

**An address delivered at the inauguration of the Dale General Hospital,
U.S.A., Worcester, Mass., February 22, 1865 / by Warren Webster.**

Contributors

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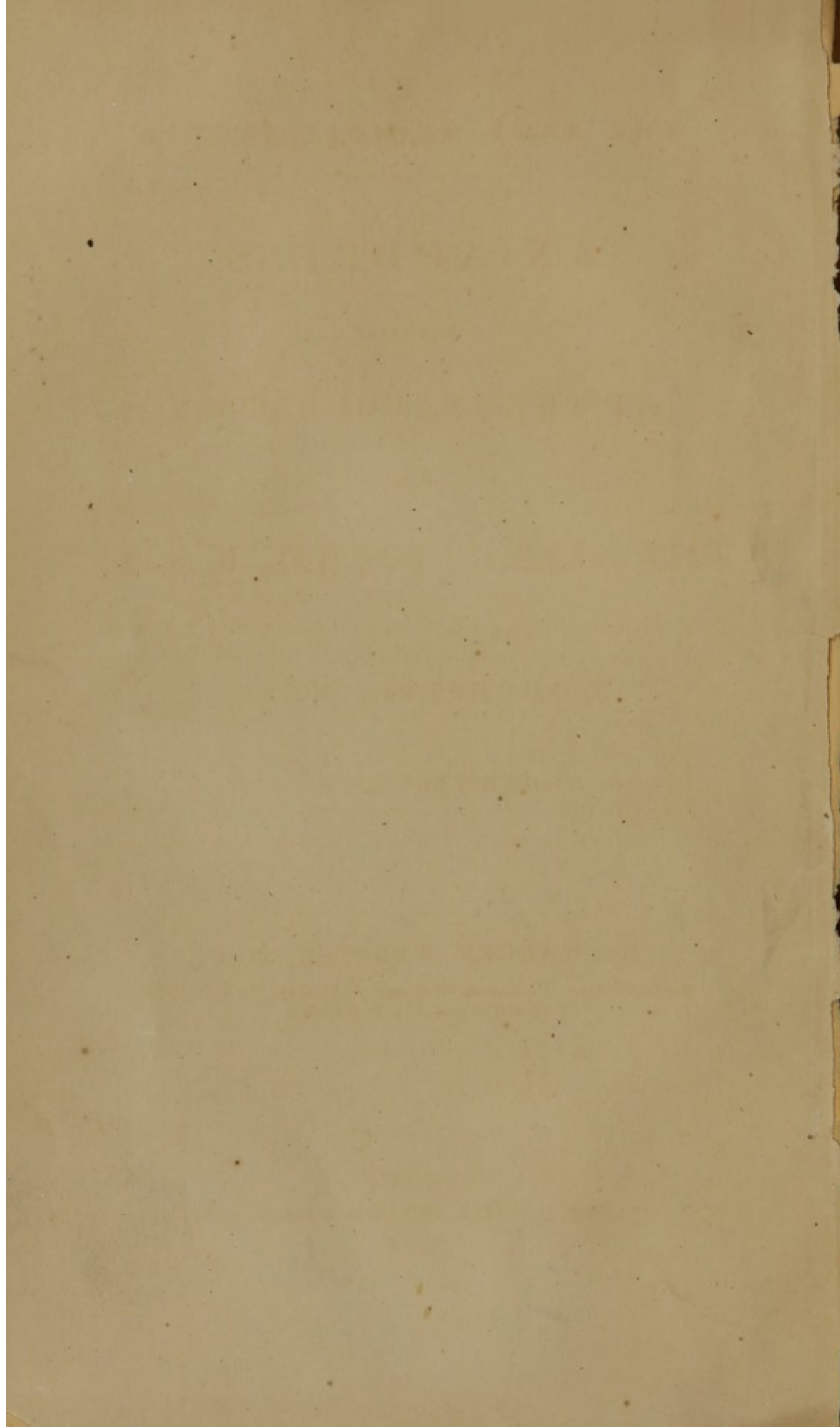
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1865



THE ARMY MEDICAL STAFF.

AN ADDRESS

DELIVERED

AT THE INAUGURATION

OF THE

DALE GENERAL HOSPITAL, U. S. A.,

WORCESTER, MASS.,

FEBRUARY 22, 1865.

BY WARREN WEBSTER, M. D.,

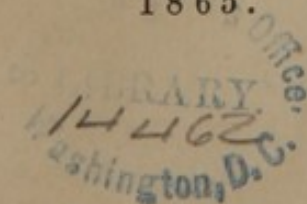
*Assistant-Surgeon, U. S. Army, in charge of De Camp General Hospital,
Davids' Island, New York Harbor.*

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1865.



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COMMONWEALTH OF MASSACHUSETTS, }
BOSTON, February 23, 1865. }

WARREN WEBSTER, M. D., *Assistant-Surgeon, U. S. A.*—

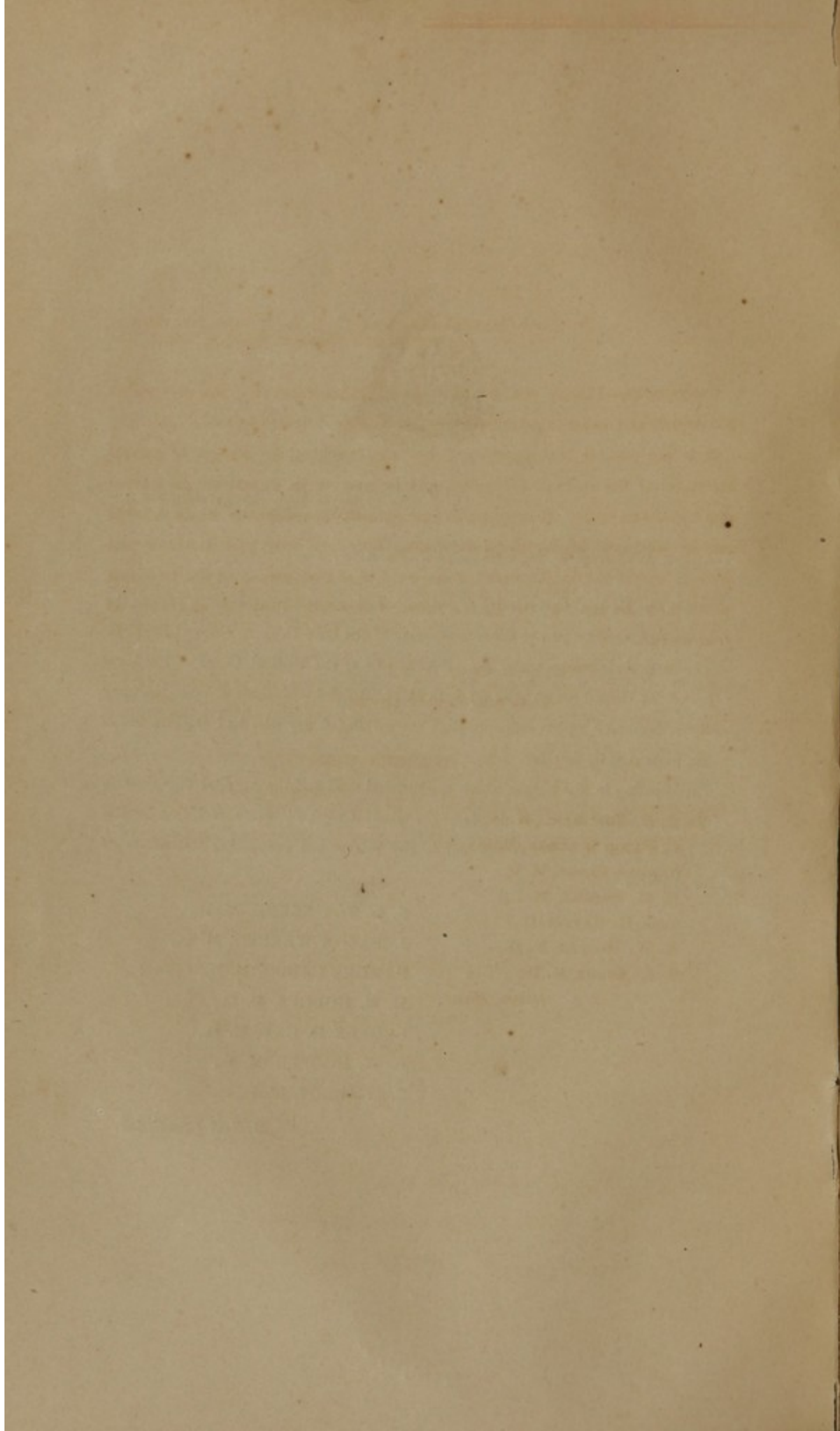
SIR,—The Medical Commission of Massachusetts request permission to publish the Address delivered by you at the inauguration of the Dale U. S. A. General Hospital.

The patriotic terms in which the achievements of the Medical Corps of the loyal army of the United States were set forth and contrasted with those of other military nations, demand a larger audience than the privileged few who had the pleasure of being present at its delivery.

Participating in the honors which the surgical staff and the hospital organization of the army reflect upon the people of the whole Union, the State of Massachusetts will take a pride in giving to the public the modest but convincing statements of your Address.

S. D. TOWNSEND, M. D.,
J. MASON WARREN, M. D.,
SAMUEL CABOT, M. D.,
R. M. HODGES, M. D.,
GEORGE H. GAY, M. D.,
R. W. HOOPER, M. D.,
S. L. ABBOT, M. D.,

Medical Commission.



DE CAMP GENERAL HOSPITAL, U. S. A., DAVIDS' ISLAND, }
NEW YORK HARBOR, March 1, 1865. }

GENTLEMEN,—I thank you for the words of kindness and good will with which you request permission to publish the Address recently delivered by me.

It is not possible that anything I can say, touching the science or general literature of the medical profession, will be new to an association so learned and vigilant as yours. If, however, in your opinion, the publication of my Address can in any way be useful in stimulating abler and more practised pens than mine to unfold the bright record of the services of that portion of the profession which is in the army of the United States, I cheerfully place the manuscript at your service.

With great respect,

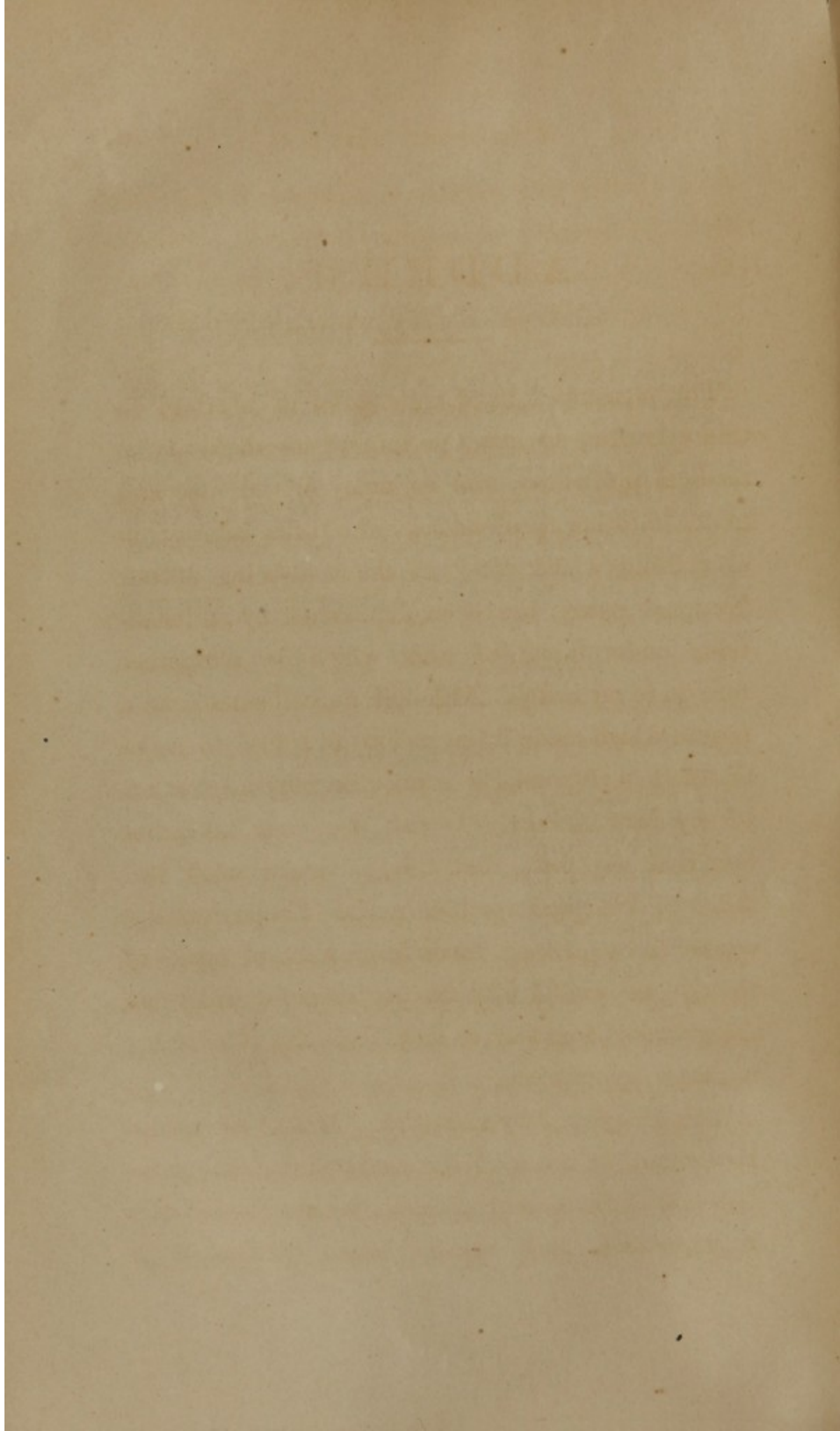
I am, your obedient servant,

WARREN WEBSTER,

Assistant-Surgeon U. S. Army.

TO S. D. TOWNSEND, M. D.,
J. MASON WARREN, M. D.,
SAMUEL CABOT, M. D.,
R. M. HODGES, M. D.,
GEO. H. GAY, M. D.,
R. W. HOOPER, M. D.,
S. L. ABBOT, M. D.,

Boston, Mass.



ADDRESS.

The pleasure I have anticipated in meeting, on this occasion, so many prominent members of the medical profession, and so many of the wise and good in other professions, who take interest in everything which concerns the well-being of our National Army, has been diminished by an incautious undertaking of that which is altogether foreign to my tastes. Although the call came from a source which made it ungracious to refuse to make an effort in response, it cannot be improper for me to say how sincerely I wish, for your sake, not less than my own, that this particular work had fallen to other and worthier hands. Embarrassment comes to me not so much from want of topics of thought associated with the purposes for which we are gathered together, as from difficulty of selecting the most appropriate.

This Hospital, fitly named the "DALE" GENERAL HOSPITAL, in honor of the accomplished Surgeon-General of the Commonwealth, within whose limits it is located, and whose citizen soldiers it is

especially established to succor and relieve, completes the number of twenty-four General Hospitals now organized in the Department of the East, and all constructed or put in operation since the beginning of the rebellion. The total number of beds in these hospitals is about seventeen thousand. In Maine there is one General Hospital, with a capacity of seven hundred and fifty beds; in New Hampshire, there is one with five hundred beds; in Vermont, three with eighteen hundred and fifty beds; in Massachusetts, three with seventeen hundred and fifty beds; in Rhode Island, one with sixteen hundred and fifty beds; in Connecticut, one with six hundred beds; in New York, thirteen with nine thousand beds; and in New Jersey, one with twelve hundred beds.

In March, 1861, there were no Military General Hospitals in the United States. To-day there are, under the orders of the Surgeon-General, one hundred and ninety-five, with a capacity of one hundred and twenty-nine thousand nine hundred and fifty beds, bounteously provided with everything which the wisdom of Congress, and a soundly educated public opinion on such matters, deem necessary.

If the National Government had done nothing else, during the last four years, through its Medical

Department, but organize and maintain this superb hospital service, it alone would, wherever there are intelligence and experience to appreciate the difficulties to be overcome, have secured for the country a high place among the nations, for successful achievement in this path of military effort. But these results, gratifying as they are for a thousand reasons, constitute only a part of the great work which the people have accomplished in this relation by governmental action. The record of the prosperous labors of the Surgeon-General's Department, is written on battle-fields of the republic, from the earliest successes in Western Virginia, down through victory or defeat, to the latest splendid triumphs in Tennessee, Georgia and the Carolinas.

The very few instances of apparent failure to meet adequately all existing military exigencies, which are to be found in this register of honorable performance on the part of the Surgeon-General's Office, do not, in a fair estimate of what has been done, detract from the general success of the whole work. To admit occasional early imperfection, is but to concede that our medical authorities were, and are men, and their works inherent with the defects which, at the outset, inevitably attend all

large operations in war, undertaken after a long peace.

The breaking out of the rebellion found all the departments of the army arranged for a peace establishment of fifteen thousand men. It needs but to recall to mind this fact, and a few others, to realize how unprepared, necessarily, was the Medical Department for the tremendous strain of the war.

At the beginning of the present strife, there were but one hundred and seven commissioned medical officers in the army of the United States. Now there are five hundred commissioned officers of the medical staff, two thousand physicians serving under contract, and a vast force of regimental surgeons and assistant-surgeons. The estimate submitted to Congress of the expenses of the medical and hospital service of the army, for the year commencing June 30, 1861, and ending June 30, 1862, was one hundred and fifteen thousand dollars. For the year ending June 30, 1863, the expenditure for the same class of items, was eleven million five hundred and ninety-four thousand six hundred and fifty dollars; and this amount, it will be remembered, does not embrace soldiers' pay, rations and clothing, or the construction of hospitals. How was it proper or possible, under all the

circumstances of our national life, for the government to be, in every sanitary relation, perfectly prepared for events which demanded such instant enlargement of the medical staff, and such enormous increase of expenditure? And yet how quickly were these deficiencies remedied, and from that early hour, how constant has been improvement! Everything which science, labor, or money could wisely attempt, has been accomplished.

The necessity of prompt measures to secure the health, and thus promote the efficiency of the vast army of volunteers who, in defence of the nation's life, clustered around the old army as a nucleus, not only invoked the best efforts of the authorities in Washington and the zealous coöperation of the State governments, but stirred the masses everywhere. The purpose to provide for the soldiers' comfort had no rival in popular consideration. Such an outpouring of money and means, for the benefit of the sick or wounded, never before adorned the annals of war. No one race, sect or sex, could or can claim a monopoly of this work of charity and duty. It moved all hearts and all hands. It opened a field of usefulness to earnest men and noble women, whose names will all be written in the nation's Book of Life.

It is not easy to agree upon a standard of perfection in military operations, and more especially in the Medical Department. Everything there is relative, and nothing absolute. The rule of measure varies with events. Thus it happens that, by comparison, we can best form correct opinions of how great has been our efficiency or deficiency in sanitary affairs during the present war. Let us not, however, suggest such inquiry with a view to undue appreciation of ourselves, or depreciation of others. Such a purpose would be a perversion of the true uses of comparison, which, in the present case, should be to ennoble both parties, and aid in teaching their proper relation to each other. In no spirit of vain boasting, then, may we challenge other nations to exhibit a brighter record than our own, of successful labor, in behalf of the sick and wounded of an army employed in active operations, or in preparation therefor.

The surroundings of the English army in the East, during the first stages of the Crimean War, were, in some respects, quite different from those of our own incipient military operations in 1861. The army of observation sent forward by England to undergo extreme suffering at Malta, Gallipoli and Varna, was made up of veteran troops, trained

to a soldier's life, and commanded by officers, whose long experience should have taught them what were the necessities of an army in the field. Our own army, on the contrary, was made up, in chief part, of new levies, profoundly ignorant of military life.

To provide for the transportation of troops to distant points, to furnish all needed commissary stores, and to maintain a large body of soldiers beyond the seas, and in every diversity of climate, had been a part of the daily experience of that powerful nation whose morning drum-beat encircles the earth. How comparatively limited, in all such things, had been the education of the Government of the United States!

The elements of distance, long water transportation from base of supplies, movements in an unknown country and among a people speaking a different language, undoubtedly prevent the drawing of just inferences, from the events of the Crimean campaign, in respect to the comparative efficiency of the American and English service. But we have the aid of admitted facts in our Mexican campaign, where the force conveyed and landed, was quite as large as that army, made up in part of Grenadiers and Coldstreams, which in

February, 1854, marched out of London, full of life and hope, to meet a terrible antithesis of disease and death. The imputed deficiencies of the English War Office have filled the classic coast of the Hellespont with memories of suffering unredeemed by one ray of glory. They made the beautiful valley of Devna a literal Valley of Death to those stalwart Anakims of the household troops.

The American army, on the other hand,—plunged as suddenly into the realities of warlike operations as were the English on the shores of the Dardanelles, or the blue floods of the Bosphorus, or the encampment at Aladyn,—landed from the open sea upon the beach of Vera Cruz, encamped upon localities infected by the vomito, invested the Castle of San Juan de Ulloa, accomplished the reduction of the castle and surrender of the city, with such admirable hygienic precautions, that there was no unusual suffering from disease. Throughout that brilliant campaign, from Vera Cruz to the City of Mexico, beginning in March and ending in September, of the same year, there was, with all the keen-eyed watchfulness of correspondents of the newspaper press at home, no official or popular complaint of medical mismanagement. There were no notes of woe, such as went up in dismal chorus, from the

whole English press during the latter part of the year 1854, and which inspired the "*Times* Fund of Relief."

It is pleasant for us, of the Army Medical Staff, to remember that these effective regulations, for the prevention or cure of disease in Mexico, were inspired, and carried out by medical officers of the army, acting under the immediate orders of Surgeon-General Lawson, who took the field in person. No organizations, outside the Medical Department, then moved at home among the people, or in the field among the troops. The professional skill, vigor and heroism of the Medical Corps in that campaign, made its members a fit coöperating portion of that noble army which so promptly vindicated the public honor, gave glory to itself, and imperishable fame to the general commanding.

There has been in Great Britain much learned investigation, and not a little warm discussion, to ascertain where to place the blame for the sufferings of English soldiers in the first stages of the Crimean war, and the results of these inquiries cannot fail to be useful to us of the medical profession of the United States. Both Parliament and the Ministry made haste to set on foot commissions charged with investigation of the whole

subject. Not less than five commissions took the matter in hand, called for official documents, examined witnesses, and made elaborate reports, which have been published by public authority. Books and monographs have been written in vindication of this theory or that. And, although difference of opinion upon some points still exists among those whose intelligence and integrity of purpose can never be questioned, it cannot be denied that there is a largely preponderating balance of testimony on the side of those who maintain that, although the English Medical Department shared in the state of general unpreparedness, incident upon hurried action, yet that no branch of the service discharged its duties with more intelligence, zeal or valor.

The enemies of the English medical staff signally failed in every attempt made to fasten want of professional knowledge or efficiency, upon the Director-General or his immediate representative, the Inspector-General in the field; and the injustice of holding medical officers responsible for things left undone when their requisitions for supplies and laborers were cast aside unnoticed and unfilled, was made apparent. Every one saw the absurdity of demanding that medical officers should foresee

and provide for military events, of which the commanding generals would give them no knowledge, or even intimation, in advance. It was admitted to be mere unreasoning denunciation to attempt to make the Medical Inspector-General responsible for the unhealthy location of camps and hospitals, in respect to which the medical authorities were not even consulted, and no notice taken of their protests. To declaim about defective drainage, untrapped sewerage, nearness of an over-charged graveyard, presence of all kinds of filth and imperfect ventilation at the hospitals of Scutari and Kulali, established nothing against the medical staff, when it was shown, incontestably, that the latter had no voice in selecting the locality or preparing the buildings, and were impotent to command the services of a single able-bodied, or sufficiently convalescent man, to remedy these defects. It was when the people of England, carried by the newspaper press to visual inspection, as it were, of these scenes of horror, compelled the Ministry to bend their ear and will to the requisitions of the Medical Staff, that serious evils began to disappear. And right here, in thus influencing the War Office in London, the Sanitary Commission of Great Britain did a work deserving

of all commendation; but the Commission went too far, and assumed too much, when it claimed to have initiated *all* reforms, and that, without its agency, all would have been lost. The facts of the record resist all such ridiculous pretensions.

A glance at the medical history of the French forces in the East, reveals how that brave army was also fated to struggle with disease from the time of its early landing at Gallipoli, and how advantageous it will be to us, if, in sanitary matters, we are warned by its example. It was stricken with cholera at Varna, and during the ill-fated Dobrud-scha expedition. It was a victim of malarial infection in Bulgaria, which subsequently produced a harvest of death. It was exposed during the famous "flank" march upon Sebastopol, after the victorious struggle of the Alma, to the tempting, but fatal vineyards of the Balbec, to the horrors of unappeased thirst at McKenzies' Heights, and to a fresh epidemic of cholera, which numbered among its victims the Marshal Commanding. It was subjected to scurvy and congelation during the winter siege; to the paludal poisons of the Tchernaya Valley, and to an immolation of fresh victims by cholera in the following summer; and, saddest experience of all, to that terrible devasta-

tion of typhus, which, during the second winter of the allied occupation of the Crimea, attacked the French army with a virulence and mortality which made its ravages like those of the plague epidemics of mediæval times. If we add to sufferings and losses by disease, those other more conspicuous and more glorious, but less formidable perils of battle, to which the French forces were exposed at Alma, Inkerman, Traktir Bridge, and the Malakoff, — which were military preludes to that morning of September, 1855, when, amid shouts of victory and cries of despair, Sebastopol was in flames, and the Russian fleet, the object of so much diplomatic controversy and so many bloody struggles, had disappeared in the deep, — we are prepared to appreciate the trials and difficulties of our professional brethren of the French Medical Staff in the East.

It is extremely difficult, even after the most careful study of the several official and individual publications, in French and English, which unfold the medical history of the Crimean campaign, to find a class of causes which, at the same time, explain the asserted superiority of the French sanitary management early in the campaign, on the one hand, and the admitted superiority of the

English toward the close of the war, on the other hand. The greater relative success attending the efforts of the French, to preserve the health of their army during the first year of the war has been attributed to the African experience of their troops, who had there become acquainted with the necessities, and fully inured to the hardships of campaign life. The French Minister of War having sent to the East, in the commencement of difficulties, new and complete material for thirty-five hospital establishments, of five hundred beds each, their hospital equipment was at that time better than the English. Their means of transporting the sick and wounded, and their greater experience in the organization and management of general hospitals, also gave the French advantages not possessed by their allies.

A still better explanation, in the opinion of at least one intelligent authority, was the possession by the French army of a more perfect system of general military administration, the execution of which Marshal St. Arnaud entrusted to a special chief, under the title of "*Intendant-General*," selected with reference to his qualifications for efficiency and intimate acquaintance with the details of service, and armed, it is claimed by French

writers, with full power to meet the requirements of every department of the army with ease and promptitude. To the absence, therefore, of this centralization of co-ordinate departments in the English army are imputed the first difficulties and embarrassments which the English Medical Department encountered, and many of the painful misfortunes by which it was subsequently overtaken.

It is difficult to see how else can be explained the significant fact that the British army reached its destination at Gallipoli without having been preceded by any officers to make preparation for its arrival! How else the fact that the French army was landed in a few hours and quickly established with great regularity, while the English troops employed three days in disembarking, and when landed were most miserably situated, having neither necessary bedding for the men, nor medicines for the sick,—all having been left at Malta? By what other explanation do we discover why, during the two months, when scurvy most prevailed in the British army before Sebastopol, a store of lime-juice lay, undistributed to the suffering troops, in vessels at Balaclava, its presence being unknown to the Commanding General? How else that vessels were so immethodically laden, and defect-

ively invoiced, that greatly needed medical supplies could not be found without the delay of overhauling entire cargoes? How else was it possible, after the Alma, that the English were without transportation to convey their wounded to the shores of the Bosphorus, in consequence of the abandonment, by the military authorities, of the ambulance wagons at Varna, in spite of the remonstrance of the medical department, and were compelled to call to their assistance the French ambulance corps, while many of the sick and wounded, suffering from cholera or from broken bones and amputated limbs, were carried some miles to the beach, under a scorching sun, on blankets slung between muskets?

But, on the other hand, the ingenuity of French writers, who assert the superiority of French military administration, has been severely taxed to supply satisfactory reasons for the extensive prevalence of disease among the French troops during the winter of 1855-6, at a period when the English forces in the Crimea enjoyed almost complete exemption, and their hospitals in Asia Minor were in a high state of sanitary excellence. Certain it is that disease and death stalked with fearful fatality through the French camps and hospitals during that unfortunate winter. Seventeen thou-

sand of their troops it is said, perished from typhus, in less than three months; and it has been gravely intimated that the French were compelled, in consequence of the disheartening impression made upon their forces, by the progress of disease, to make a hasty peace,—so sternly may disease sometimes become, during war, the arbiter of the destinies of nations. The assertion that peace with Russia was obligatory on France, in the spring of 1856, because of the sanitary state of her Crimean army, has been the leading thought and purpose of a volume written by Dr. Charles Bryce, Fellow of the Faculty of Physicians and Surgeons of Glasgow, Scotland, and one of the civil physicians and surgeons attached to the army of the East, who visited the encampments and hospitals of the French army. He brings to bear a large amount of statistical information in respect to disease and death in the French army, obtained by this personal inspection. He discusses the subject with great vigor, and by his strong language has given token of the earnest conviction that is behind his words.

The members of the Imperial Medical Society of Constantinople who took part in the discussion of the origin and nature of the epidemic, and whose views are recorded in the transactions of that body,

were, unfortunately for the excellence of French military administration, of opinion (with the exception of one member,) that it arose from local and removable causes; and an official inspection of Eupatoria, made in February, 1856, at a time when that city was rife with pestilence among the French troops quartered there, revealed the fact that most of them were badly lodged in filthy houses, impregnated with humidity, where little light entered, and where ventilation was almost wanting. The tents and huts, in use by the troops, had been erected upon soil charged with all kinds of animal debris, while the streets of Eupatoria, were little else than common sewers, presenting pools of filth, and reeking with nauseating and pernicious odors. The views of that learned Society, and the statements of the French Inspector make it clear that all our faultiness in the United States, even when taken at its maximum, and increased a thousand fold, is as nothing compared with the hygienic mismanagement of the French army during the last few months of the allied invasion of the dominions of the Czar.

Other French authorities, in comparing the sanitary condition of the English and French armies during the winter of 1855-6, have dwelt upon the

severe military duties performed by the French troops, who were required to maintain a line of defence extending over fifty miles, from Cape Chersonesus to the sources of the Balbec. The work of supplying the numerous outposts with provisions, water and fuel, during a winter of unusual severity, was fraught with extreme difficulty, as Kameisch, the French port of supply, was situated at the extreme left of their prolonged line of defence; and, when it is remembered that it became necessary for the French army to strengthen the fortifications of Kameisch, after the fall of Sebastopol, the figurative expression of a French writer, that their troops passed the last winter in the Crimea, "*en tenant le fusil d'une main, et la pioche de l'autre,*" almost becomes reality.

While the French were performing these marches and countermarches for the protection of their more fortunate allies, the latter were quietly encamped in front of the ruins of Sebastopol, within a short distance of Balaclava, their port of supply, which was connected with their head-quarters by railway. It was this asserted immunity of the English from labor and surprises that enabled them to construct those barracks and hospitals which were, in many respects, models of hygienic propriety.

Another serious disadvantage under which the French army labored during the second winter, was the inadequate medical staff, which the loss of many by death, and the augmentation of the French army, without a corresponding increase of the number of surgeons, had occasioned. The Minister of War, when implored to send out as many surgeons as possible, declared his inability to furnish any from France, assigning as a reason: "*Il n'en avait plus à sa disposition, et le recrutement ne répondait pas aux besoins.*" The French, with a much larger army than the English, had but one medical officer where the latter had three. Immediately succeeding the fall of Sebastopol, the French Ambulance Hospitals contained over ten thousand sick and wounded, and had in attendance but eighty-four medical officers, including five naval surgeons who had been detailed for temporary duty on land. The corps which at that time left Sebastopol for the Valley of Baidar, were furnished with three medical officers only, to care for nine hundred patients; and McLeod was informed by a French medical officer in one of the Constantinople hospitals, that he had over two hundred patients to visit before nine o'clock, A. M., when by regulations the visit must be terminated.

The zealous devotion and self-abnegation with which the French medical officers rendered their services under these trying circumstances, were only equalled by the preëminent ability with which their distinguished chiefs, Medical-Inspector Baudens and Surgeon-in-Chief Scrive, fulfilled their respective functions. The intelligent prevision of these officers gave warning to the military authorities of impending disasters by disease, and their large learning and experience prescribed the appropriate means of avoiding them. Unhappily, their wise suggestions were not always heeded. From the volumes of these two writers, despite the caution and reticence which their official position and the obligations of the Imperial Government compelled them to observe, it is easy to find instances of palpable disregard, on the part of the superior authorities, of the suggestions of sanitary reform made by their professional advisers. Medical-Inspector Baudens informed the French Minister of War, in the fall of 1855, that the bad hygienic condition in which the army was about to enter another Crimean winter, would, unless corrected, inevitably lead to disastrous results; and Surgeon-in-Chief Scrive strenuously urged the commanding general to disencumber the overcrowded hospitals

of the Crimea, by transferring a part of their inmates to Constantinople and France, and to remove the old encampments of the troops to new grounds, in order to escape the mephitic poisons with which the former had become impregnated. The disregard of his appeal, and the ear of deafness that was turned to his suggestions, were feelingly described in one of his reports to the Council of Health, in April, 1856, in which he complained that he had utterly failed to convince the military authority of the necessity of carrying into execution the sanitary measures proposed by him, and concluded by saying: "*Le médecin ne peut que conseiller; le conseil donné, il n'est plus responsable.*"

In another one of his reports to the Council of Health he frankly stated that the English army derived a highly beneficial influence from its medical service being under the positive control of medical officers, who thus not only made known its necessities, but had the power of largely meeting them upon their own responsibility. Medical-Inspector Baudens, in alluding to the superiority of the English field hospitals in the Crimea, over the French, asserted, what it is important for nations never to fail to remember, that the difference was in chief part due to the higher and more independent

position of the English military surgeons, who exercised more authority in the enforcement of hygienic measures.

All this record of trial and sorrow gives significance to the aspiration of Scrive, that one of the conditions of an army's existence, in peace or war, shall in the future be compliance with hygienic rules, *having the force of law, and no longer subject, as in the past, to the arbitrament of commanders*; so clearly had experience demonstrated to him that the losses incurred by armies in the most deadly battles, do not equal one-fourth part of those which result from avoidable disease, during long campaigns.

Here, I think, is touched the most efficient cause of the lamentable failure of the French to preserve the health of their troops throughout the two years' strain of continuous military operations in the East. The official status of their medical officers was so low, and utterly inconsistent with the dignity of a learned profession, that they were powerless to enforce either the just attention of superiors, to their counsels, or of inferiors, to their demands.

The subordinate condition of French medical officers can be best appreciated by reference to the organization of their Army Medical Department,

and to their official position and relations when on duty in General Hospitals.

It is proper here to premise that such information as I possess in respect to the relations of the medical staff to the French military service, has been, from time to time, gathered from occasional publications. No continuous statement has met my eye. The semi-official work of Vauchelle comes down only to the year 1854.

By a royal ordinance of Louis Philippe, dated August 12th, 1836, prescribing the organization of the Medical Department of the French Army, and defining the functions of its officers, surgeons are placed under the orders of officers of all other branches of the service, and are at all times, denied the right to exercise military command over soldiers or inferiors. I am not aware that any material change has since been made in the organization, unless it be the increase of the number of Major Surgeons, by promotion of Aide-Major Surgeons, and the advance of the pay of the former, decreed by Louis Napoleon, April 23d, 1859.

The administration of the whole French army is, as we have seen, entrusted to a special corps, the *Intendance Militaire*, composed of officers appointed permanently to the corps from other

arms of the service, and who fulfil the functions of officers of the Quartermaster, Subsistence and Medical Departments, (excepting the treatment of disease and wounds,) in our own service. Each different branch of the *Intendance* is superintended by an officer whose rank is proportionate to the importance of the section over which he is set, and all its departments are presided over by an *Intendant en Chef*. The different branches of the *Intendance* remaining in activity in times of peace, the service is expensive and complicated, but the working of the whole is, with exception of the medical department, most effective in actual warfare. I have before alluded to the general efficiency of the army at the opening of the Crimean campaign, which demonstrated how well France is always prepared for sudden and brief emergencies, and how perfectly her arrangements are calculated for mobility. The branch of the *Intendance*, which constitutes the medical department, aims to be entirely self-sustaining, in a business point of view, and independent of administrative assistance from surgeons or physicians. The latter are regarded as essential auxiliaries of the French Medical Department, only when a prescription of medicine or diet is needed, or the performance of

some surgical operation required. They cannot give a military command to the lowest inferior, except by the direct and immediate authority of a military officer.

It is a great and just cause of grievance with the medical officers, that in the *Intendance*, their profession is not represented by one of their own body, since the Minister of War directs the Medical Corps, through the officers of the *Intendance*, without the intervention of an officer assimilated to our Surgeon-General. A Council of Health, composed of senior medical officers, give opinions to the Minister of War, when desired, upon matters connected purely with "*the art of healing*," and maintain a professional correspondence with the chief medical officers of armies, corps of troops and hospitals. Military Inspectors in the *Intendance* Corps, are called on to furnish comment upon fitness of medical officers for promotion or decoration. A General Hospital is managed solely by military officers, consisting of an *Intendant*, who is the supreme governing power within the establishment; a *Comptable*, entrusted with the internal management of the hospital and the custody of supplies; and subordinate assistants, corresponding to non-commissioned officers in the

American service. The *Intendant* is required by the regulations, to enforce exactitude in the visits of the medical officers to the sick, and to preserve good order and tranquillity among surgeons, nurses and patients. In the absence from the hospital of the *Intendant*, the *Comptable* governs, his acquaintance with business routine being his only qualification for such responsible command of officers and patients. For promotion in the medical corps, which is partly by selection, the initiative in cases of officers on duty in General Hospitals, is with the *Intendant*, who thus presents the singular anomaly of recommending for advancement a surgeon, of whose professional qualifications he can have no means of forming an accurate estimate, to a medical superior, who, in turn, lays the recommendation before a superior military officer, for reference to the Minister of War. The *Intendant* being the only lawful authority in the hospital, he may censure any medical officer, and place him in arrest. Medical officers may complain to him of the *Comptable*, or of subordinate administrative officers, but these complaints are not always attended to, and never well received; but, on the contrary, if preferred too often, only render the medical officer obnoxious, and mark him

as troublesome. Medical officers are not consulted in respect to the location, construction, cubic space, and ventilation of hospitals, but these important matters are left to the *Intendant*, who by profession knows nothing of the laws of hygiene. He mulcts the surgeon in a sum equal to the cost of any deviation from the established diet tables, and, strangely enough, can direct the apothecary to cast aside any prescription not strictly conformable, in name or contents, to the official formulary. The surgeon may represent the desirableness of suppressing noise or disturbances in or about his wards, separating one class of diseases from another, renewing bedding, purifying a ward or removing and punishing an inattentive or disobedient nurse, but can do neither of these things of his own motion. Such, in brief, is the French system! Can we wonder that French medical administration hopelessly broke down in the Crimea?

The personal privations, to which French army surgeons have been subjected in the field, by reason of absence of the assistance and protection conferred by the prerogatives of rank, are painfully described by Scriver, in his valuable work,—which, it is to be regretted, has never been translated and

re-published in this country,—who states that when he reached Gallipoli, in 1854, he found twenty-seven medical officers lodged in a room but thirty-seven feet square, and from inability to obtain servants, as other officers had done, from the ranks, they were obliged to cook their own meals, and even to groom their horses. This condition of things, so hazardous to the interests of the service, and so demoralizing to its officers, he was able to remedy only by appealing directly to the general commanding.

It should be stated here, by way of parenthesis, that in the English army the regimental service for the sick has been held of chief importance. Under almost every circumstance, the regimental surgeon obtained and kept charge of the sick or wounded of his regiment. He was responsible for their treatment, of which he reported directly to his own department. To him, also, belonged, in the first instance, to recommend patients for change of climate, and for invaliding. On the other hand, in the French army, the duties of the regimental surgeon are altogether subordinate to the ambulance hospital service. Although the regimental surgeon is of advanced rank, he examines the soldier of his regiment, who reports himself sick,

only to determine whether the illness is feigned or slight; and, if the treatment be likely to require more than a few days' attendance, the patient is sent elsewhere to obtain it. On the field, after an engagement, his professional duties are restricted *aux premiers secours*, which being given, the wounded of his regiment pass entirely from his observation. A remembrance of these facts, in connection with the high status of the English regimental surgeons, and the correspondingly low position of the French ambulance surgeons, will assist to explain why, in the latter part of the Eastern campaign, the British army flourished in health, while the French wasted from disease.

In the year 1848 a promising but deceptive future dawned upon the medical corps of the French army, in an effort to elevate the medical staff to a position of respect and authority, such as it then enjoyed in the United States. On May 3d, of that year, the Provisional Government decreed a material improvement in the official status of the army surgeons. This decree rendered necessary a new code of medical regulations, which the commission charged with their preparation, submitted to the Minister of War for approval, in September, 1848. It became necessary, however, for the latter

to give them much consideration, in order to reconcile them with conflicting regulations of other branches of the service, and during the time which thus elapsed, the Legislative Assembly returned, without adoption, the entire decree of May 3d to the Council of State. Other attempts were subsequently made to ameliorate the condition of army surgeons, but with no successful results, new incidents constantly complicating the matter.

Under the presidency of Louis Napoleon, his Minister of War, Marshal St. Arnaud, with the view, as he stated, to relieve the surgeons from their anomalous position, caused their official relation to the rest of the service to be examined, in order to reach a satisfactory and definitive determination. The plan of reorganization of the medical corps, which was the result of this investigation, meeting with the opposition of the Council of Health, the Minister of War decided to attempt a reconciliation of divergent opinions by referring the matter to a commission of officers high in rank, who, animated it were hoped, by no *esprit de corps*, would act for the best interests of the whole service.

The new commission, presided over by Vaillant, who became subsequently Minister of War, made

the extraordinary decision that the decree of 1848, upon which officers of the medical corps had founded hopes of emancipation, was of revolutionary origin, having had birth in one of those epochs "when the institutions of sound government become shaken, and authority weakened and enervated." They reported with reference to the bestowal of assimilated rank upon medical officers, that the commission approved the sentiments expressed in Article III of the Ordinance of August 12th, 1836, which placed them under the orders of officers of all other departments. The recommendations of the commission were approved by the Minister of War, and resulted in the Decree of March 23d, 1852, which was substantially a repetition of the Royal Ordinance of 1836.

At the close of the Crimean war, however, the sad experience of the French medical corps, which had lost nearly a hundred of its members by death during the campaign, created such a feeling of dissatisfaction and discouragement as to lead to farther thinning of its numbers by resignations; and the frightful loss of life among the rank and file of the army compelled the Minister of War to revise his opinions as previously expressed, and to conclude that between the conceived evil of grant-

ing increased authority and consideration to surgeons, and the one of being stripped of competent medical officers altogether, and leaving the army an undefended victim of disease, the former was immeasurably the least. This impression was strengthened by the following remarks made by Scrive, when commenting upon the eulogy paid to the medical staff of the army in the East, by Begin, the senior in years of the French army surgeons, at the banquet of the 20th of August, 1856. "The medical corps would make itself more worthy of praise, if the paternal solicitude of the Sovereign who governs France would be pleased to take into consideration the noble conduct of her army surgeons, and secure for them a worthy and liberal organization, commensurate with their high services and honorable deserts. Coming from the same classes of society as other officers, sharing with them all the privations and dangers of war, military surgeons should possess equal advantages and incur like rewards. To preserve to the medical corps its efficiency, to prevent its decline in numbers, and to secure the future accession to it of worthy members, it is absolutely necessary to place it under the guidance of its natural chiefs, and to assimilate the grades of its hierarchy to those of

other scientific arms of the service. This double recompense, made proper by long and loyal services, can alone prevent the imminent decadence of the corps of French military surgeons."

This earnest appeal of one of the most distinguished medical officers of the French army found its echo in a letter addressed by Marshal Valliant, Minister of War, to the French Emperor, under date of April 23d, 1859. "For several years past," said the French Minister, "the ranks of the medical corps have been thinned by numerous resignations and retirements, and by the insufficiency of the annual accessions to the corps. This state of facts revealed therein a feeling of dissatisfaction and discouragement, the real causes of which I have endeavored to ascertain by personal interviews with many of its members. I found that they were discontented with their position and remuneration for services, and perceived, also, that many of their complaints were not without foundation. Promotion in the medical corps is slower than in any department of the army, while there is no class of officers whose entrance into service is subjected to a more rigorous ordeal than is the novitiate of the army surgeon. They undeniably are compelled to remain

too long in the inferior grades of their hierarchy, many of them arriving at the rank of Major Surgeon only after twenty years service and numerous campaigns. The position of medical officers in the service is likewise badly defined. They hardly know at what military officer's table they may sit, to whom they owe salutes, or from whom, in turn, they should exact those marks of respect. When they become embroiled in questions of precedence it is too frequently necessary to solve the difficulty by ministerial decision. To raise the corps from this anomalous position, it is necessary that the duties and prerogatives of its members should be more clearly defined. I have, therefore, the honor to propose to your Majesty that this task be confided to a commission which shall be presided over by a Marshal of France, and be composed of General Officers, Medical Inspectors and Military Intendants. I consider it urgently necessary immediately to modify the organization of the corps with respect to promotion and pay, and, herewith, have the honor to submit, for the approval of your Majesty, a new plan of organization, in which the hierarchical grades are combined, I trust, in a way to make promotion sufficiently rapid to satisfy medical officers, and, at the same

time, to insure the efficient execution of the medical service throughout the army." Thus, Marshal Valliant, it will be seen, completely reversed his previous opinion in respect to the proper status of the medical corps. He perceived, at last, that without an educated staff of surgeons, with intelligence enough to appreciate their power and usefulness in an army, and, if need be, with courage to vindicate both, there would be an end to the military fame and glory of France.

Although these great measures of reform in the French medical service, were never carried into execution, the change of opinion in the mind of the Emperor was made evident during the Italian campaign of the following summer, when the Sovereign, who was on the field in person, invested the Surgeon-in-Chief of the French forces, Baron Larrey,—son of the Chief Surgeon of the armies of the First Empire,—with more power and authority than were ever conferred before upon a French medical officer. Throughout that memorable war,—from the morning of May, 1859, when the City of Palaces, rich with the splendors of the ancient rulers of the Mediterranean, threw open the historic residences of Balbi and Andrea Doria for the head-quarters of the welcome army, and a

hundred thousand French soldiers spread their white tents beneath the shadow of the Apennines, until after the dearly bought victories of Montebello, Palestro, Magenta, Ponte-Vecchio and Malignano, the French Emperor, on the 24th of June, amid the thunders of five hundred pieces of artillery, and the glitter of four hundred thousand weapons on all sides, witnessed the rescue of the kingdom of Sardinia at Solferino, and the retirement of its Austrian invaders to the defences of their famous Quadrilateral,—no traces whatever of unmanageable epidemic diseases were seen.

In this brief but terrible campaign, made difficult in medical administration, by the great slaughter, the swift succession of battles, the rapid movements of the troops, the fierce heat of an Italian summer, and the large number of the enemy's wounded left upon the hands of the French, Baron Larrey had under his direction, besides eighty general hospitals in the cities of Genoa, Alexandria, Turin, Milan, and Brescia, numerous ambulance hospitals at Voghera, San Martino, Montechiaro and Castiglione, and many private houses, filled with sick and wounded, which the inhabitants had spontaneously thrown open for their reception along the route. During the short space of one

month, in the Italian War, sixty thousand men were placed *hors de combat*, in the three armies, of which number fifty thousand were wounded, and ten thousand killed.

It has been said that dispersion of the sick and wounded among a large number of widely separated hospitals, was the principal means by which Baron Larrey was enabled, with so much honor to himself, to entirely preserve the French army from the epidemic diseases which had led to such disastrous mortality in the Crimea. But that is error. He owed those happy results to the large power and authority given him by the Emperor, by which he was able not only to effect the dissemination of the patients, but to carry out other equally important sanitary measures, as well as to extend to his medical officers a kind of protection and assistance which they had never before received. In his address to the Academy of Medicine, in February, 1862, he remarked that in the Italian campaign, his Majesty graciously accorded to him the widest latitude of action, and insured to him the ready co-operation of the Intendant General in the execution of hygienic measures. He also stated that by reason of the peculiar system of management of the Italian

hospitals which were appropriated to the use of the army, medical officers were allowed the liberty of independent action, without the delays and embarrassments of undue official formality and interference, on the part of military superiors. In a word, medical officers were enabled by the Emperor to assert proper authority in the army.

If we now turn attention away from the army medical system of France, for the purpose of examination into the organization of the English army in respect to the constitution of its Medical Bureau, and more especially its hospital system, we find a firm base of inquiry in the letter of Mr. Sidney Herbert—afterwards Lord Herbert of Lea—presenting for the sanction of the Queen, in 1857, the new code of army medical regulations. He, therein, frankly admitted that English General Hospitals, wherever formed, had been unsuccessfully managed. He claimed that the report of the Royal Commission of 1857, of which he was president, had demonstrated the defective condition of their General Hospitals, the absence of any means of efficiently organizing them in time of war, and the great loss of life arising from those defects during the war with Russia. The huge folio report made by that Commission, gave

evidence of the length of time, and the great number of witnesses devoted to the task of unraveling the labyrinth of General Hospitals. To one who has no knowledge of the subject, except what he has acquired by study of the perfected institutions of this character, now in operation in the United States, it can be but matter of surprise that so many learned and practical men should, in "our old home," have doubted and debated so long about the best system of General Hospital organization and management. The explanations adduced by the witnesses before the Commission, in order to throw light upon the vexed subject, were abundant, ingenious, and plausible. The want of subordination of the engineer who constructed the buildings and attended to the repairs, and of the purveyor who furnished the supplies, to any official lower than the heads of their respective departments in London; the want of permanent attendants, not liable to be recalled to their regiments at any moment, and, especially, the absence of female nurses; the failure to liberate medical officers from all duties not strictly professional,—a change, according to the view of the Commission, indispensably necessary for the success of the medical officers, but the

fallacy of which opinion has been conclusively established by the most happy combination, in this country, during the present rebellion, of devoted and successful professional superintendence and efficient hospital administration,—all these causes were indicated as rocks and shoals whereon former General Hospitals had been wrecked.

A conspicuous feature in the deliberations of the Commission was the inability of some of its members, and witnesses, to divest their minds of the conviction that a General Hospital must be a congeries of regimental hospitals. Wedded, with traditional tenacity, to their single conception of treating soldiers in regimental hospitals, their medical officers were averse to a central head, complete subordination to whose will is vital, in the management of large bodies of sick and wounded.

The basis idea upon which the Commission of 1857 proposed to perfect the English General Hospital system, was to break up, in a measure, the former system of aggregated regimental hospitals, and to appoint a governor for each General Hospital, invested with rank and power commensurate with his responsibility, who should represent the War Office, and through whom the whole

administration of the hospital should be carried on. The Commission urged other reforms, in respect to the general service, of a most salutary character.

The existence of a sole responsible person at the head of the English medical corps, who is appointed from its own body, and enjoys virtually the undivided patronage of his department; the assistance given to the Director General by a consultative council, consisting exclusively of medical officers; the assignment of officers specially conversant with sanitary science, to the duty of supplying hygienic advice to military commanders and officers of the Quartermaster's department; the merging of the purveyor's staff and apothecary corps into integral and subordinate parts of the medical department; and the power of surgeons to control the equipment, attendance, supplies, diet, professional treatment and repairs of their hospitals,—all were the recommendations of most enlightened reflection, approximating to, yet falling short of our own admirable system.

The principle of military unity of government in General Hospitals was correct, but there was defective application, in making a military, instead of a medical officer, the ruling power. Does not

reason demonstrate, as forcibly as experience has proved, that the medical officer is the only proper ruler of his fellows and their assistants in the performance of their duties? Who would, for a moment, entertain the thought of empowering a supercargo to guide across the trackless deep, a vessel, of whose management he knew nothing beyond the invoice of her cargo? With what confidence and zeal would sailors perform their intricate duties, if under the guidance of a landsman, who must apply to others to learn the name of every rope, instead of being under the leadership of a *chef naturel*? How avoid conferring upon the surgeon in charge of a General Hospital, a degree of rank and power commensurate with the knowledge of his peculiar duties? If he have not the power of remedying evils, which he alone, it is admitted, has the professional knowledge to detect, then power and knowledge are disunited to the prejudice of the service!

How well the problem of General Hospital management has been solved in our own country, it is not necessary to explain here. The General Hospitals throughout the Department of the East and elsewhere, speak for themselves. The key-note of their organization has at last, under

the inspiration of our excellent Surgeon-General, been sounded by the War Department in a General Order, officially promulgated in the following words:

WAR DEPARTMENT,

GENERAL ORDER, }
No. 306. }

ADJUTANT GENERAL'S OFFICE, }
Washington, D. C., Dec. 27, 1864. }

REGULATIONS CONCERNING HOSPITALS.

I.—U. S. General Hospitals are under the exclusive control of the Surgeon-General, and will be governed by such regulations as the Secretary of War shall approve, upon his recommendation.

II.—Medical officers, commissioned in the regular army or volunteer service, assigned to duty in charge of U. S. General Hospitals, acting under the instructions of the Surgeon-General, and not subject to the orders of local commanders, other than those of geographical military departments, or divisions, are charged with all the duties of commanding officers, and will be obeyed and respected as such.

By order of the Secretary of War:

(Signed,)

E. D. TOWNSEND,

Assistant Adjutant-General.

This general order, formulated with the brevity and comprehensiveness of a medical prescription, proclaims that, under due subordination to the War Department, the Surgeon-General is to enjoy supreme control of all General Hospitals, and their inmates, and that medical officers are to exercise military command therein.

It surely cannot be that now, with this renewed exhibition of trust reposed in the medical staff of the army of the United States, and in view of the obvious results of comparison, between the records

of performance by our own surgeons and those of foreign countries, fair-minded individuals or organizations will find sound reasons for suggestions tending to depreciate army surgeons in this country. And, yet, such suggestions have been made, were made at the beginning of the rebellion, and, perchance, may be made again.

Far be it from me here to revive any of the discussions or antagonisms, in this respect, so rife in 1861, and unkindly continued, in some instances, to a later date. It is to the honor of the medical staff of the old army that it paused not in its multiplied labors of early organization and sanitary improvement, to send back reply to those who, in the public press, from the pulpit, or from the platform, were arraigning its intelligence, efficiency, and appreciation of the great work imposed upon the Surgeon-General's Bureau by the new condition of things. The business of undervaluing the military resources of the country, in this respect, and the antagonisms naturally engendered thereby, were thus left to those who had leisure or taste therefor. There were at that time, as there are now, work enough and room enough for all, and the most obvious dictates of patriotism, if nothing else, suggested then, and impel now, to hearty, cordial

co-operation among those who have "one life, one faith, one hope, one destiny." While we are in the trenches in front of the foe, let discussion as to the merits of surgeons of the army, and presentation of all vain theories, as to whether government organizations, or outside commissions, have done most to maintain the health of our troops, be postponed to some more appropriate time. Certain it is that the army medical staff can afford to wait for calm, penetrating, popular judgment upon all the facts. A faithful, unpretending, discharge of all the obligations of duty, rarely fails, in the end, to meet a fitting reward, and when injustice has at first been done, reaction oftentimes astonishes the most far-seeing, by its swiftness and completeness.

In the daily round of an army surgeon's life, amid the dizzy activities of war, there is little which at first arrests and fixes general attention. The recording angels of the press, whose myriad pens proclaim the gallantry of the humblest combatant in the ranks, no less than the valor of commanders, very naturally do not find equally interesting subject for comment, in the more quiet labors of those who keep ward and watch to drive off destructive pestilence from the crowded camp, or bind up the broken limb in the thickest of the

eddying fight, or assuage the sorrows of hospital confinement, or contend with loathsome disease, in whose hot and poisonous breath lurks imminent peril for all who approach to give aid to the sufferer.

I hear it often said that medical officers are non-combatants, as if that assertion made it any the less an act of heroism for them to stand, in the discharge of duty, on "the perilous edge of battle." Non-combatants, forsooth, in face of the fact that the only losses among officers of the staff of General Scott in Mexico, were from the medical portion of it, and the other fact that a larger proportion of surgeons lost their lives during the Crimean War than any other officers throughout the allied army! And yet, no prospect of promotion, with thickly crowding brevets, has, heretofore, held out to the medical staff of this country its honorable inducements.

Let me not be understood to ask for medical officers, enlargement of military authority, or increased rank, on account of mere personal advantages. Rather let the suggestion be placed upon the sole reason of the public good. He, who, in army or civil life, attains deserved eminence in the medical profession of the United States, has little need of the gratification of military command. Army

rank will, of itself, not give logic to the thought, clearness to the eye, or dexterity to the hand of the surgeon, as he takes up the operating knife, but, if superadded to all needed professional qualities, it *will* tend to give that soldierly *esprit* without which we may be doctors, but not army medical officers, who *prevent*, not less than cure disease.

It would be omission of a pleasant and obvious duty, if, in this connection, we failed to express the gratification felt in the Department of the East, on official information of the brevet promotion, recently conferred upon two honored members of our corps.

To him, the Nestor of the Medical Staff, who has discharged the duties of Medical Purveyor in New York, with such conspicuous intelligence and uprightness, it comes as a fitting tribute to a long life of toil and purest honor. I am sure that every one, within sound of my voice, who has been associated with him in official or social intercourse, will join in expression of fervent prayer that length of days, with undiminished mental and physical vigor, may be vouchsafed to him, in which to enjoy his well-earned promotion.

And we, who in hospital administration or otherwise, have been under the orders of the recent Medical Director of this Department, who has

lately been transferred to another post of usefulness in the Department of Pennsylvania, can fitly, and without breach of any of the proprieties of the service, testify how unreservedly we applaud the public recognition by the President of the valuable services of our late immediate chief. This hospital system of the Department of the East, everywhere speaks his praise; and all his subordinates can attest how wise he has been in counsel, how quick in sympathy, how efficient in administration, how devoted to the best interests of the sick or wounded soldier, and how mindful of the highest good of the medical corps.

This Commonwealth of Massachusetts may well be proud of this General Hospital which we are assembled to inaugurate, and which the judgment of the Surgeon-General of the United States and the bounty of the National Government, have placed in easy access to the homes and friends of soldiers, who may be so unfortunate as to require medical treatment away from the theatre of active operations at the front. It is an appropriate companion of the many civil institutions for the cure of disease, which the liberality of the State has erected within her borders. The active interest taken in its foundation and equipment by the Surgeon-Gen-

eral of Massachusetts, who from the first has taken such enlightened views of army sanitary affairs, gives assurance that nothing will be omitted to make the institution everything which could be desired.

The old Bay State has, in all this prolonged contest with armed men, aided with great power and happiest results, to sustain the medical service of the army; and in the official publication of the last annual address of His Excellency, the Governor, it is gratifying to note how cordially he expresses his "confidence in the efficiency of the Medical Corps of the Army, under the energetic and humane administration of Surgeon-General Barnes, the present distinguished head of the Bureau at Washington."

All the world has seen during this war, that wherever a Massachusetts column passes, a great people follow it, not only to stimulate the living to fight, endure, and conquer, but to place beneath the suffering, the great arm of support and consolation, and softly whisper in the ear of the dying, of the brightness of eternal anticipations for the brave and good who die for their country.

