

A letter to the Commissioners of Military Enquiry : containing animadversions on some parts of their fifth report ; and an examination of the principles on which the medical department of armies ought to be formed / by Edward Nathaniel Bancroft.

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Bancroft, Edward Nathaniel, 1772-1842.
Royal College of Physicians of Edinburgh

Publication/Creation

London : printed for T. Cadell, and W. Davies, 1808.

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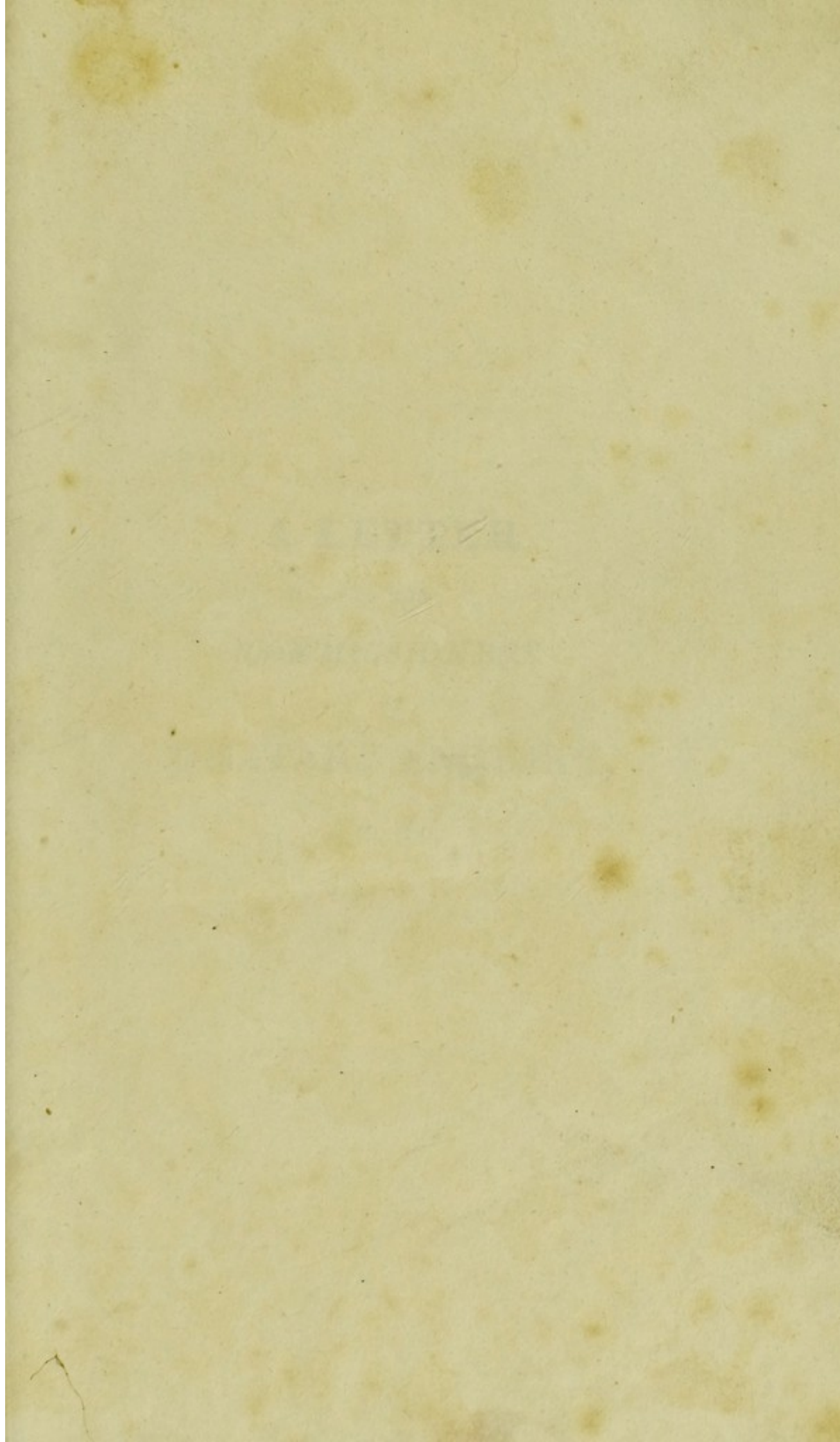
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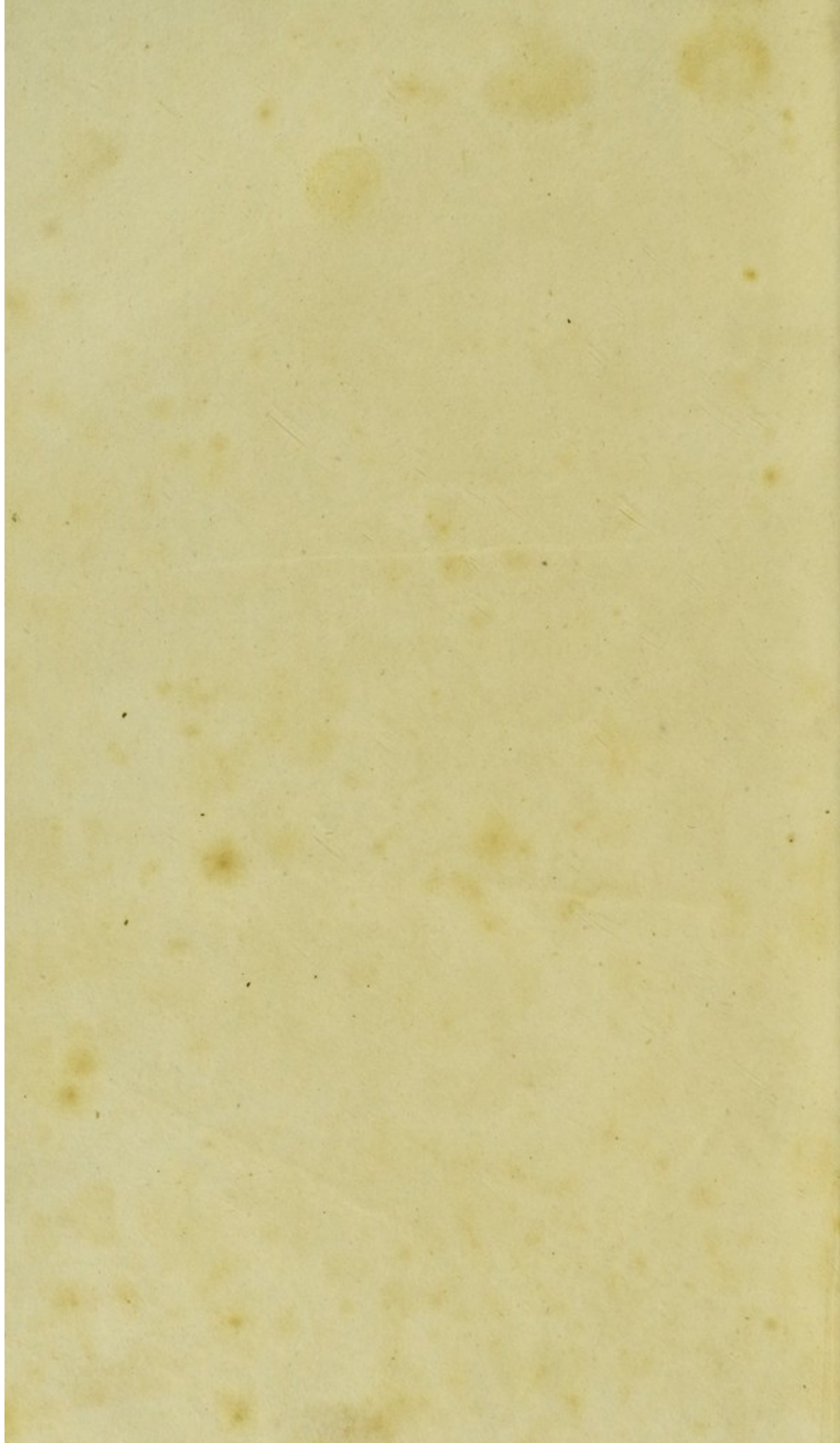
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In bound

A LETTER
TO THE
COMMISSIONERS
OF
MILITARY ENQUIRY,
&c. &c.

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OF

COMMISSIONERS

OF

MILITARY EXPENDITURE

1864

A
LETTER
TO THE
Commissioners
OF
MILITARY ENQUIRY:

CONTAINING
ANIMADVERSIONS ON SOME PARTS OF THEIR
FIFTH REPORT
AND
AN EXAMINATION OF THE PRINCIPLES
ON WHICH
THE MEDICAL DEPARTMENT OF ARMIES OUGHT TO BE
FORMED.

By EDWARD NATHANIEL BANCROFT, M. D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO HIS
MAJESTY'S FORCES, AND TO ST. GEORGE'S HOSPITAL.

LONDON:

PRINTED FOR T. CADELL AND W. DAVIES,
STRAND.

1808.

W. Flint, Printer, Old Bailey.



LETTER

TO THE

COMMISSIONER

MILITARY ENQUIRY

CONTAINING

ANALYSES OF SOME PARTS OF THE



AND

A REVISION OF THE

OF WHICH

THE MEDICAL DEPARTMENT OF THE ARMY HAS TO BE

FORWARDED

BY EDWARD NATHANIEL BANCROFT, M.D.

LECTURER ON THE ROYAL COLLEGE OF PHYSICIANS, AND
HISTORICAL MEDICINE, AND TO THE CHAIR OF MEDICINE

LONDON:

PRINTED FOR T. CROSBY AND W. BATES

STREET.

1863

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LETTER, &c.

GENTLEMEN,

IT was impossible for me to read your last Report, without feeling myself strongly impelled, by a regard for truth, the welfare of the army, and my own profession, to endeavour at least, to correct some parts of it, which seem to be founded in error, and pregnant with dangerous consequences; and it is for this purpose that I now address you publicly, and in my own name, being sensible that by doing it anonymously, I should depart from that respect which is justly due to your distinguished characters, and to the high authority under which you have acted.

To many parts of your Report, I offer no objection, believing indeed that it is generally meritorious wherever you have had a competent knowledge of the subject; and where this has not been the case, I most willingly allow your intentions to have been pure and upright: and if, in the course of my arguments or observations, there should at any time seem to be room for doubt in this respect, in consequence of any inexplicit or incorrect expression, I earnestly intreat that my words may be so construed and understood, as to be made conformable to this declaration,

and to the sincere respect for you all which it is my wish to manifest on every occasion.

You have indeed candidly admitted in p. 87, of your Report, that “ the subject of your enquiry was *new to every member of the commission*,” (a circumstance very much to be regretted in my humble opinion), and that notwithstanding your “ anxiety to be rightly informed, you may have been misled in your information on some points ; and that you may have consequently judged incorrectly of them.” That you have been so misled, and that you have erred in your judgments, will I think appear, and to a much greater extent than you imagine, or than you would have been or done, if with less “ anxiety” you had sought information *directly*, by regularly examining those who were most able and best disposed to give it impartially. You would then probably have commenced your examinations with unbiassed minds, an advantage of no small importance, in an enquiry so intricate and complicated as that which you were about to undertake. But unfortunately you thought it expedient to *prepare* yourselves by reading some of the publications of a writer, noted for a strong propensity to innovating projects and speculations, as well as for eccentric and peculiar opinions, and who from the course and events of his life, must have adopted lasting prejudices on several of the topics to which that enquiry was directed.

When men read, and only read the books of *one* author, and that on subjects of which they are uninformed, he must indeed be much less expert than Dr. Jackson if he does not persuade them to adopt most of his opinions ; and a perusal of the publications to which you have repeatedly and candidly

referred * will readily discover that every part of your report which has appeared to require animadversion from me, must have been produced, in some degree at least, by Dr. Jackson's assertions or suggestions. Whether the legislature intended that you should adopt this method of obtaining information, I will not presume to enquire; though I cannot help thinking that if a report by parliamentary commissioners respecting the value of Dr. Jackson's projects had been desired, it might have been obtained with more advantage and less expence to the public, by the appointment of gentlemen intimately acquainted with medical subjects, and consequently less liable to be misled by plausible declamation, and confident misrepresentation.

One of the first effects produced in your minds, by the reading of Dr. Jackson's books, was a belief that regimental surgeons are alone qualified to discharge the duties of army physicians, and that the latter are consequently useless in armies; or that, if suffered to continue, they ought to be selected exclusively from the *former*. As this is a question of no little importance, it may be proper for me to notice the allegations and arguments by which Dr. Jackson appears to have induced you to adopt his opinion respecting it; an opinion originating perhaps from his own anomalous and irregular progress in life. Mankind are apt to identify themselves with the circumstances, situations,

* These publications (by Dr. Robert Jackson) are, 1st, Remarks on the Constitution of the Medical Department of the British Army, printed in 1803. 2dly, A System of Arrangement for the Medical Department of Armies, printed in 1805. In referring to these publications (as I shall have frequent occasion to do) I shall only note the page and the year in which each was published.

and pursuits to which they have been most habituated, and, from a kind of selfish partiality, to give them a preference over others, of the advantages of which they are ignorant. This observation will often apply to men the most liberally educated, and therefore the least liable to become prejudiced; among these many are observed to prefer, to every other, not only the university, but the particular college of which they had by chance been members, only because they were educated at that college and in that university. In this respect, I must acknowledge that Dr. Jackson has manifested some indulgence to the army physicians; for he does not require that we should all have been educated exactly where, and as he was, and that with little or no science, and “only a small share of professional information,” (as he states of himself) we should all adventure to the West Indies, and afterwards to Georgia, and there get attached, “in the lowest medical station,” to a British regiment. But he requires, that to become army physicians we should all enter the army in the *lowest* situation, and if, before he had attained any office more elevated, he had been able to leap into that of army physician, as he endeavoured in 1794, we might then, probably, have had his permission to make a similar leap. Failing, however, in that attempt, and being afterwards appointed surgeon to a regiment, he has discovered that regimental surgeons, who had been surgeon’s mates, are “the *only persons in the nation*, possessing practical knowledge of military diseases;” (see publication of 1803. p. viii); that the office of regimental surgeon is “the only station where a correct knowledge of the physician’s duty can be acquired;” (id. p. 19), and “that the most useful army physicians

are to be found in the class of regimental surgeons or of staff surgeons, who have risen by a regular gradation," i. e. after being mates and regimental surgeons. id. p. 17.

To illustrate and support this novel doctrine, he pretends that there is something *new* and *peculiar* in the military general hospitals, which the physician who has not been a *regimental surgeon*, and who consequently has not served in regimental hospitals, can never properly learn (1803, p. 9, and 23. — 1805, p. 95.). Yet he tells us, in several parts of the former of these works, that the *regimental* differ from the general hospitals, *only by being* "on a smaller scale;" that in the latter "the circle of action is *only widened*, the principle and manner of acting are not changed," p. 23, and also at p. 9, he says, "the management of a general hospital is a similar though more extensive duty," than the management of "the sick of a regiment." To pretend then that physicians, who have been conversant with *civil* hospitals, cannot make themselves masters of the few circumstances which are peculiar to military hospitals, unless they begin with those among the latter, which are on the *smallest scale*, is as idle and unreasonable as it would be to assert, that a seaman could never learn how to perform his duty on board a ship of the line, without having previously sailed in a frigate. The truth is, that general hospitals are not only on a larger scale, but directed by medical officers of superior ranks and abilities, and therefore much more may be learned in them, and in much less time, than in the regimental; and it is a manifest absurdity to suppose that physicians from civil life, with their superior attainments, and their habits of acquiring knowledge, cannot become masters

of every thing peculiar to military hospitals, with greater facility than hospital mates. Even Dr. Jackson has admitted (1803, p. 33) that in acquiring a knowledge of the military discipline, &c. of these hospitals, the "professional studies" of a medical man give him great advantages over other men; for he has been led in his researches, to trace to *their principles*, the powers of action in man, both in body and mind, so that he acquires a facility of arranging correctly and systematically materials which appear, in their external circumstances, to be heterogeneous and discordant."

Another of Dr. Jackson's pretences is, that there is no difference "between the military physician and the military surgeon;" (1805, p. 29) that "the medical art is *a whole*, connected intimately, in all its parts." And that "the *division* of its parts marrs the progress of the art, as a science." (1805, p. 94). An assertion which is left not only without any support from him, but which is obviously *contradicted* by reason, by experience and by analogy, in every other art or science; it is even contradicted by what he had previously stated in his work of 1803, p. 29, where he says that "in civil life a division or participation of labour, among physicians, surgeons, and apothecaries, is found to be useful." He might also have stated, because it is well known, that in consideration of the limited powers of the human mind, it has been found advantageous to *subdivide these divisions*, and encourage some men to devote their attention and faculties almost exclusively to the diseases of the eyes, other men to those of the ears, &c. and others again to the practice of midwifery. The more ancient Egyptians are said to have had particular physicians for each separate disease; and it is

not improbable that in a great metropolis, where considerable numbers of medical men find employment, almost any one of them, after acquiring sufficient general or preparatory knowledge, might by directing his whole attention and exerting all his faculties upon a particular class of diseases, become much more expert and successful in their treatment, than he otherwise would have been, if his thoughts and senses had been *equally bestowed upon all* the disorders incident to mankind.

Such indeed is the power of truth, that Dr. Jackson has been compelled by it, to manifest his conviction of the reality and propriety of a distinction between physick and surgery, even when he was labouring to prove the contrary—for in recommending the establishment of a medical school for the army, and a gradual promotion of the pupils, *all* under the denominations of battalion assistants, battalion surgeons, and surgeons of regiments or brigades, he directs for the service of the hospitals, that physicians, with peculiar and superior qualifications, shall be selected from the higher class, because, says he, “the consideration and cure of *internal* diseases which fall within the physician’s province, are the *more important*, and for the most part, the more numerous class of maladies, which occur in military hospitals.”—“Hence, he adds, the physician’s task is prominent, &c. (1805. p. 418.) But “surgeons of hospitals,” he tells us, (1805. p. 30.) “are most suitably taken from the (inferior) class of surgeons of battalions ;” because their “*main qualification* consists in matured judgment and *manual dexterity*.” And in the preceding page he mentions “the physician’s *mental talent* ;” and “the surgeon’s *manual dexterity* ;” *feeling*, (in spite of his own arguments to the contrary) that a

real difference exists, between the former and the latter; and that some men are better adapted by nature, as well as by education, for the one than the other of these professions.

It seems, however, that a contrary opinion had been strongly established in your minds by the reading of Dr. Jackson's publications, previous to the 12th of March, 1807, when you first began to collect *viva voce* evidence, by examining the physician general on oath; and your 11th question to him, (manifestly suggested, like several of the others, by Dr. Jackson's opinions and assertions) was in these words, viz. would not the gentlemen who have acted as surgeons to regiments, and have afterwards served in army hospitals (in both which situations, according to your letter to us, there is greatly more medical, than surgical practice,) be equally, or rather more fit, to be appointed physicians to the army than the persons you have usually recommended? (i. e. those legally authorized to practice physic in England.) To this question Sir Lucas Pepys answered, "I think not, because their education does not lead them to the *knowledge of principles*." An answer which though short, might have given you very important information, if it had been well understood, and well considered by you. For most certainly, without scientific principles, that experience on which Dr. Jackson rests all the pretensions of the regimental surgeons to become army physicians, would prove generally useless, and frequently *delusive*, at best it could only produce a mechanical or empirical routine of practice, which may perhaps be the "army medical practice," so often mentioned, as a matter of great importance, in your report, and which could not be much better, than the *hospital* practice so facetiously described

by the late Mr. Foote in his Devil upon Two Sticks. Whether you deemed this sort of practice adequate to the wants of soldiers, or whether you did not understand, or did not attend to the answer of the physician-general, I know not ; but it certainly appears to have been lost upon and among you ; for though it is *once barely* stated in your report, you do not appear to have allowed it the smallest weight in opposition to Dr. Jackson's opinion.

Your next or 12th question to the physician-general is, "would not the hope of such promotion act as an useful stimulus to the diligence and good conduct of the inferior officers, in the medical department of the army?" To which he answered "no doubt *an increase of pay* would act as a stimulus, but that should not be obtained at the expence of the lives of the soldiers." This answer appears to have been as much lost upon you as the former, though it might have suggested a mode of encouraging men properly qualified to offer themselves as candidates for the inferior army medical offices, and of rendering them diligent afterwards, without *endangering the lives of soldiers*.

Those who have sufficient learning, (and it requires no small portion) to be able to form adequate conceptions of the various abstruse, and extensive branches of science, which are connected with, and necessary for, the practice of physic and surgery, will readily admit, that the greatest natural endowments, with the utmost industry during a long life, are *not too much* for the safe and beneficial exercise of *only one of these divisions of the healing art* ; and that both physicians, and surgeons, are now much better qualified for their respective *distinct professions*, than they could have been if each had equally applied himself not only to his *own*

but to the other's profession. It appears to have been a conviction of this *important truth* that first produced, and has since upheld for ages the *division* in question : a division which has been sanctioned by the experience and approbation of every civilized nation in Europe, and respected even by the most *furiosus innovators* of the French revolution ; who, when they had *overturned the throne and the altar*, and abolished the most venerable establishments of their ancestors, still maintained both in military and civil life, the distinction between physic and surgery ; and *invariably* placed *physicians* at the *head* of the *medical departments* of the *French armies*.* But you, gentlemen, rendered *confident* by a *very little reading* upon a question which was *new to every one of you*, seem to have thought yourselves competent to decide it differently from the rest of mankind ; and have ventured to propose a complete abolition of all distinction between physic and surgery, so far at least as regards the British army, and to recommend with a view to their *entire exclusion*, that *no more army physicians should be appointed* ; and this recommendation you have endeavoured to support by misrepresentations, innocently made, I am per-

* The French army in Egypt, when I was there in 1801, had for its physician in chief (*medecin en chef*), M. Desgenettes, who was at the head of the medical department : under him were several army physicians (*medecins ordinaires*) ; M. Larrey being then surgeon in chief (*chirurgien en chef*) : and M. Boudet, apothecary in chief (*pharmacien en chef*).—About the same time the French army of the Rhine had for its first physician, and chief medical officer, Joseph Adam Lorentz with the title of “*medecin en chef de l'armée de la republique Française sur le Rhin.*” Other instances might be adduced but these will suffice.

suaded, and without any suspicion of their being such. One of these (manifestly derived from Dr. Jackson's misinformation) may be found in several parts of your report, where the appointment of regular physicians from civil life is represented by you as *an innovation*; e. g. at page 16, in which you state "that in the medical service of the ordnance there are no physicians; and in the royal navy the physicians hold the highest rank, and are appointed from the surgeons in those services; and this" (you add) "was the practice also, as we understand, in the army medical department, *previous to the formation of the board in 1793*;" and this misrepresentation is not merely stated in your report, but you have incautiously advanced it, when you were interrogating persons under oath, and thus (without any improper intention I believe) encouraged them to suppose that the regimental surgeons had been aggrieved, by this supposed novel practice, of taking army physicians from civil life, instead of promoting regimental surgeons to that office—one instance of this will be sufficient, and it occurs in your second examination of Dr. Borland (p. 160), where your 4th question is stated in these words, viz. "did it appear to you, that the regimental surgeons, who had been appointed before the *creation of the medical board in 1793*, and *who used to succeed to the medical staff appointments in the army*, were unequal to the cure of the sick of the army?" Dr. Borland's answer to this question will be noticed in another place. The question itself is here stated only to show the *error* which accompanied your interrogatories, and which was by them probably communicated to some of the witnesses. It remains, however, for me to convince you of this error, and I shall have no difficulty in doing it. The haste indeed with which I

find it necessary to finish my letter, will not allow me to recur to the medical history of the British army, or the biography of all who at different times had been appointed army physicians, for all the facts of which I might otherwise avail myself; a sufficient number of them, however, is known to answer my purpose. From these, it appears that the appointment of surgeons to regiments has been coeval with the formation of regiments: but that of army physicians took place long after, and only upon extraordinary occasions; as when considerable armies or expeditions were to be employed, especially on foreign service, physicians were then attached to one particular army or expedition; and when the service allotted to such army or expedition was finished, the physician or physicians (if more than one) were commonly allowed to retire on half pay, and rarely, if ever, called again into actual service.

The motive for such extraordinary appointments was a conviction of the *expediency* of providing for those particular services, medical assistance *greatly superior* to any which could be expected from the surgeons of regiments and their mates, of whose talents the army was already possessed. This assistance, *superior* to that which *already belonged to the army*, could only be obtained from physicians in civil life; and it was certainly not sought for any where else. A proof of the high estimation in which regular physicians thus employed for military services, were then held, may be found in the great superiority of pay and rank assigned to them. With regard to staff surgeons (who are almost as offensive to Dr. Jackson as regular physicians, he having never been one of them) they were also taken from civil life, for the same reason which

prevailed in the case of physicians.—They were considered as possessing abilities superior to those of the regimental surgeons, and were consequently allowed higher pay and rank, though both were inferior to those of the physicians. In a course of years, some of the regimental surgeons found means to get promotion, and become staff surgeons and physicians, because they either possessed greater abilities than others, or because without greater abilities they had been able to recommend themselves to men in high military stations, who are rarely if ever competent judges of the qualifications of medical men. These instances, however, seldom, if ever, occurred unless vacancies occasioned by *deaths abroad* were to be filled up, and they were few in number, before the year 1790. The physicians employed with the British army on the continent of Europe in and between the years 1742 and 1748 were Dr. Sandilands, Dr. Bailey, Dr. Lawson, Dr. afterwards Sir John Pringle, Dr. afterwards Sir Clifton Wintringham, Dr. Maxwell, Dr. Clephane and Dr. Barker. Of these, the greater part are known to have been regularly educated physicians, and I have no reason to doubt of its having been the case with all of them. During the war which began in 1756 and ended in 1763, the physicians employed with the British forces in Germany and other places, appear to have been Sir Clifton Wintringham, Dr. Conyers, Dr. Musket, Dr. Brook, Dr. Brocklesby, Dr. Donald Monro, Dr. Cadogan, Dr. Knox, Dr. George Monro, Dr. Robert Miller, Dr. Turner, Dr. John Armstrong, Dr. Huck Saunders, and Dr. Kennedy. Of these, several were fellows of the college of physicians (as was the case of those in the former war) and I have reason to believe

that excepting one they had been all educated regularly to the profession of physic.

During the American war, no British troops were employed on the continent of Europe. The first and most considerable hospital staff, was that formed in 1776 for the army under General, now Lord Howe, in New York and Pennsylvania. Of this the late Dr. Morris, a fellow of the college of physicians, who had been taken as an *army* physician immediately from civil life, was the chief, being the senior physician, and also inspector-general of hospitals. Under him were Dr. now Sir Charles Blagden, and Dr. Mervin Nooth : both of them regular physicians. To these were afterwards added, probably by General Howe, two other physicians, viz. Drs. Veale and Bruce, who were, I believe, also taken from civil life.

Another hospital staff, was at the same time formed for the army under General Burgoyne destined for Quebec ; and it was formed on similar principles ; Dr. Knox an *army* physician being the chief medical officer ; and the staff surgeons appointed both to this army and that under General Howe were also, chiefly if not solely taken, like the physicians, from civil life.

In the year 1780, an *army* physician being wanted for the hospitals at Jamaica, the government was then so little disposed to look for such an officer among the regimental surgeons, that the college of physicians was requested to nominate a gentleman for that duty, and upon their recommendation Dr. John Hunter was appointed, and is known to have discharged the functions of his appointment with the greatest ability.

After the peace of 1783, no physician to the army was appointed, till a misunderstanding occurred with Spain, relative to the transactions at Nootka Sound,

about the year 1791; when an expedition being projected, Dr. Gregory West, who had formerly served as a staff apothecary in America, was promoted to that situation, on the recommendation of the late Mr. John Hunter, who was then deputy to the surgeon general, Mr. Adair, and became his successor in the year 1792; Sir Clifton Wintringham the physician general, being, from great age and infirmities unable to officiate. And this appointment of Dr. West appears to have been the only one, of an army physician, which ever took place in consequence of any nomination made by Mr. Hunter. When he died in Oct. 1793, the late Mr. Gunning became surgeon-general, and Mr. Keate was appointed inspector-general, and from that time until the 15th of January, 1794, when the present physician-general was appointed (on the death of Sir Clifton Wintringham) no person was either nominated or appointed to the office of army physician, who had not been regularly educated as a physician. It appears indeed that only two appointments took place in that short interval, which were that of Dr. Robertson Barclay, and Dr. George Paulet Morris, both fellows of the college of physicians. From this statement of facts you, gentlemen, will readily discover how much you have been *mistaken*, in believing and representing "that previous to the formation of the board in 1793," it had been the practice to appoint only surgeons, to be army physicians. For even supposing, contrary to all appearance, that you intended to confine the existence of this practice to the time only when Mr. Hunter directed the army medical department, your representation will even then be found to have had no foundation; because during that time no surgeon was promoted to the office of an army physician; and if you intended to extend it to earlier wars and

periods, no such practice, as I have clearly shewn, ever existed in any of them. You will also perceive how little Dr. Jackson could be warranted by facts in stating, (as he does at p. 15—1803) that Mr. Hunter “naturally concluded that the person who was experienced and able as a *surgeon in a regiment*, would prove capable and useful as a *physician in an hospital* ;” since the only person nominated by him for the office of physician, never had been surgeon to a regiment ; nor would his duty as a staff apothecary, ever have led him into regimental hospitals, which Dr. Jackson considers as so indispensably necessary for army physicians.

You appear also to have been misled in your representation of the practice of the navy ; though perhaps not to the same extent as in that which regards the army. The naval service has indeed many more peculiarities, and differs from civil life in many more circumstances than the land service, and it is therefore possible, that reasons for appointing surgeons to be physicians, might present themselves more obviously in the naval than in the military service. But certainly previously to the year 1805, there was nothing in the regulations, or in the practice of the navy, contrary to the immediate introduction of regular physicians into the sea service ; and the only obstacle to it at this time is the order of the 23d of January 1805, which directs that no person shall be appointed physician to the fleet, or to either of the naval hospitals, who has not previously served as surgeon at least for five years. This, however, at the utmost is but a *new*, and as yet *unfinished experiment*. Whether it will produce naval physicians superior to Drs. Lind, Blane, and others who were taken immediately from civil life, remains to be decided ; and therefore your proposed exclusion of regular physicians from the army, can as yet, derive no support

from the navy ; and it is as little susceptible of being supported by any thing in the practice of the ordnance department, which now has for its chief medical officer, Sir J. M. Hayes, who was, for many years, an army physician, without ever having been a regimental surgeon : and you have told us, p. 35. that the late Dr. Brocklesby, a regularly educated physician, and fellow of the college, was, until the time of his death, the chief medical officer of the ordnance. He was, I find, styled in his commission, “ Physician General to the Royal Regiment of Artillery, and Corps of Royal Engineers.” Whether any, and what, other persons have held similar situations I have not had time to enquire ; nor indeed is it necessary for me to do it ; since the support which you endeavour to obtain from the practice of the ordnance department is founded upon the circumstance of their not having employed physicians *except at Woolwich*. But the reason of this is obviously such as cannot suit your purpose, since the detachments of artillery sent on expeditions, are always *much too small* for the services of a physician.

These observations will, I doubt not, appear, even to yourselves, gentlemen, as a sufficient answer to what you have advanced against the use and expediency of army physicians : it becomes me, however, to notice some erroneous *suppositions*, which repeatedly occur in your Report, and which, as they probably influenced you in forming it, may assist in giving it plausibility with others.

One of these is at p. 16 of your Report, where you mention “ the manners, the habits, and *often the diseases of the military*” as being “ *peculiar*” in a high degree : and again at p. 85. where you mention “ the habits and pecu-

liar diseases of soldiers," believing, doubtless, that men who enlist as soldiers, thereby *change* their *physical constitutions*, and become susceptible of diseases which do not exist in *civil* life ; or that the causes of disease operate on *soldiers* differently from what they do upon *other men*. How you came to adopt an opinion so destitute of all solid foundation, I will not determine. Certainly you did not find it in the works of Sir John Pringle, or Drs. Cleghorne, Brocklesby, Donald Monro, John Hunter, and others, who have written professedly on the diseases most prevalent in armies ; nor can I find it any where distinctly expressed even by Dr. Jackson, though he often mentions "military diseases," and "army diseases." But he tells us at p. 24, 1803, that "army diseases are *the same in kind* as those which happen in civil life." He chooses, indeed, to add that "the *aspect* of them, is often more *threatening* ; seeming to demand more promptitude and decision in the application of the means of cure." If, however, this *supposed difference, even of aspect*, be considered as any thing *constant* and *general*, it has no *existence* but in Dr. Jackson's imagination ; and if it had a real existence, the fact would only evince the expediency of employing well-educated physicians, whose experience, enlightened and assisted by scientific principles, would enable them much better to detect any thing fallacious or instructive in the *aspect* of these diseases, than surgeons could do without science, however experienced.

Another of your groundless suppositions is that which you have expressed in various parts of your report by the words "*army medical practice*." In your two first questions to the physician-general (Sir L. Pepys) you ask what "*acquaintance*" he had with

“ army medical practice” previous to his appointment ; and what “ acquaintance” he has had with “ army hospital practice” subsequently to his appointment, always employing and appropriating these words to convey the supposition of a distinct, constant, uniform, and peculiar system of treatment for sick soldiers, different from that which is used for the rest of mankind ; and you seem not only to have no doubt of the real existence of such a *system* of treatment, but to believe that none but regimental surgeons can ever properly become masters of it ; and in this persuasion you were pleased to state p. 16, that, “ if the denomination and rank of physicians were necessary in the army, there would have been a convenience in selecting them from amongst those regimental and staff surgeons, who possessed actual experience in *army medical practice*, both at home and abroad.” Whence you derived the ideas so often expressed in your Report, and which seem to have made such deep impressions on your minds, of the real existence of what you appear to mean by “ army medical practice” I know not, unless it be from Dr. Jackson, who you say, p. 55, “ appears to have had great experience in army medical practice, and to support his opinions by very just reasoning.” He indeed sometimes mentions “ military practice,” as he mentions other things, with various meanings, to suit his various purposes. But if by this or any other expression he has led you into this error, it is fair to make him lead you out of it : and therefore I beg you will refer to p. 44 of his Publication of 1803 where you may read as follows, viz. “ Physicians and surgeons, the pupils of different schools, possessing different principles and *different views of medical practice*, at the time of *admission into the army*, give effect when admitted to act,

to the doctrines of the *different* schools, and thereby *introduce variety, even contradiction in the* management of the concerns of the sick," and to p. 130, where he says that "fever under one form or other is the *most common disease in armies*, and it is the disease in the *treatment* of which men's opinions are the *least agreed*." A dozen other assertions of similar import may be easily found, but in truth it requires only a very slight exercise of common sense to perceive that no such constant uniformity of practice can exist in armies any more than in civil life; and that, in both, the methods of treating the sick will be as various, as the degrees of intellect, science, and experience among medical men; unless indeed, the authority of certain persons may lately have introduced among regimental hospitals some mechanical unprincipled routine, for which, certainly, army physicians can never be wanted, and in which it may be hoped and expected that they will never participate.

Whatever attention may be paid to other parts of your Report by the legislature and government of our country; they will not, I presume, without *full enquiry* and consideration, resolve to adopt an *innovation*, of which even Robespierre and his adherents were afraid. And, probably, in making such an enquiry, they may think it expedient to ascertain more accurately than you appear to have done, the true extent of the qualifications and defects of those gentlemen, who are recommended by you, as fit to supersede the army physicians, and in doing this, they may probably recollect that the examinations at the college of surgeons, on which you place so much reliance, *have no relation to the practice of physic*; being wholly and exclusively confined to surgery. And in regard even to this single *division* of

the healing art, it is well known that the examiners have long and seriously lamented the absolute necessity which they are, and have been frequently, under of *passing, as qualified* for the service of the army and navy, men who are *greatly deficient*, because few who are not so can be induced to present themselves as candidates. It is indeed true, that hospital-mates for the service of the army, are now examined by the physician-general, but the same want of candidates properly qualified, compels him also to accept such as he can obtain, though they are often very unlike those whom he would be glad to obtain; and besides all this it is to be recollected that he does not examine even the best of them, with a view to their becoming *army-physicians*, being satisfied if he can find them qualified for the lowest medical station of hospital-mate. In confirmation of all this, it may be proper to remind you of what is stated by Dr. Harness, the commissioner of the Transport Board specially charged with the medical concerns of the navy, in the appendix to your report, p. 178, viz. that "there has been, and still is great difficulty in procuring hospital-mates, and assistant-surgeons, properly qualified for the royal navy; the number at present deficient (he adds) cannot be less than *six hundred*." Equal difficulty has attended the procuring of hospital-mates for the army, and this at one time was so great, (I mean when the expedition under Sir Ralph Abercrombie was preparing for the West Indies), that it was found necessary to advertise in the newspapers, offering at once the highest pay, &c. ever allowed to hospital-mates, and it was also found expedient to accept without any thing like an examination, all who presented themselves to the inspector-general in London, or to Sir J.

M. Hayes at Southampton.* Even Dr. Jackson, (to whose authority I refer so frequently, only because you rely so much upon it) is far from supposing, with all his partiality for surgeons, that they have ever generally given adequate proofs of their *fitness* for that station. He tells us at p. 389 of his Outline of the History and Cure of Fever, that instead of the vague examinations and inadequate proofs of qualifications, upon which young men are appointed to the office of surgeon in armies, *tests* of correct morals, of *actual knowledge*, and more particularly of the capacity of improving in knowledge, ought to be produced openly and publicly, before an office of such importance be bestowed—And as a farther illustration of the consequences of admitting unfit medical persons into the army, Dr. Borland,

* Almost equal difficulty in procuring hospital mates properly qualified, has ever since continued to subsist. The army medical board, in a letter to the deputy-secretary at war, dated March 6th, 1806, and signed by Sir L. Pepys, Mr. Keate, and Mr. Knight, say, “we have met with unexpected difficulties in raising our medical recruits, and if the continental war had proceeded, we should have found ourselves unequal to the necessary supply. The late amelioration of pay has certainly induced a *better description of characters* to enter, but the more extended pay and allowances lately held out to navy-surgeons, have been a great check on our expectations of a more abundant offer of army-candidates,” and on the 13th of October, 1807, Mr. Knight being interrogated by the commissioners, (see Report, p. 125.) respecting the continuance of these difficulties, answered, “the same difficulties still exist, and rather in a greater degree than before, as we were unable to furnish more than one third of the requisition for hospital mates for the last expedition under General Beresford.”

whose authority is almost as weighty and powerful in your minds, as Dr. Jackson's, and whose prejudices and interests are to the full as strong, both in favour of the surgeons, and in opposition to the physicians, has told you (see p. 159 of your Report,) that in consequence of a prosecution begun by himself, one regimental surgeon had been dismissed the service." That another had "resigned to avoid a court martial," and that in consequence of a report made by him (Dr. B.) when in Jersey, "a surgeon to the forces, and two regimental surgeons were removed from their situations for *inefficiency*." And that "several similar instances" had come within his knowledge. Being afterwards asked (Quest. 8th.) about the competency of the surgeons of the line in general; he answered, "I think they are much improved of late, but still capable of *further improvement*." When such facts are admitted by Dr. Borland, what might not be obtained from persons less partial to the regimental surgeons? But even if there had been no such evidence, it appears to me very unlikely that young men with only the usual and scanty acquisitions of hospital-mates, without proper books or leisure for reading, and with military examples and habits very unfavourable to thought and reflection, could, in a very few years, as you suppose, qualify themselves, so as to become not only *good* surgeons, but also *better* physicians than men who were regularly and liberally educated to *that part only* of the practice of *medicine*, and who, from early youth have been devoted, at a great expence, to the attainment of knowledge from universities, public hospitals, lectures, books, &c.

To borrow the words of Dr. Jackson, "the medical art is an art of tedious acquisition," "so that

the physician can scarcely ever say he has learned his art," (Dedication, 1805) and this may be said with great truth even of physicians living in large towns, in which the opportunities of gaining knowledge from public libraries, learned associations, and great hospitals are daily open to them: yet you appear to think that the *whole of this art* may be acquired with preternatural facility in *regimental* hospitals, where it is certainly no part of the surgeon's duty to *instruct* his assistant, and where, if vanity or idle habits did not indispose the latter to seek instruction, it may frequently happen that the former was either not inclined, or, if inclined, not qualified, to assume so difficult a task.

I am far from thinking that it ever can be proper to exclude either physicians or surgeons from the service of armies, but when I reflect on the much greater proportion of military men, who require aid from the physician, than from the surgeon, I have no hesitation in declaring that the assistance of the latter might be much better dispensed with, than that of the former. It appears at p. 98. of your Report, that you were informed by the physician general that "where one soldier requires the assistance of a surgeon in the line of surgery, ten will require it in medicine." Dr. Brocklesby's opinion and statements greatly exceed this: (see *Economical and Medical Observations on the Improvement of Military Hospitals*, printed in 1764.—page 47 and 48.) where he states from his own observations, and the information of regimental surgeons, "that the medical science requisite for a regiment is at least *forty times* necessary to be in some sort practised, for *once* that any particular dexterity in manual operations or surgery is required." And as far as I have been able to

ascertain, the returns of the general hospitals in the West Indies during the late war generally exhibited from 20 to 40 medical for one surgical patient. But as nothing will probably afford so much conviction to your minds as Dr. Jackson's authority, I will again refer to his publication of 1803, p. 15. where, after representing the late Mr. Hunter as remarking "that persons denominated surgeons of regiments act in two capacities," he adds that they do it "*rarely indeed in the surgical capacity, for there rarely is occasion, unless in actual war; daily in the medical, for the regiment is scarcely ever without a sick list;*"—and again at p. 29, 1805, he observes that the duties of medical men in armies "require more frequently the exercise of the physician's mental talent than the surgeon's manual dexterity."

The proportions, in which regiments want medical and surgical aid, will indeed naturally vary according to the climates, and situations in which they are employed and the services, battles, &c. in which they may be engaged. It is however notorious, that even when there is as much of fighting, as commonly occurs in active campaigns, the number of sick will almost invariably much exceed that of wounded—and at other times when there are no wounded, as is most commonly the case, the hospitals contain few cases strictly surgical. It will therefore manifestly follow that great public benefit might be obtained by an arrangement which would give to regiments the aid of regular physicians for all the *medical* patients, by the appointment in future of *regimental physicians*, and of regular surgeons for those only who are properly within the line of surgery, instead of now committing the whole to regimental surgeons, who can never be *duly qualified* to practice the two intricate arts of physick and surgery.

I am next to notice that part of your report which relates to “ the army general hospital system.” In pursuing your inquiry into this subject you state that you “ have collected information from gentlemen of great experience in every branch of army medical practice, and have endeavoured, by an examination and comparison of the accounts of general and regimental hospital, to judge of the merits of the army medical system.”

On reading the first part of the above passage, it was natural to conclude that here at least no such imperfections in the evidence would be found as have been pointed out in your statement concerning the army physicians ; for the assertion that you “ had collected “ information from gentlemen of *great* experience in “ *every* branch of army medical practice,” implied that you had examined or communicated with all those medical officers, whose professional rank and science, and whose military experience, respectability of character, and, I may add, independence of circumstances, might operate as a security for the accuracy, fairness, and sufficiency of their testimonies respecting the comparative advantages and defects of general and regimental hospitals. But this expectation has been *wholly* disappointed ; for the various documents published in the appendix to your Report are proofs that you have omitted asking all those officers of that description who appeared before you (viz. Sir Lucas Pepys, Mr. Keate, Mr. Knight, Sir John Hayes, Mr. Young and Dr. Frank) *a single question* about the respective or comparative benefits of general and of regimental hospitals : you have likewise omitted making enquiries on these subjects from other gentlemen of the rank of *inspectors*, as Dr. Nooth, Dr. Robertson Barclay, Mr. Weir, and

Dr. Moore; and you have not condescended to summon before you *even one* army physician. From all these sources abundant and valuable information might with certainty have been obtained; but instead of recurring to such authorities you have contented yourselves with the testimonies of two officers, whose evidence ought *primâ facie* to have been received with great caution, because both owe their promotions and present employments to those late arrangements in the medical department, which have effected the depression of the army-physicians, and the discontinuance of general hospitals, and are therefore deeply interested in representing these arrangements as the most advantageous to the public. That their testimonies might be partial was thus to be apprehended; and therefore most persons would have thought it prudent in you either not to have demanded, or not to have depended solely upon, them: but as you seem to have predetermined that Dr. Jackson's notions should be the type after which the system of the army medical department should, by your recommendation, be new modelled, it was only necessary for the attainment of this object to procure a confirmation of those notions; and in selecting Drs. Borland and M'Gregor exclusively out of all the medical officers who were, or might have been, called before you, as the means of that confirmation, you certainly did not make an injudicious choice, their opinions on this subject having been well known a considerable time before. I do not imagine indeed, much less insinuate, that you wished for any evidence or even for any opinions from these gentlemen which did not accord with truth; I only suppose it not unlikely that, being yourselves fully persuaded that Dr. Jackson's projects and assertions were well founded, you might be willing to see them supported by "concurring testimony," and might

not wish to have the subject *perplexed* by contradictory statements.—If the facts, however, which I shall adduce at their proper places, in explanation of the evidence of these gentlemen, be correct, and I have the strongest reason to believe they will prove so, you may perhaps ultimately partake of those regrets which I feel, on account of your having relied so entirely upon it as to neglect all other testimony.

I shall but shortly notice the latter part of what I have lately quoted from your Report, I mean that where you say you “ have endeavoured by an examination and comparison of the *accounts* of general and regimental hospitals, to judge of the *merits* of the army medical system.” This certainly appears to me as a very *insufficient* mode of estimating the real merits of any system of *this nature*; there being many considerations belonging to it which can never properly become matters of account; such as the various degrees of superiority in the professional treatment of the sick whereby their recoveries may be accelerated or retarded, and their lives preserved or sacrificed; and also the different degrees of instruction which may be afforded to the younger medical officers, with other circumstances, which cannot be accurately estimated and reduced into pounds, shillings and pence. And if the simple amount of expenditure were to constitute the only criterion for decision, and that arrangement be deemed the *best* which is found to *cost the least*, none could be so good as that which should leave the sick without any assistance, by refusing to disburse one penny for their relief.

On active service, where rapid movements very often decide the issue of battles and the fate of nations, it must be obvious that such movements could never be executed if regiments were to be embarrassed and re-

tarded by the transportation of their sick. An army can only be really prepared for effective service when the regiments composing it are freed from all incumbrances that might impede sudden and expeditious marches: and of all such incumbrances, the sick are, pro tempore, the most burthensome and useless to the attainment of any object for which those marches are made. Neither will it be deemed advisable that the sick should be removed from place to place and perhaps day after day, even if it were practicable, because they need for their recovery all the quiet, security and comforts which a permanent station can alone supply. For these reasons regiments in the field must separate from, and relieve themselves of their sick; and as in doing this they must retain their own surgeons to assist them if engaged with an enemy, (which is then always to be considered as probable) establishments must be formed for the reception and relief of the sick who are then left behind, without any distinction of their corps; and these are the establishments which the British government has long provided under the name of *general hospitals*. From this view of the exigencies of a campaign, general hospitals seem *indispensably* necessary to an army, while regimental hospitals (wherever they can be established, and this is not always practicable) are to be regarded as, at best, only slight and precarious resources, and objects of but secondary importance; and this is the view which yourselves appear, in the two following extracts from your Report, to have taken of both kinds of establishments; P. 22.

“ When troops are engaged on active service abroad, it must, we presume, sometimes happen that the sick and wounded cannot be accommodated with the regiments to which they belong; in such cases, hospitals to which the sick might be generally sent, and medical

aid beyond that which the regimental surgeons could supply must become necessary."

P. 24. "On active service, a distinct medical establishment, which might relieve, in a great degree, the regimental surgeons from all duties except in the field, and whose expenditure was under a separate controul, appears to carry a great convenience with it;"—In opposition, however, to these admissions you at p. 80 of your Report, recommend the entire discontinuance "of the general hospital system," asserting on the alledged opinions of those whom you call "experienced medical officers" (viz. Drs. Borland and M'Gregor) "that it has been attended with the most destructive consequences to the sick soldiers, and that it has produced great expenditure and waste of every kind." As this important measure of inculcating and proscribing establishments which have long existed and been deemed indispensably necessary in this and every other European nation is founded upon the evidence of *these two gentlemen only* (Dr. Jackson's publications excepted), all other testimony appearing to you (as I suppose) either superfluous or suspicious, it becomes expedient for me to examine those parts of their evidence which relate to the present subject; I mean particularly those in which they assert, 1st. that "during the campaigns of 1794 and 1795 on the continent, the mortality was very great in the general hospitals, while it was comparatively small in the regimental." 2dly, That "in consequence of the sick being taken from the regimental and sent into the general hospitals, where they were placed under the care of physicians selected from civil life, the regimental surgeons became less active and disgusted." 3dly. That there is a "great superiority as to the treatment of sick in the regimental over the general hospitals." 4thly. That "many soldiers who

had been sent into general hospitals with slight ailments caught fevers there and perished." 5thly. That "soldiers tarried very long in the general hospitals" and feigning sickness "frequently imposed upon the medical officer of no previous regimental practice;" and 6thly. That general hospitals had been attended with great waste and a profusion of expence.

On the first of these points it is to be observed, that the evidence of Dr. Borland, so far as his own experience of general hospitals, at *that* time, was concerned, is in no degree unfavourable to them: he was acquainted with these establishments only during a part of 1793 and a part of 1794, if indeed he as a regimental surgeon's mate, could have been acquainted with them so long; and he admits that in 1793, "though the general hospitals were *loosely* managed," (and it is to be remembered that the loose managers were an old army surgeon, and an old army apothecary, promoted to be physicians) yet "the mortality in them was small"; and of their mortality in 1794 he says nothing. He indeed afterwards draws a melancholy picture of the general hospitals in the year 1795, but he sets out by declaring he does it only from what "he has heard," and it has been to me a matter of no small surprize that this *hearsay* testimony from one who at that time had only served in the lowest medical situations of the army, was listened to, and acted upon, by commissioners who could at any time have commanded the evidence of scores of persons much more competent to give evidence on this subject, from their superior stations and opportunities of *personal observation*.

Dr. M^c Gregor indeed, who was surgeon to the 88th regiment, declares from his personal knowledge, that in 1794 and 1795, "the mortality was certainly much greater in the general than in the regimental hospitals:" but

this, supposing it to be true, cannot authorize us to infer that the former are less useful than the latter, because while the most serious and difficult cases are invariably removed into the general hospitals, and only the slighter ailments allowed to remain in the regimental, it may be expected that very few persons will die in the latter, and that a portion of those who are ill of fever in its worst forms, of dysentery, and other dangerous diseases, must be lost, however great may be the skill, care, and comforts provided for their aid. But let it not be supposed that every death reported in the returns of the general hospitals is to be justly attributed to the medical practice which is there employed in the treatment of the sick: it has been too common, as even Dr. Jackson admits, (p. 393 of his *Outline of the History and Cure of Fever*,) “not to *receive fevers at general hospitals, till advanced in progress, sometimes *till near the period of fatal termination*: the mortality (he adds) then appears, great and the management of the hospital is blamed where there is *no just cause of blame*,” neither is it rare that regimental surgeons, having patients in their own hospital whose lives they despair of, send them into the general hospitals, sometimes when there is danger of their expiring on the way, in order that their deaths may not happen in the hospital of the regiment, and that the responsibility thereof may attach solely to the officers of the hospital staff. Dr. Jackson mentions (1805, p. 61) the “opening which is given by general hospitals to the regimental surgeon, of removing from under his care such person or persons as seem in his opinion likely to encounter a malady of danger

* By the word “receive” Dr. Jackson means to say that the patients are *not sent* till, &c.; for when *sent* they are always *received*.

or difficulty." "Men (he observes) are naturally disposed to get rid of trouble; and the responsibility of other men's lives bears hard on the consciences of many, particularly the unexperienced; hence (he continues) it is not unnatural to suppose, and the *proof* of the supposition is *clear* and of *frequent occurrence*, that if relief from such a load of responsibility exist in the *presence of a general hospital* it will be often resorted to."

If the mortality in the British army in 1794 and 1795 was great to the degree pretended, still it ought not in fairness to be ascribed, as by your Report it seems to be, to the defects alone of the general hospital system. According to Dr. Jackson, who has sketched the medical history of that campaign, "the whole or almost the whole of the British infantry was sickly in the early period of the war" (1803. p. 115); their sickly state was chiefly caused by the contagious fever which they brought with them to the continent from England or Ireland; and the almost unparalleled difficulties and inclemencies of weather, which the troops had to endure, especially during their long retreat through the Netherlands and the Dutch provinces, tended to propagate the contagion widely among them. Under circumstances the most disastrous, the general hospitals could not but partake of the common distress: and though charged with profusion, were sometimes not able to supply their wretched patients with the most ordinary necessities. Take the picture given by Dr. Jackson of that at Dorum, near Bremenlehe, at which he happened to be stationed, and this drawn when the retreat had ceased, when the sick had at length found a resting place, and when circumstances began again to smile. "The barns and houses of this village, were as good as could be expected; clean straw and good

provisions were supplied in abundance; but the ordinary clothing of the soldiers was bad, and *bedding was altogether wanting*. With difficulty fifty blankets were procured; these afforded only an imperfect relief to two hundred and twenty men, the half of whom at least were covered with rags, incrustated with dirt, and overrun with vermine, emaciated to the last degree of emaciation by dysentery, or rather by fever in dysenteric form; the degree of weakness in many was extreme, some were speechless and insensible, others delirious, &c. *the misery was great and the means of relief were inadequate.*" (Outline of History and Cure of Fever, p. 23.)

Whatever regret we must feel for the condition to which the sick were reduced in that unfortunate campaign, it cannot be pretended nor believed that hospitals like that at Dorum are the sort of establishments which the general hospital system was ever designed to form: and I submit to your candour whether those receptacles for sick, in which disease and misery were fortuitously so accumulated, can be adduced with propriety as objections to that system? and if they can, whether events occurring while that system was in its infancy ought to be received as proofs that its former imperfections are none of them removed or capable of being so, and that its advantages have been since neither increased nor extended, and therefore that these are sufficient grounds for abolishing it altogether? Before you determined upon the latter extremity, it would, I think, have been much more prudent in you to have examined the most competent persons as to the defects and advantages of that system at the *present* time; and if you had then found reason to believe that the latter were greatly overbalanced by the former, to have called together (what perhaps has ne-

ver yet been done) those medical officers who, by their talents and experience, were best qualified for the task of suggesting the best means of removing those defects. Had their endeavours been fruitless in your opinions, you could then have proposed the abolition of that system with the certainty and satisfaction of having zealously and impartially sought the best information, a consolation which I fear will not be administered to you merely by the recollection that you have perused two of Dr. Jackson's works, and exclusively examined Drs. Borland and M'Gregor on the subjects in question.

The next fact disclosed by the answers of Drs. M'Gregor and Borland to be noticed is, 2dly. That "in consequence of the sick being taken from the regimental and sent into the general hospitals, where they were placed under the care of physicians selected from civil life, the regimental surgeons (whom Dr. Borland considered as at that time equal to their situation,) not being permitted to take care of their own sick, became less active in the service and disgusted," (p. 22 of Rep.)

The occasion of the sick being thus taken from the care of the regimental surgeons is explained by Dr. Jackson; "it was ordered peremptorily in the year 1794, when the British army began its retreat through Holland, that infantry regiments should disencumber themselves of their sick by disposing of them in certain hospitals *provided as places of security in the rear.*" (1805. p. 57.) It must be obvious that such an order as this could only have been issued by the Commander in chief; the object of it sufficiently manifests the great anxiety of His Royal Highness for the relief of the sick and disabled soldiers; and although Dr. Jackson has termed it "a mistaken kindness," it is but fair

to presume that this was the best disposition of the sick which could have been made at that time, and that it could never have been intended to stigmatize the regimental surgeons as not being "equal to their duties." I may observe, however, by the way, that since you deemed it necessary to have proofs of the competency of the gentlemen who held the office of regimental surgeon in that expedition, those officers have reason to lament that you did not procure such proofs from persons really entitled to judge of their competency. Dr. Borland, who alone is called upon by you to exercise the function of censor, was at that time only a surgeon's mate, or an hospital mate, and certainly therefore incapable of forming an exact estimate of the professional attainments of his superiors in years, experience, and rank. Nor will they, perhaps, find much cause of satisfaction at Dr. Borland's encomium, that "they did not appear unequal to the care of the sick, as far as he could judge," (Rep. p. 160.) alloyed as it is by the contradiction contained in his answer to your 8th question (Rep. p. 159.) where, being asked "what his opinion was of the competency of surgeons of the line in general?" he replied that, "he thinks they are *much improved of late*, but *still capable of further improvement*." As to the disgust and inactivity produced in regimental surgeons by removing their sick to place them in the general hospitals under the care of regular physicians, I must admit the existence of the fact, since Drs. Borland and M'Gregor have asserted it; but surely no one of those captious gentlemen could ever have seen the time when army physicians and staff surgeons had not been appointed immediately from civil life, (as I have already shown) nor the time when general hospitals had not been established, and

the sick ordered to be conveyed to them under such circumstances as those stated; and therefore no *innovation* was made nor grievance imposed upon them of which they could complain with any reason or propriety. That many of the regimental surgeons, however, possessed such feelings, that they murmured at an order which made the best provision for the sick which circumstances permitted, that they were jealous because their patients were to receive professional attendance, accommodation and comforts superior to those which the regimental hospitals could have furnished, and that they became *less attentive* to the soldiers remaining under their care when they were allowed *more leisure* for the performance of their duty, are charges which I am very unwilling to believe, and which these gentlemen will probably not thank Drs. Borland and M'Gregor for having made, though for the *laudable* purpose of throwing discredit on army-physicians and on general hospitals.

The third allegation is that of "the superiority of regimental over general hospitals in respect of the treatment of the sick." p. 22. of Report. To those who know that the medical officers in general hospitals, to whom the treatment of the sick and wounded is confided, have been promoted to their stations on account of their superior professional knowledge, it will appear no small absurdity to suppose, that the patients in these hospitals are treated by *them* with *less* skill than they would have been in the hospitals of their several regiments, and under the care of their respective surgeons, who are at least believed to possess only an inferior portion of professional knowledge. This paradox is, however, seriously advanced by Dr. M'Gregor, and on his authority as seriously believed by you; though, pro-

bably, a foundation for this belief had previously been laid by Dr. Jackson, who has asserted (1805. p. 59.) that "the average time required for the cure of acute diseases in regimental hospitals, where the surgeon is properly instructed in his art, cannot be supposed to exceed a fortnight, while scarcely a man returns from general hospitals in less than six weeks, few in less than three months." Here I shall only remark that if no equivocation be intended in the terms of "acute disease" and "properly instructed surgeon," but be really meant that diseases of violence and danger, such as fevers, dysenteries, inflammations of the lungs, &c. can be cured, and the patient rendered fit for duty, in a fortnight, upon an average, under any practice or advantages whatever, then Dr. Jackson and the regimental surgeons to whom he alludes, can effect much more than is known to have ever been effected, or than any honest physician will pretend to accomplish. But Dr. M'Gregor, it seems, has noticed this great superiority in the *regimental* hospital practice over the *general*, both in Flanders and in the West Indies; and since his best opportunities for observing it must have been in the hospital of the regiment to which he was surgeon, viz. the 88th, it is expedient that I should request him to explain by what singular means the greatest mortality from fever among the British troops in Flanders should have happened, as Dr. Jackson inform us, (in his Outline, &c. p. 21) in *that regiment* (the 88th) and in one other, the 80th.; and also to explain by what greater singularity of causes "sickness raged with violence and *devastation* in the (same) 88th regiment during the time it remained in Jersey," previous to its being sent to the continent in 1794, as Dr. Jackson also states

from his own personal observation. (id. p. 5.) There was then no general hospital on that island, and therefore Dr. M'Gregor had the most favourable opportunity of displaying in *his own hospital* this boasted superiority in the regimental practice, and of proving triumphantly that "the mortality under the *regimental* treatment is trifling." (p. 22. of Report).

The occurrences in the West Indies will be easily explained, but it will be proper that I should first quote your question to Dr. M'Gregor on this point, together with his answer; both are at p. 185, of Report, and in these words, viz. "whilst you served with the army in the West Indies, had you an opportunity of *observing* the comparative advantage of taking care of the sick regimentally, instead of sending them to general hospitals?" Answer, "I had; in the island of Grenada, in the year 1796, from the want of a medical staff, the sick and wounded were treated regimentally in the field. Though under many disadvantages, the mortality was trifling, till the return of the army to quarters, when the sick were ordered to general hospitals, and then the mortality was very considerable indeed." Concerning the true import of this answer no difference of opinion can possibly arise; you have properly understood and interpreted it to mean that, whilst Dr. M'Gregor served in Grenada, the mortality under the *regimental* treatment was trifling, but that when the sick were sent to the *general* hospitals, the mortality became very considerable: or, in other words, that Dr. M'Gregor, from *personal observation*, had been able to ascertain that *under similar circumstances, and solely from the difference of treatment, a much greater mortality had occurred at Grenada in the general than in the regimental*

hospitals; and you may probably be surprized to learn by the testimony of Dr. M'Gregor himself (given on another occasion, when he had no particular purpose in view to bias his testimony), that there was in reality no room or foundation for any such comparison as is here stated, and that, if there had been any, it could not have fallen under Dr. M'Gregor's observation, as you have naturally been led to suppose, because *he was not then in Grenada.*

In the year 1804, Dr. M'Gregor published a small volume under the title of "Medical Sketches of the Expedition to Egypt from India. Printed for John Murray, 32, Fleet street," &c. From this work it appears that the 88th, or Dr. M'Gregor's regiment, which made part of the army employed under the command of Sir Ralph Abercrombie in the conquest of St. Lucia during the month of May 1796, was sent with others about the beginning of June to Grenada, where it arrived in two or three days, and was employed in the reduction of that island. According to his *positive* statement, "The 88th regiment *continued pretty healthy at Grenada for three months after their arrival there,*" (i. e. until the month of September) "*or as long as they remained to the windward side of the island.*" "This," he adds, "was likewise the case with the 10th, 25th, and other regiments. It was *only after our return to St. George's and to Richmond Hill,* after we had communication with the 68th regiment and the general hospitals, where the yellow fever had for many months prevailed, that *it appeared in the 88th and other corps.*" See p 227. Now it is well known that, the *windward* or *eastern* parts of the islands in the West Indies are generally the *most healthy*, and Dr. M'Gregor, in the work before us, naturally and justly ascribed

the absence of disease among the regiments before mentioned *solely* to the circumstance of their having been *stationed in the windward parts* of Grenada. He manifestly had not, while writing that work, the least idea of ascribing it to any superiority or difference in the *regimental* over the *general hospital treatment*, neither had he then the smallest disposition to suspect that the subsequent mortality arose from any such difference. He was, and perhaps now is, a believer in the contagion of the yellow fever, and it is to *that cause alone* that he in this work intended to impute the change in question. He is far from alluding in any way whatever to any thing unfavourable in the treatment of the sick in the general hospitals at Grenada: on the contrary, he says, the mortality resulted, not from *treatment*, but from a "*communication with the 68th Reg.*" (which is totally distinct from *treatment*) "*and the general hospitals,*" either of which causes, on the supposition of contagion, might prove equally destructive. Those however who do not believe in the contagious quality of the yellow fever, nor in the alledged mischievous effects of general hospitals, will readily account for the increased number of deaths among the regiments in question after their return to St. George's and Richmond Hill in the month of September, by recollecting that those places are surrounded by an abundance of local causes of disease, such as are found to produce the yellow fever in all hot climates at certain seasons of the year; that these regiments arrived at those places from more healthy stations in September, (commonly one of the most sickly months of the year) and also that this was one of the years in which the yellow fever prevailed most fatally in Grenada, occasioning the deaths of those who were attacked by it, whether they were in one kind of hospital or in

another, or in no hospital at all. So much for this part of Dr. M'Gregor's testimony ; of the other part, which regards the extent of his opportunities for *personally* "*observing*" what he states to have happened, I must leave him to reconcile some contradictions which seem to me irreconcilable. For he tells us at p. 227 of his Medical Sketches that "on the 12th of July 1796, a detachment of the 88th regiment was embarked at Grenada in the Betsey Transport for England," and that he was one of that detachment.—He adds "we embarked 140, and I was most particularly careful not to take any man on board with the slightest appearance of illness."—He next says in p. 228, "we sailed from Grenada on the 19th of July," &c. and it appears that he afterwards arrived safely in England. Now as he has told us that the regiment of which he was the surgeon, and the other regiments, "continued pretty healthy at Grenada *for three months after their arrival there,*" and that he "embarked for England" within little more than half of that time. I cannot help feeling a considerable degree of curiosity to know by what supernatural means he "*had,*" (as he states) "in the year 1796, an opportunity of *observing* the *comparative* advantage of taking care of the sick regimentally instead of sending them to general hospitals." See Report p. 185. and how he was able to know, *from personal observation*, that, upon "the *return* of the army to *quarters,*" when *he* must have been *far on his voyage to Europe,* "the sick were ordered to be sent to general hospitals, and then the mortality was very considerable indeed," *id.* p. 185.

But you have not relied solely on Dr. M'Gregor's evidence respecting the mortality occasioned by general hospitals in the West Indies ; for though your second

question to Dr. Borland related *solely* to the sick on the continent during the years 1794 and 1795, yet he (far from being what the gentlemen of the law denominate an unwilling witness) spontaneously extended his answer to the West Indies, and declared that he had "observed similar advantages to attend the mode of treating the sick in regimental hospitals in preference to that of general hospitals in the West Indies," Report, p. 160. But as this is a very loose and general assertion without any indication of time or place (notwithstanding the Doctor seems to have been well disposed to furnish as many as he could) it is obviously impossible that I should oppose it by adducing opposite proofs, which otherwise I am persuaded would not be difficult. Dr. Borland, however, proceeds immediately after to state that this superiority in the regimental mode of treatment "was particularly marked in the Russian auxiliary army that landed in Guernsey and Jersey in 1799 *full of contagion*, and which in six months afterwards, when embarked on its return to Russia, numbered 13000 strong and had not 100 sick." Here it fortunately happens that Dr. Borland has told us the time when, and the places where this wonderful proof of the peculiar advantages attending regimental hospitals occurred, and I shall meet this assertion with as much readiness as I should have done that relating to the West Indies, had he given me similar indications.

No one who recollects the dismal accounts of the state of the Russian army at the close of the unfortunate campaign in 1799, and of the great numbers of sick and wounded who were thrown into the hospitals at the Helder, can hear and believe from Dr. Borland that they arrived at Guernsey and Jersey, "*full of contagion*," and "in six months afterwards had not 100 sick"

or lame, and that this magical restoration of health and of limbs was all produced by "the mode of treating the sick in the regimental hospitals" without feeling the most glowing satisfaction at, and conviction of, its infinite preference over that of the general hospitals. But the *light of truth* will soon dissipate this *mist* of pleasing illusion ; and if you, gentlemen, shall be pleased to make *proper* enquiries concerning the transactions in question, you will discover that, while the Russian troops were embarking at the Helder, especial care was taken to separate every man who had any appearance of ailment from those who were in perfect health; and to send the latter only to Guernsey and Jersey, the former being sent to Yarmouth, where, with the exception of one transport which carried her sick to Gosport, they were landed to the number of more than 2000, most truly "full of contagion ;" and were afterwards *there received and treated* in the general, not regimental, hospitals.

These hospitals were under the direction of Dr. Scott, whose great ability and indefatigable attentions the Russian army will long remember and testify ; and though neither this gentleman nor the staff physicians or surgeons employed on that duty pretend, or are believed by me, to have performed any miracles, such as those effected at Guernsey and Jersey by the *regimental treatment*, yet they were able to cure a very considerable portion of these men, who, when really cured and fit for duty, were sent off in bodies of 150 or 200, by different vessels, to join their own corps in those islands. And I have reason to know that the *fitness* of the men to be sent thither *for effective service* was so scrupulously attended to at Yarmouth, that none of them who were maimed or diseased, so as to be incapable of

serving in any capacity, or to be only capable of garrison service, were permitted to rejoin their comrades, but were at proper opportunities sent back directly to Russia.—It is therefore clear from these facts that all the “contagion” and disease with which the Russian army arrived at Guernsey and Jersey, after a few days passage in clean good transports from Holland, must have been very inconsiderable—and the greatest number of their sick, I am well assured, was trifling. Much, indeed, was said about it at the time; but I pledge myself to you, gentlemen, that I have seen a letter from Dr. Benckhausen (the physician general or physician in chief of that army) written from Jersey, in which he states that he had just returned after visiting the sick in Guernsey—that * “more noise was made there with 200 sick, than at Yarmouth with 2000;” and, so far from perceiving those singular advantages which are said to have been wrought by the mode of treating the sick regimentally, he complains much of the miserable accommodations provided for them, and he complains yet more that † “the treatment of the sick had been wholly abandoned to the Russian surgeon’s *mates*, who had not the least knowledge of internal diseases.” Whether the Russian army was indebted for the recovery of its sick and for its healthy state on leaving Guernsey and Jersey to the wretchedness of their habi-

* “On fait plus de bruit à Guernsey avec 200 malades, qu’à Yarmouth avec 2000.”

† On les fait traiter par les sous-chirurgiens Russes, qui n’ont aucune connoissance de maladies internes.”

tations and to the ignorance of their surgeon's mates, for these seem to have been the only benefits which the "regimental management" procured for them, or to the original paucity of the number of their sick and to the acknowledged salubrity of those islands, I shall submit to your serious reflection.

After all the imputations contained in your pages against the fatality of *general* hospitals and the encomiums therein bestowed on the Panacean "*treatment in regimental*," one might be led to conclude that at the present time, when the former no longer exist at home (except at Chelsea and in the Isle of Wight, which Mr. Knight states "to be reduced as much as possible," p. 117 of your Report) and their malign influence has therefore nearly ceased, and when the mode of conducting the latter is in full bloom and activity, and receives daily aid from two of your great authorities, the deficiency of the third being (it is presumed, adequately) supplied by the co-operation and superintendence of the present inspector-general of army hospitals, one might, I say, conclude that now at last sickness could prevail in but a slight degree among our troops at home, and death could rarely boast of his triumphs, especially as we are informed by the inspector-general in the "prospectus of his particular duties," (p. 112 of your Report,) that "*he examines the weekly returns made to him by the regimental surgeons, from whence to judge of the propriety of their practice,*" and are likewise informed by his assistant, Dr. Borland, (p. 159 of ditto,) that "*he conducts the correspondence with those surgeons upon medical practice.*" I fear, however, that if any change has been wrought in the mortality among the army at

home, it is not the happy change we must all devoutly wish: for I have been, as I think, well informed that the very last monthly returns of the regimental surgeons in this island (made up to the 20th of March 1808) exhibited the deaths of *between four and five hundred men in the four preceding weeks only*, a degree of mortality which has rarely, if ever, occurred in this kingdom while the general hospitals, with all their alledged mischiefs and abuses, subsisted. Having read so much in your Report of the great "superiority of the regimental over the general hospital treatment," I was anxious to obtain some correct information on the subject, and therefore on the 4th of the present month (April) I applied to the inspector general of army hospitals for "permission to inspect, and to make extracts from, the returns in his office of the sick in the regimental hospitals of this island during the last six months," stating fairly my object, and my intention of addressing to you some observations on your fifth Report. To this letter Mr. Knight returned for answer that "it was *beyond his authority* to give a *sight of*, or to allow extracts from, the office documents I sought." Not satisfied with this answer, I wrote to the Secretary at war, appealing to his superior wisdom and authority, and requesting that Mr. Knight might be directed to grant my application. This request was not complied with, probably for reasons which need not to be stated; but the letter of the Secretary at war, plainly imported that *it had depended solely on Mr. Knight* to grant the permission I desired, and You, with the public, will judge of the motives which led him to refuse it. Perhaps you will think that the causes of a mortality at the rate of from five to six thousand soldiers per annum in this

island alone (*which an army physician is not permitted to make inquiries into*) are deserving of your attention.

The fourth objection urged against the general hospitals on the continent is, "that many soldiers, who had been sent into them with slight ailments, caught fevers there and perished." The truth of this melancholy fact I shall not dispute; but the same has often happened in regimental hospitals, and if the fact itself have any weight as an argument, that weight is perhaps in favour of general hospitals, because, by receiving all the cases of contagious disease, they save great numbers affected with slighter ailments in the former from the danger of infection to which they must otherwise be exposed. The existence of contagious disorders, however, is not necessarily connected with any hospitals, but is an accidental calamity to which all are obnoxious, and which it is, or should be, the duty of the chief medical officer to obviate. It is, therefore, not a fit ground of comparison between the advantages of regimental and those of general hospitals.

The next allegation against general hospitals to be noticed is, "that soldiers tarried very long in them, and the worst characters in the army, *malingersers**, found their way into them, and frequently imposed upon medi-

* The term of "malingering" is thus defined in page 32 of the Report, viz. "that fraudulent disposition which is sometimes found in soldiers, of procuring themselves to be placed on the sick-list, and of continuing on it longer than is necessary."

cal officers of *no previous regimental* experience." That such an objection as this should be urged against general hospitals, and as a ground for their abolition, will probably be thought extraordinary by the majority of those who shall read the passage. The obvious purport of it is, to represent the medical officers of them as simpletons, who will believe the existence of disease upon the bare *ipse dixit* of every man who complains of illness, and soldiers as impostors so intelligent, that they can readily assume the morbid appearances and exhibit the genuine character and symptom belonging to the particular disorder with which they pretend to be affected, so as to escape detection: but it will not be credited that the physicians and surgeons of general hospitals, who have generally been selected, as I have already said, on account of their superior attainments, should be so ignorant of their profession, and so void of discernment, as to be incapable of distinguishing counterfeited from real ailments; especially after the facility with which Doctor Borland (who is the author of this objection) was able to put an end to the practice of malingering, which, as he tells us, had "become particularly evident at the Gosport general hospital;" for I will not suppose that he could intend to make you believe, that what was so easy to himself must be so very difficult to every one else. Be this, however, as the doctor may please, there is one obvious answer to this objection, which is, that since no patients are admitted into general hospitals who have not been sent thither by the surgeons of the regiments to which they respectively belong, these same malingerers must have found means first to impose upon their own surgeons; and their going to the ge-

neral hospitals will at least give the medical officers there a good opportunity of detecting the imposition ; which detection would be much less likely to happen while the malingerer remained under the surgeon who had been thus deceived in the first instance. After all, however, this, were it well founded, would be but a paltry objection, since the whole number of malingerers in the army probably does not exceed fifty.

In regard to the great expenditure and waste of every kind, which in this and other parts of your Report are ascribed to general hospitals on the authority of Dr. Jackson's publications, and on the testimony of Drs. Borland and M'Gregor, it may be proper to observe that accurate calculations of the numbers of medical officers, and of the quantities of hospital stores, which may be sufficient, and *only sufficient*, for the wants of armies, especially when on foreign service, and in unwholesome climates, always have been, and always must be, found not only difficult, but *impossible*, to be made. During one half of the year an army, in the West Indies and in other hot countries, may remain healthy ; yet before the other half is expired, it may have lost more than half of its original number by sickness. Even Dr. Jackson, who sometimes allows so much truth to escape from his pen as will suffice, if well employed, to correct his misrepresentations, (as nature is said to produce antidotes in the neighbourhood of poisons,) tells us, p. vi. 1803, "that there are instances where the sick list in armies amounts to *one third* of their total force ; others where it does not exceed *one fiftieth*, or even *one hundredth* part:" and again at p. 19. 1805, he says "*two thirds* of an army

this (he adds) *is not even rare.*" It must therefore be always impossible to *foresee* with any *exactness* the medical wants of an army, so as to adapt the hospital-staff and the hospital-stores to its future exigencies, notwithstanding the parade with which Dr. Jackson pretends to do it, in defiance of common sense, and of the facts admitted by himself. Even if every disease could be foreseen, and also the number of the patients who are to be attacked by it, difficulties would remain on account of the methods of treatment, which differ according to the various opinions and modes of reasoning among medical officers, and render it impossible to foresee with any exactness what medicines would be ofteneft required, and in what proportions they would be used. This indeed cannot be done, even by a country apothecary in England; whose little assortment, however carefully provided, will frequently want supplies of some particular articles, while others will remain almost untouched for years.

It being then absolutely impossible, when armies are sent on distant expeditions to unwholesome climates, to foresee the extent of sickness which may prevail, or the quantities and particular sorts of hospital-stores which may be required, true wisdom will direct us to provide *for the worst*, and rather incur a superfluity of expence, than expose soldiers, every one of whom will probably have cost the nation more than £100 sterling, to perish by a deficiency of medical and hospital aids. To do so would be not only the most abominable inhumanity, but the worst species of œconomy, much worse indeed than manifest prodigality. Let us therefore relinquish all attempts at impracticable exactness and over-nice parsimonious calculation in matters where

sometimes *die* in foreign parts *in the course of one year*; error may occasion so much mischief. Even Dr. Jackson readily admits (though you are perhaps tired of being corrected, as well as misled by him,) p. xi. 1803. “That if those comforts and refreshments which money commands, be found to contribute to save the lives of soldiers, or materially accelerate recovery, there is *no economy in limiting quantity*.” He says also, “the medical care of sick soldiers is one of the most important concerns of an army: it claims a place of high consideration among the means provided in war, for independently of the kindnesses of humanity and of the gratitude due to those who risk health and life in defence of their country, there is *economy*, or *greater saving of public money* in providing *even an expensive medical treatment for sick soldiers*, than in supplying the deficiencies which arise from diseases contracted in service, by a *fresh levy of recruits* on the mass of the people, or at a foreign market.”—These observations are equally applicable to that alledged excess or superfluity of hospital-staff officers, upon which Dr. Jackson has expatiated most extravagantly and unjustly; and by so doing, has, as usual, drawn you into a labyrinth of error. It would be a waste of time and labour were I to follow him step by step, in order to detail his misrepresentations: let it suffice for me to do it respecting that particular instance which he appears to have selected, and to place his chief dependance upon, for inculcating the conduct of his majesty’s former Ministers and of the army medical board; I mean the hospital-staff assigned to Sir Ralph Abercrombie in 1795. It is well known that the mortality from the yellow fever, was then, and had been for some time, so great in the West

Indies, that the 20,000 men placed under his command for that expedition, were generally considered as chiefly destined to certain death; which was indeed their lamentable fate; and as medical men are even more exposed to mortality from sickness than other parts of the army, it was thought wise and humane to double the number which had been at first allotted for the expedition. Consequently seven physicians, including *three* already in the Leeward islands, were appointed to that service; another, Dr. Gahagan, was added by Sir Ralph Abercrombie, after his arrival in the West Indies, making up the number of 11, as Dr. Jackson has stated, together with 18 staff-surgeons, 6 apothecaries and 100 hospital-mates; and as far as my observation or information could enable me to judge, there was no want of sufficient occupation for the whole number, so long as they lived and were *able to do duty*. Certainly the physicians had many more patients allotted to them than they could properly attend, for though the number of wounded was not great, the sick became in a little time extremely numerous, while of the eleven physicians, six died in less than six months after the army had arrived in the West Indies, and four others, of which it was my fortune to be one, were rendered for a time incapable of duty by severe attacks of the yellow fever; one only escaping, who had become seasoned to the climate by long residence in the West Indies. It is true that, before the end of the year 1797, so great a part of the army was dead, and the survivors were so far accustomed to the climate, that the commander in chief on that station and Mr. Young, then inspector-general of hospitals, at length consented to allow a part of the medical staff

to return to England ; a favour which had till then been refused to myself and others, though solicited on account of bad health ; because the wants of the army required the services of all the surviving medical officers, and by referring to the evidence of Mr. Young, (p. 186 of your Report) whom you describe as “ a gentleman of almost *universal experience* in the medical service of the army,” it will be found that he is far from thinking there was any excess or superfluity, as you and Dr. Jackson suppose, in the hospital staff now under consideration. For being questioned by you on this subject, he says that a larger staff is necessary in the West Indies than in Europe for obvious reasons, and then adds, that in the instance of Sir R. Abercrombie’s expedition he found it necessary to apply for an additional number of mates. But that “ in other respects the medical staff of that expedition *was sufficient*,” (only *sufficient*) “ according to the best of his recollection,” and yet, regardless of the obvious inference of *this testimony*, you cite with approbation the strange and unwarrantable assertion of Dr. Jackson, p. 75, 1805. that two thirds of this and the St. Domingo “ medical staff were idle or but half employed : that when the hospital staff acted, the regimental staff did little or nothing ; when the regimental staff did its duty, the hospital staff had only to *amuse itself*, or pursue its private occupations.”

As little will any part of Mr. Young’s testimony warrant or countenance your *proscription* of general hospitals ; the utmost which was stated by him on that point, being only an admission that, *if there were* “ one well-qualified surgeon” (a great desideratum undoubtedly) “ and two assistants, attached to each re-

giment on foreign service, it would considerably* *ease* the general hospital department:" a department which I believe no man in this or any other European nation acquainted with military service abroad on any extended scale, excepting Drs. Jackson, Borland, and M'Gregor, ever believed that it could be expedient or practicable to abolish—That abuses may have crept into it, as they have sometimes done into every other human institution, and that it may still be susceptible of considerable improvement, I will readily admit: but I cannot admit that it will ever be proper to discontinue general hospitals, or even to conduct them on that *reduced scale of officers and servants* which you and Dr. Jackson recommend. He had it seems assured Mr. Pitt, "in a letter left at his house in Downing street, that *two thirds of the means* provided for the uses of the army employed on foreign service, especially during the course of the late war, *was* (were) positively superfluous, as exceeding the just wants of

* You have thought proper indeed to infer from this "that a much smaller hospital staff establishment than has been recommended for our expeditions abroad would be sufficient, in his opinion, if proper care was used in appointing well-qualified persons to regimental stations." (p. 23). Here, however, you appear not only to impute great insufficiency to the *present* surgeons, but to attach more meaning to the word "ease" than Mr. Young probably intended; and you afford your readers an additional cause of regret that you should have left yourselves and the public in any doubt respecting the real opinions of "a gentleman of *almost universal experience* in the medical service of the army" as to the comparative advantages and disadvantages of general and regimental hospitals, by *strangely avoiding to put a single question to him upon that very important subject*, when you were examining him on so many others of less consequence.

the occasion." But Mr. Pitt, accustomed to the visionary projects and pretensions of speculative reformers, "did not deign," as Dr. Jackson tells us, "to acknowledge the letter, even by one of his under secretaries ;" and therefore not obtaining any credit or benefit in that quarter, Dr. Jackson resolved to publish his projects and speculations, which seem to have been as unsuccessful with every body else, as with Mr. Pitt (one gentleman only excepted) until they fell into your hands : and the subject being unfortunately *new to every one* of you, they obtained favour and credit in your minds, and I have been thus induced to answer what I should never have thought it proper to notice, had not you, by adopting, given it importance. But that I may not seem to employ general assertions without proofs, let us proceed to particular instances. Dr. Jackson represents the hospital staff provided for Sir Ralph Abercrombie's expedition and for that to St. Domingo, as allotting a physician for every two thousand men, a surgeon or apothecary for every thousand, and a mate for every hundred and sixty!" And this hospital staff, he says, "was alone sufficient for the medical care of the *whole division* of the army, *had it all been actually sick at one time !*" See p. 72, 1805. Here in the first place, he strangely supposes, that a sickness, which, at one time, should affect *every other man* in the army, would leave *all the medical officers in good health* ; and then, with the benefit of this supposition, he must as extravagantly suppose, that every physician can daily visit eight hundred patients at least ; admitting that he shall give over to each surgeon and each apothecary so large a number as 600, to be managed by them exclusively : for in regard to the hospital-mates, they would all find sufficient occupation in preparing the medicines prescribed even for 50, instead of 150, patients,

who would fall to their respective shares. Now supposing the physician to employ but two minutes to ascertain by personal inspection and interrogation, what *ought to be known of each patient*, and to consider what it may be expedient to prescribe for him, and to write or dictate his prescription, which surely is not more than sufficient for the purpose; this allotment of 800 patients, visited but *once* in the day, (though it is usual with army-physicians to visit their patients *twice*) would require 1600 minutes or twenty-six hours and forty minutes (i. e. two hours and 40 minutes more than are contained in the 24 hours,) during which the physician must constantly be on his legs, incessantly exerting all his intellects, in a climate where the powers both of body and mind are notoriously debilitated and soon exhausted; and this, though repeated every day, he thinks “would *not* have been *judged a hard task of duty*.” To reason with a man, who can suppose that there is either reason or truth in such representations would be like running with him a race of folly; a race which does not terminate at what has been just stated; for according to that œconomical estimate by which Dr. Jackson endeavoured to recommend himself to Mr. Pitt, six physicians *only* were to be allotted to the staff of an army of 99,000 men, with six surgeons and thirty-six mates. So that supposing what Dr. Jackson represents as happening not unfrequently in some situations, that one third of this army should be sick at *one* time, and supposing every medical man to preserve both his life and health, by some special interposition of providence, these six physicians would probably have the daily care of at least thirty-two thousand patients, for it is not likely that the surgical cases would exceed 1000; excepting only so far as they might relieve themselves by turning a part of the sick over to the six

furgeons, and to the regimental surgeons. To show that Mr. Pitt judged properly in neglecting such calculations it will be sufficient to state, what I know from experience; that if each physician, instead of having one or more thousands of patients requiring his daily attention, has constantly under his care only one hundred patients, his duty, with the assistance of two or three mates to prepare medicines, will be quite as much as he can fairly and honestly perform: and yet the physicians on the staff of Sir Ralph Abercrombie, in the West Indies, were often under the necessity of performing twice and sometimes thrice as much. So little truth is there in Dr. Jackson's assertion "that two thirds of that staff were idle or but half employed," unless he means to confound the dead with the "*idle*;" and the dying with those who are by him represented as "*amusing themselves*."

After these observations in answer to your charge against general hospitals, of waste and profusion, it cannot be necessary for me to say much concerning the new hospitals which were intended to have been established in 1803 under the apprehension of immediate invasion, (see p. 25. of Rep.) It was then believed that the enemy might suddenly land, and even reach the metropolis, and thereby become masters of almost all the drugs, &c. in the kingdom. To obviate some of the evils of this disaster, several depôts of arms, military stores, medicines, provisions, &c. were made in central and *interior* situations, as well as arrangements for hospitals, where, if such an event had happened, they were most likely to be wanted. The latter were as proper as the former; and it is as unreasonable to complain of the expence of the one as of the other. Neither were brought into *actual service* any more than our volunteers, (who also cost large sums), but it would have

been very unwise to have neglected such precautions, and means of preserving our existence as a nation.

As you have thought proper, in order to support your condemnation of the general hospital system on foreign service, to refer *with great commendation* to the medical arrangements of the East India company, and to cite particularly the Indian army lately serving in Egypt, as an instance and proof that "the British general hospital establishment is superabundant, if not altogether an unnecessary incumbrance," (p. 23 of your Report) it becomes me to notice this part of your Report. If I have not been greatly misinformed, the hospital concerns of the East India Company abroad are carried on by what are truly contracts, or stipulated allowances at a certain rate per annum for every man in the corps, granted to the surgeons of different corps in their employment, as well king's troops as native; by virtue of which contracts the surgeons respectively engage to provide for all the medical wants of the soldiers of their regiments, as their maintenance and treatment in hospital, &c. "Simplicity" of account is certainly an advantage that must result from an arrangement of this nature, because the whole hospital expenditure of the army may be readily ascertained by calculating the strength of the different corps; and this kind of certainty is perhaps highly prized by the company in their character simply of "United merchants trading to the East Indies:" but I cannot so readily perceive that there will also result from it what you have termed "laudable œconomy." If the contract be a profitable one to the surgeons, it will be a losing one to the company; and if the bargain be good for the company, it will be bad for the surgeons; and in either of these cases, one or other of which is likely to exist, there can be no "laudable œconomy." But another and far

more important objection to this kind of arrangement is, that the gains of the surgeon are very often to be made at the expence of the sick soldiers, and that there must always be a temptation to stint the patient, and to substitute inferior articles of nourishment and medicine, which temptation should never be permitted to subsist, considering the frailties of our nature, and the extreme difficulty, nay impossibility, of checking it, even where it is known to operate, in concerns that must be left in a great measure to the discretion of the surgeon himself. Of all the medical establishments for armies, therefore, with which I am acquainted, that of the East India company is, in my opinion, the worst, for the reasons given above. Nor is this establishment entitled, in another respect, to much praise, since it effectually excludes from its service those who *have already acquired science* (because such men will seldom enter into it as surgeon's mates, which is made a "fine qua non") and is satisfied with receiving young men of slender attainments, trusting to chance for their future acquisition of knowledge, a chance which is not of great value in a climate certainly unfavourable to the development of the energies of the mind, and in a service too in which "promotion goes by seniority" alone, and necessarily without regarding or rewarding individual merit. When I reflect, moreover, on the infinite importance of preserving the lives and the healths of the Governor General, the Commander in chief, and the other distinguished civil and military officers who are employed in the East Indies, I cannot believe that there would be any want of real and "laudable œconomy" in procuring the best professional abilities for their assistance. But perhaps the time is approaching when the Directors of the company shall take a more enlightened view of the medical exigencies of their servants.

After these general observations on the East Indian hospital department, I beg permission to correct an error into which you have been led, while speaking of that department on the Egyptian expedition in 1801. You have mentioned in terms of applause that the small medical establishment which then belonged to the Indian army ("consisting, with the exception of Dr. M'Gregor and of a storekeeper, of only the usual regimental medical officers") "were fully competent to the charge of their own sick." (p. 24 of your report.) As, during the expedition, the Indian army was never engaged *actively*, i. e. against the enemy, but was generally kept together in healthy stations, and suffered very little sickness, the regimental surgeons might easily have been "*fully competent to the charge of their sick*," without furnishing a fair example of the inutility of the general hospital system, which it seems intended that they should do. The truth, however, is, that, moderate as the sickness of that army was in Egypt, the medical establishment in question were not "*fully competent to the charge of their own sick*" as is stated. Dr. M'Gregor, on whose statement this assertion of their competency was made, has totally forgotten the dismay which pervaded the medical officers of the Indian army from *the highest* to the lowest, when the plague was officially reported by me to exist in one of the regiments composing that army, although that regiment was his own, the 88th; he has forgotten too the embarrassments it created, and the difficulties of procuring any of those gentlemen to assume what he has since termed "*the post of honour*" (p. 107 of his "*Medical Sketches*"), and the ultimate *necessity imposed* upon the *British* "general hospital establishment" (that body which you reprobate on the occasion of this very expedition as a "superabundant and perhaps altogether

unnecessary incumbrance") of taking the *sole* charge of the plague patients of the *East Indian* army."—I do not wish to excite painful recollections in the minds of those who served with this army, and I therefore abstain from mentioning any more of the occurrences of that period, of which Dr. M'Gregor will admit that I had *personal* knowledge. My only object in stating the preceding facts has been to remove your error as to the "full competency" of the Indian medical establishment "to the charge of their own sick."

That you have bestowed praise on "the success of the East Indian system of management" when no praise was due, must, I think, be very evident; and that your praise of its "laudable œconomy" is at best *gratuitous*, will probably be not less apparent. Men of common minds, before they venture officially to pronounce one establishment to be more œconomical than another, generally obtain a complete knowledge as well of the actual expences, as of the advantages of each; and this precaution you have yourselves thought it right to adopt "in pursuing your enquiry into the army general hospital system" (at least in relation to its expences) "*by an examination and comparison of the accounts of general and regimental hospitals:*" but You, while investigating the comparative merits of the Indian and the British medical departments in Egypt, have omitted, as it appears from your Report, to procure any information whatever of their actual expenditures respectively, and have at once decided that the former of these was most "laudably œconomical" and the latter "an unnecessary incumbrance," imagining perhaps that a medical establishment must needs cost little or nothing when it had the good fortune to be under the direction of Dr.

M'Gregor, and consequently that in the present case no previous examination of its accounts could be requisite as a basis for your decision. Yet, if the report then current in Egypt be true, the extra allowances which Dr. M'Gregor *received* as head of that department were ample enough to have paid for the employment of a physician or two, of some staff surgeons, &c. and these various officers *might* have rendered services not less important and necessary to the Indian army than Dr. M'Gregor could render by his *single* exertions.

There is one other point in the East Indian medical department to which I must shortly advert. Dr. William Yates, who belongs to that department, states in his examination before you (page 191 of your Report) that "the medical establishment in that service consists of superintending surgeons of divisions, of surgeons, and of assistant surgeons;" and in describing the duties of the superintending surgeons he says, that "they inspect the hospitals within their divisions, and regulate the practice of the surgeons and assistant surgeons." That the power of *regulating the practice* of inferior medical officers should be given to competent persons is undoubtedly very proper; but either Dr. Yates has made a mistake in mentioning that this power exists in the superintending surgeons, or Dr. Yates is *himself* (if I do not mistake the person, and I have no reason to suspect that I do) a proof that *it is not exercised*. I have a book before me entitled "A View of the Science of Life on the Principles of the late celebrated John Brown, M D. by William Yates and Charles Maclean, with cases in illustration selected from the records of their practice at the general hospital at Calcutta," printed "Philadelphia 1797," and in page 58 of this work I find

“ draughts of 500 drops of laudanum* ordered,” by Dr. Yates “ to be given every hour,” and, “ glysters with 500 drops of laudanum to be given,” also, “ every hour,” to Francis Lote, a patient under his care in that hospital; and in page 66 of the same work, “ 20 grains of calomel with six grains of opium to be given every hour,” to another patient of Dr. Yates, Jacob Mayer, at the same time that “ two ounces of mercurial ointment (with which *four ounces of calomel* were afterwards mixed) were ordered to be rubbed in,” upon him. There are other instances of singular practice in that work; but these will suffice. As this treatment was tolerated by the superintending surgeons and allowed to continue recorded in the hospital books, and has since been published without any disavowal on their part, it must be evident that they could not have had the power “ to regulate practice,” or else that they did not exercise it. If well educated physicians had been employed by the company, for the duty of that hospital, it is probable that no such treatment would have been recorded.

Having as I trust sufficiently explained the fallacy of the representation on which your charges against the utility of the general hospital system on foreign service has been founded, I must next advert to the utility of that system at home.

Notwithstanding the objections existing in your minds against general hospitals abroad, you have yet found it right to admit the “ necessity and convenience” (p. 24.) of “ a distinct medical establishment which

* It is mentioned in a note at p. 97 of that work “ that the laudanum was weaker, perhaps one third, than what is commonly used in Europe.”

might relieve the regimental surgeons from all duties except in the field; but," you add, "the reasons which might be urged in favour of such a measure *on service* do not apply to *our forces at home*." That *these* "reasons do not apply" to the *latter* must be obvious, because absolute necessity, which is the chief of them, cannot be pleaded in their behalf, since present experience demonstrates the possibility of dispensing with them, at least with the exception you have mentioned of "hospitals to which the sick of regiments absent on foreign service may be generally sent."—You have, however, admitted with much propriety, p. 21, that the general hospital system "at home" as well as "on service abroad, is to be estimated in respect of its utility in the care of the sick, and of its oeconomy"—and it is in these respects alone that I propose to examine the expediency of establishing general hospitals at home.

It is solely in places, near to which a large body of troops is collected, that these establishments can be necessary, as in the garrisons of Portsmouth and Plymouth, in London, at Deal, Colchester, &c; for where one or more regiments only are quartered, it would be absurd to form general hospitals. Where several regiments then are stationed together, it is probable that their sick will generally amount to a considerable number. The question, therefore, is, whether it is more economical and useful to have all the sick brought together into one large hospital, i. e. a general hospital, or to let them be managed in several smaller ones, i. e. in the hospitals belonging to their respective regiments? That greater economy will result from the former of these plans will scarcely admit of a doubt, it being an axiom, the truth of which is daily proved, and more frequently in this than in any other nation, that

a large establishment may be carried on at less expence of every kind, and with greater perfection, when united into one system, than it could be when subdivided into several similar systems which should all be carried on in separate and distant establishments. How futile the common-place objections to general hospitals are, so far as regards the formation of them at home, is proved by the examples of the great civil hospitals in this and other large towns. The wants of every patient in them are supplied without waste, irregularity or profuse expenditure ; but, on the contrary, with excellent order and frugality. Certainly there is no advantage possessed by civil hospitals which may not be possessed in an equal degree by military ones ; and the latter have advantages besides, which the former can never enjoy, at least in a similar degree, such as the strong hand of military power to check, correct, and punish abuses, and the high incentive of promotion to the faithful discharge of duty. Yet it is perpetually asserted by certain persons, and the public are called upon to believe implicitly, against experience and common sense, that military general hospitals, notwithstanding all their superior advantages over civil, must always be attended with gross* prodigality and mismanagement ; and that there can never be honesty and ingenuity enough in their superior officers to obviate

* “ The consumption of wine at the York hospital in the year 1799” has been “ particularly noticed” in p. 66, of the Report, where it is mentioned that “ a pipe of port wine was expended in ten days, and that the same rate of consumption was continued for some time.” The commissioners however do not appear to have enquired under what circumstances this

the abuses which depravity or negligence may introduce.

“ The magnitude of the establishments attached to general hospitals,” is one of the leading “ objections” to them which you have stated (p. 24). This objection cannot apply to that part of the establishment which comprises the inferior officers and the servants ; because persons of this description must be employed for the service of the sick, wherever they may be accommodated, and it is a part of the axiom above mentioned that this service can be performed by fewer persons in general than in regimental hospitals, and it is therefore only to the *medical* officers required for the treatment of the sick, that your objection can be applied. In answer to it, I may observe that if it be conceded, that in a given number of sick or wounded, more lives will be saved and the cures of the rest will be more speedily effected under the treatment of skil-

quantity was consumed ; they would otherwise have discovered that there were at that time (November) in the hospital 500 patients, the greater part of them severely ill of putrid fevers contracted during, or immediately after, the campaign in Holland ; and that this enormous consumption is at the average rate of eight gills in ten days, i. e. of four fifths of a gill per diem, an allowance which the commissioners will not consider as very extravagant, if they shall ever happen to be themselves limited to it. The surgeon who stated to the commissioners this consumption of wine, affords the best proof that there was no improper expenditure of it ; for he expressly says, p. 229, that “ he never had a suspicion that any of this wine was expended otherwise than by the sick, in the hospital ;” and his own returns (I am informed) show that he ordered wine to *his* patient as largely as any of the other medical officers on that duty.

ful, than under that of less skilful, persons, which I presume every one will grant, that must be the truest œconomy (omitting all higher considerations, as of humanity, &c.) which shall provide the best professional talents for the service of the hospitals: and it is most probable that the extra expence to the nation of a proper medical staff to treat the patients in general hospitals would be much more than repaid by the benefits accruing from their judicious practice.

Of the utility of general hospitals at home, (which in truth cannot be separated wholly from “œconomy”) the saving of lives and the acceleration of cure just spoken of, are strong arguments.—Another is that these hospitals under men of real science might easily be rendered excellent schools of medicine, where the young hospital mate might acquire much valuable information, with which he would afterwards, when promoted to be surgeon of a regiment, essentially benefit his country in a multitude of instances; an advantage, the importance of which you have fully admitted in p. 85. of your Report, and which is at present attained in but a very limited and imperfect manner by the plan of rearing medical cadets. Another great advantage which general hospitals are capable of affording, is the instruction of proper persons for the inferior duties of hospitals, as stewards, wardmasters, and other attendants. This class of servants has often been of the worst description on foreign service, and the reason of it is that, as these servants are very seldom sent out from the hospital department, but are usually procured as they happen to be wanted, from the regiments on the same service, by an order of the general commanding, it is very common and natural for the officers who command those regiments to send only such of their men as are of the

least value and use: by which means, the menial service of a general hospital is sometimes performed by drunkards, and other worthless and incorrigible characters, with consequences infinitely injurious, and occasionally fatal, to the sick.—It is, I conceive, not impossible to form and train a corps of useful servants in general hospitals at home, a part of which might always be detached with the medical staff accompanying foreign expeditions, whereby many of those evils and abuses will be prevented, which have been charged unjustly to the medical officer. It is scarcely necessary to mention that the remarks here offered on the expediency of establishing general hospitals in large garrisons at home are equally applicable to their establishment in such garrisons as Gibraltar and Malta.

You may probably think that I have now written enough on the subject of general hospitals, and I shall therefore dismiss it with only one observation, which is that if in truth these hospitals were really productive of all the evils, and the regimental were attended with all the advantages, which you have been led to suppose, it is not credible that this great difference between them would have passed unobserved so many years, and at last have only been discovered by Drs. Jackson, Borland and M'Gregor; between whom there has long been such a community of ideas and of interests, that the support which they give to each other's opinions may be considered as being, in regard to its *impartiality*, like the testimony of a wife in favour of her husband. And it seems equally incredible that the two latter gentlemen, when they manifested so much readiness, in conformity with Dr. Jackson's notions, to condemn general hospitals, would, had there been any *just* grounds for doing so, have been forced to recur to anonymous hearsay,

or to such statements as those which I flatter myself have been sufficiently exposed and refuted.

The only parts of your Report now remaining for my animadversion are those which relate to the offices of inspector and deputy inspector of hospitals.—Of these (parts) the principal occur at p. 16. and 17. and at p. 86. and are as follows, viz.

“ The rank of physician, had it been founded on the experience of the regimental or staff surgeon would not probably have rendered those promoted to it wholly unassisting in operative duties” (i. e. those of the inspectors and deputy inspectors) “ as occurs in the case of physicians regularly bred to civil practice ; and they might have afforded assistance to the extent at least in which it is now afforded by inspectors and deputy inspectors.” p. 16. You add, p. 17, that “ the intention of introducing these classes into the establishment was founded probably on the necessity that they, who had the medical superintendence should be acquainted with the medical practice and œconomy of the army in all their details ; and on the propriety of holding out to the army surgeons, the hope of obtaining that superior rank and pay to which their labours, hazards, and experience entitled them.”

You properly observe, p. 17. that “ it is a consequence of the present arrangement, that the appointments made on the recommendation of the junior member of the board supersede in rank those made by the senior ; and that they who in civil medical practice are considered as of inferior rank to the physicians, are superior to them in the army.” An inversion of order and propriety, for which it seems you can find no remedy, but that of proscribing all physicians, or at least, all but those who have previously served as regimental surgeons.

You state, p. 86, that “the most questionable part of the system of medical promotion, respects the appointment of inspectors, and deputy inspectors, and principal medical officers. Those valuable and important appointments are not governed by any established rule. The inspector-general under whose patronage the two first are, says, that he always selects those officers from the staff or regimental surgeons; yet, although the pay of the first class is double that of the physicians, and that of the second exceeds it by five shillings per diem, no length of service is requisite to qualify them for the appointment. At the same time, therefore, that the giving of these ranks and pay tends to *degrade the rank of physician in the army*, it cannot be supposed to have *operated as an inducement to gentlemen of ability to enter originally into the service*, or to continue in it.”—You add “the only justifiable ground, to which we have before alluded, for any of these appointments seems to have been the *expediency of superseding the physicians in the general superintendence of the medical concerns of the army service*, to which by their rank they would otherwise have been entitled; *because, being taken from civil life, they could not but have wanted that knowledge which was requisite to the conduct of military hospitals, and the management of sick soldiers.*”

Some of the observations in these passages are highly proper. There are others, however, which are, as I think, of a different description, and have manifestly originated in deficient and erroneous information. That you may become sensible of this, I will shortly state the results of my reading and enquiries respecting the opinions and practice which have prevailed in the British army in regard to the exercise of those duties now committed to the officers, denominated inspectors

and deputy inspectors,—duties which appear to have been performed at different periods, and in different places, under various denominations, *but always by army physicians*, where any one of them was employed until the year 1795.

At the time when physicians were first introduced into the army, the education of surgeons was generally so very deficient, compared to what it is now, that they were placed at a much greater distance from the physicians than they have lately been, or than they now ought to be; and with the great superiority of qualifications which physicians in every country in Europe were deemed to possess, (and which they did possess in Great Britain above every other country) and with the great superiority of rank and pay which from the first were assigned to them in the British army, it followed as a matter of course that a physician, wherever he was employed, held the highest station on the hospital staff and exercised the highest medical functions.

This appears to have been the case ever since military physicians were employed in the British army. Indeed when regular armies were to be formed, the necessity of having a chief-officer for its medical department who might superintend the whole, communicate directly with the commander in chief, and under his sanction give the necessary orders, must have been soon discovered; and it would have been highly incongruous and absurd, when the estimation, rank, and pay of army physicians so greatly exceeded those of the surgeons, to have given this pre-eminence to any other than a physician. Where only one army physician, therefore, was employed, he became the chief medical officer as matter of course, and did the duties

now assigned to the inspector of hospitals without any particular appointment. But when a large army was assembled, and several physicians were placed on the hospital staff, one of them was selected to attend the commander in chief, and he commonly received the appointment of physician general, and discharged the higher duties of chief medical officer. In this way the late Sir John Pringle became physician to the Earl of Stair, who first commanded the British army in Germany and the Low Countries in the war which terminated in 1748, and was soon afterwards appointed physician-general. And if I have not been misinformed, the late Sir Clifton Wintringham obtained a similar appointment in the succeeding war.

Dr. Donald Monro in the second edition of his work,* has inserted a chapter respecting "the physical

* See "Observations on the Means of preserving the Health of Soldiers, and of conducting Military Hospitals, in two vols. by Donald Monro, M. D. Physician to his Majesty's Army, and to St. George's Hospital; Fellow of the Royal College of Physicians at London, and of the Royal Society: second edition." In this work after stating that "no person ought to be appointed a physician to the army or military hospitals without previously undergoing the same examination at the college of Physicians, as those do who enter fellows and licentiates of the college, that *none but proper persons* may be employed:" he adds (p. 134, vol. 2. that "the direction of all military hospitals ought always to be committed to the physicians, who have the immediate care of hospitals."

"When an army is acting on a continent, and there is a number of hospitals in different places, the physician who attends the Commander in Chief ought to be made physician-general and director of the hospitals, with proper appoint-

officers employed about an hospital" containing directions apparently founded on the usages which had prevailed when he served in Germany and in Great Britain as an army physician, which will be found to confirm the accounts I have just given.

In the succeeding war the physicians, wherever they happened to serve, were allowed the same pre-eminence, though in Europe there was no British army employed, which required any higher appointment than that of an army physician. With this rank only Dr. Donald Monro exercised the functions of inspector or chief medical officer at the large encampment at Coxheath, in 1778 and 1779, as other army physicians did in encampments at Warley common, Winchester, &c. In America, however, large armies were employed, particularly that under General now Lord Howe at New York and Philadelphia; and of that Dr. Morris was both senior physician and chief medical officer with the title of inspector general of hospitals, as has been already mentioned. Dr. Knox, another army physician, being at the *same* time appointed chief medical officer to the army under General Burgoyne in Canada.

ments; and all orders from head-quarters ought to go immediately through this channel.

"Every other physician at the different hospitals ought to direct every thing about the hospital which he attends, and his orders ought to be punctually obeyed; and he ought to keep up a constant correspondence with the physician-general; acquainting him from time to time with the state of the hospital, and what is wanted for it; and he ought punctually to obey whatever orders he receives from the physician-general." Id.

Dr. Morris returned to England before the end of the war, and was succeeded by Dr. Mervin Nooth, one of the physicians of that staff.

About the same period Dr. Hunter being at Jamaica as an army physician, had the superintendence of the military hospitals there.

At the beginning of the last war, in the year 1793, two physicians who had been promoted, one from the office of staff surgeon, and the other from that of staff apothecary, were placed at the head of the medical department of the British army on the continent; and they were afterwards superseded by Dr. Kennedy, an older army physician, who had not served in any *subordinate* situation, as far at least as I have been able to discover. About the same time an expedition was sent to the West Indies under the late Earl, then Sir Charles, Grey, and of this Dr. Clifton, an army physician, was the chief medical officer.

In 1794, a considerable body of troops was collected at Southampton under the command of the Earl of Moira, and Sir J. M. Hayes was appointed chief of the hospital staff of this army under the title of director of hospitals, a title which had occasionally been conferred on army physicians before, and which had sometimes been improperly assumed by the purveyor of hospitals, as Dr. Monro mentions in the work before cited.

Thus far it appears that physicians had invariably been the chief medical officers. But soon after this a remarkable innovation occurred by the appointment in 1795, of two old army surgeons to be *inspectors general* in the West Indies, viz. Mr. Weir and Mr. Young. It will not I hope be expected that one in my station should be able to explain the motives which occasioned this exception to what had so long been the rule and

usage in regard to such appointments. Reasons for it, however, obviously present themselves, as likely to have hindered the appointment of army physicians to these offices at that time. I have already mentioned that, subsequently to the peace of 1783, and until the time of Mr. Hunter's death, only one army physician (who had been an old staff apothecary) was appointed. At the time to which I allude, this physician had lately served on the continent, as had two other army physicians appointed in the former war. One of these, however, Dr. Kennedy, died almost immediately after his return; and the others were advanced in life, which with other particular reasons doubtless prevented their being thought of for the service assigned for Mr. Weir and Mr. Young; and of the very few who remained of the physicians appointed in former wars, there was not one I believe who had not either been permitted to retire on *permanent* half-pay, or who was not too old, or too infirm, for an expedition to the West Indies. There was, indeed, at that time such a total want of army physicians for service in the West Indies, that every one of those sent thither, either upon the staff of the Windward islands, or upon that of St. Domingo, was appointed purposely for the one or the other of those expeditions, and consequently about the time of, or subsequently to, the appointments of Mr. Weir and Mr. Young. And I have reason to believe that if army physicians of sufficient experience could have been found for the offices conferred upon those gentlemen, a preference would have been given to them. The introduction, therefore, of surgeons into the office of inspector was not as you suppose occasioned by its having been found that the physicians "*wanted that knowledge which was requisite to the conduct of*

military hospitals, and the management of sick soldiers," but because there were at that time no physicians, or at least none who were of any standing, and who had been on foreign service, that could be induced to accept these appointments. That no belief of any such deficiency in army physicians could have then existed must be evident, because subsequently to that time, and indeed until the month of December 1801, (when Mr. Knight was raised from the situation of surgeon to the Coldstream regiment of guards to be inspector of military hospitals) the army physicians taken from civil life continued to share these promotions with the surgeons, (as in the cases of Drs. Robertson Barclay, Moore, and Franck, all of them now inspectors of hospitals,) and they continued also to be intrusted (even when not promoted) with the "*conduct of military hospitals, and the management of sick soldiers,"* without giving room for any suspicion of their being unfit for such trusts. This was the case generally with the physicians on the staff of Sir Ralph Abercrombie, though so recently appointed. It was my lot when I had been only nine months in the service to be placed for some time at the head of the medical department in Barbadoes, where there was then a large establishment. And afterwards when I had recovered from the yellow fever at Martinique, I was placed in the same situation at Grenada, and continued in it until I left the West Indies, performing, I hope, satisfactorily the duties which are now performed by inspectors and deputy inspectors. And in 1798 (immediately after my return from the West Indies,) very considerable bodies of regular troops and militia being collected in different districts of the kingdom under the apprehension of an invasion, an army physician was, according to what had been prac-

tised at Coxheath and Warley common, &c. in the years 1778 and 1779, appointed as the chief medical officer in each of these districts which were sufficiently considerable for such an appointment. That in the eastern district, under the command of General, now Lord Howe, amounted to about 25,000 men, and the duties of chief medical officer and inspector of regimental hospitals were assigned to me, and I had very good reasons to flatter myself that these duties were discharged to the satisfaction of my superiors; as was the case I am persuaded with all the other army physicians so employed; of myself, however, I hope I may be excused for saying, that if Mr. Knight should ever take the trouble of inspecting my letters and returns to the army medical board, he may, I think, find by them that while thus employed in the eastern districts I introduced or enforced such arrangements in the œconomy and discipline of the regimental hospitals as very much resemble the best of those now existing in this country.

In the following year (1799) I was sent with the British auxiliary army commanded by general Cuyler to Lisbon, where I soon after became the chief officer of the hospital staff (with extra allowances for acting in that capacity) and remained as such until the late Sir Charles Stuart, on being appointed commander in chief in the Medeterranean, made a particular application for my services with those of some other army physicians, upon the staff then forming for him, (which command afterwards devolved on Sir Ralph Abercrombie,) and thereby unintentionally deprived me of that permanent promotion which I then fully expected, and which was given to my successor.

I mention these circumstances, not from motives of

vanity, but to repel the imputation of incapacity which has been, I think most unjustly, thrown upon the army physicians, in opposition to the experience both of the former and the present times.—For though army surgeons had subsequently to 1795, been allowed to participate with the physicians in the higher offices of the hospital staff (and in my opinion properly when adequately qualified) there never had, I believe, existed any suspicion of that sort of deficiency in the latter which you suppose, on the authority of Dr. Jackson, until Mr. Knight's promotion to his present office. And his having made a discovery which had escaped all former observation may certainly be considered as one of the extraordinary events of modern times ; considering that Mr. Knight's great experience, services, and hardships had all occurred in London and its neighbourhood, and chiefly, if not solely, in the hospital of the Coldstream regiment of guards ; so that the exercise of his military duties had not probably ever led him into a single general hospital or to an acquaintance with a single army physician ;—a circumstance which, however it might naturally dispose him to think them both useless, could not assist him in perceiving their several defects. For though the want of knowledge has often been the cause of erroneous prejudices and conclusions, it never has, I believe, in any other instance enabled one to make a discovery of difficulty and importance. Let us, however, if possible, recur to positive facts on this subject, and endeavour to ascertain the duties which properly belong to the offices of inspector and deputy inspector of hospitals, that we may see whether there be any of them which army physicians are not in every respect as well qualified to perform as army surgeons.

At page 112 of your Report we find a long and minute catalogue or "prospectus" delivered to you by Mr. Knight of his own duties as inspector-general; and (p. 113,) that gentleman being afterwards questioned by you concerning "the general duties of the deputy inspectors," he answered, "they are the same as my own, but in a narrower sphere, they act as my deputies." An answer which at best is extremely loose and incorrect, for it never can be the duty of the deputy inspectors "to communicate with, and answer references from, *head-quarters, the war-office*, and other departments connected with military concerns." "To frame the code of regimental hospital instructions;" "To recommend the contingent allowances to the medical staff of the inspector general's department, &c." "To make a half yearly return of the medical staff of the inspector general's department;"—these and several other parts of his duty, being to be performed only (in London,) at the office of the inspector general, and by himself, or by his *immediate deputy* in that office. Supposing, however, that every one of these duties were to be necessarily discharged by every inspector or deputy inspector, I am confident after full consideration, that there is no one of them, which may not be full as well discharged by army physicians, as by army surgeons, and there are some which the former would probably discharge much better even than the inspector general himself, particularly that of examining "the detailed weekly returns of all regimental hospitals, *from whence to judge of the propriety of the practice, and appropriation of diet, &c*;" a judgment which, as Mr. Knight is no physician, he cannot be deemed very competent to form.

It will not, I presume, be expected that army phy-

ficians can be much inclined to believe any person who tells them that they are not qualified for duties which they are conscious of having already performed with propriety and benefit to the public ; and you will not therefore wonder that, influenced by this sort of incredulity and by a desire to come at the truth, I should nearly two years ago have endeavoured, in a conversation with Mr. Knight, to obtain from him a clear and explicit statement of those particular parts of the inspectorial duty which he considered as too intricate and arduous to be ever learned or performed by army physicians. Whether the task which I thus endeavoured to impose on Mr. Knight was too difficult, or my own conceptions too obtuse and feeble, I know not, but I must declare that all the peculiar qualifications desirable in an inspector, and supposed to be unattainable by army physicians, as far as Mr. Knight's explanations were intelligible to me, extended only to the little details of hospitals, with which regimental surgeons were by him supposed to be more familiarized, the detection of petty impositions or over charges by which a few shillings or pounds might perhaps be annually saved ; the keeping of the different instruments and utensils in good order and cleanliness, and an expertness in obviating or frustrating the little tricks of soldiers, and particularly of malingerers. Services like these may be useful ; but as they only require very inferior talents, they may be properly allotted to inferior officers, who are unfit for higher duties. Men cannot excel in every thing ; and he who is great in such little things, will, I am persuaded, generally be little in those which are great. According to my conceptions, the qualifications and duties most desirable and important, in and from the chief medical officer of

an army, are of a much higher order. To assist in maintaining that army in the most efficient state, by preventing as well as by curing sickness among the soldiers, is one of the most important of these duties, and one for which *physicians* are qualified *above all other men* by the means which education has afforded them, of taking comprehensive views of the diseases most frequently prevalent in different climates and situations, of the causes of such diseases, and of the best modes of obviating them, or of counteracting and mitigating their operation when present.

It will be proper, however, that I should take a more particular notice of your opinion of "the expediency of superseding the physicians in the general superintendence of the medical concerns of the army service, to which, by their rank, they would *otherwise* have been entitled; *because*, being taken from *civil* life, *they could not but have wanted* that knowledge which was requisite to the *conduct* of military hospitals, and *the management of sick soldiers.*" (p. 86 of Rep.) This opinion you seem to have adopted from p. 398 of Dr. Jackson's work of 1805, where he says, "the office of *medical inspection*, as it *now* stands in the British army, is of *late creation*. It appears to have originated in the *defects and insufficiencies of college physicians and London surgeons*, who, appointed to medical trust from the walks of civil life, were unexperienced and unacquainted with military things, and as such were reasonably supposed to be at a loss how to act in the perplexing scenes of war. This is at least held in common opinion to be the cause of the appointment of the numerous class of inferior inspectors." I have already stated that no such "defects and insufficiencies" as are here supposed had ever been discovered until after Mr.

Knight's appointment in Dec. 1801, and that, from the limited sphere of his military services and experience, he could not be supposed qualified to appreciate the merits either of army physicians or of general hospitals. But as, by the incongruous distribution of the patronage of the army medical board, the nomination of inspectors and deputy inspectors fell exclusively to him, and as he appears immediately upon his appointment to have resolved to nominate *surgeons only*, and *has in fact never nominated* persons of *any other class to those offices*, and as he afterwards found means to obtain the sanction of his superiors to *this total deviation from former usage*, I must regret that you did not endeavour to procure from him a specific statement of the facts and expedients by which the *deficiencies* of the *present* army physicians *had been ascertained*, before you credited and propagated charges against them obviously improbable and contrary to all preceding experience; and also that *you did not allow the physicians any opportunity* of vindicating their own competency by other facts. As the case now stands, I have again to combat only general assertions and suppositions, unsupported either by fact or argument, and consequently unworthy of any thing but general contradictions. I readily admit, that persons going from civil to military life have to learn some things which are peculiar to the latter; but this is also the case of ensigns, hospital mates, and staff-surgeons as well as physicians; and it appears extremely absurd to suppose that, of all these, physicians alone, who have previously gained so much knowledge, should lose all capacity of acquiring ideas at the moment of their entrance into the army. Familiarized as they commonly have been, (and to a much greater extent than hospital-mates) to the order, government, æco-

nomny and practice of civil hospitals, the few circumstances in which the military differ from these would, *à priori*, be thought of easy acquisition by them, and *experience has demonstrated*, that physicians have readily become well acquainted with every one of these peculiarities after having been *but a few months* employed in military general hospitals*. It is not, however, con-

*The regimental surgeons who are advocates for Mr. Knight's system of excluding physicians from inspectorial appointments appear all to have been taught to assert as a maxim that no man can be qualified to inspect or judge of the performances of particular duties in others, unless such duties have been already performed by himself; and Mr. Knight being interrogated on this subject states (p. 113 of your Report) that he selects the deputy *inspectors* "from those (persons) *especially*, who have done the duties which are to be inspected;" appearing to think this a victorious reason for confining the inspectorial office to surgeons; though it certainly will not serve his purpose if these inspecting surgeons are to be placed over *physicians*, as Dr. Jackson would have told him, if he had been pleased to look at p. 89, 1805, and to notice this passage, viz. "It is held to be a rule in common life, that the overseer of labourers is more skilful than the labourer himself. If the surgeon be *not qualified* in knowledge to attain the rank and execute the duty of *army physician*, it is an enigma, difficult to be explained, by what progress of refinement *he is rendered capable* of directing and instructing those, who are *his masters in their art*." According to Mr. Knight's doctrine that no man can judge whether duties are well performed by others, unless he has personally performed the same duties himself, it would follow that no officer could judge of the conduct of a common soldier without having himself served in the *ranks*; and that no gentleman who had not been a menial servant could form any opinion of the talents or deserts of those who might be in his service. In saying this I cannot mean to compare hospital mates or any other description of medical men to ser-

tended by me that an army physician ought immediately on his appointment to assume the chief direction of the medical department of an army. Those who have done it must probably at first, have been at some loss in those duties which immediately relate to the military discipline, but it is very easy to place a newly appointed army physician where the presence of one who is older, or of an inspector, may leave him little other duty at first than the care of the sick, and in taking care of them, he will naturally very soon acquire all the knowledge requisite for his future guidance. That there is no mystery in the management of military hospitals, notwithstanding the parade of words with which some persons from selfish motives have chosen to expatiate upon military habits, discipline, &c. has been repeatedly and even very recently demonstrated. I have before mentioned the appointment of Dr. Robertson Barclay about the end of the year 1793 to be an army physician. He certainly was one of those gentlemen, who are by Dr. Jackson denominated "*college physicians*," having been educated at Oxford and admitted to be a fellow of the College of Physicians in London: he was, moreover, one of the physicians of St. George's hospital, and thence he passed directly to Corsica where, as the senior physician to the army, he became at once the chief medical officer. His ability to discharge the duties of that situation soon fell under the observation of the late Sir Charles Stuart, the general there commanding, who, for mental endowments, military science, and strict attention to the welfare, discipline, and duties of those under his command, has

wants or common soldiers. I only wish to show the fallacy of Mr. Knight's argument.

rarely been surpassed: and this distinguished officer was so far from discovering any such "defect or insufficiency," as Dr. Jackson attaches to "a college physician," that shortly afterwards, he warmly and successfully recommended Dr. Robertson Barclay for the appointment of inspector of hospitals; and was so little dissatisfied with the manner in which this inspector performed his duties, that in the year 1800 (when, as I have already said, a new hospital-staff was nominated by him for the army intended to have been placed under his command in the Mediterranean) he solicited and obtained the appointment of another "college physician," to be inspector, viz. Dr. Franck, who had been educated at Cambridge, and is a fellow of the College of Physicians. Of the complete sufficiency of this gentleman, the last army physician promoted to the rank of inspector, no weak evidence is derived from the high esteem in which he was held by Sir Ralph Abercrombie, under whom he served subsequently: the *best* evidence of it, however, is adduced at this moment by *his being just appointed* to accompany the expedition about to sail under the command of lieutenant general Sir John Moore, an officer who has given other proofs of being superior to military prejudices, besides this of *selecting* and *applying for* a man of education and science to be at the head of *his* medical-staff; and certainly, if there had been *just* cause to suspect Dr. Franck's competency, the inspector general of army hospitals *would not have failed*, from a sense of his duty, to *interfere* and *prevent* his present appointment. The *fallacy* therefore, of your suppositions about "the expediency of superseding the physicians in the superintendence of the medical concerns of the army, because being taken from civil life they must always want

the knowledge requisite to conduct military hospitals and manage sick soldiers," is *fully admitted* even by the inspector-general, in spite of his extreme predilection for *surgical* inspectors; consequently to employ more facts and arguments to refute it would be a waste of time. So little indeed is there of the "expediency," which you have been led to believe in thus superseding the physicians, that I do not hesitate in asserting that, according to all the sound maxims of policy and prudence, it is highly expedient that the superintendence of the medical department of an army should never be committed to any one who has not been an army physician, so long as one with the usual qualifications is to be obtained, because in addition to the mere routine of inspecting a regimental hospital and of making out a sick return, there are duties belonging to that *superintendence* which require a very considerable portion of medical knowledge for their being *properly* performed. Where surgeons are appointed to be the chief medical officers, generals who may be anxious for the healthiness of the troops under their command, will often consult them on the causes of the most prevalent disorders, and employ them to put a stop to any sickness that may happen to break out among the soldiers. Regimental surgeons will also very often request their advice in difficult cases of disease. And although the inspectors may sometimes on such occasions be conscious of their own deficiency, it cannot be expected that they should frankly confess it, and thereby diminish their own importance and obstruct their future promotion; they will much more naturally hazard opinions and actions, and, with these, the lives which they are designed to preserve. If, as is evident, this must happen, even when the inspectors are most

desirous to avoid encroaching upon the peculiar province of physicians, how much greater mischief is to be apprehended when they seize with eagerness all opportunities of personating the physician—an assumption of character which is now far from being rare. Would that this putting on of the lion's skin were as harmless as that of the fable! but coupled with superior military power, the masquerade becomes formidable, often perhaps fatal. Of the surgical inspectors, some *presuming on their authority have dictated even to army physicians, the medicines they should prescribe for their patients*; others, (ignorant of the first principles of physic) have issued public orders that the patients in the general hospitals of a particular denomination, for instance, labouring under a certain acute disorder, should all undergo one and the same mode of treatment directed by themselves, without regard to age, differences of symptoms, stages of the disease, &c. and when obliged to confess the failure of the first mode, have proceeded to order another indiscriminate species of treatment, and then a third; and others again have posted through their districts urgently recommending various powerful remedies, such as “a free use of the lancet;” emulating, perhaps, the example of their patron and Magnus Apollo, who is stated* by good authority, to have “proposed” (for the *benefit* of a certain, and unfortunately of late a numerous, description of sick in the regimental hospitals) “the use of the lancet with a freedom, *far beyond* what had formerly been thought

* See “An account of the Ophthalmia which has appeared in England since the return of the British army from Egypt, by John Vetch, M.D. assistant surgeon to the 54th regiment.” Pages 97 and 100.

of," a freedom (*since adopted on such recommendation*) that leads to the taking away of 150 ounces of blood or more in the course of a very few days, in cases where the inventor and "proposer" of this practice (which truly deserves its character of "*not having been formerly thought of*" even by M. Le Sage) will probably find it very difficult to persuade physicians that, if bleeding were requisite, the loss of 20 or at the most 30 ounces might not have sufficed, with other *proper* means.

Surely if the communication of medical instruction and the taking of decisive measures in embarrassing circumstances which are purely medical, be among the functions of an inspector, and that they are can admit of no doubt, men capable of both should be selected for that appointment, rather than those who are only conversant with the little details of hospitals, and the paltry tricks of the more worthless soldiers. By the latter mode of selection it has happened (as the inspector general can *if he pleases* testify in *one instance at least*) that very deficient persons, who could scarcely write even a single line of English correctly, have had the health of considerable armies committed to them! and I certainly have reason to think that *at present* there is no security against the repetition of similar nominations. While such men as Sir John Pringle, Sir Clifton Wintringham, Dr. Donald Monro, Dr. John Hunter, Dr. Robertson Barclay, and Dr. Franck were serving abroad, the medical staff placed with or under them have felt a confidence that, when these their superiors should happen to be confronted with the most enlightened of foreign physicians, no disparagement of their own estimation abroad would thence ensue, and that the character of the profession at home would not be tarnished. But in some other staffs the feelings of the

medical officers have had little of exultation, when they have known that the men placed over them, among numerous deficiencies, could not speak their native language but in a dialect full of grammatical errors, nor understand a page of any other. That men of this stamp can ever be qualified for the arduous office of superintending the physical welfare of an army will never (though it is pretended) be believed by any reflecting mind. This office requires just and comprehensive views of the causes of health and disease, which can never be imparted but by an enlarged education and much patient investigation in science and in the practice of medicine; and to these military surgeons can rarely pretend. I do not mean to insinuate that there is any person who can with certainty preserve troops in *constant* health, for no absurdity could be greater than this; military positions and events are not always optional, nor can the operations of weather, diet, soil, &c. on the human frame, be prevented at all times; neither can human passions be so entirely subdued as to obviate the excesses of inconsiderate soldiers. All that I intend to affirm is that *sickness never arises without sufficient causes*, and that on service many occasions must happen when the chief medical officer will have it in his power to avoid, and where unavoidable, to moderate the effects of these causes, if he be skilled in the higher branches of medicine, when another chief, deficient in that skill, will be incapable of affording any useful aid, or may even do great mischief. Should a distemper, for instance, break out among troops stationed in a particular place, the physician of science would soon discern whether it proceeded from contagion or from an unhealthy scite, and would then be able to extinguish it, by stopping the communication of

the infection in the former case, or by obtaining either a change of quarters or a correction of the local morbid causes in the latter ; whereas to the man of inferior knowledge the origin of the sickness would most probably be an impenetrable mystery, and he might remain an idle spectator of the havock, abandoning the safety of the troops to the chapter of accidents, and suffering the disorder to spread uncontrouled, or else he might attribute it to a wrong cause, and perhaps, with the perverse obstinacy which is apt to accompany ignorance, might put in practice those very measures which are most suited to favour its ravages. Let it not be supposed that these are merely idle assertions ; since one of the finest armies which England ever sent forth was at a very critical period exposed to extreme hazard from a most fatal disease through the imprudent orders of the Goliath of the surgical inspectors, who was ignorant of the nature of the distemper ; and the troops were saved, in all human probability, from destruction, by the firmness of an army physician, who saw the danger, and persevered in pointing it out until measures of safety were taken. But I may hope that examples are not necessary to convince you of the number of lives which a man of superior medical information may by his vigilance and exertions preserve to the state in the course of a campaign, nor of the insignificance even of a very liberal reward, when compared with the political advantages he might procure, or disasters he might prevent, by maintaining the great body of the army in a fit state of health for active service.

I now proceed to another consideration adduced in page 17 of your Report, to explain and justify the practice of excluding physicians from all promotion, viz. “ the propriety of holding out to the army surgeons,

the hope of obtaining that superior rank and pay to which their labours, hazards, and experience entitled them." Here one cannot help wondering that your senses should have been all so active and acute in discovering the labours, hazards and experience "of *army surgeons*, and the propriety of holding out superior rank and pay" as incitements and rewards to these gentlemen; and that you should be *totally insensible* to the at least equal labours, hazards and experience of *army physicians*, and to the at least equal propriety of allotting similar incitements and rewards to them also. What are we to think of the justice and policy of a system which entitles hospital mates, who have incurred but little expence in their educations, and whose acquirements are but very moderate, to expect that in a few years they may attain rank and pay nearly ten times greater than those assigned them at first, and which at the same time denies to physicians, with their more *extensive* and *expensive* qualifications, the *smallest chance of any improvement in their situations*; and which renders them *stationary for life*, while their inferiors are in succession daily promoted and placed in authority over them? A system which singles out men the most liberally educated, and probably with as nice feelings as any in the army, for a species of humiliation and indignity which is deemed the least tolerable among military men; I mean that of being rendered subordinate to those whom they have been used to command. I have certainly no wish that army surgeons should not be amply rewarded: on the contrary, if my desires or opinion could avail any thing, both would be exerted in their favour; but I would reward them by an increase of pay, &c. according to their deserts and *length of service*; and

not at the expence of the physicians, who are equally entitled to be rewarded also. If surgeons are to be encouraged and remunerated by promoting them to offices, for which, in several instances at least, they have been notoriously unfit,* why should they not also be made field officers, and the captains of companies excluded from all farther promotion?—the injury in this case would be no greater than that which is done to the physicians under the present system. Indeed the injustice and mischief which attend this species of promotion have been felt and avowed even by Dr. Jackson. For though he appears as you properly† observe to have suggested to Mr. Knight the greater part of those opinions respecting general and regimental hospitals upon which the latter has been acting for some time past, the exclusion of physicians from the offices of inspector and deputy inspector, is an extreme measure which Dr. Jackson himself, with all his partialities, cannot help blaming. He wrote indeed under the bias of two errors; one of them was a belief that the appointment of army physicians from civil life at the commencement of the last war was a novel practice, and a grievance to the

* The physician general being asked respecting the consequences of a division of the patronage of the Army medical Board by which the nomination of inspectorial officers had fallen to Mr. Knight, answered on oath that it had been attended with disadvantages; for (adds he) “the consequence has been that persons of inferior medical education have been appointed to situations superseding the authority of the physicians; I allude to the authority of the deputy inspectors.” Rept. p. 99.

† See p. 23. of Report.

army surgeons; and the other that the medical board had procured some law* or regulation by which army surgeons were excluded from ever becoming army physicians; an error which is sufficiently refuted by His Majesty's order of the 12th of March 1798; (inserted at p. 96 and 97 of your Report,) and by the subsequent appointments of Drs. Mitchell and Lempriere, two army surgeons, (*and the only ones* who have been willing to undergo the proper examination) to be army physicians. Yet notwithstanding these erroneous impressions, he observes p. 95.—1805, that “the army surgeon is now suddenly elevated to the rank of inspector, to the apparent injury of the physician, however experienced, and however able he may have *proved himself to be* to fill the highest station on the medical staff,” and at page 97, he adds “if there was injury affecting the credit and interests of the army surgeons, even error operating against the interests of the army itself, in the early periods of the late war; there is now an additional error, *affecting the interests of the service and direct injury acting against the physician* as excluded from all expectation of promotion to higher rank, however merited by exertion, or however useful the extension of such person's services might be to the public.”

It was not with the view and expectation of such treatment that army physicians have been induced to enter the service; my own expectations at least, and those of the other physicians who served with me on the staff of Sir R. Abercrombie in 1795, were very different; we were indeed well apprized of our danger in that expedition; the rarity with which men newly

* See p. 20. of his publication of 1803.

landed from Europe then escaped the yellow fever, the unusual mortality which accompanied its attacks, and the general belief of its contagious nature, were to physicians who expected to meet it at every step, more than sufficient causes of alarm : but we prepared ourselves to suffer whatever might befall us in the execution of our duty, persuaded that those of us who might survive, would at the proper time obtain “ that superior rank and pay ” which others had attained, and to which you now deem the surgeons alone to be by “ their labours, hazards, and experience entitled.” This, however, was but an *abortive* expectation ; for neither an increase of rank, nor of pay, ever reached any one of the eleven physicians whose misfortune it was to belong to that staff. Six of them died within a few months—four were allowed to return to Europe about the end of the year 1797 ; and the other, who had been born in the West Indies, and continued there on duty for some time longer, has very lately chosen to resign his commission and relinquish even the poor remuneration of half-pay, after twelve years service, rather than return again to the West Indies and submit to the degradation of becoming subordinate to newly made inspectors or deputy inspectors, who were formerly subordinate to him. Of the four who returned to Europe about the end of 1797, one being far advanced in life, was permitted to retire from the service ; the other three (of whom I was one) were in 1800 placed upon the Mediterranean staff, and of these I became in a few months *the only survivor*, not however by *avoiding any species of danger* ; for when Dr. Buchan, whose zeal and fortitude in the discharge of his duty cannot be too much applauded, caught the plague in the hospitals appropriated to that disease (of which he

had for some time been in charge) at Aboukir, I did not hesitate to become his successor and to continue in that service until the plague had ceased in the army; though until then no medical officer doing duty in those hospitals had escaped the contagion, and of the twelve who caught it, seven had died. I ought perhaps to apologize for thus mentioning myself and these my unfortunate colleagues; I have done it, not from a wish to have it thought that our services or sufferings were greater than those of other army physicians generally, but because I am better acquainted with the events in which we were personally concerned. I may, however, I hope, be allowed to observe that, if there has been any profusion, as you seem to think, in the expenditure of the army medical department, it has not been occasioned by rewards allotted to the "labours, dangers and experience," of *army physicians*, or at least to those who were employed with me in the West Indies; since while they lived or remained in the service no one of the eleven ever received either rank or pay beyond that originally assigned to us, and I am now the only one of them who retains even these. Such have been Mr. Knight's ideas of the deserts of the *army physicians*.—Of his own, however, he appears to have taken more enlarged and I suppose more just views; for I am informed that while receiving four pounds fifteen shillings per diem, with forage for four horses (estimated at 160*l.* per ann.) and an allowance for his table, he thought proper to claim and to receive an addition of five shillings per diem allowed to staff surgeons after a certain length of service, (which I had erroneously supposed to have been intended for those only who receive no more than the pay of surgeon), which addition seems to have

been completely *forgotten* * by Mr. Knight in the statement which he has delivered to you of his several kinds of pay and emoluments, as well as in his subsequent examinations. (p. 111, 116, and 117. of Report.) Mr. Knight's enlarged views of Dr. Borland's deserts, you have yourselves noticed in pages 9. and 10 of do.

I know that military officers are in general disposed to think with the surgeons, that the introduction of regularly educated physicians into the army is an injury to the former ; and it is not surprising that they should adopt this opinion. Officers of regiments mess and associate daily with their *surgeons*, and but seldom with *army physicians*, who belong to no regiment ; and not being judges of medical qualifications, they commonly neither perceive, nor believe, that any difference exists between the attainments of the regimental surgeon and those of the army physician.—Often indeed they suppose the surgeon of their own regiment to be the most able physician in the army ; and it is not to be expected that he should endeavour to undeceive them.—With such opinions, and believing that the studies and qualifications of *all* medical men are *alike*, it is most natural that officers who have themselves entered the army as ensigns, should think that all medical men ought to begin as hospital mates, or assistant surgeons. To remove this error, it is to be wished that officers in the army would recollect that physic is a *learned* profession, requiring a great extent and variety of knowledge, which can be no where so properly attained as at universities, and with auxiliary advantages, such as have been described in P. 23 and 24;

* If Mr. Knight should not have recollected this trifle at any subsequent *receipt* of his pay, he may perhaps thank me for reminding him of it.

that to profit duly by these a great expenditure of time and of money will be necessary ; and that men who have incurred that expence will rarely, if ever, condescend to become hospital mates ;—because having chosen the profession of physic with different views, nothing but disappointment and distress can be expected to reconcile them to a station so unequal to the habits, prospects and connections with which they will have been familiarized at universities and in other parts of civil life. To expect, therefore, that men who never intended to become surgeons, and who have for that reason gone through a more tedious and expensive course of education, will, after all this, accept the appointment of hospital mate or assistant regimental surgeon, is certainly to expect the greatest of improbabilities ; and if it should be once established that all medical men who are to be employed in the army must enter it in that way, no men intending to do so will expend time or money in going to universities, &c. nor will any then offer who are better qualified than hospital mates now are. And as these are notoriously* deficient in science, and the principles by which a physician ought to regulate his practice, and as the army does not afford either the means or the opportunities of gaining that science or those principles, it follows that if such a regulation be adopted, no well educated physicians will hereafter be found in the army, and that officers and soldiers, when sick, will become subject to an empirical routine of treatment, directed by medical

* According to Dr. Jackson (p. 80. 1805.) “ a superficial verbal knowledge of the bare signs of things is sufficient to introduce a young man into the list of hospital mates.”

officers, under I know not what name, who embracing objects too extensive for their limited faculties, will practice both physic and surgery without being duly qualified for either.

That part of your Report which recommends the suppression of the present army medical board, and the substitution of another, can scarcely be a proper subject for my animadversion. Those who have the power, will best judge of the expediency of making that, or any other change.—I cannot however but observe that your proscription of the physicians has been extended even to the proposed board, and that instead of having one of these for the presiding member, as hitherto has been thought proper, you recommend that a “ chairman well acquainted with the details of military service both at home and abroad,” should be appointed to it, and that he “ should have superior authority.” I certainly do not suspect that in predicting the qualifications of this chairman or of the two junior members, you intended to adapt them to any particular persons; but after the opinion which I have already delivered of the importance, and the necessity of preferring men of extensive medical science for the chief medical officers of armies, it will not be expected that I can think a less portion of that science sufficient for the presiding member of a board destined to superintend generally the medical concerns of the whole military establishment of Great Britain, nor does your proposal of a military officer for the chairman of such a board, gain any credit with me from the errors into which you have yourselves fallen with such a chairman.

Having, as I believe, incontrovertibly vindicated the army physicians from every imputation of unfitness or

incompetency for the discharge of their duties, in the direction of military hospitals, and in the care of the sick soldiers; and having also, as I hope, satisfactorily proved that they are pre-eminently qualified for the highest medical offices in the army, and that by former usage they were entitled to expect and did expect future promotion to these offices according to their respective merits, there can, I presume, remain no doubt of the wrong which they have sustained by the preposterous elevation of so many persons who had been subordinate to them, and who were greatly their inferiors in liberal and scientific attainments: and I will therefore only notice the concluding part of your Report on this subject; I mean that at page 86 which is as follows, viz. "without intending, therefore, to impute any want of knowledge, assiduity, or even of experience, to the gentlemen who now hold the rank of physicians in the army (for we have every reason to believe them to be *eminently deserving of commendation in all these respects*) we cannot but think that this part of the army medical system *should* be differently arranged. Under this impression, we suggest the *propriety of making no new appointment*, to the ranks of inspector, *physician*, or principal medical officer; but that the rank of deputy inspector should be the only intervening rank between the three *inspectors* of hospitals, whom we have recommended as part of the office establishment, and the *surgeons* to the forces; and that the rank of deputy inspector should be a promotion from the rank of staff surgeon."

The strange discordance between the first and latter parts of this quotation, will I think, obviously present itself to every reader. That you should declare your belief that those who now hold the rank of army phy-

ficians, are “*eminently deserving* of commendation, in regard to *their knowledge and assiduity*, and even *experience*,” and that from such premises, you should infer and recommend *the future exclusion of all physicians from the army*, must appear most extraordinary, considering that for *one* officer or soldier who is likely to want the aid of a *surgeon*, *twenty* may be expected to want that of the *physician*; and consequently that of all medical men, *the latter* must be *by much* the most useful and necessary for armies; and if they ever should be excluded from the British army, I cannot help thinking that by this exclusion, we shall exhibit a *solitary*, and to the rest of Europe, an *astonishing* example of a nation, deliberately proscribing reason and science *in therapeutics*, and preferring an uninformed, unprincipled empiricism in the treatment of those who may want medical assistance. That such an example will ever be ordained, either by the legislature or the executive government of our country, I do not believe, and I can only account for your having recommended it, by supposing that *in commiseration* of the humiliating and mortifying situation to which army physicians have been *lately* reduced, and of the impossibility, which they are under, of discharging their duties with satisfaction to themselves, or advantage to the public, while every hospital mate is led to consider them as persons devoted to degradation, over whom he may expect in a few years to rise and *exult*, you may have mercifully wished to relieve their sufferings, by terminating their military existence. If these were your motives, I must, for myself at least, gratefully acknowledge your kindness, since in my opinion, the measure you have proposed would be infinitely better for the physicians, than a continuance in their

present situation. I cannot help thinking, however, that with a very moderate exertion of your inventive powers, much better means might have been discovered both for relieving the physicians, and benefiting the public service, by restoring to them their former rights and pre-eminence, and devising other suitable expedients to encourage and reward army surgeons.

Nothing but the dispersion of my colleagues by the duties assigned to them in different places, and the impossibility of their selecting another advocate, before their proscription, in consequence of your Report, will probably be either decreed or rejected, could have determined me to make this appeal in their behalf. Unoffending and unresisting, they have passively submitted for several years to the pleasure of their superiors, and to the grievances which have been already mentioned, and have moreover patiently seen the pay of every other medical and military officer increased, while their own, though greatly inadequate to their decent support, *remains* as it was fixed probably a century ago, when money was of three times its present value. It is therefore only at the last extremity, when they are in danger of being condemned *unheard* that I venture to appear in their defence, with an inequality of talents, for which the goodness of our cause can alone compensate, and with a very deficient allowance of time; as one month will not have elapsed after your Report came into my possession, before this letter will have been published; during which interval I have been subject to many professional and other interruptions which will I hope obtain some favourable allowance for its many defects.

I have been careful to assert nothing which I did not believe to be true, and I have endeavoured to avoid of-

fence as much as the nature of my undertaking would permit ; some degree of warmth, however, and some asperity of expression are, I fear, unavoidable in controversial discussions. Those who write and print at leisure have opportunities, in the hours of calm deliberation, to revise and correct whatever may be amiss ; but these opportunities I have not ventured to allow myself, because it was believed that your Report would become the subject of parliamentary consideration immediately after the Easter adjournment, and I therefore resolved to commit my letter to the press *partially*, as fast as I could write it. I mention this as an excuse for some things which I should otherwise have altered, perhaps improved, and as a motive with yourselves and others for granting me that indulgence of which I have need, and which I solicit from all my readers, and particularly from the different descriptions of army surgeons. It has been a difficult, and certainly an unpleasant task for me to enter upon an examination and comparison of their pretensions and qualifications as opposed to those of the physicians ; but I hope they will have the justice to remember that this has been made necessary not by any *new* claim, much less by any *aggression* on the part of the physicians, but solely *by those of the surgeons* ; and that this comparison has been delayed until the last hour, and then only made for the purpose of self defence. Of the surgeons in general I profess to think as favourably, and to entertain as much esteem, as they probably do of each other ; allowing only for a little of that *esprit de corps*, which probably attaches itself in some degree to all professions though perhaps to none less than to the physicians. I consider the surgeons of Great Britain as excelling those of every other nation in the world, and those of London in particular, as highly distinguish-

ed not only by their professional, and often scientific attainments, but also by their liberal sentiments and accomplishments: and I have never been so absurd as to suppose that they might not become as good physicians, as those among the latter who are regularly educated, if they would employ the same means. But not having done this, having on the contrary pursued a different course and become *good surgeons*, I must for this reason doubt, generally speaking, of their competency as physicians, especially when I consider the limited extent of human intellect, which rarely permits the same individual to be at the same time a good physician and a good surgeon. I confess, however, with pleasure, that some instances have occurred of surgeons, who, by the great liberality of nature and their own uncommon industry, have become, I believe, very good physicians, and I have the satisfaction of numbering some of these among my particular friends. Yet I think that even they might have exceeded their present excellence if they had originally applied themselves only to physic.

You will have too much liberality not to pardon me for having introduced in this letter the above explanation, which I could not but feel due to the surgeons.

I have the honour to be,
with the greatest respect,

Gentlemen,

Your most obedient
and humble servant,

EDW. NATH. BANCROFT.

London, April 28th.

1808.

FINIS.