer is that "the one is a professional man and the other an amateur". The one is regularly educated for what he considers his profession for life, the other scarcely educated at all, had until very lately been subjected to no special training for what he looked upon as a mere temporary occupation. An uneducated man will sometimes be found a blind admirer of education in others, more often however it occurs, that those who have attained what they deem an important position, through wealth and influence only, show a disposition to look down upon those who possess that advantage over them; and it is likely that some such feeling has been the cause of the Army medical staff, as a necessarily educated body of men, having been subjected to much supercilious treatment at the hands of some of the officers of other departments. That such treatment has acted most injuriously on the medical service I have little doubt, as it is quite natural, that young men entering that service and quickly finding out that superior attainments, skill or industry, secured to them no advantage as regarded their social position and that neither their pay, promotion or the honors awarded to them according to merit, are of such a nature as to allow of their asserting their own dignity and rising superior to such treatment, should gradually attach more importance to the military rank of their grade than to eminence in their calling, and by degrees lose all interest in their profession, so that at last, if not actually ashamed

of their position as medical officers, they certainly no longer feel proud as they ought to do, of being members of an honorable profession. It is true that the medical officer of advanced grade is preserved by his higher relative rank from the slights often cast upon his junior brethren, but, ere a man attains a high grade his habits of thought are formed and he has probably lost the just appreciation of the value of his calling. Not honoring his profession himself, it can not be expected that others will honor him as its representative, and thus in course of time, the want of consideration exhibited by the officers of other departments towards the medical branch of the service, and which originally was the cause of the medical officer declining in his respect for his own calling, becomes at length in a measure justifiable. Such a state of things does not exist in France, where the officers are either highly educated, or entirely uneducated owe their promotion to *merit*, but in all countries where rank and wealth still command the appointments and promotion in the army, as in Prussia and the petty states of Germany, an analogous feeling in the other officers of the army towards those of the medical department is more or less observable.

Of late there have been great changes introduced in the appointment of officers in the British Army; education will henceforth not be considered superfluous, necessary to all in some degree, when of a superior order it will ensure distinction to its possessor. The tone of the various departments will be thereby improved, ambition will be excited in all, and the beneficial influence will extend to the medical officers also,

who will then be themselves the first to propose and call for such improvements as will render their department second to none in the service.

If the circumstance to which I have just alluded as having influenced the standing of the Medical Department was partly beyond the control of the members of that department, there are still, it must be confessed, other causes which more vitally affect its condition, and the removal of which lies more directly within its own province; as such I more particularly refer to the surprising fact, that whilst for the various other branches of the service schools are provided by Government, no provision is made for raising an efficient medical staff for the army, and also to that part of "the system" which takes the medical officer away from the treatment of patients to lumber him with duties, which might be performed as efficiently by any uneducated individual, at any rate, by one of inferior education to that expected in a physician. The effects of these two causes are so intimately connected that trying to separate them would lead to endless repetition, in order therefore to illustrate my meaning, I will try to give a sketch of the career of an Army Surgeon, and the reader may then judge what chances are left him, from the moment of entering the service until he attains the highest grade in his department, of ever becoming an ornament to his profession.

Candidates for the appointment of Assistant-Surgeons (which rest with the Director General) have to be examined by a Board of medical officers. The competency of a Board appointed for this purpose by

the Director General we will take for granted and proceed: "the Candidates are expected to be particularly well acquainted 1° with tropical diseases, and diseases to which soldiers are most liable; 2° Military Surgery &c. &c. they are required to translate vivâ voce a passage from a Greek or Latin author, to have in their possession the most approved modern books on the various branches of Medicine and Surgery" (follows a list of those modern (!) books commonly met with in the service), "to produce such works with their names inscribed therein, in order the better to satisfy the Examiners that they are bonâ fide their own property." It is moreover required that amongst other testimonials they must produce one "of twelve months attendance on Surgery, or (what is preferred) six months' surgery and six months' military surgery." Now I am at a loss to understand, how without a military medical school, it is expected that the required "good acquaintance with tropical diseases, and diseases to which soldiers are most liable, and military surgery", is to be obtained by young men "who must not be beyond 26 years of age." — Let us however again take it for granted that the examiners are satisfied that the candidate possesses the necessary qualifications, and he receives his appointment. Some mention is made of "a probationary period of service at Chatham in order to ensure that the selected candidate be fit by his capabilities and conduct for the duties attached to the appointment." I know that this probation is merely nominal, we will however suppose our candidate at last appointed after this final ordeal, and

now our young man is shipped off to Hong-Kong, Jamaica or the Western coast of Africa, at all events far enough to cut him off from all communication with the scientific world. During the many following years which he remains an Assistant-Surgeon and may be shifted from one part of the world to the other, his professional duties are confined to his regiment, where at the best he may have daily 20—30 patients to attend. I now take the case most favourable to his professional development, where he has either no full surgeon placed over him, or one who is satisfied with his administrative duties and leaves the treatment of the patients to the Assistant-Surgeon. In the contrary case he might have to content himself with, according to Article II of the regulations* "prior to the surgeon's visit at the bedside of the patient, entering in the register-book the previous history of the complaint" or to Article 2 "making health inspections weekly, bandaging and dressing sores and ulcers, filling up the diet tables, preparing the medicine prescribed for patients and seeing the same invariably administered twice a day — also when required to make out the surgeon's periodical returns in order to familiarize himself with this branch of the duty." I must here remind my reader that an Assistant-Surgeon must be a member of one of the colleges of surgeons ("those that have had an University education and have the degree of A. B. or M. A. as well as that of M. D." being preferred)

* Regulations for the management of Army Hospitals at home and abroad. War Office 1845.

and is therefore a duly qualified practitioner*. After some 10 years the Assistant-Surgeon becomes a full surgeon (Regimental or 2d Class Staff-Surgeon), and now he is expected to undertake all kinds of duties, such as, if necessary providing a proper place for an hospital, moving the patients and distributing them among the Assistant-Surgeons, taking charge of medical stores and instruments and looking to their being well kept, providing the necessary utensils, accommodation and hospital dresses for the patients, procuring and paying for supplies and keeping the accounts of expenditure, overlooking diet-rolls, receiving reports from the Assistant-Surgeons and forwarding monthly, quarterly and annual reports of all kinds; in short, duties entirely without interest to the professional man, the amount of which, if he still has the wish of treating patients, renders his attendance upon them next to impossible. After another 10 years' service, with such chances as I have shown him to

* Such like duties were formerly performed (in CROMWELL'S army) by Surgeon's-mates and Hospital-assistants; during the Peninsular war by Hospital-mates; they were not commissioned but warrant officers; in 1813 they were raised to the rank of commissioned officers and called Hospital-Assistants; in 1830 this rank was abolished and they were all made Assistant-surgeons. The Dressers are a creation of the last war, they were employed in the Hospitals at Scutari and in the Crimea; like the former Surgeon's and Hospital-mates they were appointed without diploma, in like manner it is expected they will be raised to the rank of Assistant-surgeons and therefore we stand a fair chance of some day seeing some of them without any further qualification if not as "artis", at least as "cohortis principes."

have of improving his practical talents, the surgeon of the 2d Class becomes a Staff-Surgeon 1st Class, and when a 1st Class Staff-Surgeon happens to be stationed in a permanent hospital, he is not expected any longer to demean himself by treating patients, with the exception of an occasional operation or consultation, his duties being of the same nature as those before mentioned of the Regimental or 2d Class Staff-Surgeon, only on a larger scale and with more numerous subordinates. Ten more years of occupation so devoid of interest and unbecoming a professional man, may now make the 1st Class Staff-Surgeon a Deputy-Inspector or Inspector-General. If a stray operation or a consultation reminded the 1st Class Staff-Surgeon of his being a medical man, he is at liberty to forget that fact from the moment that he becomes a Deputy-Inspector or Inspector-General. Their duties are entirely administrative, such as the overhauling of accounts, collecting and forwarding reports, and inspecting, at stated times, the *matériel* of the hospitals committed to their charge*.

* In the Barrack-Hospital at Scutari there were at one time for about 500 patients one Inspector General, 2 Deputy-Inspectors and 5 Staff-Surgeons (for each division one) who, except at an invaliding Board or when occasionally passing through or inspecting the wards, never saw a patient; I suppose that they in common with numerous medical and purveyor's clerks, hospital sergeants and orderlies were busily engaged in the above mentioned administrative duties. These non-medical duties properly belong to a specially appointed authority, be he called *superintendent*, *purveyor*, *sous-intendant* or *comptable*. Overburdening the Surgeon with such

It is possible that during the 30 odd years which a man must serve before becoming a Deputy-Inspector, he has an opportunity of hearing something of what is going on in the medical world, and of keeping *au courant* of the progress of his art, it is more likely however with the best intentions and wishes, he has neither the leisure nor opportunity of reading any books more modern than those in which before entering the service he was obliged to inscribe his name, and that by the time he becomes an Inspector-General, he has either entirely lost all interest in and taste for his profession, or that from the want of study and opportunity of keeping up with his century and exercising his talents as a practitioner, he feels himself perfectly antiquated at an age when he ought just to have attained the acme of scientific and practical acquirement. Yet from amongst these men is chosen the Head of the Department with whom lies the care of the whole service, the appointment and promotion of the junior officers, the introduction of the changes demanded by circumstances and of improvements required by an advancing state of knowledge! It is clear that the head of the department cannot possibly be *au fait* of all these requirements, as the greatest accumulation of non-professional duties naturally falls to his share. One must presume that

duties seems in no way to render the Purveyor's office at present a sinecure, the clerks in that Department being numerous, and the business transacted with the medical officers at the different stations, and particularly with the Head of the Army and Ordnance-Medical-Department, being pretty considerable and perplexing.

for advice or suggestions on strictly medical points he must look to those immediately under him. Are such suggestions ever made or do natural modesty or want of interest in the state of the Department prevent, or military discipline, so well enforced in the service, forbid their being made? — It is a question I cannot answer, but experience shows that progress is not the element of the Army-Medical-Department.*

Though we are told that "Assistant-Surgeons previous to their promotion to any higher rank must be prepared to undergo such other examination before a Board of medical officers as may be deemed expedient," it is well known that no such further examination ever takes place, and that save and except where protection prevails, and in the few cases where a man has the rare opportunity of distinguishing himself in the field, promotion, as well in the junior classes from Assistant to full Surgeon as in the higher

* It is with the greatest satisfaction that I here mention a most laudable exception to the regular stand-still proceedings of the Department, which has lately been made by the constitution of a Medical Society for the Army. This Society, established in the Crimea by some deserving junior officers and there already productive of some interesting results, has lately been organized and sanctioned by the Director General as "The Medical and Surgical Society of the British Army." Incalculable are the beneficial results to which it may lead! The formation of such a society, emanating from junior officers, may be hailed as a most auspicious omen, as a sign of a healthy and vigorous spirit beginning to show itself in the Department.

grades of the service, is regulated by seniority; in this method of promotion, in which real professional merit cannot properly be taken into consideration, and in the absence of all honorary rewards to junior medical officers, another cause is to be found co-operating to produce the various evils which I shall now proceed to detail.

I have shown that the system of placing numerous administrative duties in the hands of the medical officer ends in estranging him entirely from his profession. This for the sake of science, and in as far as he himself is concerned is certainly to be regretted; for the service its effects are pernicious.

There being no proper military medical school from whence the officers are taken and where their value as students is known to the Professors, the candidates for admission into the service are, as I have already stated, examined by a board of medical officers appointed for the purpose by the Director General. After the account I have given of the probable professional qualifications of the senior medical officers, it will be evident that the competency of such a board of examiners which I had, in order to be able to proceed, momentarily admitted, becomes extremely questionable. A man who possesses the standard works of Gregory, Hunter, Mason Good and others (those commonly met with in the service) may indeed, with a proper field for observation, become an accomplished practitioner, something more however is requisite to make a competent examiner of young men fresh from our schools of medicine. He must not only be acquainted with the works of

ANDRAL, BAUDENS, BRIGHT, BRODIE, DALRYMPLE, DIEFFENBACH, FERGUSSON, LAWRENCE, LISTON, MACKENZIE, MARSHALL-HALL, MILLAR, MARTIN, PIROGOF, PROUT, RICORD, SCOUTETTEN, SYME, STROMEYER, TAYLOR, VELPEAU and a hundred others, he must be moreover familiar with the use of the stethoscope, the microscope and the test-tube, or his undertaking such examinations becomes a farce, or is an insult to the colleges and universities whose diplomas and licenses the candidates hold. — The same would of course apply to examinations for higher grades, which however only exist in print.

After the young Assistant Surgeon has entered upon his duties, it is more than likely that he will not be interfered with in his practice, and be allowed to gather as much knowledge and experience as his already somewhat heterogeneous duties will allow of. Should he however by chance meet with a senior officer who takes note of his mode of treatment, he will very probably be exposed to many sneering remarks on his new-fangled notions, if he happen to have a taste for scientific investigation. One of the worst consequences of the non-progress of the senior officers is, that (perhaps not unlike the fox with the grapes) they are apt to undervalue scientific attainments altogether. On the junior officer this acts most prejudicially by stifling all desire of pursuing his studies. As he perceives that his superiors are quite as well, if not better pleased if he puts "his candle under a bushel" and knows that neither his scientific attainments nor his professional exertions will in the least influence his promotion, he abandons scientific

pursuits and seeks the company of young officers, and in such company frequently smarts under petty slights, his leisure hours, which would otherwise be spent usefully, are passed in unprofitable occupations, he is led into expenses beyond his means, though his pay would otherwise be sufficient, and thus every thing tends to render him dissatisfied with his position. For the young man himself, it would therefore seem more desirable that no note should be taken of the discharge of his medical duties, but here again it is disheartening for him to feel that whatever be his superiority over his colleagues in point of talent and acquirement (and a man may be allowed to have a proper feeling of his own value), however hard and conscientiously he labor, it is exactly the same, and time only, if not favor, will lead to promotion, and thus again there is the same result — disgust of his profession.

In civil life likewise young men, who have had sufficient theoretical instruction, must gain experience by private practice, those however who seek their advice do so voluntarily; in difficult or special cases the young practitioner may and does seek the assistance of his confrères of more general experience, or of more special knowledge in any particular branch; in public charities the younger (assistant) physicians and surgeons have in similar cases the senior officers of their institution to guide them. The soldier does not choose his own medical attendant, and is it just I ask, that his case should be intrusted to the young surgeons exclusively, who have not the advantage of such competent assistance at hand? — I have strenuously ad-

vocated the necessity of continued study, but study alone will not produce a sound practitioner, any more than practice alone will produce any thing beyond a mere empiric. The two must be combined, in order to obtain such practitioners, as to whom alone the treatment should be confided of those who serve their country; such practitioners will be able to discern all the niceties of treatment required for constitutions modified by climate and other circumstances (page 27), with a sufficient staff of such practitioners there need be no more fear of disparaging remarks being made by either private individuals or public papers.

It would be unnecessary to refer to the absence of science evinced in many of the arrangements of the Department, if most of these arrangements had not a direct bearing on the interests of the service.

It would be unimportant whether the Army-Medical-Department chose for their medical returns to adopt a "Table a Diseases" quite out of date (with due respect for WILLIAM CULLEN † 1789), on which neither Pleurisy, Diseases of the Heart nor Delirium tremens are mentioned, but where on the other hand five kinds of Cynanche (sore throat) and such diseases as Dyspnoea continua and Phthisis a Vulnere occur, if from those returns the medical statistics of the Army were not compiled to which the War Department has to look for guidance *. It would be of

* Article 82 of the *Regulations for the Management of Army-hospitals. Edition of* 1855 says: "the nomenclature is to be strictly in accordance with the table of diseases" therein mentioned.

no consequence whether the Army-Medical-Department chose to physic their patients according to an

It is true that on this table some diseases are found besides those mentioned in CULLEN's "Synopsis" (who would have shuddered more perhaps at such Latin as "Punitus" than at the idea which it is meant to convey), and that in the returns of the last war many other diseases were admitted, but such returns do not bear too close a scrutiny. In one for instance of Dr. HALL (October 54—March 55) after apparently having exhausted all the diseases to which flesh is heir, we find such complaints mentioned as "sudden death", "other diseases" and "observatio" of which disease one man actually died; the greatest feat of diagnostic power being exhibited on this same table by the specification of one case of "ruptured spleen" — who did not die!

Such affections as Bright's disease, Chorea, spinal-irritation, Hemeralopia (all not so very uncommon amongst soldiers) being omitted on the table, it seems rather preposterous that the surgeon has to accommodate his diagnosis accordingly; more serious inconveniences however arise from the mode in which these returns are ordered to be given in. In the Barrack-Hospital this business was managed in the following manner. In the evening (regulation hour 8—9) the physician found a certain number of newly admitted patients, who after 48 hours' voyage from the Crimea had (if not too ill) been put in a warm bath, and were of course most anxious to go to sleep. The names of the diseases were to be given in at the Deputy-Inspector's office before 8 a. m. next morning, the physician was therefore there and then to make his Diagnosis. No report was sent down with the patients, though many of them had been in hospital for a fortnight or more, their word had therefore to be taken for any information about their former complaints and the treatment they had undergone. Any one at all acquainted with the

antidiluvian set of prescriptions, if the want of a proper Pharmaceutical staff did not give rise to useless

subject will know that in most cases a correct Diagnosis can (even by the most competent physician) only be made after a few days' observation; as therefore it was utterly hopeless to attempt such a task with a goodly number of exhausted, drowsy and still steaming patients, most of the physicians gladly availed themselves of an expedient which luckily offered. The larger number of patients arriving at Scutari were convalescents from Fever, Diarrhœa or Rheumatism, as however neither Convalescence nor Debility are admissible amongst the names of diseases, it was much simpler without taking note of the existing complications or secondary diseases which might afterwards be found out, at once to put down the complaint for which the patient said he had been in hospital before; thus a patient who had once had fever was simply chalked down as Febris c. c. (febris continua communis), one who had had diarrhoea as diarrhoea chron., whilst he who had a pain in his back or shoulder (no matter whether afterwards this pain was found out to be a symptom of renal or hepatic disease) was without compunction marked Rheumatism. chron. The consequence was that any one going through the hospital and looking at the tickets over the beds, would have declared the hospital full of fever, rheumatic and diarrhoea patients, a judgment which was luckily contradicted by the many empty beds, whose tenants were probably just then enjoying the only medicine necessary — good food and fresh air — which in a fortnight generally enabled them to leave the hospital. It is true that the physician, if after having attended his patient for a while found out another more serious disease, might discharge the patient *pro formâ* as cured of his febris c. c. and re-admit him for the new disease. In that case two patients appeared in the books instead of one. So much for the value of the Medical statistics of the last campaign!

expense and confusion *. It would be immaterial whether the Army-Medical-Department were given to Pathological research or not, if sometimes pathological investigation did not lead to important discoveries of the cause of disease amongst men and cattle and thus become of vital importance to the service †.

* The rank of Apothecary which formerly existed was abolished in 1830; it was restored in 1854 and there are now a few Apothecaries attached to the Army-Med.-Depart. "The preparing of medicines and dressing of sores" is according to article 2 of the Hosp. Regulations the work of the Assistant-surgeon, but since 1854 there are also a few dispensers of medicine attached to some of the regiments and in the general hospitals. All this does however by no means constitute a properly educated and organized pharmaceutical staff. In the Scutari Hospital much extra work arose from the want of a proper formulary, compiled according to the requirements of modern Materies Medica, Pharmacy and Therapeutics, as every one prescribed in the way he thought proper: so much had been said and written about the want of medicines that it was determined that such deficiency should no longer be complained of, and our excellent medical store-keeper was authorized to provide whatever any one chose to ask for; the rarest and most costly (though not always the most useful) drugs were thus sometimes required and much useless expense ensued. This would never have happened had there been a competent Pharmaceutical staff by whom all these matters might have been settled, as, to rules drawn up by such a staff even the most *exigeant* civilian would have conformed, and the Profession would have been spared the opprobrium of quack medicines, such as Diarrhoea and Cough mixtures, being sent out on trial.

† When the Civil Pathological Commission sent out by H. M. G. to inquire into the diseases of the Army in the East

That the service is often impeded by too strict an adherence to regulations has, I believe, already been sufficiently proved. No one would for a moment contest that there must be regulations, but the English Principal Medical Officer has the invaluable privilege of being able, in case of need, to dispense with such regulations; this privilege constitutes one of the many advantages which the English Military Surgeon possesses over his French *confrère*, certain when he avails himself of it for the benefit of his patients to be approved by a liberal government, and if needs, upheld by public opinion. It is therefore earnestly to be wished that he in whom such power is rested should know and take an interest in the cases within his hospital, be clear-sighted, unprejudiced and independent enough, whenever required, to take upon himself the responsibility of removing obstructions without the unavoidable delay of first referring to a Board which he himself appoints.

was recalled, Military Pathological Boards were appointed; that of Scutari under the Presidency of a most excellent and distinguished officer, but — Pathology is not learned in a day, its tributary branches, chemistry and microscopy, require the study of a life-time. I know that at the time of the Typhus Epidemic in the Spring of 1856, when 10 medical men from Scutari were detached for duty in the French Hospitals, one member of the Military Pathological Board who was eminently qualified for the office, proposed to institute pathological researches in the French Hospitals; why this proposal was not attended to is best known to the Authorities of the Station.

CHAPTER IX.

Medical boards — "To sit upon" and "be sat upon" — Invaliding boards — "Marking a man" — "Bullying".

The circumstance of the members of Medical Boards being chosen from amongst the medical officers by the P. M. O. according to seniority and by rotation, with but little reference to their knowledge of the question to be considered, sometimes gives rise to most perplexing situations. Matters such as port or sherry or brandy were generally entered upon with much spirit and treated with great *connaissance de cause*, and even the question of porter was stoutly discussed, but a man was liable to be summoned with as little preparation to "sit upon" *

* Perchance some of my readers do not know what it is "to sit upon a Board" and are equally ignorant of the process commonly called being "sat upon"; so to prevent their compassionate feelings being excited in an unworthy cause, I must explain that the first is not the hard-work it may appear to the uninitiated nor the last the cruel operation the expression seems to point at. The term "Board" (perhaps derived from "a bore") is applied to a certain number of individuals assembled to consider some measure or other,

lime juice or upon arrow-root, of which substances his knowledge was confined to the fact, that the former is a more or less agreeable vegetable acid, usf u as a preservative against Scurvy, the latter when properly cooked (and not as the Sardinians first made it, by pouring cold water over it and serving it without milk, sugar or wine) a palatable emollient, whereas to judge of the genuineness of such articles, the expert management of a test-tube and microscope are necessary. I can now scarcely without a smile remember the only Board of which I had the honor of forming part. The object was to report on various samples of ground coffee. Three of the members of that Board, the President, a most worthy old 1st Class Staff Surgeon, another member, a smart young 2d Class Staff Surgeon and myself, really knew but little more about the samples than that they smelt more like coffee than like snuff; the second member even most emphatically declared that he never took coffee. Luckily the fourth member of the Board was the Civil Pathologist stationed at Scutari, my esteemed friend Dr. AITKEN, who being an excellent microscopist most gallantly came to our rescue with his knowledge of the peculiar structure of the coffee-husk; with perfect delight I look back to the grinding, infusing and cooking which he kept up for four or five days, we all the time most gravely and thankfully bowing our assent to his conclusions, and at last we came to the

the gentlemen thus met are in Military phraseology said to "sit upon the Board" whilst the matter or person, the object of their consideration, is said to be "sat upon".

unanimous decision that the Article, issued to us by the Commissariat as pure coffee, afforded by no means a delectable beverage — a conclusion which others besides myself, who presumed to esteem themselves connaisseurs of a good cup of coffee, had by a much less scientific process long before arrived at. If however, there being usually present at these boards a purveyor or medical store-keeper who has a practical knowledge of the article under investigation, the operation generally passes off without great prejudice to the inanimate substances "sat upon", individuals exposed to the same procedure do not always escape with so little damage.

Officers, as well as soldiers before being sent home as invalids, have to be examined by a specially appointed Board; the Physician who has treated the patient is unquestionably the best judge of the case and it would be natural to suppose him a member of the Board. Such however is not the case. The officer brings a sick-certificate from the medical officer who attends him and the case may be fairly judged by a Board who see the patient for the first time, but their judgment may also be influenced by personal feeling or irritability of temper in one or more of the members. The soldier is "sat upon" in the following manner.

A certain number of patients being ordered to be invalided, the surgeon is requested to select from amongst his cases those whom he thinks it desirable to send home. The list of the names of these men he gives to the Staff-Surgeon in charge of his Division. The Staff-Surgeon looks at the patients, sometimes with the treating surgeon, sometimes alone; if he thinks

proper he strikes off some of the names, and the list is then forwarded to the Deputy-Inspector and to the Inspector-General. A Board is now appointed composed of the Deputy-Inspector and two or three Staff-Surgeons 1st and 2d Class *ad libitum*. A list is sent in containing the name, age, regimental number, length of service, time in hospital and disease of each patient, copied from the tickets over the beds. I have already explained what reliance may be placed on these tickets (page 101). It may thus happen that, after due observation and repeated examination with the stethoscope William Jones, marked Diarrhoea, is found out to be consumptive, that Thomas Smith was marked Rheumatism. chron. on account of pains which the Doctor afterwards considers to be symptoms of spinal-irritation, or that JOHN BROWN, suffering from irritation of the membranes of the brain, produced by the combined effect of the powerful sun and intemperance, but which affection has no place on the "Table of Diseases", has been marked "Obstipatio", which happened to be a principal symptom in his case; the three men being considered fit cases to be sent home by their Doctor, it would be fair to hear all the grounds which he may have to advance in favor of his opinion, but however common sense and professional etiquette* towards a thoroughly qualified

* With the French, any medical man entrusted with the treatment of patients singles out (*désigne*) not only those cases which he considers ought to be sent off to some other hospital (*évacué*), or sent home on sick furlough for any period under six months (*congé de convalescence*) but even

practitioner and one of equal professional standing seem to plead for his being allowed to speak his opinion, military discipline, it appears, does not allow of such liberties. The first thing the Board does is to inquire into the usual symptoms of the disease marked, which very often no longer existing is considered cured; the next and most important proceeding is a conscientious inspection of the men's calves and arms and if their limbs are found in a fair condition and the men on the whole have still a tolerably healthy appearance, it is more than likely that William Jones, Thomas Smith and John Brown will not pass the Board, but it is quite certain that they will be refused unless they can show visible signs of having been "properly treated". — "Then the senior officers do take notice of the treatment of the patients" I hear my reader exclaim; so they do, but not exactly in the spirit to be desired.

The greater length of time for which the soldiers formerly enlisted renders it likely that there were, and perhaps still are, more men in our than in other armies who are desirous of evading the service, either entirely or for a limited period, and therefore pretend to be ill*. These men are known by the name

those he considers unfit for further service (*congé de réforme*). The only *professional* opinion necessary besides his own is that of the *médecin en chef* of the hospital, whose *contre-visite* is considered a mere matter of form.

* The period of enlistment in the British Army was formerly for life, though virtually cavalry soldiers were discharged after 24 and infantry after 21 years' service. During the war there was a temporary enlistment for 2 years, but the

of Malingerers and it is certain that it requires all the sharp-sightedness of the medical man to detect them. The dread of being imposed upon by these men has become a regular bug-bear with the English Medical Officer, and often leads him to declare a "sham" what is really the sign of a hidden disease. The symptoms of some diseases (nervous affections and those of the heart, spine &c.) are, we know, sometimes excessively obscure and puzzling, and declaring a man a "humbug" is in such cases considerably easier than arriving at a correct diagnosis. It has therefore become not a rule but a practice of the service, not to send a man home before he is "marked" i. e. shows irrecusable proofs of having been repeatedly subjected to active treatment by the marks of cupping, blisters, leech-bites and shaving of the head. It is quite in accordance with the laws of justice and humanity that a soldier should neither be temporarily nor permanently discharged until all the resources of the Art have been tried to restore him to health and the service, but it is also a maxim of our Art that the treatment be clearly indicated by the symptoms of the patient, and not based upon a

regular enlistment since 1847 has been and is still fixed for 10 years, at the end of which time the soldier may again enlist for 11 years and then is entitled to a pension. In all countries where there is either conscription or a compulsory period of service, soldiers are placed in totally different circumstances; they serve during a certain period (in France 7, Austria 8, Saxony 6, Prussia 3 years in the regular army and afterwards in the *Landwehr*) without receiving any pension.

mere suspicion, which may be groundless. In consequence of this mode of proceeding, many a real sufferer has been the victim of unjust suspicion, whilst it is well known that the true malingerer will submit to all the afore-mentioned manipulations and generally obtain his object.

Far be it from me to impute to my confrères of the Army any want of humanity, but I believe that from the circumstance of a man having occasionally succeeded in deceiving his Doctor, the whole Department has been rendered more than necessarily distrustful, and that the dread of incurring the reproach of having allowed themselves to be "humbugged" is the cause of this understood, though not expressed mode of "marking" a man, which by the uninitiated might be qualified as a vestige of barbarism.

If the President of the Board be an amiable or a sensible man he will treat the Assistant-Surgeon who attends with his cases with due regard, and even if the patient be refused, no unpleasant remarks will be made in his presence. If however the President be cross-tempered or "a bully" the surgeon may get a good "snubbing" if he risks any observation, and next day the patient will tell him that he was refused by the Board because he had not yet been properly treated, the poor fellow being little aware that the "properly" here does not mean "*secundum artem*" but "*secundum usum.*"

A word I just used leads me naturally to speak of what I consider one of the most unpleasant and incongruous features of the Army-Medical-Department. I refer to the peculiar tone of official intercourse

between the high and the lower grades, so well known by the name of "bullying". The synonyms given us by the Dictionaries for the verb "to bully" are: "to bluster, swagger, vapor, crow, hector, domineer;" any military man will tell you that none of these conveys the exact meaning of the word, therefore in the absence of a true synonym I shall explain "bullying" as a compound of snubbing, sneering, scolding and blustering. I am no judge in how for military discipline may in other departments, in which it is said not to be uncommon, render such a tone necessary in addressing subordinates, but I can affirm that the softening influence on manners generally ascribed to arts and also to science — "emollit mores nec sinit esse feros" — has not yet produced that urbanity of deportment which might be expected between the members of an enlightened profession, which generally exists amongst men of equal professional qualification, amongst the military surgeons of other nations as well as those of the French Army*. If the French

* A worthy and esteemed friend of mine, a Staff-Surgeon 1st Class who had grown bald in the service of his country, and was rather given to uphold some defects to which he was nevertheless fully alive, had amongst other peculiarities that of always asking me to give him the exact French translation of some English word. The verb "to bully" puzzled me above a bit and I got out of my dilemma by declaring that the French had no such word, because they did not know the article. I recollect well, one day being present with him and some other English medical men at an inspection of one of the French Hospitals held by a certain Inspector-General, well known as an eminent surgeon but not celebrated

Military surgeon has to put up with a great deal under the control of a non-professional administrator, the authority of the English superior medical officer, or rather the manner in which it is exercised over his subordinates, is not the lest felt and bitterly complained of because it emanates from one of their own profession. I have heard many a young, most able Assistant-Surgeon, disgusted and disheartened by uncalled for, or at all events improperly administered, reproof, declare that they would not remain in the service; some of a more obdurate nature persist, perhaps consoling themselves with the hope that at some future period they may "go and do likewise". Such upbraidings are often called forth by such serious delinquencies as an extra pudding marked on the diet-roll, a mistake in the casting up of the number of eggs, the bed of a patient (who has just left it) not being turned up in the prescribed manner, an undue number of bottles on the shelf at the head of a bed, a night-utensil not polished to the heart's content of the inspecting Staff-Surgeon, or the Surgeon not being decked out "in full fig" whilst reporting to the Inspector-General. In the administration of such rebukes it is not taken into account whether

for extreme courtesy towards his confrères. Perhaps with the intention of showing off before his guests, perhaps from the wish of adapting his tone to their customs, he made some remarks on defective ventilation to the *médecin en chef* in rather a sharp and unbecoming tone. Instantaneously my esteemed friend pounced upon me with the exulting exclamation: "do you see, they bully too!" Dumb-founded I could but reply "exceptio firmat regulam."

that same offender is more punctual or assiduous than others in the discharge of his professional duties, whether his patients are treated with skill and kindness, his register better kept than that of others, whether he bestows more than ordinary attention to his cases and thinks it his duty to employ his leisure hours to his advancement in science. HIPPOCRATES himself would not escape being bullied, I believe, were he to present himself in the garb of an Assistant-Surgeon.

Now it would again be of little importance whether the members of the Army-Medical-Department preferred the peculiar tone of the military, to that more becoming the medical man, if this very tone from the Inspector-General downwards, pervading and so to say becoming a sine quâ non of the whole department were not ultimately prejudicial to the patient. The Deputy-Inspector having been ruffled retaliates upon the Staff-Surgeon, who visits the sin of his Chef upon the Assistant-Surgeon, the latter most naturally bullies the Orderly and the Orderly in the course of the day vents his wrath upon the patient, who may thus in the evening feel the effects of the Inspector-General's bad humour of the morning.

To one unaccustomed to military life the tone usual in addressing the patients in our hospitals must appear unnecessarily harsh. Discipline is indispensable with the soldier, but I believe that the manner of enforcing it * with those sick in hospital might be

* I have for instance often wondered what could be the use of the edifying performance of patients (even cripples)

advantageously modified. In the French Hospitals I have never seen undue advantage taken of the kind, compassionate manner of the Surgeon, whose example in this respect acts most beneficially on the conduct of the *Infirmiers* towards the patients. From personal observation I can most confidently affirm that orders gently but firmly given are executed as efficiently as those delivered with the most stentorian voice, and I am convinced that the British soldier is quite as capable of appreciating marks of kindness and sympathy as his French brother-in-arms.

as well as orderlies flying into a tetanic posture, as if moved by galvanism, when on the entrance of a medical officer the word "attention" is bawled out.

CHAPTER X.

State of the French Army-Medical-Department — "Intendance militaire" — Its too great power — Evil consequences — *Insouciance* of the French Doctors — Their superior professional standing — Medical school as it was and is — Grades and duties of medical officers — Yearly inspections — Causes for emulation.

Having pointed out the chief causes which affect the condition of the British medical service I will now shortly consider the state of the French Military Medical Department, and here we meet with the curious fact that that part of its organization, which leads to most brilliant results, is at the same time a source of many evils.

The efficient state of the Army at the opening of the campaign demonstrated how well France was prepared for all emergencies, and how perfectly her arrangements are calculated for mobility. The different branches of the administration remaining in activity in times of peace renders the service expensive and complicated, but the working of the whole is most efficient in actual warfare. It is well known that the Administration of the whole Army is entrusted to a

special corps, the *Intendance Militaire*. This corps is composed of officers of all arms, who, to be eligible, must be Captains under 30 years of age and have to undergo a severe examination in the different branches of Administration, Military Jurisprudence &c. Each different branch of the Administration is superintended by an officer whose rank is proportionate to the importance of the section over which he is set, and the *Sous-intendants* of the different departments (Commissariat — *service des vivres*, Transport-Service — *train des équipages*, Medical-Department — *service de santé*) are under the control of and responsible to the *Intendant en chef* who has the rank of a General Officer. The administrative business and its responsibility being entirely left in the hands of the *Intendance*, the officers of the different corps can devote themselves exclusively to the practical duties of their individual branch, and as the Intendants are chosen from officers of all arms, the business of every department is generally managed with understanding, and as much to the individual interest of every single branch as is compatible with the well-doing of the whole Army.

It is a great and just cause of grievance with the officers of the *Corps de santé* that amongst the Intendance their profession is not represented by one of their own body, and if notwithstanding, the organization on the whole works well and matters seem to proceed smoothly, a somewhat closer inspection will show how here also "all is not gold that glitters" and how the fact of the Medical Officers being dependent on a non-professional Intendant for every thing which concerns the external and internal

management of the hospitals and also for the advancement of their personal interest, is productive of evil consequences to the patients and gives rise to serious discontent amongst the Medical Staff.

I believe that a good practical knowledge of the arrangements of hospitals may be obtained without a medical education, and it can but be desirable for the Medical Officers that it should be the special business of the Intendant to choose the locality for a hospital, superintend the building of it, provide all the necessary furniture &c., make arrangements for transporting the patients and distributing them into the different hospitals; for all these arrangements being the work of a separate branch of the service is doubtless one great reason of the admirable expedition and unity with which these matters are managed*. If however with a non-professional Intendant *alone* the decision lies whether patients, in whatever state they may be, shall be moved or not†, what number or class of patients shall be apportioned to a certain hospital, which and how many Medical Officers are to

* The Hôpital de l'Université, a large edifice of which the outer walls only were built, was in August 1855 fitted up and ready to receive 1200 patients in the short space of three weeks.

† A large number of cases which arrived from the Crimea ought medically speaking not to have been moved, and I believe, that the expediency of removing those cases from the observation of the effective Army, on whom such sights could not have a cheering effect, had at least as much to do with the measure as the desire of preserving their mobility.

do duty there *, whether typhus-cases ought to be separated from others †, whether any alterations are to be allowed in the regular diet †*, any new preparations to be prescribed and such like matters, then it must be expected that the interests of the sick will be sacrificed to matters of more importance for the carrying on of the war.

In ordinary circumstances there is no doubt but that the internal management of a hospital may also be properly conducted by a non-professional superintendent, and it can but be desirable for the Medical Officers that the *Comptable* (a subaltern officer appointed for the internal management of the hospi-

* The medical officers have generally a great many more cases to attend than they ought according to their regulations; the consequences for the patient, the physician and for science are easily calculated.

† This is a vexed question with the profession; those who like myself do not believe in the contagion of typhus think it better not to separate the cases, than to increase the virulence of the miasma by concentrating its focus; I know that heads of hospitals who held this opinion were nevertheless obliged to place their typhus-cases together, in deference to the orders of the Intendant.

†* A Medical Officer may not keep a patient on full diet for more than three days without being answerable to the Intendant for it. In the spring 1856, during the Typhus Epidemic, it was with great difficulty that the Intendant was at last prevailed upon to accept the good things offered by their Allies, though the Medical Officers would long before have been too glad to prescribe lime-juice, arrowroot and port-wine which the sisters had often introduced into the hospitals as private gifts from Miss NIGHTINGALE.

tal) should provide the various articles of food, fuel and clothing, keep the place in repair, superintend the heating and cleaning of the hospital, the cooking of the food &c.; for this very relief from irksome administrative details enables them to give their undivided time and attention to professional duties and accounts for the excellence of the Medical Staff. The regulations enjoin that all these matters be arranged by the *Comptable* in common and in accordance with the wishes of the *Médecin en chef* of the hospital, who every day tastes the food and wine and writes his observations on these articles in a Register kept for the purpose; but if meanwhile it is a fact that the *Comptable* is by no means bound to comply with the wishes of the Medical Officer, whose authority is therefore only nominal, that the *Comptable* has the power to increase or diminish the number of orderlies according to the number of patients, without regard to the nature of the cases, that the orderlies are subject to him, and that for all such matters he is responsible to the Intendant only, as also for the quality of the food he chooses to provide, for which and other articles it is whispered that sometimes the contractor does not receive the full price charged to Government, it cannot be surprising that occasionally the patients are badly attended and fed, the wards dirty, over-crowded and cold, typhus and hospital-gangrene in consequence rife.

The Medical Officers can complain to the Intendant of the Comptable and other Officers of Administration (*adjudants* and *auxiliaires* taken from the non-commissioned officers), but these complaints are not always

attended to, nor are they generally well received. On the contrary, if preferred too often they only render the Medical Officer obnoxious and mark him as troublesome. The Intendant, not being a competent judge of the Professional merit of a Medical Officer, not unfrequently takes *en grippe* those who are most zealous in the discharge of their duties and take the greatest interest in their cases, and therefore naturally become most *exigeants* for their patients. Unluckily the Sous-intendant is in hospitals the only lawful authority over the Medical Officer, whom he may censure and even put under arrest; the promotion of the Medical Officer likewise depends upon him. All recommendations for honors, pecuniary and other rewards for Officers of inferior grades originate with the "Médecin en chef" but they have to be sanctioned by the Intendant. For the *Médecin* and *Pharmacien en Chef* this recommendation emanates from the Intendant himself, who may add any remark he thinks proper to the name of a troublesome Doctor*.

* One instance out of many of the influence of the Intendants. It is known that an exchange of honors took place between the French and English Armies. The French gave many hundred crosses of the Legion of Honor to be distributed amongst the English officers, on the distribution of which by the English authorities I offer no remark. Of the few, and according to French notions very parsimoniously bestowed, orders of the Bath given by the English, *one single* Companionship fell to the lot of the Medical Department and was awarded to Mr. SCRIVE, who at that time was *Médecin en Chef* in the Crimea. MICHEL LEVY superior in rank to Mr. SCRIVE had been out as "*Inspecteur*" from the beginning of

Such injustice, by which the career of many a deserving Officer has been cut short, is unluckily without redress, as the report of the Intendant is forwarded to Paris and presented to the Minister of War by another member of the Intendance, the *Chef de la direction administrative*, who is the chief person consulted in all appointments, even those of the *Conseil de Santé* whose members are the advisers of the Minister in all professional matters. Out of hospitals the power of recommending for promotion rests with the General or Commanding Officer of the Brigade or Division (corps de troupes), but the report is always finally presented to the Minister by some member of the Intendance, and it is said that the Intendants give proof of *esprit de corps* by always upholding each other. It is natural that such a state of things which forces a man to shut his eyes to many evils or sa-

the war, at the Piraeus, Gallipoli, Varna and Constantinople, had organized most of the hospitals there and had been present at the battle of Balaclava. In the opinion of most of the French Officers, which is based on the usual manner of distributing honorary distinctions in the French Army, MICHEL LEVY was here decidedly passed over, and why? In the Crimea he had frequently been at loggerheads with the Intendance about sanitary measures, and it is supposed that he did not spare the Intendance in conversations with various English Medical and other Officers, M. P's and Miss NIGHTINGALE, and it is not unlikely that "our own correspondent" overheard some of his remarks, as in the "Times" of Febr. 1855 he expatiates on the disadvantages of the French system and mentions M. LEVY's name as "entering warmly into the deficiencies of the system."

crifice his chances of promotion should create great discontent amongst the Medical Officers.

Notwithstanding the high regard which I entertain for the Corps of the French Medical Officers, amongst whom I count many personal friends, I regret to be obliged to add, that the circumstances of which they complain have more often reference to their personal advantage, their position and promotion than to the evils which affect their patients, which it appears to me they view too much as a matter of course and as the inevitable consequences of war. The impossibility of their changing matters perhaps makes them more readily submit and at last grow indifferent to the consequences of their "system", which perhaps assume undue importance in the eyes of a civilian not gifted with the *insouciance* of a Frenchman, and incapable of entering into the feeling that every other consideration ought to be sacrificed to "*la gloire*". That scientific research (for which no implements whatever are provided) is impossible, and no very great attention can be paid to individual cases where a physician has sometimes more than 200 to attend, that accurate diagnosis and therefore correct medical statistics are entirely out of the question (even if consistent with French policy), are all short-comings which can scarcely be laid at their door, as nothing can be better than the manner in which the *service* is conducted at home, in strict accordance with their regulations which are excellent and well adapted to the wants of their patients.

The French Medical Officers have no relative military rank and this is a cause of vexation to some.

The only reason, which might render assimilation desirable, is that it would augment their authority with the *Infirmiers* (orderlies) and subaltern officers of Administration, who now are amenable to the Comptable only, but it would give rise to endless complications of their position towards the Intendance, as it would be very difficult to regulate the grades in both Departments so that the one should always remain subordinate to the other, and I am prone to think that the Medical-Department forming a distinct body (*hiérarchie*) is not without its advantages; "vis unita fortior" and I believe that their very separation from the Army engenders an *esprit de corps*, which gives them at any rate more importance as a distinct entity than would fall to their share as an insignificant part of "*la grande Armée*". As long as the Corps de santé counts within its ranks so many men known by their scientific labors, they will find in public estimation* ample compensation for slights and personal annoyances to which the faulty part of their system subjects them. Should however unluckily the misgivings of those persons be justified, who fear that the changes lately wrought in the organization of the Military Medical Schools and in the mode of promotion of officers will prevent the more distinguished students from entering, and those who have entered

* As a single proof of the high Professional standing of some Army-Surgeons I mention that MICHEL LEVY, already consulting Physician to the Emperor and Director of the Military Medical school, has lately been elected to the highest medical dignity in France — that of President of the *Académie de Médecine*.

from remaining in the service, the Government may have cause to regret having tampered with an institution, which, as the tree is judged by its fruit, may be considered to have been excellent from the hitherto universally acknowledged superiority of the French Military Medical Staff.

A consideration of the organization of the Medical School *as it was* and *is* will afford me an opportunity of illustrating the advantages of such an institution, its bearing on the entire Department as well as its beneficial influence on the Medical Officer's career.

There were formerly three elementary medical schools (*hôpitaux militaires d'instruction*) at Metz, Strasburg and Lille and one high school (*hôpital militaire de perfectionnement*) the Val-de-Grâce at Paris. The Professors in these schools were appointed by *concours**, to which the military physicians, surgeons and pharmaciens presenting themselves as candidates were admitted according to seniority, before a Jury com-

* "*Concours*" is the term applied to the trials of ability, oral as well as written, which competitors for any special appointments to hospitals or Professorships at Universities must undergo. The scientific reputation and prior services of the different candidates are taken into consideration by the *Jury d'Examen*. They have generally to write a paper on some given subject and many most excellent contributions to medical literature have been published which were written on such occasions. Competitors for Professorships are required to deliver one or more lectures, a limited time only being allowed them for preparation. This seems a more desirable mode of electing a professional man than that by votes for which he has to canvass.

posed of four Professors of the Val-de-Grâce, one Inspector (member of the *Conseil de santé*) and four military surgeons nominated by the Minister of War. The candidates for admission as pupils had to produce testimonials of good general education, and were admitted by *concours* before a Jury composed of three Professors of the school and two military surgeons appointed by the Intendant. After having been admitted as *élèves* of the 2d division, they had at the end of the year to pass an examination before entering the 1st Division; after a second year and another examination they were admitted to the Val-de-Grâce, here they remained a year and after concours were finally appointed *Sous-aides* (an office of which the duties correspond to those of our Dressers and Dispensers). The *élèves* of the 1st division of the elementary schools and those of the Val-de-Grâce received pay. Those who after 2 — 3 years were not able to pass the examination required to enter the Val-de-Grâce were dismissed, as also those who were not able to pass the examination for *Sous-aide* after two years' attendance at the Val-de-Grâce. After having served two years at least as *Sous-aides* with a regiment or in hospital, they had to submit to another examination prior to becoming *Aide-Majors* (Assistant-Surgeons) of the 2d class and the diploma of M. D. (which they were enabled to take free of expense) was indispensable to this promotion. Those who were not able to pass the necessary examination were sent back to the Val-de-Grâce for another year, and failing the second time were kept as *Sous-aides* in the regular hospitals, without being admissible to another

examination, unless exceptionally on the proposition of the superior medical officer of their hospital and by special authorization of the Minister of War. To enable the *Aide-major* to become *Chirurgien-major* (full surgeon) no further examination was required. The *Sous-aide* had no further examination to pass to become *Pharmacien Aide-major* &c., but had to take the degree of M. D. or a degree in Pharmacy (*maitre en Pharmacie*). The *Aide-major* to become *Médecin adjoint* (Assistant-Physician) was required to take the degree of M. D. and undergo an examination, and after two years more service was eligible for the grade of *Médecin ordinaire* (full physician). The promotion to the higher grades (*Médecin*, *Chirurgien* and *Pharmacien Principal* and *Inspecteur*) took place by selection from a list of candidates presented yearly by the *Conseil de Santé* to the Minister of War.

The advantages of this system as regards the students were, 1° that their years of study counted for years of service, to which they, at all events, were liable according to the conscription; 2° that they had no fees to pay for lectures and but a trifle for examinations, so that they not only received their education free of expense but already earned something in the 2d year of their course of study; 3° that they were sure of a position in life, as if capable at the end of three years they could enter the service as commissioned officers. The advantages for the service were: that pupils had to pass three examinations before they could be commissioned and one or two after they had entered the service; that incapable *élèves* were prevented entering the service, incompe-

tent *Sous-aides* stopped in their promotion, and that the abilities of all the officers were pretty well known before they could be selected for the higher grades.

In 1852 the distinction between physicians and surgeons was abolished, the title of *Médecins* being given to all Medical Officers. In June 1856 the following notable change in the organization of the military medical school and the mode of admission into the service was made official. The three elementary schools no longer existing, there is now properly speaking only one Military Medical school that of the Val-de-Grâce (now called *Ecole Impériale d'application de Médecine et de Pharmacie militaires*). Attached to that school are 7 Professors in ordinary and 7 extraordinary (*Professeurs agrégés*); the latter are appointed by *concours* for the term of four years. The ordinary Professors are chosen from amongst the *agrégés*, two lists being presented to the Minister of War, one by the school and one by the *Conseil de Santé* for his selection. The Director of the school (at present MICHEL LEVY) nominated by the Minister, has the control over the different branches of instruction and the chief superintendence as regards the discipline of the *personnel* of the establishment. Candidates for admission into the military service must now, after producing testimonials of a good general education and of having attended a Medical school or University for the space of 4 years, submit to a *concours;* if successful they have to engage themselves to serve 10 years, from the time of their having entirely finished their studies, and they are then commissioned as *élèves du service de santé militaire.*

As such they are stationed in the military hospital at Strasburg, entirely subjected to military discipline; under the superintendance of the *médecin en chef* of that hospital they attend the lectures at the University of Strasburg and qualify themselves for the degree of M. D. With this degree they are admitted as *médecins stagiaires* to the school of the Val-de-Grâce, where for a year they must attend a course of lectures particularly adapted to the wants of the military service (such as military medicine and surgery, hygiene and forensic medicine, diseases and epidemics of armies), and do duty as dressers at first, and afterwards as treating physicians. After an examination they leave the school as *Aide-majors de 2me Classe*, the grade of *Sous-aide* being abolished*. All fees for lectures, examinations and diploma are paid by the War department †. Once admitted at the Val-de-Grâce they receive regular pay (about £84 per annum); civil physicians with the degree of M. D. of any University are now also admitted to the Val-de-Grâce by concours, and enter the service on the same terms as the *élèves militaires* from Strasburg. There are no examinations required for any of the higher grades, promotion takes place according to seniority and by selection, which is rendered pos-

* Since 1849 no more *Sous-aides* had been commissioned, but in 1855 on the pressure of the moment a good many were appointed, and of these some remain in the service.

† If they leave the service before the expiration of the ten years they have to refund all the expenses attendant upon their education etc.

sible by annual inspections of the whole Medical Department.

It will be seen that whilst the present system fails to offer the same inducements to those who wish to enter the service, for the service itself it is certainly less advantageous, because those who will enter as *Aide-majors* are likely to be very young and not seasoned by hospital attendance, and not having given the same repeated proofs of talent and zeal their selection for promotion is more likely to be influenced by personal feeling in their professional and *non-professional* superiors. The grades of the service are at present:

Medecin	&	Pharmacien	Aide-Mojor	of	the	2d	&	1st	Class.	
,,	,,	,,	Major	,,	,,	,,	,,	,,	,,	
,,	,,	,,	Principal	,,	,,	,,	,,	,,	,,	
,,	,,	,,	Inspecteur	,,	,,	,,	,,	,,	,,	

The duties of these grades are all strictly Professional. Of the *Inspecteurs* (8 in number, one of them a *Pharmacien*) 5 are appointed by the Minister, always on the proposition of the Intendant, as members of the *Conseil de santé des Armées.* As such they superintend and control the professional part of all the branches of the Medical service and are consulted by the Minister on all matters connected with it; they correspond with the officers in charge of hospitals and with the various medical officers of the army on scientific and professional matters, they are consulted on the filling of vacant appointments and on the merits of the candidates, likewise (more or less!) on the various recommendations for promotion and distinction.

They hold yearly inspections of the different divisions of the Army and of the various hospitals*; if required they must undertake the direction of the entire medical service of any particular division of the Army or any special mission from the Minister of War.

The *Médecin principal* of the 1st and 2d class may be attached as Principal Medical Officer to an army in the field; in that capacity the Intendant refers to him, as the Minister at home refers to the *Conseil de*

* The Inspecteur reports on the state of the building and *matériel*, but more particularly on the manner in which the medical duties are performed. In his rounds he collects all the information he can about the *personnel* attached to the establishments. In going through the wards he questions the junior officers on their treatment of medical cases, the surgical cases of interest are shown to him; he comments on the operations performed, sees the junior officers perform operations on the dead body and not unfrequently holds a lecture on any new mode of treatment. The *Pharmaciens* are examined in his presence by the *Pharmacien-en-chef*. He takes note of the remarks of the *médecin en chef* on the conduct and services of the officers and reports to the *conseil de santé* on their progress and merits, recommending those who seem particularly deserving for promotion or honorary rewards. An Inspection of this kind is by no means an absolute criterion of the merits of an officer and favoritism cannot be entirely prevented, but it acts beneficially by keeping the junior officers alive, who may thus at any time be called upon to show their proficiency; these inspections taking place yearly and by different Inspectors are moreover a tolerably effectual and the only check to the influence of the Intendance.

santé. He is placed at the head of a hospital*; the *Médecin en chef* of a hospital, besides attending an equal number of patients with the other *Chefs de service* (heads of divisions), superintends the treatment of all the other medical men, is consulted by them in difficult cases, has to perform or be present at the operations as also at the post-mortem examinations; besides his daily, weekly and monthly numerical returns to the Intendant, he has to send a quarterly scientific report to the *Conseil de santé* on the nature of the cases in his hospital, as also an annual report on the professional merit and the behaviour of his subordinate officers. In the permanent provincial hospitals and in Algiers, the *Médecin en chef* has to hold anatomical demonstrations and to deliver physiological and clinical lectures to the *Sous-aides*.

The *Médecins-majors* of both classes are employed as *Chefs de service* in the field or act under the *Médecin en chef* in the hospitals†. The *Aide-majors* may

* This grade corresponds to that of our Deputy-Inspector General — the duties are somewhat different!

† Part of the French system is that none but the slightest cases are treated with the Regiment. There are no regular Regimental Hospitals but only a ward or two in Barracks reserved for the use of the sick (*Infirmeries régimentaires*); the severer cases are often at great inconvenience and risk to the patient moved to the numerous hospitals dispersed throughout the country, or in times of war established as near to the field of operations as is judged prudent not to clog the movements of the Army. The principal

be put in charge of patients by the *Médecin en chef*, their duty is more particularly to see that the *service* is well executed, dressing of wounds, cupping, bleeding &c. properly performed by the *Sous-aides* who have to go round with the prescribing physicians and surgeons and keep the *cahier* (medical register and diet-rolls).

The *Pharmaciens* are independent of the medical officer, but are also responsible to the Intendant. The *Pharmacien principal* is in special charge of the drug stores at large stations and in the most important hospitals. The *Pharmacien - major*, attached to hospitals and ambulances as *Pharmacien en chef*, keeps the drugs, overlooks the preparation and distribution of the medicine. The *Pharmacien aide - major* goes round with the medical officer, notes down the prescriptions, with the register in hand distributes the medicine and sees the patient take it, at all events gives the proper directions on the subject to the *infirmiers*.

The average age of the present *Inspecteurs* at the time when they attained that grade was about 50 years, their period of service 30 years and 9 months*, they had passed through 8 different grades and have all obtained high honorary distinctions. Their pro-

duties of the medical officers lie therefore always within the hospitals.

* See "Annuaire spécial du Corps de Santé de l'armée de terre établi sur les documents du ministère de la guerre 1856", an official list showing the exact dates of the commissions and gradual promotion of the Medical Officers.

motion is therefore less tedious and slow than that of the English medical officer.

According to the former system the physicians who wished to be attached to the hospitals were selected by *concours*. Such appointments are much coveted as they are stationary, allow of private practice and those who hold them have the preference in the appointments to Professorships at the Military Medical Schools, to which additional pay to that of the grade of the officer (according to the new Regulations one third more) is attached, which together with the produce of private consulting practice, the natural result of holding such offices, forms a most welcome addition to their insufficient pay. Another great object of ambition is the appointment to the different grades of the Legion of Honor. This order is often bestowed for extraordinary actions, but every officer (medical or other) who simply does his duty is sure, in course of time, to obtain it,* so that its possession can less be considered as a distinction than not being *décoré* after a certain period of service a sign of inferiority. A reward of this kind is calculated to encourage the love of approbation natural to most men, but a pension being attached to it, which augments according to grade renders its *early* attainment a matter of additional importance.

All these causes concur to excite emulation in the

* There are not fewer than 4 Commanders, 71 Officers and 448 Knights of the Legion of Honor amongst the medical officers, and many of them have some foreign order besides.

Medical Officer and offer inducements for persevering efforts on his part to attain a high professional standing; they also explain why his career is so much more rapid and brilliant than that of his English confrère.

CHAPTER XI.

Education of military medical officers — Origin of distinct schools — School of Austria — Prussia — Holland — Their relative advantages.

In considering the education necessary to form a good military medical officer, it is not a question whether his attainments ought to be of a superior or inferior order to those of the civil practitioner; both want the same elementary education, for both the same scientific acquirements are requisite, but the practical direction of the military practitioner must needs be different from that of his civil confrère. The chief symptoms of disease in the civilian are not essentially different from those observed in the soldier, but the latter being exposed to many different influences, physical and moral, owing to which his constitution undergoes a change, disease is differently manifested in his case, the so called symptoms of the individual require a different interpretation, the treatment must therefore be modified. Besides, many diseases (real and feigned) not frequently observed in civil life occur amongst soldiers in consequence of their habits and occupations, to deal with which suc-

cessfully an intimate acquaintance with the nature of their duties and with the men as a class, is necessary. Such knowledge is either obtained by a special course of education, or by lengthened experience; the Military Surgeon also requires a different physical as well as mental training to fit him for the exercise of duties so different from those of the civilian, and it is for these reasons that separate schools have been considered essential by most continental states for the training of an efficient medical staff for the Army.

Though regular Army-Surgeons are known to have existed already in the Roman Legions (*medici vulnerarii*) we find the first accounts of a military hospital and of military medical organization in France, at the end of the 16th century under HENRY IV, at the suggestion of the celebrated AMBROISE PARÉ, and although in 1728 a regulation was made for lectures being delivered at all military hospitals, the institution of the first special * military medical school can only be said to have taken place in the beginning of the reign of LEWIS XVI, in the year 1775, when schools were combined with the hospitals at Lille, Strasburg and Metz. In the year 1781 such schools were also attached to the hospitals of Toulon and Brest; in the third year of the Republic 1795, the hospital of the Val-de-Grâce at Paris was or-

* In 1724 a college (Collegium Medico-Chirurgicum) was established in Berlin where Military Surgeons attended the lectures and were examined; in 1748 a similar institution was created at Dresden (Saxony); these schools were however not intended for Army-Surgeons *exclusively*.

ganized, which afterwards became the finishing school and is now the only military medical school in France.

The French schools may therefore be considered as the prototype of similar institutions shortly afterwards established in other continental states. JOSEPH II, Emperor of Austria, when on a visit in France, inquired into the organization of these schools and established one in Vienna in 1782. In 1785 a school was created in Copenhagen, in 1792 in St. Petersburgh, in 1795 in Berlin, and at present most continental, even minor, states possess establishments which offering certain advantages to the candidates are intended to supply the Army with well-educated Medical Officers. Even at Constantinople an excellent school was established by Sultan MAHMOUD* soon after the massacre of the Janissaries. The organization of most of these schools presents but trifling variations, and as I have already given a detailed account of the French school, I shall now describe those only which appear to me to present some peculiarities worth noticing, viz. Austria, Prussia and Holland.

The Military Medical School at Vienna the *Königliche Kaiserliche Medicinisch-Chirurgische Josephs-Akademie*, so called *Josephinum*, established in 1782—85 by the

† At the request of the Sultan, the Austrian Government sent Professor BERNARD and several other physicians to superintend the establishment of the school; one of the Professorships has ever since been held by an Austrian; there is also a French Professor; England is not represented!

Emperor JOSEPH II, and remodelled by the present Emperor in 1854, has the same rights and privileges and is empowered to grant degrees and diplomas like the Faculties of Medicine of all other universities and schools in the Austrian Empire. The Establishment is under the authority of a military Commandant, as regards all that concerns military, administrative and disciplinary matters; all things professional and scientific (the lectures, examinations, library, museum, botanical garden) are under the control of a special Director (*Studien-Direktor*); the head of the Medical Department is bound regularly to inquire into the efficiency and the working of the establishment. There are at present 350 pupils, but it is intended to increase the number to 600. There are 13 Professors in ordinary, who are nominated by the Emperor, on the joint proposal of the Commander-in-Chief of the Army and the Director of the Academy. As is customary in all civil institutions in Austria, the appointments are at first conferred for a probationary term of three years only, and become permanent at the expiration of that period. These Professors are chosen from amongst men of scientific repute, civil as well as military; the preference being given to the latter who receive additional pay to that of their grade in the service; after holding a Professorship for 6 years they advance in grade. The Civilians receive a regular salary (above £ 200 per annum), but if men of extraordinary reputation, whose services seem particularly desirable, an additional sum may be granted. After every ten years they have a right to additional pay. In com-

mon with the Professors of all other Austrian Universities they are entitled to a retiring pension, the amount of which is regulated according to their salary. Ten military surgeons are attached to the school to assist the Professors who hold certain chairs, such as Anatomy, Botany, Chemistry, Physics &c. Eight other military surgeons are appointed to superintend the progress of the pupils, by recapitulating with them the lectures they have attended; all these officers receive additional pay to that of their rank and are detached for this duty for a term of 2—4 years. There are two classes of medical officers in the Austrian Army, graduated and non-graduated; accordingly there are two distinct courses of education (*Lehrcurse*), the higher for those who wish to take the degree of Dr. of Medicine and Surgery, in order to qualify themselves for the higher class of the military medical service, and the lower for the inferior class. The first course of study takes five, the second only three years. Candidates for admission have to produce testimonials of good general education. The pupils of the higher course pay £ 30, those of the lower £ 25 per annum. Such pupils as can not afford to pay are admitted free, on producing particularly favorable testimonials as to conduct and ability. The sons of officers and civilians holding Government appointments have a prior claim to other candidates. All pupils must deposit a certain sum to pay the expenses of their uniform, books etc. At the end of every session regular examinations take place. Those pupils are dismissed who fail twice consecutively. Prize-medals are awarded to distinguished

students, their possession establishes a future claim to vacant Professorships. After taking their degree, the pupils of the higher course are commissioned as Physicians (*Ober-Aerzte*), and bind themselves to serve ten years. The lower class Surgeons (*Wund-Aerzte*) are required to serve eight years. Promotion is strictly dependent upon seniority. The years passed at the school count for years of service, as regards pension and promotion. Clinical instruction is imparted in the principal Military Hospital of Vienna, in wards set apart for the purpose. The cases entering these wards are picked from the different military hospitals, and in order to render the course of study complete, not only civilians laboring under interesting diseases are admitted but also females and children and even lying-in women. The students of the higher course must before getting their commission do duty for six months, those of the lower course for three months in the Vienna Garrison-Hospital. Second-class surgeons not beyond 36 years of age may be re-admitted at the school to qualify themselves for the first class, by taking the necessary degrees, and must then engage to serve six additional years. The school having lately been re-organized and not yielding at present a sufficient number of first-class medical officers, civil physicians with the degree of M. D. of some Austrian University are admitted into the service; before admission they must do duty for a year in a military hospital, during which time they receive a trifling pay and at its expiration have to pass an examination; they are appointed without any time of

service being stipulated, they must not be more than 32 years of age.

In the Prussian Army also there were, until very lately, two classes of Military Surgeons, graduated (*Ober-Feldärzte*) and non-graduated (*Chirurgen*). The Medico-Chirurgical Pepinière in Berlin was established for the training of the former in the year 1795, and reorganized in the year 1818 under the name of *Friedrich-Wilhelms-Institut*. It is properly speaking not a Military Medical *school*, but an educational establishment. The sons of Government officials of limited means are admitted as non-paying (Royal) pupils, besides education they receive a certain sum towards board and other expenses; other pupils (*volontairs*) receive no subvention and pay fees for lectures. They live in the Establishment under military discipline, and attend the lectures at the University of Berlin, under the superintendence of Military Surgeons, who examine them regularly and report on their progress. After four years' study they take the degree of M. D. and then have the great advantage of gathering practical experience in the large University-Hospital (the Charité), where they are employed as Assistants (*Unter-Aerzte*, the *Internes* of the French civil hospitals) to the Professors of Clinical Medicine and Surgery, who are Military Surgeons. They then pass the *Staats-Examen*, without which no one can practice as a physician in Prussia, and are appointed Assistant-surgeons to a regiment. After having done duty with the regiment for a certain time, they are appointed by selection to superintend the studies of the pupils at the *Friedrich-Wilhelms-Institut* (*Pensionair-Aerzte*); here they

advance by seniority to be Staff-Surgeons (*Stabs-Aerzte*) and as such fill the vacant appointments of Regimental Surgeons. Further promotion takes place by seniority. The Royal pupils must serve eight years from the time of entering the service, whilst paying pupils are not required to serve beyond the period incumbent on every Prussian subject. The already existing Collegium Medico-Chirurgicum was in 1811 reorganized and called *Medicinisch-chirurgische Akademie für das Militair* for the exclusive training of non-graduated Surgeons. Within the last few years however the degree of Doctor of Medicine and Surgery is indispensable for all medical officers; the Akademie still exists; the pupils must live at their own expense but receive free education; they also attend the regular lectures delivered at the University of Berlin; the Professors receiving additional pay from the War Department as Professors of the Akademie. The course of study lasts 4 years, and after having taken their degree at the University and passed the *Staats-Examen*, they must serve 4 years beyond the usual compulsory period. The pupils of the Institut and Akademie matriculate gratis, they have however to pay for their Degree and *Staats-Examen*.

In 1854 a class of Surgeon's-Assistants (*Lazareth-Gehülfen*) was created. They are chosen from the private soldiers and are instructed in the performance of minor surgical duties, such as cupping, applying leeches etc. Many young men of superior education volunteer for this duty, and are not unfrequently admitted to the Military Medico-Chirurgical Academy to be regularly educated as Surgeons.

Neither Prussia nor Austria has a separate Pharmaceutic Staff. In both countries a remarkable improvement has taken place in the standing of the Army-Medical-Departments within the last 40 years. Before their organization at the end of the last century they were, with but few exceptions, considered little better than what their name *Feldscheerer* (military barbers) implied. In Prussia they have now relative military rank and the first medical appointments in the state are held by military surgeons *.

The Military Medical School of Holland is at Utrecht where the medical officers for the regular Army, for the colonial service and for the Navy are educated. Attached to this institution are an excellent School for Veterinary Surgery, an hospital of 400 beds containing on an average 150 soldier-patients, first rate anatomical and pathological collections, as also one of physical instruments and a chemical laboratory. The Teachers (not Professors, which in Holland is a title bestowed exclusively on the Lecturers at the Universities) are selected by the Inspector (the head of the Medical Department), from amongst the military surgeons, without regard to their grade; they receive additional pay and are the advisers of the Inspector on all professional matters. The pupils are admitted by competitive examination, in order to

* An opposite extreme, natural in a country where playing at soldiers seems a necessity, and where every one is, as it were, ticketed according to his connection with the Army. In Austria a *remplaçant* may be bought and the distinction between civil and military is therefore more marked.

test the completeness of their general education; if there are too many successful candidates the preference is given to those who know more than one foreign language, French being necessary to all. Once admitted all pupils receive pay (£ 17 — £ 25). The inducement of higher pay is held out to those who are willing to serve in the Colonies* or enter the Navy. The pupils remain at least 4 years at the school; after the 1st 2d and 3d year they pass an examination, and according to the degree of proficiency they exhibit in the final examination at the completion of the 4th year, they are successively admitted into the service either as 3d class *Officiers de santé* or *Pharmaciens*; after 4 years service they pass an examination to become 2d class, and at the expiration of 6 other years another examination to become 1st class; from thence upwards promotion obtains by seniority, but occasionally by selection also. The 3d class officers admitted into the Navy pass all subsequent examinations at an excellent Naval hospital, situated at the Nieuwe Diep (North-Holland), there being a special Inspector of the Naval Medical service; the medical officers of the East-Indian Service are examined before a separate administration of the medical service for the East-Indian Colonies at Batavia in Java; those belonging to the West-Indian Colonies have to pass their examination at Utrecht. The return to the Medical School at Utrecht, in order to pass the exami-

* Though the conscription is in force in Holland, no man can be sent to the colonies against his will. For the colonial service there is a separate enlistment.

nations necessary to their promotion, is facilitated by the peculiarity in the Dutch Service that the medical officers are not attached to regiments, but every time detached for special duty with a garrison or corps when encamped, and that they do not necessarily follow the troops. No degrees are granted at the school nor are any required for admission into the service or promotion, but after 25 years' service the Medical Officers are entitled, on retiring from the service, to practise as civil practitioners without undergoing any further examination. The fact that they are not obliged to take a degree is to be regretted, in as much as, in public opinion, it tends to give them an inferior standing to civil practitioners; as however the course of study is very perfect, the examination for admission into the service severe, and promotion more than in any other country dependent upon professional proficiency, the corps is very efficient, whilst the public is protected from young unqualified practitioners entering upon private practice by the stringent laws of the country in this respect.

The Institutions of Prussia can scarcely be considered as special *schools*, as no military hospital being attached to them, the surgeons make their first acquaintance with the soldier after having entered the service. They offer the advantages that the pupils attend the lectures of one of the first schools of Medicine, and that those of the Friedrich-Wilhelms-Institut, after completing their theoretical studies, have an extensive field for practical experience in the large University-Hospital, and that afterwards in their turn undertaking the superintendence of pupils they have an

excellent opportunity of qualifying themselves for the duties of lecturers and Professors. The regular training for military duties was unquestionably superior in the old French school; since the alterations lately made in its organization, the schools of Austria and Holland are the most complete educational establishments of the kind. The former has the advantage that Degrees are granted, that the Professorships may if necessary be held by civilians, and that women and children are admitted into the hospital; the latter that there is only one class of Army Surgeons, that there is a separate Pharmaceutical Staff, that repeated examinations are required for promotion, a Veterinary College is combined with the school, and that its Pathological Museum and other collections are superior. In both, the appointment of the Professors by *concours*, as in France, is still a desideratum.

CHAPTER XII.

Necessity for a school in England — Its difficulties — Plan of such an establishment — Mode of promotion — Inducements for entering the service — Efficiency of the staff and economy, the likely results of the proposed changes.

In the preceding chapter I have shown that all continental states of any importance have special Military Medical Colleges, and it would not be difficult to show a proportion between the excellence of the schools of these different countries, and the degree of consideration enjoyed by their respective Army-Medical-Departments. The superiority of the French Medical Department is undoubtedly in a very great measure owing to the long existence of such a well organized institution. If any further argument in favor of the establishment of such a school in England were needed, it would be found in the fact that the Medical Department of the British Army does not at present, as a body, hold that professional standing which might justly be expected in a country where the civil medical profession takes so high a position; I say at present, because I am quite aware

that some of the most valuable contributions to Military Surgery have emanated from British Surgeons*, who, if not regularly in the service, were in some manner connected with the army; I repeat as a body, because justice should be rendered to some Army Surgeons whose operations, performed during the last campaign, may be cited as triumphs of conservative surgery†, and were acknowledged as such by all foreign surgeons. The Englishman possesses in an eminent degree two great requisites in an operator, decision and coolness, and doubtless many young men have large opportunities of seeing a great variety of surgical cases before they enter the service, as most of them are bound apprentices to surgeons either in the metropolis or in some large manufacturing town. Let it however be borne in mind, that essential and indispensable as operative talent may be, the surgical cases in all wars (and particularly in the last campaign) bear but a small proportion to the medical cases.

As in England education is not under Government control, it is impossible that all the minor schools recognized by the Colleges, whose diploma is necessary for admission into the service, should offer equal advantages to the medical student, and that in all of them a *complete* course of instruction is open to

* Gale, Lowe, Wiseman, Brown, Monro, Hamilton, Hunter, Pringle, Thomson, Millingen, Chisholm, Marshall, Annesley, Guthrie, Ballingall.

† The practice, which eschewing amputation, endeavors to preserve the partial use of a limb by excision of the injured or diseased portion only.

him. A natural consequence is, that many of the candidates presenting themselves must be more or less ignorant of one or other of the most necessary tributary sciences, which in civil life they may have the opportunity of acquiring even whilst engaged in practice, but with which it is impossible for the Army-Surgeon to get properly acquainted, when once on duty in foreign stations. It is for this reason that as long as opportunity is wanting for obtaining such knowledge, it is not even fair to expect in the Army-Surgeons much beyond a holding fast to regular routine-practice *, and the late disastrous experience has shown that also in medical practice routine is not sufficient.

It is more especially necessary in the British service, where medical men are constantly sent to stations where they cannot have recourse to the assistance of able men, in specific branches of science, that they should themselves be good chemists, to avoid the necessity of ever recurring Boards to examine articles of food &c., that they should be well versed in the principles of hygiene, in order to be able to suggest or adopt the sanitary measures required under special circumstances, good pathologists, to note and

* A great change has taken place within the last 20 years in medical practice all over the world and in England particularly. Drugging, formerly so much *en vogue*, has sensibly diminished in private practice, the specific action of medicines is better understood, the mode of administering them more rational. A school with Professors *à la hauteur* of science might work a similar reform in the Army-Medical-Department.

profit by the indications furnished by post-mortem examinations. The want of such scientific acquirement was keenly felt during the late war, and had a proper knowledge of such matters been diffused amongst the heads of the Army-Medical-Department, the appointment by Government of special Civil Sanitary and Pathological commissions would not have been necessary. I therefore contend, that in no other country a Military Medical School is as necessary as in England.

I am quite alive to the fact that there will be many difficulties, which do not exist abroad, in the way of establishing such a school in England. Private practice in England, when successful, is so much more remunerative, that young men, conscious of superior talent or commanding a good connection, will always prefer preserving their independence altogether, as there is no inevitable necessity for their forfeiting it for a limited period, as is the case in most foreign countries. This obligation of bearing arms not existing, some check would be necessary to prevent those who receive a free education from quitting the service within a given period, 1. because it would be important for Government to make sure of the services of the men educated at the expense of the state, 2. because unluckily the law is so lax in England as regards the license to practise, that a great evil would be inflicted on society by a number of half educated medical officers, after a year or two of service, settling down as private practitioners. The extensive colonial service is another impediment, almost precluding the possibility of medical officers

returning to the school at fixed periods for stated examinations. None of these difficulties however appear to me insuperable, and I believe that a system of schools and promotion may be framed, fitted to meet the requirements of the British service, by borrowing something from each of the different systems pursued in France, Austria, Prussia and Holland, which, as they combine the necessary elements, I have selected and described with this view.

I shall now venture to suggest my ideas on the formation of such a Military Medical College.

The appointment of an able staff of Professors must of course precede the opening of such an Establishment. The appointments should take place by *concours*, and in the first instance the Board of Examiners must necessarily be composed of civil as well as military men. The preference should, in all cases where qualifications are equal, be given to military men, but as is customary in Vienna, Professorships should be confided to civilians when there is no suitable military candidate. At each of the universities of London, Edinburgh and Dublin, there is already a Regius Professor of Military Surgery whose services might be made available, and there can be little doubt that in a country like Great-Britain, where in the various universities and schools, as well as amongst private practitioners, there are men who by their labors and researches have materially contributed to the progress of medical science, and where every single branch of medicine and surgery has numerous representatives, there will never be a difficulty in finding a fitting occupant for any vacant chair. The

appointments of Professors Extraordinary (*agrégés*) should be reserved exclusively for the Army Surgeons, and it should be understood that the distinguished pupils of the College will, in years to come, have the prior claim to vacant Professorships.

Pupils before being admitted should undergo a *competitive* examination in general education, and fluency in the French language, so universally used as a means of communication between natives of different countries, should be insisted upon as a sine quâ non, as its possession favors the professional development of the Army Surgeon during foreign warfare, by enabling him to compare his own experience with that of his foreign confrères. Pupils should be bound to attend the school for a term of four years, and two years service should be exacted for each year's schooling as a precautionary measure against the evils before alluded to. Fresh examination must invariably precede the removal of a pupil to a higher class. A moderate sum might be paid annually by each pupil, but, in inverse ratio to the practice observed in civil schools, the sum should diminish as the pupil's education advances. The pupil who passes the examinations satisfactorily should at the expiration of four years receive his commission and enter the service as Assistant-Surgeon*. After three years

* An improvement has just been made (Medical Times and Gazette, March 14. 1857) by adopting *competitive* examination for admission into the service. This proves that the mode of admission hitherto pursued was acknowledged to be defective and justifies my remarks made on the subject (page 90). The appointment of a proper Board of Exami-

service the Assistant-Surgeon should be eligible for the rank of full Surgeon, and facilities should be afforded him to return to the school to pass another examination indispensable to his promotion. If the Military College could be empowered to grant degrees to her pupils, it would be a desirable measure, but in the absence of such powers being vested in the college, it should be imperative on every Assistant-Surgeon to pass the College of Surgeons (the fees being paid by Government), before being promoted to the rank of full Surgeon. Any Assistant-Surgeon, after

ners is the next necessary step to render the examination effective.

From the perusal of the questions to be answered by the candidates at that first examination, I draw a further argument for the desirability of a special school for military surgeons: most of those questions (practical at least) are such as could be answered by any well educated surgeon, but no mention whatever is made of tropical and soldiers' diseases, recruiting, invaliding, military hygiene and jurisprudence &c., as it was probably felt that it can not be expected that the candidates should *without special instruction* be well informed on subjects, of which a knowledge is however imperative for a military surgeon (page 135). An Examination embracing the whole of the preliminary sciences (propædeutics) Botany, Chemistry, Zoology &c. together with the practical part of the Medical Profession is also not a fair criterion. A man may have gone through an excellent course of education, but by the time he arrives at being able satisfactorily to answer the questions on practical surgery and medicine, he may be excused if some of the *elementary* instruction should have slipped his memory; the progressive and repeated examinations of a school are a much better guarantee of the efficiency of a candidate.

10 years' service, found still incapable of fulfilling the conditions necessary to his promotion should be made to retire from the service. A commission for examination of those stationed in India must at certain intervals be appointed, and the expediency of not attaching Assistant-Surgeons to special regiments is worthy of consideration. The duties of Assistant-Surgeons should be such as their name implies, and the treatment of patients should never be confided to them without the supervision of the full surgeon. By this means so called Dressers might be dispensed with, and the evil system of an inferior class of Army Surgeons which exists in Austria also be avoided*. Full Surgeons of 8 years' standing might be admitted to a concours for vacant Staff-appointments, the degree of M. D. of a British † University being indispensable to their eligibility. The grades above Staff-Surgeon can then be conferred by seniority and selection. The yearly inspection, as customary with the French, is unquestionably a most useful measure, and the very circumstance which would render its execution difficult, viz. the vast distance between the different stations of the British

* As the French School was formerly organized, advanced pupils were, in times of emergency, employed as *Sous-aides* (Dressers and Dispensers) in the hospitals.

† It is not generally known that the Degree of M. D. of many of the continental universities is a mere honorary one, and therefore not extremely difficult to obtain. A man may be a M. D. of Bonn or Berlin without being allowed to practise in Prussia; the licence to practise is granted only after a special and careful examination (*Staats-Examen*).

Army, also seems to enhance the necessity for it, as a check is always most needed in quarters farthest removed from the point of centralization. A Military Board of Health such as the *Conseil de santé* appears one of the most desirable points, but the executive power being vested in one Head, though not the case in France, is usual in other countries and has undoubted advantages. If it has been found expedient to have a specially trained Pharmaceutic staff in France, where the preparation of medicines is so much less complicated, and where the use of drugs is by no means so extensive as in England, it is manifest that there is greater necessity for such a staff in the British Army, and that the students in Pharmacy should have to pass special examinations. A Military Hospital attached or in connection with the school is indispensable. Females and children must be admitted on the Austrian plan to render the clinical education complete.

Two notable improvements have very lately taken place in the Department, the establishment of a Military Medical Society (page 95) and the organization of a special pathological commission (page 103); both these scientific movements, quite in advance of other countries, cannot fail to lead to excellent results, particularly if the plan be followed of publishing a periodical, in which the best of the papers read at the Society and the results of the observations of the Pathological Boards, the most interesting cases extracted from the regular reports and other contributions from Officers of the Department, remarks on new subjects of interest, as well as official instruc-

tions on scientific matters would appear, and thus be brought under the notice of all Medical Officers, even of those stationed at a distance from home*. Prize medals, for which military surgeons only can compete, are also every year awarded in France for the best Essays on various subjects, proposed by a special commission. The direction of all such matters as a Library, Museum, Chemical Laboratory, Dissecting-room and Pathological collection &c., ought to be under the superintendence of the Professors of the School, and the advantage of having stationary and permanent commissions for their management is obvious.

There have of late been many changes made by a wise Commander as regards Staff-appointments generally, so there can be no unfairness in these changes being extended to the Medical Department, and in enforcing one of the already existing provisions (page 97), by the regulation that henceforth no Staff-appointments shall be conferred otherwise than by *concours*, an effectual bar will be set to patronage, and a guarantee afforded that none but able men attain responsible posts. Whatever individual interests may be hereby compromised cannot be weighed against the general ones involved in the question.

It would however be unjust to reduce the present Assistant-Surgeons to the position of pupils fresh from college, as they are, many of them, men above 30

* "Mémoires de Médecine, de Chirurgie et de Pharmacie Militaires" are published in France at the expense of Government, of which a copy is forwarded to all medical officers of a certain grade and a copy is also kept for perusal in every hospital.

years of age, and have already fulfilled, in part, the conditions under which the Assistant-Surgeon should be eligible for promotion; besides they are now virtually, if not nominally, *the* practitioners in the Department, as the treatment of the patients has generally been left in their hands*; it would seem just to promote forthwith every Assistant-Surgeon who has been in the service upwards of five years. Dressers and Dispensers now in the service, if willing, might be admitted to the college as pupils and placed in the different classes according to their abilities.

For the next few years no great practical results can be expected from a school still in its infancy, but I conceive that some such plan as I have sketched would, in time, give the Army-Medical-Department a very different standing to that it now holds, and the service would be sought by all youths of talent desirous of entering the Medical Profession, instead of being embraced, as a *pis-aller* only, by those whose means do not allow of their exposing themselves to the uncertainty of making a livelihood by private practice. One important point must not be lost sight of. The stimulus of emulation must be present, alike to the student and the Officer. To excite the emu-

* The mortality amongst Medical Officers affords an illustration of "the System" by which the Assistant-Surgeons were overworked during the late campaign. But too many of them fell victims to their too onerous duties, whilst comparatively few British medical officers of superior grades died of disease. With the French where the practical duties are equally divided, Officers of high and low grades shared the same chances and suffered accordingly.

lation of the former, there should be a limited number of travelling fellowships (*Reise-Stipendien*), as is the case in Prussia and Denmark, bestowed upon distinguished scholars, whereby the pupil, before entering upon active duty after getting his commission, can travel for a certain period free of expense, with the obligation of reporting upon all hospitals and medical institutions he visits abroad, and on all matters of professional interest, epidemics &c. To the Medical Officers, the possibility of rapid promotion at first, and the appointments to Professorships afterwards, with the additional remuneration thereto attached, will be sufficient inducements not to allow their talents to lie dormant. There will be no more grumbling amongst the junior officers about inadequate pay, which under the present system is not to be wondered at, as a man, whose education has involved a considerable outlay, is sometimes until 34 or 35 years of age only just able to keep himself *. The student will complete his education at comparatively little

* A document entitled "Suggestions for the improvement required in the pay and status of the officers of the Army-Medical-Department" has lately been circulated. It appears to me that none of the measures proposed are calculated to improve the *standing* of the profession. The French Medical Department proves that the consideration in which the Department is held and its efficiency depend neither on relative rank, increase of pay according to length of service, Brevet rank, nor good-service pension. As regards pay, the Table at the end of the Chapter shows that the pay of the British Medical Officer on entering the service is nearly double that of the French, and more than double that of other services, whilst that of the superior grades is considerably higher in

cost, and enter the service 3-4 years younger than is now the practice, nay if he has superior talent may possibly at 26, under which age candidates at present are not eligible, be already full Surgeon!

Military assimilative rank is not conceded in all countries to the Army Surgeon. In France the Military-Medical-Department form a separate *hiérarchie*, and in Austria also the medical men have officer's rank (the *Porte-épée*) but no assimilative grade (the Medical and Commissariat Departments belong to the so called *Militär-Ober-Parthei*). Although it has hitherto certainly acted detrimentally on the character of the British Army-Surgeon, it might perhaps be retained without prejudice, were so many worthier objects of ambition open to him. One crying injustice the Army-Medical-Department have labored under, that will also, I confidently hope, be removed. I allude to honors which are legitimate objects of ambition with the Officers of all other Departments. If non-combatants are not entitled to any honors now usually bestowed in the Army, an order might be created for the Department, in imitation of the Bavarian *Militär-Sanitäts-Dienst-Zeichen*, which is bestowed for services performed in times of war only, and to which a small

proportion. Allowing for the difference in the expense of living and the larger profits of private practice in England, I maintain that if education were free, promotion more rapid and extra-appointments within reach of the more talented, the pay &c. of a military surgeon is not too low compared with the precarious chances of practice of his civil confrère, over whom he has the immense advantage of a certain living and a retiring pension.

pension is attached, as is the case with the Legion of Honor. Such decorations are within the grasp not only of the favored few who have the rare opportunity of doing some dashing action in the field, when no Englishman is ever found wanting, but also of the many laborious, deserving men, who perseveringly combat with no other than their own peculiar foes—disease and death*.

Such is the outline of a plan which if not already contemplated is well worth the consideration of Her Majesty's Government, a plan which, it is my conviction, if adopted, will dry the main spring of many evils which I have pointed out. The sketch is a rude one, but if in the smallest degree it should help to facilitate the labors of those who, better acquainted with the requirements of the Army and with administrative business, may be entrusted with working out the details, I shall have attained my object and willingly submit to any charge of presumption not unlikely to be made against me.

That the measure will meet with opposition is certain, but private considerations must give way where

* A provision of this kind seems all the more desirable since the institution of the Victoria Cross, an honorable distinction open alike to soldiers and officers. Statistics prove that in all campaigns more surgeons than other officers (in proportion to their number) die in the French, Austrian and Russian armies (and I have no doubt that in the English army also this will be found the case), many even have died in consequence of wounds. Is it fair that they who run additional risk of their lives should be excluded from honors awarded to those whose dangers in the field they must at all times be prepared to share?

the public interest is concerned, and the objections sure to be raised by those who conscientiously keep the purse-strings of the nation will easily yield to the expostulations of statesmen, who just because they do not wish to see England transformed into a military country, assimilated to those continental states overrun with soldiers, where military reasons prevail over all other considerations, prudently argue "that a great and rich country will best preserve peace by not leaving itself without the means of defence, and therefore think it important to utilize the experience gained and to maintain the scientific establishments, to keep up those portions of the army which cannot be so easily raised as the recruits who perform the ordinary operations of a campaign*" and "that it is essential to compensate for numerical inferiority by the highest possible training in every single department†". If it can be clearly shown, and this can be done ("non enim ut quaereremus exposuimus sed ut explicaremus*†"), that from the adoption of such a measure good will accrue to the soldier, the service, and to the nation at large, we have faith in the assurance of another representative of the nation, that "whatever tends to the physical comfort of the soldier, whatever tends to the recognition of the fair claims of the officer, whatever is necessary to attract into the service of Her Majesty the highest class of men

* Speech of Lord PALMERSTON in the House of Commons Febr. 3. 1857.

† Speech of the Rt Hon. SIDNEY HERBERT in the House of Commons June 5. 1856.

*† Cicero de officiis Lib. 3 Cap. 13.

both as regards mental and bodily qualities will never be grudged by the nation*".

The extra expense of an Establishment of the kind proposed is however not by any means so great as would at first sight appear, because by far the greater number of the persons employed would be taken from those already on the military establishment, and if on the plan of the school in Holland, pupils destined for the medical service of the Navy (for whom at present there is also no regular training school) were admitted to it†, the expense of the establishment, when borne by two Departments, would be inconsiderable for both. Much of the *matériel* necessary for such an establishment already exists in the Musea and Libraries of Chatham and Haslar Hospitals, and I believe that by rendering the duties of all Medical Officers strictly professional, a great many of superior grades (1st Class Staff Surgeons) might be dispensed with, and that by adopting the plan of

* Speech of the Rt Hon. W. Gladstone in the House of Commons Febr. 3. 1857.

† In 1798 the army and navy Medical Departments, which were under the same Board of control (*Conseil de santé*) were separated, and the latter has now its own Inspector-General. At the Naval Hospitals of Brest, Rochefort and Toulon lectures are delivered by Professors, appointed by *concours* from among the navy surgeons. The admission into the service takes place by competitive examination; the degree of M. D. is not required. Since 1835 the navy-surgeons have relative military rank; this is a matter of jealousy with the army-surgeons: in public estimation however the navy-surgeons do not stand higher — their schools are by no means so perfectly organized.

having large divisional and fewer regimental hospitals the medical staff might altogether be reduced; a saving would thus accrue to the Department which would go far towards meeting the expenses of the Establishment. It must also be borne in mind that by a different mode of promotion there would not be so many officers in receipt of higher, than the original, pay of their grade (in many cases higher than that of the next superior grade) *for length of service.**

I subjoin a table showing the full pay of the Medical Officers of the English, French, Austrian, Prussian and Dutch services and the number employed in these continental armies:

England.

Grade.	Pay			
	under 10 years.	after 10 but under 20 years.	after 20 but under 25 years.	after 25 years.
	£ s. d.	£ s.	£ s.	£ s.
Assistant-Surgeon . .	136. 17. 6	182. 10	182. 10	182. 10
Regimental Surgeon & Staff-Surgeon 2. Cl.	237. 5	273. 15	346. 15	401. 10
Staff-Surgeon 1. Class		346. 15	401. 10	438
Deputy Inspector-General		438	511	547. 10
Inspector-General . .		657	693. 10	730
Director-General . .	1200.			

* This augmentation of pay according to length of service exists in some of the minor states of Germany. In France and most other countries, all Officers of the same grade receive the same pay, whatever be their length of service; the amount of their pension is however regulated by their years of service. In France the 5 years spent in training for the Department, previous to admission into the service, are reckoned as years of service, and something similar takes place in Austria.

France.

Number on the cadre	Grade.		years of service before they can be appointed.	Pay. £
300 160	Médecins Pharmaciens	Sous-Aide	abolished	60
400 50	M. . . . . . P.	Aide-Major 2. Classe		74
400 50	M. . . . . . P.	Aide-Major 1. Classe	2	90
260 34	M. . . . . . P.	Major 2. Classe . . .	4	112
130 17	M. . . . . . P.	Major 1. Classe . . .	9	140
40 5	M. . . . . . P.	Principal 2. Classe .	12	180
40 5	M. . . . . . P.	Principal 1. Classe .	14	200
7 1	M. . . . . . P.	Inspecteur.	17	352

Médecins 1577
Pharmaciens 322
Total 1899

NB. The Medical Officers attached to the Imperial Guard receive higher pay, and those stationed at Paris have additional pay.

Austria.

Number employed.	Grade.	Pay. £
400	Oberarzt 2. Classe	50
	Oberarzt 1. Classe	60
260	Regimentsarzt 2. Classe	70
	Regimentsarzt 1. Classe	100
30	Stabsarzt 3. Classe	120
15	,, 2. Classe	160
15	,, 1. Classe	240
1	General-Stabsarzt	500
Total 721	Of the lower Class	
about 1200	Unterwundarzt	34
	Oberwundarzt	45

Prussia.

Number employed.	Grade.	Pay. £
468	Assistentarzt 2. Classe	36
217	,, ,, 1. Classe	45
152	Stabsarzt 2. Classe	75
73	,, ,, 1. Classe	105
45	Ober-Stabsarzt	150
11	General-Arzt	225
1	General-Stabsarzt	360
Total 967		

Holland.

Number employed.	Grade.	Pay. £
50	Officier de santé 3. Classe	67
50	,, ,, ,, 2. Classe	83
8	,, ,, ,, 1. Classe	133
8		158
8		183
4	Premier Officier de santé 2. Classe . .	216
2	,, ,, ,, ,, 1. Classe . .	250
1	Inspecteur	333
Total 131		
13	Pharmacien 3. Classe	66
10	,, 2. Classe	75
3	,, 1. Classe	133
Total 26		

A rough calculation which, in the absence of a special return of the number of Medical Officers employed in the British Army, I made from the Army-list of October 1856, shows the pay of the Medical Officers (taking for every grade the medium length of service only) to be upwards £ 200,000; that of the French *Corps de santé* when complete (including the

medical officers of all arms, and of all special establishments such as schools, prisons, Thermal establishments, the Hôtel des Invalides, Pompiers &c.) is not quite £ 150,000, whilst that of other continental, thorough-going Military States is considerably less. This matter is well worth the attention of those who scrutinize the Army Estimates, as the circumstances I have mentioned account for the proportionate heavier cost of the British-Medical-Department, and the changes which I have ventured to propose will, on consideration, instead of augmenting the charges, be found likely in a few years considerably to increase the efficiency and decrease the expense of the Army-Medical-Department.

CHAPTER XIII.

Necessity for relieving the medical officer from administrative duties — Changes in hospital arrangements — Divisional hospitals — Separation of cases — *Visite* — *Cahier* — Pharmacopoeia and formulary — Diet and cooking — *Infirmiers* and orderlies — *Sanitäts-Mannschaft* for duty in the field — Female attendants — Russian sisters — Desirability of female nurses.

The necessity of relieving the medical officer from the burthen of administrative duties is acknowledged by the practice of all other countries; its desirability must have been felt repeatedly by the medical officers themselves, who more than once were made to bear the responsibility of the incapacity and mismanagement of others.

All arrangements for providing not only necessaries but comforts for the patients, as well in the field as in stationary hospitals (the building, *matériel*, repairs, food, clothing etc.), ought entirely to be entrusted to a special authority*. Whilst eschewing the great evil of the French system, which renders

* In France and Germany the *Intendance*, in Austria the *Feld-Kriegs-Commissariat*.

the medical man dependent on the *Intendant*, it would still not be necessary to place the Purveyor (for such is the proper administrator of British Hospitals) entirely under the orders of the medical head of the hospital; the Purveyor should be instructed to carry out the wishes and suggestions of the Principal Medical Officer, both being responsible, the one for orders given, the other for the mode in which they are executed to the head of the War-Department, both being subject to the control of the commanding officer or of the military commandant of the hospital, who in his turn must be responsible for the manner in which he exerts his authority. Another officer especially appointed by the Commandant ought to uphold order in the place, and discipline amongst the orderlies and other subordinate officials, and also take charge of the kit and arms of patients entering hospital. The choice of a Commandant of hospitals is one of the highest importance, as upon him, in a great measure, depends the working of the establishment, and therefore the welfare and comfort of the patients; for such an office intelligence and a knowledge of the management of hospitals and their disciplinary and financial arrangements is required*.

The entire management of the patients, their ad-

* In Austria the *Kommandant*, the *Chef-Arzt* and the *Respicirende Kriegs-Commissär* form the so called hospital commission; they hold regular conferences on all subjects. All matters on which there is a difference of opinion are temporarily decided by majority (in order that the patient should not suffer by delay) and then referred to the Authorities at home.

mission, distribution and discharge, the supervision of the treatment of the junior medical officers and such other professional duties as his office entails, being the only duties left to the Principal Medical officer*, a few alterations in the present hospital regulations will, with the existing liberal provision for the patients, render the British Hospital Service more perfect and efficient than that of any other country.

Often when I have pointed out any of the advantages of the French Hospital Service to English medical officers, I have met with the reply that "such an arrangement was not calculated for our service" or "that such a thing would not do for our men." I have answered that no sensible person would think of unreservedly applying arrangements adopted with a view to the customs and habits of Frenchmen to English soldiers or vice versâ; for notwithstanding the *entente cordiale*, the tastes of the two nations remain too diametrically opposite, but, I certainly think that as the French patients would be all the better for some of the good things and some of the comforts our sick enjoy, and their medical officers all the happier if their "system" would allow of a change in some of their arrangements after our plan, so the French hospital management has many excellent points which, if modified and adapted to our wants, would considerably improve our hospital service. Some of these points I shall now notice.

* In every French hospital there are weekly conferences of all the medical officers on the nature of cases and other professional matters.

It is in the nature of the British service that there should be more regimental and fewer large permanent hospitals; abroad it might be difficult to render the hospital appointments more permanent, but at home there would be no such difficulty; for the medical men the advantages in being employed at large hospitals* are so numerous, as regards the experience to be acquired and other points affecting their interests, that such appointments would be much coveted and an additional source of emulation. For the

* It is not here the place to enter into a consideration of the mode of constructing and arranging hospitals as regards locality, drainage, ventilation and other accommodation. An inspection of the Military Hospitals in Great-Britain will convince any body that those establishments are defective in all hygienic requirements, and undoubtly inferior to those in France. The new hospital at Southampton is said to be superior to the existing establishments; in the existing ones, fever and other acute cases are not placed in the most favorable conditions for recovery, and the most numerous patients, those returning from foreign service and tropical climates, for whom especially a healthy locality, fresh air, outdoor exercise and baths are indispensable, have, I do not hesitate to say, but a very remote chance of recovery in such hospitals as that of Chatham, and must therefore fall to the pension list. I have elsewhere ("Military Sanatoria: a letter addressed to H. R. H. the Duke of Cambridge". London Ridgway 1856) advocated the advantages of the use of Mineral waters and sea-baths for such patients; the plan has in so far been adopted that many patients are sent regularly to Bath; it is earnestly to be hoped that fitting cases will also be sent to Cheltenham etc., and that ultimately there will be military Establishments in those places.

patients it is unquestionably preferable that the medical staff should be less constantly shifted. It is not until after a certain lapse of time that the medical officer obtains a proper knowledge of the locality and its influence on the nature and treatment of disease, and variations will be found to exist even in the different stations of the United Kingdom.

I consider it a great advantage of the French Hospitals that the surgical are separated from the medical cases. All medical men and military surgeons particularly ought, in case of need, to practise surgery as well as medicine, still the entire field of medical science is so extensive and the two branches require as it were a different bent of mind, so that it is but seldom that a distinguished surgeon is at the same time a good physician, and it can be but beneficial to the patients if the speciality of the medical officer is taken into consideration; the duties of the medical and other attendants are certainly rendered easier and are more promptly discharged by such a separation of cases, as also by having wards which hold a larger number of patients than is usual in English Hospitals, though for the individual comfort of the patients the plan of small wards may possibly be preferable*.

The French medical men see their patients at 6 a. m. in summer and at 7 in winter; these early hours are usual in all hospitals in France, in order

* In a hygienic point of view it is also preferable both for wounded and fever patients that they should not be placed together.

to allow time for the preparation of the first meal (a solid breakfast customary with all French people), which is served at 10 o'clock. In the afternoon they visit their patients at 4 o'clock, just before the dinner hour, and ascertain whether they are in a fit condition to partake of the dinner ordered in the morning. I consider the morning hour rather early for the patient* for whom it would be better to be seen later at night, not only by the orderly surgeon (*médecin de garde*) but also by his regular attendant. The English hospital hours are 9 a. m. in the summer and 10 in the winter. It would be better for the patients if they were seen an hour or an hour and a half earlier†, and for the dispatch of business it would be a great advantage; the diet which has now to be marked the day before*† might then be ordered the same morning, the dressing of wounds, preparation and administering of medicines be completed in time, without interfering with the dinner

* It is certainly prejudicial to the health of the medical man to enter his wards, as many of the French medical officers do, before taking any nourishment, as the receptivity for infection is much greater when the stomach is empty.

† In some of the colonies I understand that much earlier hours are kept.

*† I can by no means see the necessity for such an arrangement which exists not only in English, but also in many continental military hospitals (Austria, Prussia etc.), where the visiting hours are much earlier. I have mentioned its inconvenience for the patients (page 57); I have often noticed the great waste consequent upon it, as the articles prescribed, if not wanted, owing to a change in the condition of the patient, were nevertheless drawn and disposed of.

hour. The time for seeing the patients in the evening might also be a good deal earlier, as between 8 and 9 most of the sick are either asleep or trying to go to sleep.

I am far from commending or recommending the manner in which the patients are seen by the French in times of extraordinary pressure*, I would even wish them to bestow more time on their patients, than they are wont to do, when there is no pressure of business, but the manner in which their *visite* is conducted is admirable and their *cahier* (medical register) might, if adopted with a slight modification, render the service of the British hospitals more complete and expeditious. At present the latter have a separate diet-roll, a book for the medicine prescribed and a register in which the names and cases of the patients with full particulars about treatment and diet are consigned. This register in folio, intended for reference, is too large to be carried about at the bed-side, and the medical man must trust to his memory for the details of each case. The French *cahier* contains the name, age and regiment of the patient, the medical history of the case and the daily dietetic and therapeutic prescriptions and observations of the Physician. It is composed of large sheets, and each page is marked with the number of a bed and has

* The *visite* must be completed at 9 a. m.; when as sometimes happens more than 200 patients are to be seen in two hours, the average time for each patient is about half a minute; with double that time all individualization is out of the question and there is scarcely sufficient time for dictating *wholesale* diet and treatment.

separate columns and divisions for the particulars of every single day, there being separate *cahiers* for the alternate days (*jour pairs et impairs*) of the month. The Doctor makes his round holding in his hand the *cahier* on which the particulars of the preceding day were inscribed by the Assistant; he sees his patients and dictates his prescriptions and observations which his Assistant enters in another *cahier* and hands to him on the following day. After the *visite* the Assistant-Surgeon makes up a separate diet-table (*relevé du régime alimentaire*) to be sent to the kitchen; the pharmacien who attends with the Doctor makes up a table of the medicines prescribed which he takes to the surgery. The *cahier* thus serves as a medical register and daily and monthly diet-tables, which are cast up and controlled every month by the Intendant. The advantages of such a tabular view of all the cases within the ward are very great, and render the French *cahier* preferable even to the plan pursued in the British Naval hospitals, where like in most continental hospitals a separate sheet is placed on the bed of every patient, containing his case with daily observations and prescriptions; another great advantage of the *cahier* is, that the physician has not to write himself at the bed-side, which always causes loss of time. As luckily the English medical officer never has so many patients to attend, it would be desirable to have a larger space for daily observations. A tabular view of every case presents a greater facility for preparing the necessary reports and an abstract of the case, without which no patient ought ever to be sent from one hospital to another.

There are unluckily three different Pharmacopoeias in use in the United Kingdom (London, Edinburgh and Dublin), according to which some preparations, called by the same name, vary considerably in strength. The London Pharmacopoeia adopted by the service, contains, like most civil Pharmacopoeias, many preparations which can well be dispensed with, where simplicity is, for many reasons, so much to be recommended; in most countries therefore a separate Military Pharmacopoeia exists which is still a desideratum in the British Military Hospitals, as also a revised formulary.

The hospital diet is a consideration of great importance, as attention to the kitchen-department tends as much to the cure and certainly more to the comfort of the patients than the actual prescribing and administering of physic. The supply to the English soldier in hospital is more liberal than to the continental patient; and though a too close imitation of the complicated French hospital *régime*, and of the continental *cuisine* would most likely be found unsuited to the appetite, taste and digestive powers of an English soldier, I hold that many a hint might be taken on that score from our neighbours, which would tend to the improvement of the diet-table and daily bill-of-fare in the military hospitals. A much greater variety of articles being allowed by regulation, the French physician can better vary the diet of his more delicate patients according to the state in which he finds them, and the lighter articles of food (*aliments légers*) being very numerous, he can and does very frequently indulge the whims about food, so natural in the sick; even those patients who, without extras, get the re-

gular dinner provided, have the advantage (and great uniformity of diet is allowed to be bad) that this dinner is varied from day to day, the meat being cooked in different ways, fish being sometimes substituted, and a greater variety of fresh and dried vegetables issued. I freely admit that many of the less substantial French dishes, such as *soupe-maigre* (water soup), *panade* (bread-soup), stewed plums, roasted apples, omelettes etc. would be called "slops" and "messes" by our sturdy fellows out of hospital, but they form a most useful and pleasing variety for the invalid, whilst the substantial savoury ragoûts of different kinds cooked by the Frenchman would, I believe, be better relished by our convalescents on half or even full diet than the eternal broth, boiled meat and potatoes, not always done to perfection nor served in the most delectable style*. Though the sour wines of the French hos-

* Much was done during the late campaign towards improving the cooking for the soldiers and the invalids, much however remains still to be done. This does not apply to the soldiers alone but to the different classes of the nation. No country affords such splendid materials for the kitchen, nowhere are the meat and fish better, nowhere (with perhaps the exception of Holland and Belgium) are vegetables finer, but the mode of preparing these good things *laisse beaucoup à desirer*, as well for the palate as for health. The cooking is on the whole too uniform and plain; the dishes, too solid and dry, require the addition of quantities of salt, mustard, spice and pickles to render them palatable; these additions instead of facilitating, retard digestion, over-stimulate the mucous membranes and create thirst. It has often struck me that one of the great causes of the intemperance, not only of the English soldier and the lower classes, but, I am sorry to say,

pitals (of which most of our medical men used to speak making wry faces as if they really were experiencing their unpleasant effects) might not be suitable for our invalids, I believe that a less liberal supply of wine and beer and particularly the use of a lighter kind of malt liquor than ale or porter would be preferable; the frequent use of *tisanes* and diluent drinks is dependent on the habits of the Frenchmen, but a more liberal supply of such drinks as lemonade, toast- and barley-water would often prevent the patients indulging in too much cold water, from which I have frequently seen bad effects. The division of the meals (3 times a day: breakfast, dinner and supper) in the English and all continental hospitals, excepting the French, is preferable to the 2 meals usual in France, where between the dinner at 4 p. m. and breakfast at 10 a. m. the invalids get nothing to eat, only a few of the more delicate patients being allowed a little coffee or chocolade early in the morning. Something different from the regulation pint of tea and bread would however be preferable for the patients on low

of the nation at large, may be found in this defective mode of cooking, as the thirst created must be assuaged, and the gross-feeding itself produces the necessity of a fresh stimulus which is found in strong drink. Another cause of intemperance in the British soldier is daily diminishing, I mean the want of occupation for the mind; libraries, instruction and particularly amusements are now provided for him, and will, I am sure, have the desired effect. The consideration of the cooking I strongly recommend to the notice of my friend Soyer and other distinguished *artistes*, whose province I must apologize for having trespassed on.

and spoon diets and even for many dyspeptic patients on full and half diet.

Those who have attended the French hospitals must have been struck by the superiority of the *infirmiers* over the orderlies of the English hospitals. The infirmiers constitute a separate body selected from the soldiers, and are never sent back to their regiments unless at their own desire; as however they are entitled to additional pay and have the same chances of promotion and distinctions as those who serve in the field,* they are seldom anxious to return. Being handy of their nature and stationary in their employment, and receiving proper instruction in hospital duties from the orderly superior in grade (*infirmier major*), they become perfect nurses; most of them know how to read and write, and when there are no *sous-aides* a non-commissioned officer often keeps the *cahier* for the prescribing physician. They are also in times of peace regularly exercised for the duties in the field and for the *manoeuvre* of the *Caisson d'Ambulance*.

There could be no better nurses than a few of the old orderlies employed in our hospitals; they were however few and far between; the great failing was that, not forming a separate corps, they were constantly sent back to their regiments whenever required there, regardless whether they were good nurses or not; this was also the case for any offence (drun-

* As an example I here mention an infirmier in the *hôpital de l'Université* who was decorated with the Legion of Honor, for having saved the lives of two patients by stopping haemorrhage, which occured a few hours after operation, by compressing the artery until the arrival of the Surgeon.

kenness being the most common reason), and not having the same inducements to remain in the hospital as the French *infirmiers*, they also frequently preferred returning to active duty; the consequence was that there was a constant moving and shifting of orderlies, and that an orderly whom a medical officer had just begun to teach his duties would be succeeded by a raw recruit, who might perhaps (for such a case has been heard of) administer a poultice to a patient as a medicine. In 1855 a special corps for hospital attendance was organized "the medical staff corps" and it would have been desirable if some picked military orderlies had been retained and placed in that corps, in order to train the others. It is possible that no better individuals could be found than those sent out, but they certainly did not prove of the highest order, and their ungainly and unsoldierlike appearance and clumsy behaviour contrasted unfavorably with the few smart military orderlies, who were at first kept along with them. It is likely that, in course of time, this corps will become efficient, it is however necessary that they should receive proper training; they all ought to be able to read and write well, should be provided with a Manual of instructions on nursing and be submitted to some kind of probation.

In Austria, Prussia and other parts of Germany the orderlies (*Krankenwärter* and *Lazareth-Gehülfen*) are instructed by the medical officers in all hospital duties; an important point in their training is that to each orderly in every ward a special duty is assigned, one being appointed to administer physic and food to the patients, another to prepare poultices and the articles

necessary for the dressing of wounds, and a third to clean and heat the wards etc., all of which duties they must undertake in rotation, whilst the ward-master (*Ober-Krankenwärter*) is responsible for all the orders of the medical man being executed. When there are severe cases, double the number of orderlies are allowed to those provided by the regulations.

The organization of a special corps for service in the field, as already introduced in Austria, Bavaria and Saxony is worthy of the particular notice and attention of the War Department. The so called *Sanitäts-Mannschaft* are formed in companies (*Sanitäts-Companien* of which Austria has at present 14) under specially detached officers; they are picked from the regiments, and at stated times commanded to the permanent hospitals, where they receive theoretical and practical instruction from the medical officers in the first principles of Anatomy and Surgery, and in the first duties to be performed in cases of wounds and accidents; they are also frequently called out and instructed in the management of the Ambulance carts (which are admirably arranged), and the transport of the wounded. This staff is chiefly intended to prevent the necessity of the medical officer being about in the field of action, and to enable him to remain at a fixed post whilst the wounded are collected and transported in the ambulance carts; they carry arms and also surgical instruments, and are all able to apply the tourniquet and the first dressing, as well as most dressers. In the hospitals they do duty as head-orderlies.

The propriety of employing female nurses in mili-

tary hospitals is a question on which there still exists a difference of opinion. On the continent their use is not general, and in some Catholic countries as Austria and Bavaria, the Sisters of Mercy, though active in civil, are not admitted into Military Hospitals.

Those who have seen the Catholic Sisters at work in the hospitals in France, Belgium and Italy will not doubt the efficacy of their services, and those who witnessed their labors in the Eastern Military Hospitals had certainly no reason to depart from that opinion*. Protestant sisters are now employed in many

* At the first outbreak of hostilities between Russia and the Western powers, the Grand Duchess HELENA PAWLOWNA applied to Pastor FLIEDNER, the Director of the Institution of Kaiserswerth, and with the assistance of two Deaconesses, sent by him to St. Petersburgh at her request, founded a community of sisters for the express purpose of supplying the Russian Army with female nurses. The object of the institution is set forth in the following instructions to the Superior: "In the name of Jesus Christ our Lord, in perfect charity and self-devotion, zealously to assist the medical authorities in the care of the sick and wounded in the Military Hospitals and also to strengthen the patients under their sufferings by Christian consolation." 28 Sisters reached the Crimea in Dec. 1854 and were followed by others to the number of 60, who throughout the war were indefatigable in nursing the wounded, not only in the Hospitals at Sebastopol and Simpheropol and in the Ambulances, but also close to the batteries in the midst of most appalling scenes, actually exposed to shot and shell by which several were hit! They also escorted the Transports of wounded to the different inland stations. The strength of nerve and energy displayed by these women, as narrated by the distinguished surgeon Professor

civil hospitals in Germany; in England there will be but few civil practitioners who do not prefer female nurses to attend upon their private and hospital patients. The experiment remained to be tried in how far the services of ladies, Catholic Sisters and paid nurses could be made available in British Military Hospitals. Considering that it was a trial for which there was no preparation, as regards most of the persons employed, I believe the result to have been satisfactory, and such as to warrant the anticipation of perfect success in future. Far from being (as was feared) exposed to any thing approaching to disrespectful behaviour from the patients, I have seen the ladies and Catholic Sisters treated sometimes with real reverence, and invariably with proper respect and that due deference to the sex which is an integrant trait of the British character; it was observed that their presence exerted a beneficial influence on the tone and manners of the patients and orderlies, that swearing became less frequent and duties and orders better attended to, when enforced by them. If some of the paid nurses were found less efficient, and in their behaviour

PIROGOFF under whose direction they acted, borders on the marvellous, their self-devotion beyond all praise, as admitted by the unanimous testimony of the medical men who found their assistance invaluable. Their duties were strictly defined and divided into three classes, one division was charged with the dressing of wounds, another with preparing and administering the medicines and a third with the care of the domestic details.

See Die "Gemeinschaft der Schwestern zur Kreuzerhöhung," von Professor Pirogoff. Berlin 1856.

towards orderlies and by their general conduct gave cause for complaint, the reason is simply that in the hurry of the moment the selection was not carefully made, or rather that a selection was impossible, as in England up to that period such nurses, as would have been desirable, did not exist *as a class.* This deficiency is now daily being supplied, and we may hope, in consequence of the untiring efforts of Miss NIGHTINGALE and some of her fellow-laborers, within a few years to see all the civil hospitals attended by nurses of a superior order, and it is to he hoped that the soldier's claims, founded on benefits already received at her hands, will also be regarded. No truer acknowledgment could be expressed of the sense entertained by Government of the services she rendered to the Army, than by leaving to her to organize as a *system* the *experiment* she so triumphantly made, and if such services can be secured there is no doubt that in the military hospitals also, female assistance and supervision will be found the complement of all nursing. The nursing and attendance on the generality of patients may well be left to the orderlies, but the severer cases and those who require particular attention will be better taken care of by female nurses; the physician ought to mark such cases in a register, with distinct instructions and directions about the medicine, comforts and attendance required; these instructions to be carried out by a nurse under the special superintendence of head-nurses, under whose management the kitchen and linen departments, the medical comforts etc. should be placed. Such a system of nursing, which however can only work when strict and

implicit obedience to the injunctions of the medical attendant is observed, will, I have no doubt, be found the best suited to promote the comfort and well-being of the patient, to act beneficially on the attendance of the orderlies and ensure order and cleanliness in the hospital.

CHAPTER XIV.

Advantages of publicity under a liberal Government — Progressive rate of mortality of the different armies — Causes of mortality — Medical Statistics — Scurvy — Turco-Russian campaign of 1828—29 — Necessity of reform proved by the success of *temporary* measures.

"The General counts the men he can muster in the field and cares not to publish to the world, eager to hear of his victories, the number of the wounded and the dead. Fresh troops replace the fallen, and when the trumpet sounds anew to battle no one inquires into the fate of the buried". * These words alas! too true in their general application have met with a signal refutation in the British Army. Not only is the exact number of the wounded and the slain, but also that of the victims of disease during the late campaign made public; moreover, a liberal Government evinced concern for the loss of so many brave men and an earnest desire of preventing a recurrence of similar disasters, by appointing a special commission to inquire into the causes of the great sufferings

* See HECKER's "Geschichte der neueren Heilkunde" The Plague in Transylvania, page 24.

of the Army. By their minute inquiries and elaborate report the Crimean Commission have proved that much of the misery might have been prevented, and have almost numerically shown how many valuable lives might have been saved.

The fact, unparallelled in history, of an army in the second year of a campaign being almost exempt from disease is a most striking proof of the fallacy of the reasoning of those who, infected with the spirit of autocratic governments, are averse to all publicity by which mismanagement in high quarters comes to light, and who argue that suffering and disease are the inevitable consequences of war and an inquiry into their extent and causes "subversive of the discipline of the Army". That the energetic measures, taken by Government for the relief of the undue sufferings of the British Army during the first months of the campaign, were the consequence of these sufferings having reached the public ear, no one will doubt, and the success of these measures may well be upheld as an example to other nations and more particularly to our Allies, whose satisfactory condition at the beginning of the war had given just cause for comparisons unfavorable to the efficiency of British administration.

Numerical returns (at least such, as upon which reliance can be placed) of the loss by disease of the French and Russian armies are, for reasons best known to their respective Governments, not made public; if they could be obtained, I am certain from my own observation, as well as from what I learnt by repeated conversations with French and Russian phy-

sicians, that a most interesting parallel might be drawn of the inverted ratio of suffering of the different armies in proportion to the duration of the campaign*, a parallel which could be rendered highly instructive, if a liberal publicity, such as showed the real causes of the losses of the British Army, were unluckily not totally incompatible with the spirit and policy of other Governments.

The comparative small mortality in the French Army at the beginning, the satisfactory state of the Sardinian force throughout, and the brillant condition of the British Army during the last year of the war, when the wants of the soldier were properly supplied, abundantly prove that climate had nothing to

* In the French hospitals of Constantinople the mortality during the three first months of 1855 averaged 13⅔ per cent, whilst in the corresponding months of 1856 it amounted to 20⅓ per cent; and though I remarked before that the state of the hospitals at Constantinople and Scutari could not be considered exactly to represent the state of the armies, still an inspection of the nature of the cases arriving from the Crimea, confirmed the verbal reports of the English and French physicians on the disproportion of the sanitary condition of both armies in the early spring of 1856. Great as the sufferings of the French army were at that period, they bear no comparison to those of the Russian army, in which during the siege the mortality among the wounded from hospital gangrene, and after the taking of Sebastopol from typhus in the hospitals of Simpheropol, Nicholaieff and Odessa is reported, as truly awful. See "Discussion sur le Typhus observé dans les armées pendant la guerre d'Orient, de la Société Impériale de Médecine de Constantinople," Péra 1856.

do with the heavy loss from disease sustained by the British Army during 1854—55, whilst its real cause is explained by the minute loss of officers, and better still by the very different degree in which the different corps were affected "according to their relative sufferings from fatigue, exposure and privation"*.

Even the non-professional observer will easily understand that over-work and exposure to damp and cold, without proper protection, must speedily determine disease in constitutions predisposed by insufficient and defective nourishment. The professional inquirer (though it remains impossible to ascribe to each of the cooperating causes its exact share in the consummation of the evil) knows, that the continual use of salt meat and indigestible biscuit over-taxing the digestive powers, the privation of bread, vegetables, beer and coffee, by which the elements necessary to nutrition should be supplied, the want of fuel and proper clothing not allowing the reaction indispensable to support the excessive fatigue dependent on trench duty, are all causes, which combined, must inevitably exert a fatal influence, an influence which would be more quickly felt by an army unaccustomed to such hardship and usually supplied with liberal allowances. The medical officers have been able to watch how gradually the constitution of the soldier became deteriorated, how by the combined agencies before mentioned, not only specific disease was engendered, but the germ of existing diseases was deve-

* See "the Crimean Commission and the Chelsea Board" by Col. TULLOCH. page 151.

loped, and how other supervening affections were aggravated and took an undue degree of malignancy. A mere glance at the rate of mortality from the different diseases* will at once show the truth of this last assertion, for we find on 56,057 cases admitted into hospital, not fewer than 23,587 diseases of the stomach and bowels, and on these 23,587 cases 4,556 deaths, thus 19 per cent, a much higher mortality than observed under ordinary circumstances; that from frost-bites being higher still — 21 per cent.

A more careful examination of those returns will disclose the mortal agency at work. We find on 4,158 cases of wounds and injuries only 644 deaths, or a mortality of 13 per cent only, explained by the fact that most of these cases occurred before the influence of the hardships had made itself felt; we see that

on an average strength of
soldiers . . . . . 28,939 — 2093 cases of scurvy,
on an average strength of
officers . . . . . 709 — 3 cases of scurvy†

were admitted, that thus 7 per cent of the soldiers and not ½ per cent of the officers were more or less scorbutic and accordingly we find

the mortality of soldiers from fever 19½ per cent
,, ,, officers ,, ,, not 1 ,,
the mortality of soldiers from diseases of the
stomach and bowels . . . . . 19 per cent
the mortality of officers from diseases of
the stomach and bowels rather more than ⅓ per cent.

* General Abstract showing the total number of Admissions into Hospital and Deaths from 1st Oct. 54 to 30th April 55. Ibid. page 171.

† Ibid. page 167.

the mortality from all diseases of the soldiers
on average strength near . . . . . 35 per cent
the mortality from all diseases of the officers
rather more than . . . . . 2½ per cent

whilst the mortality from Cholera, a disease specific in its cause and rapid in its course, and which takes but little heed of the constitution of the individual befallen, is alike for officers and soldiers 60 per cent.

A fact which must strike every one at all acquainted with the nature of disease under such circumstances, is the small mortality from scorbutic disease, 196 deaths = 9 per cent only, and must naturally lead us to infer that, whilst the worst and perfectly undeniable cases only were marked with the ominous name "scorbutus", the large proportion of

cases of disease of the			stomach and bowels	23,587
,,	,,	,,	fevers	10,970
,,	,,	,,	frost-bites	2,023

has been more or less, and their great mortality mainly owing to scorbutic cachexy, a conclusion which may also be arrived at from the large number of diseases of the lungs, 3,552, and of other diseases, 7,568. Scurvy, Typhus and Dysentery are not necessary, though unluckily frequent accompaniments of an army in the field, but when they do prevail they are generally observed to take the place of all other diseases, so that for instance Phthisis, by no means of uncommon occurrence in armies in times of peace, is very seldom observed during actual warfare, and the same obtains with all eruptive fevers and also acute rheumatism.

I make this remark without any wish to cavil at the

value of the medical statistics before me, for though when speaking of circumstances where an accurate diagnosis was possible I indulged in some observations on that subject, I am convinced from what I saw of an analogous condition in the French hospitals and from the reports of different practitioners, that even had the pressure of business allowed of an accurate diagnosis, the character of the diseases had become so mixed, their symptoms so changed, that it was utterly impossible, in many cases, to distinguish those of the original affection from the complications arising from scorbutic cachexy*. I have remarked before

* "La dyssenterie, le scorbut et le typhus, tels que nous les connaissons par les descriptions classiques, forment des groupes morbides totalement distincts les uns des autres. Quand ces affections se présentent ainsi isolées, à l'état de simplicité, il est bien facile de les reconnaître et aucun observateur ne s'y trompera. Mais que ces maladies viennent à se combiner et à se compliquer l'une l'autre, et quelquefois toutes trois à la fois, pour former, comme cela a été observé si souvent aux armées, des maladies composées, des espèces mixtes, des types spéciaux, alors le problème pathologique se complique. Les dyssenteries présentent les caractères du scorbut; les scorbutiques délirent comme dans le typhus, ou bien ils succombent au flux dyssentérique; les sujets atteints de typhus ont la dyssenterie et deviennent scorbutiques; les exemples de ces mélanges ne manquent pas, presque tous les cas graves sont des cas compliqués. C'est du moins ce que j'ai observé pendant l'hiver de 1854 à 1855 à Constantinople." See "Recherches sur les maladies de l'armée d'Orient pendant l'hiver de 1854 à 1855"; lues à l'Academie de médecine, dans la séance du 30 Septembre; par Mr. le Docteur THOLOZAN."

(page 26) that the traces of that cachexy were observable in the constitution of patients arriving from the Crimea during the whole of the subsequent summer, and pathological investigation fully confirms this view*. To enter into a minute investigation of the peculiar nature of Scurvy, of the manner in which the different agents deteriorate the blood etc., lies beyond the scope of these pages; suffice it to remark that this disease (capricious in its origin, in as much as some-

* "But I have not the less reason to believe that, to a considerable extent at least, a general scorbutic state was recognizable in the constitution of the soldier, which, though it seldom led to the actual development of Scorbutic Lesions of a primary independent form, lent a decided influence to, and even sometimes distinctly modified, the characters of the other diseased processes which were so commonly prevalent. In more precise terms it may be stated, that while Scurvy did not, except in rare cases exist in any form as a distinct disease; and while (from the month of June) no single fatal case came within my sphere of observation in the English Hospitals in which Scorbutus was the direct cause of death, many cases of disease occurred in which modifications attributable to a prevalent Scorbutic Dyscrasis could be recognized, such as various discolorations of the extremities externally, haemorrhagic effusions internally, and the very remarkable and, as yet, unexplained phenomenon of haemeralopia. On post mortem examination, several of such cases, besides the ordinary lesions of the dominant disease, exhibited anatomico-pathological characters, such as mucous haemorrhages, and sub-mucous blood extravasations, which were in all probability referable to the Scorbutic Dyscrasis as their immediate cause". See "Report on the Pathology of the Diseases of the Army in the East", page X.

times it has been known to result from any single one of all the causes mentioned, whilst at other times the even lengthened exposure to several of these causes has failed to produce it) must inevitably follow, and has invariably been observed when all these causes did concur.

The want of fresh vegetables is generally considered to be one of the principal causes of Scurvy; this opinion is founded on its having formerly been of frequent occurrence in the Navy, particularly during protracted voyages. The disease has however been also observed on board of ships in harbour and abundantly provided with fresh vegetables; the Turks who eat but little meat and a great deal of fruit (cucumbers and water-melons), suffered greatly from scurvy *, and it is a remarkable fact that during the latter part of the war, many of the soldiers fresh from France arrived tainted with the disease. This showed that with them some other causes, either in their alimentation or insufficient clothing, were exerting their influence, and therefore when in the spring of 1856 I heard a confident hope expressed by the chief Medical Officer of the French that the appearance of the young dandelion (*pissenlit*), a favorite

* "During these 4 months (May — Sept. 1855) Scurvy was the prevailing disease of the Turks." — "In my small hospital of 50 beds, 30 were always occupied by scorbutic patients and the same was the case in all the hospitals large and small at Eupatoria. Of an army of 25,000 men at most, 3,000 on an average were in treatment". See Dr. LEUDERSDORF on Land-Scurvy. Allgemeine Medicinische Central-Zeitung 1856. No. 82.

salad of the French soldier, would greatly contribute towards arresting the disease, I could not refrain from smiling at his courtesy towards that pretty little plant, whose appearance he well knew was the forerunner of more genial weather and less hard work*. I believe that an abundant supply of fresh and good vegetables may contribute to retard the development, as well as to cure the developed disease, but it must not be lost sight of, that with the possibility of such a supply many of the other causes cease. I have already expressed my opinion on the desirability of diversifying the diet of the patients, and believe that a greater variety in the soldier's rations (which are ample in quantity) would be useful in the prevention of disease. The French whose habits are less carnivorous were, especially at the commencement of the campaign, better provided than our troops with fresh, and abundantly with dried (lentils, peas and beans) and preserved vegetables (the *julienne* composed of sliced carrots, turnips and leeks). Mr. BAUDENS recommends sourkrout to be issued to the soldiers. It is, or was formerly used in the British Navy, and might easily be supplied to an army in the field, it is an excellent anti-scorbutic; as such I believe that the cranberry and whortleberry are also deserving of peculiar attention; these fruits are easily preserved by boiling without sugar and take little space in packing. The use of coffee was beneficial to the French troops to

* Mr. BAUDENS has since published his high opinion of the Taraxacum in the Revue des deux Mondes. Février 1857. "Une mission médicale en Orient". page 890.

whom it was distributed *ready roasted*, and who were provided with cylindrical hand-mills for grinding it. It is undoubtedly preferable to tea for men exposed to damp and fatigue. The French had no lime juice, but the wine which they got as a ration was nearly as useful as a vegetable acid; light beer would be of infinite value to the English soldier as an anti-scorbutic.

Prior to the last war, the loss during the Turco-Russian campaign of 1828—29 (about 80,000 men) was always quoted as an enormous instance of mortality by disease, awful as this loss was it sinks into insignificance when compared with the total number which perished during the late campaign. In the absence of official returns of other armies I submit a comparison of the loss of the British Army during the winter 1854—55 with that sustained by the Russians in 1828—29.

The campaign began in May 1828; up to the end of February 1829 the total number of admissions in hospital and deaths of the Russian army had been on the average strength of 150,000 men *

	admissions	mortality	deaths
in regimental hospitals	75,226	6,8 per cent=	5,115
in stationary ,,	134,882	18,3 ,,	= 24,683
Total	210,108		29,798

The total number of admissions into hospital and deaths of the British Army from 1st Oct. 1854 to 30th April 1855 † shows on an average strength of 28,939 men,

admissions 56,057 deaths 10,053

* See "Beitrag zur Geschichte des Feldzugs in der Türkei in den Jahren 1828—29" von Dr. Seidlitz. Hamburg 1854.

† See General Abstract showing the total number of ad-

giving a proportion of mortality
on admissions in hospital of 18 per cent, on average strength of 35 per cent
whilst that of the Russian Army in 1828—29 was
on admission in hospital 14 per cent, on average strength of 19 per cent.

It is just to add that the seven months mentioned were the worst for the British Army (the preceding ones having been less severe and the mortality during the period that followed incomparably less), whilst the first ten months of 1828—29 were the least trying for the Russian army; on the other hand it must be remarked, that in 1828 numerous cases of plague occurred from the very commencement of the war, the average mortality from which disease is considerably higher even than that of cholera*.

The losses from disease of the French, Turkish and

missions into hospital and deaths etc. "The Crimean Commission" page 171.

* During the ten following months of the campaign of 1829 the mortality in the Russian Regimental Hospitals rose to 14,8, in the stationary hospitals as high as 36,8; this however was owing to the fearful amount of plague (which had already shown itself before in isolated localitied) and of a peculiar disease "die Wallachische Seuche" the Wallachian plague (febris pestilentialis), typhus with plague symptoms, which greatly augmented the proportion of deaths. Of 6,000 men left at Adrianople in Nov. 1829 when the head quarters were shifted, 5180 = 85 per cent died of plague. At Varna from June to August 1829, of 5170 plague cases 3932 = 76 per cent died. See "Medicinische Geschichte des Russisch-Türkischen Feldzugs in den Jahren 1828—29" von Seidlitz, Petersenn, Rinck und Witt; edited by Dr. Simon, Hamburg 1854.

Russian armies were, according to trustworthy non-official accounts, though small compared to that of the English during the first few months, at least as considerable in proportion to their strength when reckoned throughout the duration of the campaign, and should the aggregate number ever be obtained, the fearful amount of lives sacrificed, independently of those who fell in battle, will stagger the future historian of this struggle between Russia and the Western powers.

An investigation, if possible, would show the causes of such mortality in some measure to be the same in all. The administrative arrangements of the French being excellent, they were provided for the emergency and did not suffer severely at first; by degrees however their resources became greatly exhausted (which may in no small measure account for the somewhat unexpected and abrupt termination of the war), owing to which and other reasons, which I do not wish here to enter upon, the army was no longer so well supplied, the constitution of the soldier became deteriorated, and another great cause of mortality, which had existed since the beginning of the war, now began to tell most fearfully amongst the sick. I allude to the deficiency of hospital accommodation at the seat of war; this deficiency was the more inexcusable as it was not from want of management, but evidently intended (page 117); its consequence was that many patients arrived in a dying state who might have been saved if kept in proper hospitals in the Crimea; the effect of being moved in over-crowded vessels, though pernicious in all cases, told most on the operated, of whom the larger number, after arrival at Constantinople, were

affected with hospital gangrene. With the English there is no doubt that the necessity of transporting the patients to Scutari in the beginning had also greatly augmented the number of deaths; this want of accommodation having been supplied in a great measure accounts for the reduction of the mortality. With the Russians the over-crowding of hospitals and moving of patients, and consequent Typhus and hospital gangrene seem to have been the chief causes of the high mortality; they were however perhaps more excusable than either French or English, as they were forced by necessity and straightened means.

"A l'armée d'Orient l'imperfection de l'hématose s'est traduite par des suffusions sanguines et par le scorbut". In these words Mr. BAUDENS acknowledges that there was a good deal of scurvy in the French Army. The terms in which he eulogizes the Intendance do not entirely agree with the opinions I have heard many medical men express, and leaves a great deal of the sufferings of the French Army unexplained; his benign judgment is accounted for by what I before said of the power of the Intendance (page 120). If public opinion* were a little less fettered in France, we

* Many instances could be adduced of the ignorance in which the public is kept about such matters in France. Two large hospitals were burnt down in Constantinople, l'hôpital de l'école militaire in 1854 and Daoud Pasha in 1856—whether lives were lost no one knows. The deaths in the French Hospitals in the spring of 1856, from Typhus fever alone, were for many consecutive weeks as many as 70 daily. Such facts could not escape comment in England!

might hope to be better enlightened as to the different causes of mortality in the French Army at which Mr. THOLOZAN, one of their best medical officers, hints in the following words: "J'ai énumeré la dyssenterie, le typhus, le scorbut, le choléra, le froid, la mauvaise alimentation. Il est possible qu'il faille ajouter à ces causes d'autres influences morbides ou hygiéniques: je ne veux pas ici toucher à cette question"*. Mr. FAUVEL, the President of the Medical Society of Constantinople deals with the matter more openly, when he concludes: "Quant aux épidémies, il faut espérer que, par les mêmes raisons, elles deviendront de plus en plus rares; il faut admettre aussi que la leçon, dont nous avons été témoins, ne sera pas perdue pour l'avenir; car, ainsi qu'on l'a dit, avec beaucoup de vérité, dans ce débat: non, le typhus épidémique n'est pas une conséquence fatale de la guerre, et, quand il se développe dans les armées et y exerce des ravages, c'est à moins de circonstances majeures, à l'incurie de ceux qui sont chargés, ou de prescrire et de surveiller l'application des préceptes de l'hygiène, ou de les faire exécuter, qu'il faut en rapporter la cause"†. I must here add that Mr. FAUVEL is not a military surgeon, and that in his double capacity of Physician to the Embassy and *Médecin sanitaire de France**†, and because

* "Recherches sur les maladies de l'armée d'Orient pendant l'hiver de 1854 à 55."

† "Discussion sur le Typhus observé dans les armées pendant la guerre d'Orient" page 186.

*† The office of Médecin Sanitaire is one of the highest importance. The *conseil d'hygiène publique* composed of 12—15

he is totally independent of the *Intendance*, has more than once had it in his power to be of great service to his country.

Though Mr. FAUVEL's remark relates more especially to Typhus, it is equally applicable to Scurvy, Diarrhoea and Dysentery from which the English troops suffered so severely, and all nations would do well to take home to themselves the truth it conveys.

It is to be feared that the brilliant condition of the British Army during the winter 1855—56, manifesting how triumphantly it had come out of difficulties which had threatened to exterminate it, has given a quietus to the public mind, so excited at the time of those difficulties on the subject of reform in the Medical Department. It will be well to bear in mind that that marvellous transition from the deepest misery to an almost unexampled state of well-being was the result of gigantic efforts, made at any cost for a momentary relief, and that no changes in "the system" have yet taken place, to guarantee the non-recurrence of such misery at any future period under equally un-

members is consulted by Government on all questions of hygiene. Several members of that Board (*médecins sanitaires*) reside in the East, at Constantinople, Cairo, Alexandria, Smyrna etc. appointed by the Ministre du Commerce (Board of Trade), they report directly to him on all matters of interest, the sanitary state of the locality, quarantine etc., can give useful information and not unfrequently serve as a check to the preponderance of military influence.

foreseen circumstances. England may well be proud of the internal resources which enabled her to resuscitate an almost extinct army, but it behoves her not to rest satisfied in this self glorious contemplation of a past achievement, but to guard against the possibility of having ever again to make the prodigious sacrifices which the late war entailed. Without entering into the question to whom the merit is due of having noted deficiencies and detected mismanagement (whether "Times Correspondent", "Crimean" or "Sanitary Commission"), we know that every Englishman, no matter what his politics, owes gratitude to the Government for the energetic measures it took under the temporary pressure, we know also that the nation made large sacrifices, that the untiring exertions of medical men, the energy and perseverance of some individuals in the different branches of the administration, and above all, the honesty and integrity of all officers employed, compensating for the evils of "the system", brought about that transition.

The measures were temporary only, and it is imperative that such permanent ones should be adopted as will for ever prevent the recurrence of circumstances necessitating such a marvellous trial of strength.

All other Departments of the Army are now being re-modelled, the educational system of military men is in course of amendment, but up to the present there have been no changes made in the Medical Department. The distribution of labor amongst the medical men and the hospital arrangements remain the same as before the war.

Reform is not an impossible word in England where

the Government thinks it no disgrace to admit shortcomings in existing traditional systems, and needs only to be prevented "napping". Public opinion and the representatives of the nation are not qualmish in disturbing a ministerial "doze", so we may hope to see a step still taken this session on behalf of the Army-Medical-Department.

THE END.

5

Urw
Wil