Report from the Select Committee on Medical Department (Army) : together with the proceedings of the Committee, minutes of evidence, appendix and index.

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REPORT

FROM THE

SELECT COMMITTEE

ON

MEDICAL DEPARTMENT (ARMY);

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

APPENDIX, AND INDEX.

Ordered, by The House of Commons, *to be Printed,*
3 *July* 1856.

Martis, 15° *die Aprilis*, 1856.

Ordered, THAT a Select Committee be appointed on the Medical Department of the Army.

Lunæ, 21° *die Aprilis*, 1856.

Committee nominated of—

Mr. Stafford.	Captain Laffan.
Mr. Bellew.	Mr. Legh.
Colonel Boldero.	Mr. Noel.
Sir James Fergusson.	Colonel North.
Sir Henry Davie.	Mr. Peel.
Sir John Hanmer.	Mr, Percy.
Colonel Kingscote.	Sir John Trollope.
Mr. Leveson Gower.	

Ordered, THAT the Committee have power to send for Persons, Papers, and Records.

Ordered, THAT Five be the Quorum of the Committee.

Jovis, 3° *die Julii*, 1856.

Ordered, THAT the Committee have power to Report their Opinion, together with the Minutes of Evidence taken before them, to The House.

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REPORT.

THE SELECT COMMITTEE appointed on the MEDICAL DEPARTMENT of the ARMY, who were empowered to send for Persons, Papers, and Records,——HAVE considered the Matters to them referred, and have come to the following RESOLUTIONS; which, together with the MINUTES of EVIDENCE, they have agreed to Report to The House:—

1. THAT the governing power of the Army Medical Department should be vested, as at present, in one individual, and not in a Board.

2. That the Commander-in-Chief should exercise a control over the appointments and promotions of the Director-general.

3. That the principle of general competition, or of special examination, in recognised Medical Schools, be applied, as far as practicable, to admission into the Army Medical Department.

4. That no Medical Officer shall be promoted to be Staff Surgeon of the First Class until he shall have served not less than Three years as a Regimental Medical Officer.

5. That the rules which guide promotion be published.

6. That retirement be optional after 21, and compulsory from Regimental and Second Class Staff Surgeon duty after 35 years' service.

7. That facilities be given for the purposes of study in Civil Hospitals, such precautions being taken as will guarantee the period of absence being passed in such study.

8. That the regulation which requires Officers of the department to serve two years in the rank to which they have been promoted, upon the pay of their previous rank, be abolished.

9. That the pay of the Army Surgeons and Assistant Surgeons be increased, as may be determined by the Executive Government; but this Committee is in favour of 10*s.* per diem as the pay of the Assistant Surgeon on first appointment.

10. That the relative position of medical and combatant officers be not changed, and that the Army Surgeons be not made a more military body than at present.

11. That the system of Confidential Reports should be placed upon the same footing with those relating to combatant officers.

12. That the Committee agree with the recommendation of the Director-general as to leave of absence, honorary distinctions, funeral honours, special services, and relative rank.

13. That as it has been stated to this Committee that the supply of Medical Officers was insufficient during the late war, the establishment of Civil Hospitals may have been necessary; but Your Committee trust the recurrence to such alternatives may be avoided for the future.

14. That a person duly qualified to compound medicines, and attested for military service, should form a part of the medical establishment of every regiment; and that those persons should be selected either from the Medical Staff Corps, from the ranks of the regular Army, or from the orphan sons of soldiers educated at the Military Asylum; that they should be regularly trained and educated with a view to the duties to be discharged; and that no one shall be considered eligible for employment until he has given proof, on examination by a Board, that he may, with safety to the sick soldier, be entrusted to compound the medicines to be administered to him.

15. That the Medical Staff Corps, which was raised for service during the late war, should continue a part of the Peace Establishment; and that it is desirable it should be recruited from the ranks of the Army, provided volunteers offer in sufficient numbers, possessing the requirements deemed essential to qualify for the particular service on which the corps is to be employed.

16. That the standard of providing clothing and earthenware vessels for eating and drinking at Haslar Hospital be extended to the general hospitals of the army; that accommodation for sick officers be provided in them; and that a Military Lunatic Asylum be provided, as embraced in the design for the New Military Hospital at Southampton.

17. That the question of hospital stoppages be left to the discretion of the Horse Guards and the War Office.

18. That at the outbreak of any future war, separate transport should be provided for the conveyance of all medical stores; but Your Committee leave the minor arrangements of detail to the Executive.

19. The Committee in the course of its inquiries have had incidentally brought before them the admirable manner in which the Army and Civil Surgeons have performed their duties in the East, and Your Committee are glad to take this opportunity of recording the high opinion they entertain of their merits.

3 *July* 1856.

PROCEEDINGS OF THE COMMITTEE.

Lunæ, 28° *die Aprilis*, 1856.

MEMBERS PRESENT:

Mr. Stafford.	Colonel Kingscote.
Colonel North.	Mr. Leveson Gower.
Sir Ferguson Davie.	Mr. Bellew.
Mr. Noel.	Sir J. Hanmer.
Mr. Legh.	

Mr. STAFFORD was called to the Chair.

The Committee deliberated.

[Adjourned to Thursday, at Twelve o'clock.

Jovis, 1° *die Maii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Sir Ferguson Davie.	Mr. Leveson Gower.
Sir John Trollope.	Colonel Kingscote.
Mr. Cornwall Legh.	Colonel Boldero.
Colonel North.	Sir John Hanmer.
Mr. Noel.	Mr. Bellew.

The Committee examined Dr. *Andrew Smith*.

[Adjourned to Monday, at Twelve o'clock.

Lunæ, 5° *die Maii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD in the Chair.

Mr. Legh.	Colonel Boldero.
Sir John Trollope.	Mr. Leveson Gower.
Sir Ferguson Davie.	Mr. Noel.
Colonel North.	Mr. Bellew.
Sir John Hanmer.	Colonel Kingscote.

The Committee examined Dr. *Andrew Smith*.

[Adjourned to Thursday, at Twelve o'clock.

Jovis, 8° die Maii, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Mr. Legh.	Mr. Noel.
Sir John Trollope.	Mr. Percy.
Sir Ferguson Davie.	Colonel Kingscote.
Colonel North.	Sir John Hanmer.
Mr. Peel.	Mr. Bellew.
Colonel Boldero.	

The Committee examined Dr. *Burrell* and Dr. *Menzies*.

[Adjourned to Monday, 19th, at Twelve o'clock.

Jovis, 22° die Maii, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Colonel North.	Colonel Kingscote.
Mr. Peel.	Mr. Bellew.
Sir John Trollope.	Mr. Leveson Gower.
Sir John Hanmer.	Sir J. Fergusson.
Sir Ferguson Davie.	Mr. Percy.
Mr. Noel.	

The Committee examined Dr. *Mapleton* and Mr. *Richardson*.

[Adjourned to Monday, at Twelve o'clock.

Lunæ, 26° die Maii, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Colonel Kingscote.	Sir John Hanmer.
Mr. Percy.	Sir J. Fergusson.
Mr. Peel.	Mr. Noel.
Colonel North.	Sir Ferguson Davie.
Sir John Trollope.	Mr. Leveson Gower.

The Committee examined Mr. *Martin*, Mr. *Grant*, Serjeant *Sheldrake*, Serjeant *Simpson*, Colonel *Douglas*, and Major-general Sir *George Buller*.

[Adjourned to Friday next, at One o'clock.

Veneris, 30° die Maii, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Mr. Percy.	Sir Ferguson Davie.
Mr. Bellew.	Mr. Legh.
Mr. Peel.	Sir John Trollope.
Colonel North.	Sir J. Fergusson.
Sir John Hanmer.	

The Committee examined Colonel *Lord West* and Mr. *Dartnell*.

[Adjourned to Monday, at One o'clock.

Lunæ, 2° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Sir John Trollope.	Mr. Percy.
Colonel North.	Sir John Hanmer.
Mr. Noel.	Sir Ferguson Davie.
Mr. Peel.	Mr. Bellew.
Colonel Kingscote.	Mr. Leveson Gower.

The Committee examined Mr. *Lindsay*, Major-general Lord *De Ros*, Dr. *Hume*, and Captain *Bunbury*.

[Adjourned to Thursday, at One o'clock.

Jovis, 5° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Mr. Legh.	Colonel Kingscote.
Sir F. Davie.	Mr. Bellew.
Sir John Hanmer.	Sir James Ferguson.
Sir John Trollope.	Mr. Leveson Gower.
Colonel North.	

The Committee examined Dr. *Bostock*, Dr. *Mackenzie*, and Sir *George Wetherall*.

[Adjourned to Friday, 13th June, at Twelve o'clock.

Veneris, 13° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Sir F. Davie.	Mr. Peel.
Sir J. Trollope.	Mr. Noel.
Colonel North.	Sir J. Fergusson.
Mr. Bellew.	Colonel Kingscote.

The Committee examined Dr. *Rees*, Sir *B. Hawes*, Mr. *Agnis*, and Dr. *Halahan*.

[Adjourned to Monday, 16th June, at Twelve o'clock.

Lunæ, 16° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Colonel North.	Colonel Kingscote.
Mr. Noel.	Mr. Bellew.
Sir John Trollope.	Sir J. Fergusson.
Sir Ferguson Davie.	Mr. Percy.
Sir John Hanmer.	

The Committee examined His Royal Highness the Duke of *Cambridge*, Corporal-Major *Tomlinson*, Serjeant *Inkster*, and Mr. *Maundery*.

On the evidence being concluded for the day, the Committee deliberated.

Motion made and question proposed (Sir *J. Trollope*), "That no witness be recalled before this Committee":—Question put:—Committee divided:

Ayes, 6.	Noes, 3.
Sir J. Hanmer.	Sir Ferguson Davie.
Sir J. Trollope.	Mr. Noel.
Colonel North.	Mr. Percy.
Colonel Kingscote.	
Mr. Bellew.	
Sir J. Fergusson.	

[Adjourned to Friday, at One o'clock.

Veneris, 20° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Sir John Hanmer.	Mr. Bellew.
Sir F. Davie.	Mr. Percy.
Sir J. Trollope.	Mr. Peel.
Colonel North.	Colonel Boldero.
Mr. Noel.	Sir James Fergusson.
Colonel Kingscote.	

The Committee examined the Earl of *Cardigan*.

Dr. *Smith* having intimated, through a Member of the Committee, that he was desirous of being recalled with a view to further examination,

The Resolution of the previous day relative to the course of proceeding was read.

Motion made and question proposed (Mr. *Percy*), "That that Resolution be rescinded; but that the examination of Dr. Smith be limited strictly to matters of fact":—Question put, and agreed to.

Dr. *Smith* was called in, and informed accordingly.

Sir *John Liddell* was examined.

[Adjourned to Monday, at One o'clock.

Lunæ, 23° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Sir F. Davie.	Mr. Percy.
Sir John Trollope.	Colonel Kingscote.
Colonel North.	Mr. Peel.
Colonel Boldero.	Sir J. Fergusson.
Mr. Bellew.	Mr. Noel.

The Committee examined Major-general Sir *R. Airey*, Dr. *Andrew Smith*, and Mr. *Jackson*.

[Adjourned to Friday, 27th June, at One o'clock.

Veneris, 27° *die Junii*, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Mr. Percy.	Mr. Peel.
Mr. Bellew.	Sir John Trollope.
Colonel Kingscote.	Sir F. Davie.
Mr. Noel.	Mr. Leveson Gower.
Colonel Boldero.	Sir John Hanmer.
Colonel North.	

Resolutions proposed by Colonel *Boldero* were brought up, and read 1°, as follows:—

"1. With a view of insuring the active and most efficient treatment of the sick in the army, at all times (and particularly during active service), it is not only essential that the medical officers should be men of ability and of high professional qualifications, but that they should possess physical energy adequate to their more arduous duties. That the present regulations of the service do not tend to effect this.

"2. That a medical officer entering the service at a later period of life than his regimental brother officers, and having already spent much time and expense in the acquirement of his profession, is not placed in an analogous position with the latter, who at the same time, as a class, are possessed generally of far greater private resources. That the rate of promotion, during active service, tends to make the distinction between the two classes more obvious.

"3. That the long subordinate position of medical officers, and their consequent rate of pay, with their inferior means, compared with their brother officers, and the regimental distinctions of dress, do not tend to promote a feeling of confidence or responsibility, nor the respect from the soldier which is due to their professional qualifications.

"4. That many years' foreign service, which most medical officers undergo, must necessarily tend to lower the standard of their professional acquirements; hence it is necessary that such leave should be granted to them as will be sufficient to afford them an opportunity of acquiring an accurate knowledge of the more modern resources, discoveries, and inventions of their profession,—such precautions being taken as would guarantee that such time has been spent in gaining such information.

"5. That the numerous and multifarious extra-professional duties of the army surgeon, as regards hospital expenditure and stores, tend to consume too much of his time and attention, to the exclusion of the strict execution and prosecution of the study of his profession.

"6. Impressed by these considerations, it is proposed: That the retirement should be made compulsory after a certain period of service (30 years), and that the retiring allowance, at an earlier permissive period of service, should be such as will induce those who have spent the most effective part of their professional lives, not remaining in it, as too often happens, as a matter of necessity, and at the same time afford the chance of promotion to their junior brethren to the more responsible posts, for which their years and more recent professional education better qualify them.

"7. That the rate of pay which the subordinate medical officers at present receive should be increased, and their status improved, which would induce professional men of attainments to enter the service, and forego the prospect of the emoluments of civil practice; and, to ensure that these only may enter the service, the present army medical examination should be made far more stringent, or commissions alone offered to those students of the medical universities who had more particularly distinguished themselves during their curriculum of study.

"8. On entering the army the pay should be according to the subjoined scale, in a degree proportionate to the length of service:

Years' service	0	10	15	20	25
	s.	*s.*	*s.*	*s.*	*s.*
Pay	10/	15/	20/	22/	25/

Half-pay: Years	21	25	30 years (compulsory retirement).
	s.	*s. d.*	*s.*
Pay	15/	17/6	20/

Question, "That these Resolutions be read 2°," put, and negatived.

Resolutions proposed by the *Chairman* were brought up, and read 1°, as follows:—

"1. That the governing power of the Army Medical Department should be vested, as at present, in one individual, and not in a Board.

"2. That the Commander-in-Chief should exercise a more than merely nominal control over the appointments and promotions of the Director-general.

"3. That examinations for first entry into the Army Medical Department be competitive.

"4. That the rank of Staff Surgeon of the first class be abolished.

"5. That three years' experience as a regimental surgeon should be requisite before promotion.

"6. That the rules which guide promotion be published.

"7. That retirement be optional after 21, and compulsory after years' service.

"8. That facilities be given for the purposes of study in Civil Hospitals.

"9. That the rank, quarters, and allowances of Captain should be conceded to Assistant Surgeons above 10 years' service.

"10. That Army Surgeons should enjoy the full pay of each rank immediately upon obtaining it.

"11. That the pay of the Army Surgeons and Assistant Surgeons be increased, but that the amount of such increase be determined by the Executive Government, rather than by this Committee.

"12. That the relative positions of medical and combatant officers be not changed, and that the Army Surgeons be not made a more military body than at present.

"13. That the relative positions of the Purveyors and Medical Officers should receive the careful attention of the War Office.

"14. That the system of Confidential Reports should be placed upon the same footing with those relating to combatant officers.

"15. That the Committee agree with the recommendation of the Director-general as to leave of absence, honorary distinctions, funeral honours, retirements, and special services.

"16. That medical officers be placed upon the same footing with combatant officers as to the period of joining their regiments on appointment.

"17. That the institution of civil hospitals during the late war was absolutely necessary; that in those hospitals, as in military hospitals, the behaviour of the soldiers was exemplary; and their discipline uninterrupted, and that in the organisation of these hospitals no injustice was inflicted upon the army surgeons.

"18. That the system of dispensing now in existence in every hospital of the Household Troops be extended to the rest of the army, and that the pay of the hospital serjeant and military dispenser be increased so as to make these responsible positions boons to non-commissioned officers.

"19. That a body called the Hospital Staff Corps be organised, on the plan suggested by His Royal Highness the Duke of Cambridge and General Sir Richard Airey, and that its pay should be so much higher than that of the combatant soldier as to make his appointment to it an encouragement for good conduct.

"20. That the standard of comforts at Haslar Hospital be extended to the general hospitals of the army; that accommodation for sick officers be provided in them, and that a Military Lunatic Asylum be provided, similar to that at present in existence at Haslar for the Navy.

"21. That the question of hospital stoppages must be left to the discretion of the Horse Guards and the War Office.

"22. That ships for the conveyance of medicines and medical comforts should at the outbreak of any future war be placed at the entire disposal of the head of the Army Medical Department, so as to avoid the want of medicines and medical comforts testified to by every witness from the East.

"23. That the deplorable result of the experiment of the Ambulance Corps constitutes a sufficient reason why that experiment should never on any account be repeated."

Resolution No. 1 read 2°.—Amendment proposed (Sir *J. Trollope*), "To leave out all the words after the word 'vested,' to the end of the Resolution, in order to add these words: 'In a Board composed of not less than three, or more than five medical officers of not less than 15 years' standing in the service'":—Question put, "That the words proposed to be left out stand part:"—Committee divided:

Ayes, 10.	No, 1.
Mr. Percy.	Sir J. Trollope.
Mr. Bellew.	
Colonel Kingscote.	
Mr. Noel.	
Colonel Boldero.	
Colonel North.	
Mr. Peel.	
Sir F. Davie.	
Mr. Leveson Gower.	
Sir John Hanmer.	

Another

Another Amendment proposed (Mr. *Bellew*), "To add at the end of the Resolution these words, 'Under certain restrictions relative to appointments and promotions hereinafter mentioned.'"

Question, "That these words be there added," put:—Committee divided:

Ayes, 2.	Noes, 9.
Mr. Bellew.	Mr. Percy.
Colonel Kingscote.	Mr. Noel.
	Colonel Boldero.
	Colonel North.
	Mr. Peel.
	Sir J. Trollope.
	Sir F. Davie.
	Mr. Leveson Gower.
	Sir John Hanmer.

Another Amendment proposed (Mr. *Peel*), "To add at the end of the Resolution these words, 'subject to existing control with regard to appointments and promotions'":—Question put:—Committee divided:

Ayes, 5.	Noes, 6.
Mr. Peel.	Mr. Percy.
Sir J. Trollope.	Mr. Bellew.
Sir F. Davie.	Colonel Kingscote.
Mr. L. Gower.	Mr. Noel.
Sir J. Hanmer.	Colonel Boldero.
	Colonel North.

Resolution agreed to.

Resolution No. 2, read 2°. Amendment proposed (Colonel *Kingscote*), "To leave out the words, 'a more than merely nominal,' in order to insert these words, 'the sole.'"

Question, "That the words proposed to be left out stand part," put, and negatived.

Question, "That the words, 'the sole' be there inserted":—Committee divided:

Ayes, 4.	Noes, 7.
Colonel North.	Mr. Percy.
Mr. Peel.	Mr. Bellew.
Sir J. Trollope.	Colonel Kingscote.
Sir F. Davie.	Mr. Noel.
	Colonel Boldero.
	Mr. L. Gower.
	Sir J. Hanmer.

Another Amendment proposed (Sir *John Hanmer*), "After the word 'exercise' to insert these words, 'conjointly with the War Department.'"

Ayes, 4.	Noes, 7.
Mr. Peel.	Mr. Percy.
Sir J. Trollope.	Mr. Bellew.
Mr. L. Gower.	Colonel Kingscote.
Sir J. Hanmer.	Mr. Noel.
	Colonel Boldero.
	Colonel North.
	Sir F. Davie.

Resolution, as amended, read, and agreed to.

Resolution 3 postponed.

Resolution 4.

Question put, "That this Resolution be now read 2°:"—Committee divided:

Ayes, 4.	Noes, 7.
Mr. Percy.	Colonel Boldero.
Mr. Bellew.	Colonel North.
Colonel Kingscote.	Mr. Peel.
Mr. Noel.	Sir J. Trollope.
	Sir F. Davie.
	Mr. Leveson Gower.
	Sir J. Hanmer.

[Adjourned to Tuesday, at One o'clock.

Martis, 1° die Julii, 1856.

MEMBERS PRESENT:

Mr. STAFFORD, in the Chair.

Mr. Bellew.	Mr. Peel.
Colonel Kingscote.	Sir John Hanmer.
Colonel Boldero.	Sir Ferguson Davie.
Colonel North.	

The Committee resumed the consideration of the Resolutions proposed by the *Chairman.*

Resolution No. 3, read and negatived, and the following Resolution brought up instead thereof:—"That the principle of general competition or of special examination in recognised medical schools be applied, as far as practicable, to admissions into the Army Medical Department," (Mr. *Peel.*) Read 1°, 2°, and agreed to.

Resolution 5, negatived, and the following Resolution in lieu thereof was brought up (Mr. *Peel*), and read 1° and 2°, as follows:—"That no medical officer shall be promoted to be staff surgeon of the first class until he shall have served a reasonable time as a regimental medical officer."

Amendment proposed (Colonel *Kingscote*), "To leave out the words 'a reasonable time,' in order to insert the words 'not less than three years'":—Question put, "That the words proposed to be left out stand part." Committee divided:

Ayes, 2.	Noes, 5
Mr. Peel.	Mr. Bellew.
Sir J Hanmer.	Colonel Kingscote.
	Colonel Boldero.
	Colonel North.
	Sir F. Davie.

Words inserted. Resolution, as amended, agreed to.

Resolution 6. Question put:—"That this Resolution be now read 2°. Committee divided:

Ayes, 4.	Noes, 3.
Mr. Bellew.	Mr. Peel.
Colonel Kingscote.	Sir F. Davie.
Colonel Boldero.	Sir J. Hanmer.
Colonel North.	

Resolution agreed to.

Resolution 7, by leave withdrawn, and the following Resolution brought up instead thereof:—"That retirement be optional after 21, and compulsory from regimental and second-class staff surgeon duty after 35 years' service."

Resolution read 2°.

Amendment proposed (Mr. *Bellew*), "To leave out the words 'from regimental and second-class staff surgeon duty'":—Question put, "That the words proposed to be left out stand part":—Committee divided:

Ayes, 6.	No, 1.
Colonel Kingscote.	Mr. Bellew.
Colonel Boldero.	
Colonel North.	
Mr. Peel.	
Sir F. Davie.	
Sir John Hanmer.	

Resolution agreed to.

Resolution 8, read 2°, amended, and agreed to.

Resolution 9, negatived.

Resolution 10, read 2°, amended, and agreed to.

Resolution 11, read 2°, amended, and agreed to.

Resolution 12, read 2°, and agreed to.

Resolution 13, negatived.

Resolution 14, agreed to.

Resolution 15, amended, and agreed to.

Resolution 16, negatived.

Resolution 17, negatived.

A Resolution

A Resolution in lieu thereof was brought up (Mr. *Bellew*), read 1°, 2°, and agreed to, as follows:—"That as it has been stated to this Committee that the supply of medical officers was insufficient during the late war, the establishment of civil hospitals may have been necessary; but your Committee think the recurrence to such alternative may be avoided for the future."

Resolution 18, negatived.

The following Resolution was brought up (Mr. *Peel*):—"That a person duly qualified to compound medicines, and attested for military service, should form a part of the medical establishment of every regiment; and that those persons should be selected either from the Medical Staff Corps, from the ranks of the regular Army, or from the orphan sons of soldiers, educated at the Military Asylum; that they should be regularly trained and educated with a view to the duties to be discharged; and that no one shall be considered eligible for employment until he has given proof, on examination by a Board, that he may, with safety to the sick soldier, be entrusted to compound the medicines to be administered to him." In lieu thereof, read 1°, 2°, and agreed to.

Resolution 19, negatived.

A Resolution in lieu thereof was brought up, read 1°, 2°, and agreed to, as follows:—"That the Medical Staff Corps, which was raised for service during the late war, shall continue a part of the peace establishment; and that it is desirable it should be recruited from the ranks of the Army, provided volunteers offer in sufficient numbers, possessing requirements deemed essential to qualify for the particular service on which this corps is to be employed."

Resolution 20, read 2°. Amendments made. Amendment proposed (Colonel *North*), "To omit the word 'general'":—Question, "That the word proposed to be left out stand part," put, and agreed to.

Resolution further amended, and agreed to.

Resolution 21 read 2°, amended, and agreed to.

Resolution 22, negatived.

A Resolution in lieu thereof was brought up (Mr. *Bellew*), read 1°, 2°, and agreed to, as follows:—"That at the outbreak of any future war, separate transport should be provided for the conveyance of all medical stores; but Your Committee leave the minor arrangement of detail to the Executive."

Resolution 23, negatived.

An additional Resolution was brought up (Mr. *Stafford*), read 1°, 2°, and agreed to, as follows:—"The Committee in the course of its inquiries have had immediately brought before them the admirable manner in which the Army and Civil Surgeons have performed their duties in the East, and Your Committee are glad to take this opportunity of recording the high opinion they entertain of their merits."

Ordered, That these Resolutions, together with the Minutes of Evidence, be the Report of the Committee to The House.

[To report.

EXPENSES OF WITNESSES.

NAME of WITNESS.	Profession or Condition.	From whence Summoned.	Number of Days absent from Home under Orders of Committee.	Expenses of Journey to London and back.	Allowance during Absence from Home.	TOTAL Expenses allowed to Witness.
				£. s. d.	£. s. d.	£. s. d.
Dr. Burrell - - -	Physician - -	Near Exeter -	6	5 - -	18 18 -	23 18 -
Mr. Grant - - -	Gentleman - -	Brighton - -	1	1 9 -	1 1 -	2 10 -
Mr. Dartnell - - -	- - - -	Chatham - -	1	1 1 -	1 1 -	2 2 -
					£.	28 10 -

LIST OF WITNESSES.

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MINUTES OF EVIDENCE.

Jovis, 1° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.
Sir John Trollope.
Mr. Bellew.
Colonel Boldero.
Sir Henry Davie.
Sir John Hanmer.
Colonel Kingscote.
Mr. Leveson Gower.
Mr. Legh.
Mr. Noel.
Colonel North.

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

Andrew Smith, Esq., M.D., called in; and Examined.

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1. *Chairman.*] WILL you state what is your office?—Director-general of the Army and Ordnance Medical Department.

2. How long have you held it?—I have been chief of the department for five years and three months, but only Director-general for about three years.

3. Were you engaged in any way as chief of the department before you became Director-general?—Yes, I was virtually Director-general before, but under a different name. I was the superintendent of the Army Medical Department from the 7th of February 1851 to the 25th of February 1853.

4. Was that during Sir James M'Grigor's time?—No, I succeeded Sir James M'Grigor.

5. How long were you under Sir James M'Grigor?—Six years.

6. What had been your experience before that as an army surgeon?—I had been 30 years in the service before that.

7. Had you been in the service abroad as well as at home?—Yes, I had been 19 or 20 years abroad as a medical officer.

8. In what parts of the world?—In Canada, Nova Scotia, the Mediterranean, and the Cape of Good Hope.

9. Will you state any changes that have taken place in that department since you became Director-general, that is to say, any changes previous to last year?—Until the time of the war no changes whatever had taken place in reference to the organization of the department.

10. Will you state what changes have taken place since the commencement of the war?—Since November 1854, greater powers were given to me than I ever possessed before. Since the 23d of November 1854 I have received some increased powers.

11. In what form were those powers given to you; what official documents had you conferring upon you those additional powers?—Nothing but a letter from the War Department, to state that in conformity with my suggestions I should be allowed to employ some ships in the way that I proposed for the conveyance of medical stores.

12. At what time did you propose the employment of those ships?—As early as March or April, before the war was declared; immediately after the forces were sent to the East.

13. You made a proposal to have some ships placed at your disposal?—Yes, with a view to carry the stores of the Medical Department direct to the place where they were intended to be used.

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14. And that proposal you made in March 1854?—I cannot state exactly the date.

15. Can you put in the correspondence upon the subject?—I think I could put in the correspondence upon the subject, pointing out my wishes.

16. And the letters of the War Office complying with them?—Yes; it was not exactly the same thing that I asked in the early part; what I asked was, that all my stores should be sent in ships going out there, and that they should be accompanied by officers of the department, and in order to secure their being properly landed afterwards, I proposed that I should have ships allotted to myself, and be allowed a supercargo with each ship. There was a second proposal about September or November, and it was conceded in November, with the exception that I did not get a supercargo.

17. But no notice was taken of the first application in March?—No specific notice; they assisted me as far as they could in letting my stores be put in particular ships when it was practicable; but they did not invariably do it.

18. Colonel *North*.] Did they give any reason for that?—Yes.

19. *Chairman*.] The War Office has undergone extensive changes since the accession of the present Government to office, of which an outline was given by you in the summer of 1855; before that, you stated that you were obliged to serve five masters; was not that the phrase you used before a previous Committee?—No; I named my five immediate superiors.

20. Has your position been simplified by the recent changes in the War Office?—Very materially.

21. Will you state how?—I have now only to obey the orders of Lord Panmure and the Commander-in-Chief, therefore I have only to do with two public functionaries instead of having to do with five.

22. You communicate directly with the Secretary of State for the War Department and the Commander-in-Chief?—Yes; with the Commander-in-Chief in matters relating to the effective force, and upon all general matters, with the Secretary for War. With reference to medical officers required for regiments, and medical officers required to be removed from regiments, and recruiting, and all such matters as those, I communicate direct to the Commander-in-Chief.

23. What official documents have you notifying those changes to you?—I do not think I have any official document beyond the working of the department; finding that all letters are addressed to me now, either by the Minister for War or by the Commander-in-Chief, I only reply to those letters. It is merely by the working that I know it.

24. Having ceased to correspond with three of those masters whom you mentioned to a previous Committee, you have now only to correspond with two, and you find that arrangement in actual operation, but you have had no official communication to you, to state to you when it was adopted?—I would not like to reply to that point without ascertaining the fact, because it is a point that did not occur to me. I may have had some letters from time to time stating what I was to do in reference to certain things, but I have had no general letter that told me distinctly the changes. It was only by the operation that I became aware of the change, and from conversation.

25. And that change has been in existence since June or July last?—Before that, I should think, to a certain extent. It was in operation in January 1855, but not to the same extent as at present; but certainly, on the accession of Lord Panmure, it became then immediately operative.

26. Soon after the present Government took office, the Prime Minister stated in the House of Commons that it was the intention of the Government to form a Medical Board; were you consulted on that subject?—I was not consulted. I was told by Lord Panmure, in February 1855, that it was the intention of the Government to reorganise the department and form a Medical Board.

27. You were not consulted upon that question?—I was only told it.

28. Sir *J. Trollope*.] Can you tell the Committee why that resolution has not been carried out; did you offer any obstacle to it?—No. I must go further, in order that I may be understood. At the same time Lord Panmure mentioned to me that a civil element was to be introduced into the Board, upon which I asked what was meant by the civil element to be introduced into the Board; and when it was mentioned to me that it was a civil surgeon, then my remark was, "Then, my Lord, I wish to retire."

29. *Chairman*.] Lord Panmure communicated to you, not only that it was the

the intention to form a Board, but that a civil element was to form a portion of it?—Yes.

30. Colonel *North.*] Did you understand by that that the civil element was to be introduced into the Board only during the continuance of the war, or that it was to be a permanent arrangement that civilians were to be mixed up with the military part of the Board?—I fancied it to be a new organization of the department, and that it would be continuously the case.

31. Mr. *Bellew.*] You of course felt considerable interest in these changes in your department?—I felt that I could not serve under these circumstances; that was the only thing I felt about it. When I was told that a civil element was to be introduced I asked to retire.

32. You were opposed to the introduction of a civil element?—I was opposed to the introduction of a civil element, and equally opposed to the constitution of a Board.

33. You said just now that you are under the orders of both Lord Panmure and the Commander-in-Chief; is there any distinct classification of subjects upon which you consult one authority or the other?—Yes; it is distinctly understood.

34. Besides the understanding, is there any document that we can refer to upon the subject?—No. Upon all matters connected with the force of the army, and connected with the discipline of the army, Lord Hardinge is the person I have to consult and to address; and upon all matters connected with money matters, and the carrying out the general duties of the service, Lord Panmure.

35. Sir *J. Trollope.*] You are aware that a civil element has been introduced into the service abroad in the organization of the hospitals?—I am not; I do not think there is such a thing.

36. Have there not been medical gentlemen employed who were not holding military commissions?—Only at Scutari and Kululee.

37. In our service in the hospitals in the East have there not been civilians employed?—There have, at Scutari and Kululee.

38. Were you opposed to their introduction into the service?—No, I cannot say that I was; for this reason, that we required for the service of the army in the East more medical officers than we actually had, or could get, from our foreign colonies in sufficient time; and therefore I saw, that for the sake of humanity, it was desirable that we should even engage and employ a certain number of civilians to make up the number necessary.

39. And you did so encourage their introduction?—I did so; I proposed the thing myself as regarded Smyrna.

40. And Renkioi?—No; I had nothing to do with Renkioi.

41. It did not suggest itself to your mind that you might obtain the number that you required by the promotion of senior regimental medical officers, and so increasing the young men in the subordinate ranks?—We could not get young men. Another thing was, that the promotions were very rapid; young men were coming to be promoted at a very low standing; we were coming down to nearly five years' service.

42. Colonel *North.*] Do you now approve or disapprove of the introduction of the civil element into a Military Medical Board?—I decidedly disapprove of it.

43. Sir *H. Davie.*] Did you tender your resignation on account of ill-health, or from what cause?—Not on account of ill health, because I had no fear of being unequal to the work, but on account of being threatened with the introduction of the civil element.

44. What effect would that have produced upon the officers serving in the Army Medical Department?—I cannot presume to say what effect it would have had.

45. *Chairman.*] But you can state the reasons of your objection, which induced you to tender your resignation in the event of that plan being persevered in?—In the first place, I considered it disrespectful to myself; and, in the next place, I considered that the civil element could have no knowledge of what was necessary for the Medical Department of the Army, and that it would only be a drag upon the others who had to work the system.

46. Did Lord Panmure, or whoever communicated the intention of the Government to you, state the number of which this Board was to be composed?—No, he did not.

47. You did not know whether it might be three, or five, or seven?—I assumed that it would be three; in conversation I always spoke on the assumption that it was to be three.

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48. And in the proportion of one to two, you objected to the introduction of a civil element?—Yes, that was one reason why I objected to it; another reason was, that having acted as Director-general, during three years at least, and had experience during five years, when Sir James M'Grigor was in such a state of health that I had to do many of the duties, I felt that I actually had been doing those duties for eight years, and that I had done all, as far as I was allowed to do them, and I felt that constituting a Board was as much as saying to me that I had not done efficiently the duties. I did not wish to be one of the members of the Board after having been the head.

49. Then you tendered your resignation, not because a civil element was proposed to be introduced, but because the Board was constituted at all?—It was the proposal to introduce a civil element that induced me to ask to retire; I said nothing about resigning until that was proposed.

50. But you would have considered the institution of any Board a slight upon you?—Certainly.

51. Sir *J. Trollope.*] Did not you give another reason before another Committee last year, namely, that the state of your health would not have permitted you to carry on the heavy duties imposed upon you at that time?—I do not think I did; the question was put to me, and I stated that I had not been required by the Government to resign in consequence of my health, but that my medical attendant, seeing that I was suffering so much in health, and that my duties were so onerous, advised me, as soon as I could consistently, to give up my appointment; but I did not give that as the reason why I resigned.

52. But you had been so advised by your medical attendant?—Yes; but I did not act upon the advice of my medical attendant.

53. Does that state of health still continue, or are you able to carry on your duties at this time?—Perfectly able.

54. Sir *H. Davie.*] Are we to understand that you resigned solely on account of a personal feeling, and not because you thought the service would be injured by the plan proposed?—No, I thought the service would be injured.

55. I asked you what effect it would have upon the Medical Department of the Army, and you said you could not tell?—I could not answer what effect it would have; I could answer what effect I thought it would have; it would have been injurious, in my opinion, but I am not sure of it.

56. When was your resignation tendered?—I think it was on the 25th of February 1855.

57. *Chairman.*] Had you any further communication upon the subject with the Government, or did the subject drop there?—No, I had no official communication with the Government beyond that.

58. They never told you that they had determined to withdraw the plan of a Board?—Yes; I think it was mentioned to me on one occasion that they had determined not to introduce the civil element.

59. And not to constitute a Board?—I do not think anything was said about the Board; to which I replied, "Then my cause of objection is removed."

60. Sir *H. Davie.*] But you did not consider the conversations that passed as anything in the shape of consulting you as to the propriety of introducing a civil element?—On the occasion I did not consider it as such; but subsequently I was authorised by Lord Panmure to propose a new organization for the office, which I did.

61. *Chairman.*] Did you submit that in writing?—Yes.

62. Can you put in a copy of it?—Yes; I ought to say that I stated to him the necessity of a new organization, as it was not intended to carry out the arrangements originally proposed; and in reply, I got authority to propose a new organization.

63. Which proposition you will put in to the Committee?—I will do so.

64. Were those propositions complied with?—Not altogether.

65. Have you any suggestions further to make with regard to alterations in your office?—None; I think it is complete as it exists at present.

66. You mean complete as connected with the War Office and with the Horse Guards?—Yes, and the organization of the office itself is efficient for all purposes, in time of peace and in time of war.

67. Are you prepared to state that you think that no further modifications or alterations with reference to the Medical Department of the Army are desirable;

sirable; for instance, as to the financial arrangements are you satisfied with their position?—No; there are points that I think might be improved as regards that, but those are in progress of change; they have not been completed; but many changes have been effected of late, and others are in progress.

68. Will you state what changes you wish for now. Take the case of finance. Have you discretionary power sufficient with regard to finance?—I think not; I think, as the head of the department, I ought to have a little more power to incur expense when it is absolutely necessary, the Government holding me responsible that I apply the money in a proper way.

69. Will you state what powers you have now?—At present there is a modification, in consequence of the powers given me during the war. Whether that modification will be allowed to continue or not is a question. At the present moment I can order a great variety of things, to the extent even of 7,000 *l.* or 8,000 *l.*, and that will be allowed by the War Office. But I presume that that power was only given at the time of the emergency, and that it will be withdrawn, and that things will return to their original form.

70. What official document have you giving you that increased power?—I have a letter telling me to purchase all medical comforts myself that are necessary; and I have been allowed to purchase them.

71. Does that letter fix a date to such power, or is it indefinite?—It is indefinite; but the necessity for it will not exist when the army is withdrawn.

72. Does your power only extend to purchasing articles for consumption for the troops in the East?—Yes.

73. Is it definitely stated as referring to the troops in the East, or is it general?—To a certain extent it is general; but I was given to understand that it was applied to the army in the East; and as a proof of that I may mention, when I sanctioned some purchases being made at home, I was asked upon what authority I sanctioned them. My reply was simply, upon the general authority which had been given me, and that it was a case of emergency, and would not admit of the delay of making a regular application to the War Office, and that I had taken upon myself to make the purchase. The reply to that was, that in such cases as that I might continue the practice. Therefore I inferred that in all cases not of great emergency I was not authorised to do it.

74. Can you, as an illustration, state to the Committee the particular case to which you refer?—I think the case to which I refer, was the having authorised the purchase of five or six drip-stones (filtering machines) for the use of the camp in Aldershot.

75. Colonel *North*.] Then, in point of fact, you do not feel authorised to order that sort of thing without going through the old form?—No, unless injury would result from the delay.

76. According to the old form, what forms would you go through?—I would now have to address the Minister for War, and the letter would be transferred to the Secretary at War, who would judge of the propriety of the demand; and if they concurred with me in the propriety of it, they would sanction my taking such steps as to accomplish my object.

77. *Chairman*.] That you think too circuitous a route?—I think it is, and it is too stringent; I think I ought to be able to judge.

78. Mr. *Noel*.] You think that in time of peace you ought to have the same power that you have now?—Yes.

79. *Chairman*.] Is there any other instance that you can give?—I cannot call to mind any other.

80. Will you put in the letter giving you the additional power which you now exercise?—I will do so.

81. Colonel *North*.] I believe the Ordnance Medical Department is now entirely under your charge?—It is.

82. Formerly you applied for certain things to the Ordnance Department; do you now order those things by your own directions?—I can order nothing by my own directions; I address the department from which I wish for anything; for example, if I want stores to equip an hospital, I address the Director-general of Stores, and I get them, which is shortening the former course very much; formerly, if I wanted those stores, I had to make out a requisition, and address the Military Secretary; the Military Secretary addressed the Board of Ordnance; the Board of Ordnance sent a letter to the Tower to supply them; and then, perhaps, it happened that the Tower had not got them; the Tower then had to

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report back to Pall-Mall that they had not got them; and Pall-Mall reported to the Commander-in-Chief that they were not in possession. Then the Commander-in-Chief informed me, and I had to substitute something else. At the present moment there is nothing of that kind; I address directly the Director-general of Stores, and if he has not got what I want he writes back and tells me. In that way the labour is diminished very considerably.

83. Supposing you wanted a particular thing, should you be obliged to accept some other thing which you did not want, because they had not it?—Not if I considered that that other thing would not answer for the purpose; but sometimes one thing can be substituted without any inconvenience for another. I do not mean to say that I would substitute one thing for another unless I could be assured that it was equally effectual.

84. Mr. *Bellew.*] Can you lay before the Committee the correspondence relative to the drip-stones which you mentioned?—Yes. I will place the correspondence before the Committee; I am not sure whether it was drip-stones.

85. *Chairman.*] Have you now fully stated the financial inconveniences to which you are subject, and the alterations which you desire in that respect?—I have stated them in general terms, not at all in detail; my own idea is, that a certain sum of money ought to be placed to my account, and that I ought to be responsible for the spending of it. In all trifling things, such as may cost 5*s.*, or 6*s.*, or 10*s.* I should be able to order, and the Government would hold me responsible for exercising a proper discretion. If they did not consider that I had exercised a proper discretion I ought to be informed that I had not, and called upon to render good reasons, and if I could not render good reasons then surcharge me.

86. Have you any idea as to the sum that you think ought to be so placed to your account?—£. 4,000 or 5,000 *l.* in a year.

87. Colonel *North.*] Would not it frequently occur that applications would be made to you for articles, which, if you had this money placed to your account, you could obtain, and supply for use immediately?—That is exactly the point; those articles are asked of me for immediate use; as the system at present exists, I must write and ask permission to authorise the purchase of those, or to obtain them; there is no doubt that that representation will obtain me that permission, otherwise I am useless; but still there is a delay which might prove disadvantageous.

88. Do you generally get an immediate answer to your applications?—If I address a letter as "Immediate," I would get an answer probably the following day. In time of war, I got it in two or three hours sometimes.

89. *Chairman.*] Have you, for example, in case of a sudden outbreak of fever, authority to purchase the medicines that are necessary, or in the case of an outbreak of ophthalmia, to order that the walls should be made green, or in case of a sudden outbreak of gangrene, have you authority to purchase whatever may be immediately required to provide for it?—No; those are especially cases in which this discretionary power is required; for instance, if I wanted a hundred basins for hospital gangrene breaking out, the ordinary proceeding is, to apply to the barrack-master at the station. The barrack-master has not got them; the barrack-master is then considered to refer to Pall-Mall for them. Then the medical officer, if he is exceedingly anxious for them, might apply to me, and I must go to Pall-Mall to get authority to purchase those; whereas had I such a power, I could at once purchase them in the best market.

90. And you think that a sum of 4,000 *l.* or 5,000 *l.* a year would meet all those difficulties?—Yes, I should think less than that, probably.

91. Sir. *H. Davie.*] Do you think that the power which you would suggest to yourself, with regard to expenditure, should be possessed also by the chief medical man in charge at the great hospitals at Chatham, Woolwich, Plymouth, and Portsmouth?—No.

92. You would not give them the power of purchasing comforts for the sick?—If you do you lose the responsibility. Your money may be spent, and the country will have to pay the money without sufficient responsibility. I think if it was placed in the hands of the chief of the department, whoever he may be, that would be sufficient.

93. Do not cases of emergency arise frequently, of sickness, for which some comforts are necessary, which cannot be supplied under two or three days by the official mode of transacting business?—I do not think that in a case of

that kind the Government would offer any objection. If I was the head of the Hospital Establishment at Chatham, and I saw something exceedingly emergent arise, and that within two or three hours a certain thing was necessary, I would not hesitate purchasing it upon my own responsibility, nor would anybody.

94. *Chairman.*] But now the medical officers are responsible to you, and you to the War Department, and though you might approve the expenditure, the War Department might not?—The War Department might not.

95. What you propose is, that your decision should be final in such cases?—Upon certain matters; because, practically, the War Department does almost always approve of my recommendation in reference to these matters; only delay arises in consequence.

96. Are you satisfied with your power over the medical officers of the army, with respect to the arrangements and changes which you think it your duty to make, with reference to their competency for their duties, or are you at all fettered or restrained in that respect?—No, I am not at all fettered.

97. Mr. *Bellew.*] You are satisfied with the power you have over the discipline of the medical officers?—Quite.

98. You have the power of changing them from one place to another?—Yes, I have the power of changing them, but, for necessary reasons, I cannot take a medical officer away from a garrison, without first making it known to the commanding officer of that garrison, because he is responsible for every person in that garrison, and if I were to take one away without giving him notice, things would get into confusion; therefore, if I want to take a man away from Chatham, for example, I write to the medical officer there to state to the commandant that I wish to take away that man, and it is instantly done.

99. He has the power of refusal in that case?—He has, but no person will refuse; it is a thing understood in the service; it is merely to give him the knowledge that he ought to possess, being in command of the garrison, so that when he supposes he has 96 officers under his command, he should not of a sudden find that he has only 94.

100. You do not at all object to that?—No, I think it is right.

101. Colonel *Boldero.*] In whose hands rests the power of promotion?—It rests in the hands of the Commander-in-Chief.

102. By your recommendation?—By my recommendation.

103. *Chairman.*] Does the Commander-in-Chief ever refuse your recommendation?—He never has.

104. On no occasion, since you have held the office you now hold, has the promotion of a medical officer whom you have recommended been refused?—No; but officially, I think once or twice, I have been asked a question respecting the recommendation.

105. But it always resulted in the adoption of your recommendation?—Yes.

106. Does the War Office ever take the initiative, and recommend a medical man for promotion?—No, that would be contrary to what I understand to be the rules of the service; the initiation must be taken by me.

107. And it is always so?—Yes; any authority wishing to have a person recommended would probably mention to me the wish, and if I saw no reason why it would not be right and proper for me to recommend the man, I would put it forward as if originating with myself, but that is the course I must take.

108. Colonel *Boldero.*] What is the general rule in recommending an assistant surgeon to be made a full surgeon?—The senior is promoted invariably, unless there is anything in the senior that renders it improper that he should be advanced.

109. Sir *J. Trollope.*] Have you observed that rule also in other cases of promotion in the higher ranks?—No; the established rule with regard to them, is selection.

110. Are you responsible?—I am responsible; that is to say, thus far, that I am the officer to select; I select from those officers that are best recommended by the principal medical officers of stations. I receive yearly, sometimes oftener, from the principal medical officers of large hospitals, or commands, reports in reference to the medical officers who have done duty under them, stating those that had been efficient, and those that had not; those that had been indolent, and

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those that had been active; also the qualifications of all in every other respect. When a promotion is to take place, if I feel it necessary to recommend a surgeon to be made a staff surgeon, I call for the confidential reports for three or four years with reference to the officers; I always begin with the senior; read the reports respecting him; and if I see anything unfavourable I pass to the confidential reports of the next man to him; and if the difference is very marked between the men, my duty, if I act conscientiously, according to the existing regulations of the service, is to pass over the first and to select the second; but if there is nothing against the first, then decidedly he has the additional advantage of seniority, and therefore he is selected.

111. I will put an instance to you: you recollect probably the promotion of Staff Surgeon Reade, who came home from Bulgaria a year or two ago, and received an appointment from you at Chatham, you appointing him over a number of other surgeons' heads. At that time did not he pass over at least 15 surgeons, when you promoted him to be a first-class surgeon?—I do not think he did; Mr. Reade was in England, and a vacancy arose at Chatham, and therefore the senior in this country was the person properly eligible to be appointed. He was the senior in this country at that time.

112. You believe him to have been so?—He was the senior at that time in this country eligible for promotion.

113. He had come home on the plea of ill health, had he not?—He had.

114. I think in two other cases also you promoted gentlemen on the plea of ill health; did not you appoint Dr. Dumbreck when he came home?—I took him as my own professional assistant in the office.

115. Does he still hold that appointment?—Yes.

116. Was that a promotion to him?—No.

117. He got no higher pay, and no rise of rank in the service?—No; but I must remark that, as Director-general, I have the same discretion allowed me as a general officer commanding abroad, who is always allowed the discretion of exercising his own judgment in selecting his own staff, and I naturally took a man that I had confidence in.

118. Did you appoint Dr. Menzies to the camp at Shorncliffe on his coming home?—I did.

119. Were you aware of the way in which he managed the hospital at Scutari when he was there?—I was.

120. Were you satisfied with his management?—Not at Scutari; though I was not so dissatisfied as the world generally was, because I found that difficulties were thrown in his way that he could not overcome, though he made endeavours to overcome them, and I did not consider that Shorncliffe station could possibly present the difficulties that Scutari presented.

121. But still at Scutari he was the chief medical officer in charge of the hospital?—Yes.

122. And you apprehended that there would be no difficulty in his discharging the duties at Shorncliffe, because they were not so heavy as in a foreign hospital?—There was none of the same description of duties.

123. Would he have been competent to the duties if a state of sickness at all approaching to that at Scutari had broken out in the camp at Shorncliffe?—Clearly.

124. There was nothing in his conduct abroad that disqualified him for immediate employment at home?—No; the only thing I found fault with him at Scutari for was a want of moral courage to take the necessary steps to get the stores from Varna. If he had had sufficient moral courage, he might have gone and said to the Admiral, who refused to give him a vessel to bring them down, "If you will not give me a vessel, I will take all the responsibility upon myself; and will engage a steamer though it cost 20,000 *l.*; I will run all risks." That is what I should have done myself; that is the principal point on which I found fault with his character, want of moral courage. Now no such moral courage was required at Shorncliffe, because a telegraph message to myself, if anything had happened, could easily be sent.

125. Colonel *Boldero.*] Had you not occasion in consequence of the war to lower the qualifications of your candidates for entrance?—We did not get so high a class of men latterly as we used to get before, but I never took a single man who did not produce evidence of being fully qualified to practise his profession.

126. Can

126. Can you send to the Committee the qualifications required for a candidate upon his first examination?—Yes.

127. Mr. *Noel.*] Is Dr. Menzies at Shorncliffe now?—No.

128. What is the reason of his being removed?—No special reason whatever, except that a senior officer in rank and service came home, and Mr. Menzies was relieved, doubting whether he should be sent on foreign service or not; he had been longer at home than the man who has now gone to Shorncliffe.

129. That is the sole reason of Dr. Menzies being removed?—The sole reason.

130. *Chairman.*] Is it the usual practice that when a senior comes home, he relieves a junior in a position like that?—It does not follow as a matter of necessity; but every man coming home from foreign service feels that he has a right to a certain time of home service; and if the person at home has been any length of time at home, it is generally considered an act of justice to give the officer coming from a foreign country home service for a time.

131. Sir *J. Trollope.*] Do not you consider the circumstances under which gentlemen have come home when you give them these appointments, having regard to whether they have come with credit?—I would give no man an appointment who was not qualified for the appointment.

132. Sir *H. Davie.*] Does Dr. Reade still remain in the appointment at Chatham?—Yes.

133. Has no senior officer come home since he got that appointment?—Yes, I think several; but I considered Dr. Reade specially eligible for that appointment, and that I should do an act of injustice to the public service were I to remove him.

134. Sir *J. Trollope.*] You spoke just now of a man whom you thought deficient in moral courage. Are you aware whether Dr. Reade was considered deficient in that necessary virtue in Bulgaria?—Perfectly aware.

135. Was it not the case, that in consequence of that want of moral courage he was so alarmed at the progress of the cholera that he sent in his resignation?—Yes; I am not aware of that. The bravest men in bad health are often the greatest cowards. Dr. Reade had experienced severe domestic afflictions. He was first called to my attention by a most dexterous operation which he performed in Corfu; no medical man durst attempt it but himself, and he performed it successfully, and restored the sufferer to health. That case was reported to me, and when the war was imminent, I ordered Dr. Reade, in consequence of having heard the statement of the manner in which he had performed that operation, to be prepared to join the army directly. His wife was very ill at the time, and he was very much disinclined to go. He asked permission of the Commander-in-Chief of the Ionian Islands to come home, to endeavour to get off going. He came home. I told him, "I cannot let you off; it would be injustice to the service, after the manner in which you have been described as having operated, if I were not to compel you to go. I regret your wife's sickness, but that cannot be brought into competition with the interests of the public service." He went back again to go. On his arrival at Corfu, he found that he had lost one, if not two, of his children during his absence, and his mind was thus excited and weakened at finding that he was compelled to go to the army. He went on, but he was labouring under sickness and excessive mental agitation. A Deputy Inspector-general of hospitals gave an opinion that that was the cause of the man's timidity and the man's incapability at the moment of doing any duties. However, he was not allowed to come home, until he resigned. Therefore, he sent in his resignation. When he came home to England, Lord Hardinge referred the case to me, and desired to know whether I thought his resignation ought to be accepted. Knowing the man so well, and what he was able to do, I wrote that I did not think it ought to be accepted till further inquiries were made; that Mr. Reade had served 15 years, and it was just possible that his state of bodily health rendered him unfit for his duties. I thought it was a great hardship to throw a man with six children upon the world, and I delayed till he came home. When he came home, I got his explanation, and I found that he was really sick. He was granted a short leave. Then I ordered him to Chatham for a time, and when a vacancy arose, for an officer to take charge of a certain portion of the sick and wounded arriving from the Crimea, I did not feel that I could lay my hand upon a fitter man than himself.

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136. And he has done the duties satisfactorily?—Every letter from the chief medical officer at Chatham has been in commendation of him.

137. Mr. *Noel.*] Were you perfectly satisfied with the conduct of Dr. Menzies during the whole time he was deputy-inspector at Shorncliffe?—There was nothing that he did that was very faulty.

138. There was nothing against him that caused his removal from Shorncliffe?—I did not remove him from Shorncliffe in consequence of anything against him.

139. Then we are to understand that there was no cause whatever for dissatisfaction with him?—I was not perfectly satisfied that he did the duty as well as he might have done; but there was nothing sufficiently defective in what he did to warrant me in removing him, if it had not been for the purpose of placing there a man of long service, and also of allowing Dr. Menzies to go abroad.

140. *Chairman.*] The troops under Dr. Menzies' care at Shorncliffe were chiefly Germans?—They were all Germans, and treated by German medical officers, who could communicate with the patients in German.

141. Was Dr. Menzies a German scholar?—No; but most of the German medical men could speak a little English, and I desired him to attach to himself a surgeon who could speak English; and the duties were performed in that way for a certain time. Until the Germans were ordered to embark for Scutari there was a German deputy-inspector there, Dr. Freund.

142. At what time was Dr. Freund appointed there?—When they commenced to form the Legion.

143 Did he reside there at first?—He resided with me in the office at first, to assist in getting medical officers from Germany. As soon as he had completed that, I sent him to Shorncliffe; and there he remained till three of the regiments were sent out, when it was necessary to send a superintending medical officer for them.

144. Are you satisfied that, during the time of the German Legion being at Shorncliffe, there was no difficulty experienced from want of interpretation, or means of communication between the patients and the assistant surgeons, and between the assistant surgeons and Dr. Menzies?—I am not aware of any. There was an outbreak of cholera in 1855, and during that time the duties were exceedingly well done; and during that time they were under the superintendence of Dr. Menzies.

145. Mr. *L. Gower.*] Has Dr. Menzies had any appointment subsequently to his appointment at Shorncliffe?—No, he is not employed on any duty at present, in consequence of the reductions about to take place; I consider that he will come within those reductions, and therefore I have not employed him in any way.

146. Mr. *Legh.*] I understand you to say, that the appointments of medical officers on home service are not permanent at all, but are, in fact, on good behaviour?—No; it is generally understood that a person appointed at the head of a hospital establishment at home, will be left there three years.

147. But I understand you to say that he is always liable to be removed upon the return home of another officer?—No, I do not think, generally speaking, that would have any effect.

148. Still he would be removable, without its being considered that he was ill-treated in any way upon the arrival of another officer from foreign service, according to your discretion?—Clearly. It would be in this way: if another officer arrives from foreign service, as we have never more officers than we actually want to do the current duties, then the foreign station will become vacant by the arrival of the officer in this country; and to supply the station I should have to take a person who was serving at home, and send him out to do so.

149. Then an officer who had been appointed to a hospital under the idea of remaining there three years, would be removed under those circumstances?—Yes.

150. Do you think that that is conducive to the advantage of the service?—No, I do not. I should advise that we should have an extra number of officers, which would admit of a man coming home, and my sending another, without removing those at home until their periods of service had been completed.

151. As long as the present system exists in that respect, you do not think it is encouraging to the profession?—No, I do not.

152. Colonel *North.*] If a vacancy occurs upon a particular station, say the West Indies or the Mediterranean, do you, in filling up that appointment, take into consideration the seniority of the medical gentlemen generally, or do you select from the station where the vacancy occurs?—In all death vacancies the regulation is, that the senior medical officer upon the station gets the vacancy.

153. Mr. *Bellew.*] Can you give the Committee any instance of a regimental medical man having been reported, either by the commanding officer or other person, for professional incompetency; and how those cases (if any have arisen) were treated by you?—Several commanding officers have reported that the medical officers were not such as they could wish, but no power rests with me of removing the officer; it must be decided by a court-martial before he can be removed.

154. Supposing a colonel prefers a charge of incompetency against a medical officer, either from physical or mental causes, would the court-martial trying the case consist of medical or of military officers?—A court-martial must be of military officers. There may be a Board of inquiry of medical officers, which would be the case most likely. Supposing there is any decided case reported by the commanding officer of a surgeon being incompetent to his duties, either from mental or physical defects, the course I would pursue would be to write to the principal medical officer of the command, and require him, either by himself or by means of a Board, to inquire into the complaints made against the officer.

155. Can you give us any instance in which such a line of conduct has been pursued upon your part?—There have been several instances; I have known cases.

156. Resulting in a dismissal?—Resulting in the officer being placed upon half-pay.

157. *Chairman.*] Do you ever degrade a medical officer by placing him at the bottom of the rank, or placing him in a lower rank?—Courts-martial have occasionally done so; I cannot do it; but the sentence of a court-martial sometimes places a man at the bottom of the list of his grade.

158. Colonel *North.*] Of course a military court cannot judge whether the medical treatment of a medical officer has been correct or incorrect. Supposing it was reported to you by the Inspector-general of Hospitals that a medical officer had misconducted himself as far as his medical practice was concerned, how would you treat that case?—The course taken is just that which I have mentioned, namely, to write to the principal medical officer of the command to have the case inquired into; and if it is satisfactorily proved, and there is no question that the officer was incompetent and unfit to be retained in the service, my next duty would then be to recommend him to be placed upon half-pay, and probably I would succeed in getting him upon half-pay; there are instances in which that has been done.

159. Would your recommendation be to the Commander-in-Chief?—I must recommend to the Commander-in-Chief, and then it goes to the Secretary-at-War.

160. Colonel *Boldero.*] Who puts upon half pay?—The War Office.

161. Sir *J. Trollope.*] Are the cases of *mala praxis* that come before you, reported to you by the superior medical officer at the station?—The superior medical officer might report them, or the commanding officer might report them.

162. Are there not complaints on the part of the medical officers in charge of regiments and depôts, that they are compelled to keep an unwieldy mass of books and accounts, disclosing their whole course of practice in the most minute particulars?—Yes.

163. And that those books become a great incumbrance both to the medical officer and to the regiment?—It depends upon what they consider an incumbrance. Every two or three years the books are permitted to be removed from the regiments, when they cannot be required for reference, to Chatham, where they are deposited, in order to remain there to be available for any purpose for which they may be required. A medical officer is never required to carry any great amount of books about with him.

164. But you still preserve them?—Yes, because we may have occasion to refer to them.

65. Did not you appoint Dr. Burrell to take the head of the medical department of the army in the East?—No, not to take the head of the medical

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department of the army in the East; I appointed Dr. Burrell to assume the duties of principal medical officer of the expeditionary force ordered to Malta

166. Did not he proceed with the army from Malta to Constantinople?—Yes; but with the knowledge, at the time, that a senior would be appointed.

167. Did you not bring a gentleman from India to supersede him?—I did.

168. Do you conceive it to be a convenient practice with an army already in the field to send a gentleman out, and then immediately to supersede him by another from a distant station?—Yes; because I knew the other would get there in time; and he was entitled to the promotion.

169. Dr Hall was senior to Dr. Burrell?—Yes.

170. And you brought him from India?—Yes.

171. At what period did he land in Bulgaria?—He landed on the 17th of June in Constantinople, and went up immediately to Bulgaria.

172. Did you immediately supersede Dr. Burrell, and order him home?—Dr. Burrell was told of it before he left Malta; in fact, I think the case will not be clearly understood, unless I go through the facts. When the army of 10,000 was sent out to Malta, I wrote to Dr. Burrell, who was a special friend of mine (he entered the service at the same time with me), that I was very glad to have an opportunity of doing something for him, and that I hoped to be able to recommend him as the principal medical officer for those 10,000 men. Then afterwards, when things assumed a more formidable appearance, and the force was to be increased, it being communicated to me by the Commander-in-Chief that it might rise up to 30,000 men, I felt that though Dr. Burrell was entitled to be made deputy inspector with 10,000 men, yet I could not recommend Dr. Burrell again for Inspector-general immediately upon the heels of the first promotion; and I felt that Dr. Hall, who was his senior, was entitled by seniority to get the step; and he being in every respect a man capable of doing the duties, I felt that I could not pass over Dr. Hall with justice to him, or with justice to the public.

173. Was not Dr. Hall at that time in charge of a very important position in India?—Yes; but Dr. Hall was deputy inspector in India, and by coming to the Crimea he was made Inspector-general, which he had a right to.

174. But Dr. Burrell must have been a man of long experience, having been of the same standing in the profession as yourself?—Yes; but he had not the rank that Dr. Hall had.

175. Was there anything to disqualify him as it regarded his professional knowledge or practice?—Nothing.

176. Was not he perfectly competent to take the medical charge of the army?—He was competent, as far as regarded his abilities and his acquirements.

177. Then was it only a question of rank?—Yes, a question of rank, and a question of justice, considering that Dr. Hall was above him, and the senior deputy inspector, and therefore the first for promotion. The regulations did not allow of my appointing Dr. Burrell an Inspector-general. Before a man can be made Inspector-general, he must have served in the rank of deputy inspector three years at home, or two years abroad; I could not make Dr. Burrell one day deputy inspector, and the next day Inspector-general. Besides even if I could have done so, I did not feel that I should have been warranted in doing so, and passing over Dr. Hall who was his senior.

178. Sir *Henry Davie.*] It would have been, in point of fact, giving him two steps very rapidly one after the other, contrary to the practice of the service?—Yes; contrary to the regulations of the service.

179. *Chairman.*] Will you put in the regulations which particularly relate to your own department?—Part of them are here, and the other part are being copied. They are all printed, but they are in different books.

180. Mr. *Bellew.*] I understood you to say that, virtually speaking, it is you who make all the promotions; in fact, that it is by your recommendation that the system of promotion is carried on?—Yes; I recommend.

181. Do you consider the system of seniority, except in cases of incompetency, the best system that can be adopted in the promotion of medical officers?—I think that if one can establish what constitutes incompetency, then seniority is the best system.

182. You stated that there is a discretionary power with you, and that in the case of a certain number of black marks appearing against a man's name, you

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pass him over. Do you consider the present system of promotion in the medical department of the army the best system you can suggest?—I do.

183. *Chairman.*] With regard to the confidential reports you spoke of, is not the working of that system rather considered objectionable in the service, because an army surgeon may have something against him which he is never called upon to disprove, and which may, therefore, affect his promotion without his knowledge?—That system extends throughout the whole army. I do not see how we can avoid that; but I generally make a habit, if an officer complains who has certain statements against him, to tell him that he has those statements against him. I do not like to conceal it from the officer. Unless he was to press me very hard to know what they were, I should not tell him the exact things; but at the same time I would not object, if he pressed hard, to tell him the exact things. I think openness in the matter is the best course. If a man were said to have shown great incompetency and bad practice in the hospital at the Cape of Good Hope, or at the Mauritius, for example, I would not hesitate, if he requested it, to tell him so.

184. Mr. *Bellew.*] Then, in fact, you do disapprove of the system of confidential reports, although it is the system of the army?—There would be no possibility of obtaining a knowledge of what the officers were, unless through the medium of those confidential reports.

185. Colonel *Boldero.*] You are aware of an instance of a very young assistant-surgeon who greatly distinguished himself at the battle of the Alma, in the face of the enemy, and who was promoted to the rank of full surgeon; do you think that was a proper kind of reward for that young man; do you think that he ought to pass over the heads of older assistant-surgeons, merely because he happened at the moment to have been present in the face of the enemy, and to have distinguished himself?—That is a very difficult question.

186. Is it not felt as a grievance by the young men that are passed over?—I dare say it is, because I have no doubt that there are many other young men who would have distinguished themselves in the same way if they had had the opportunity.

187. Do you think that a good service pension, say of 100*l.* a year, would be a better mode of reward than promoting him over the heads of older assistant-surgeons?—I think so.

188. Was not he promoted to a regiment of cavalry?—I must confess I do not recollect the exact person you allude to. There were only two promoted after the Alma: one was the surgeon of the 95th, who was made staff-surgeon of the first class; the other was Staff Assistant-surgeon Browne, who was made surgeon. They were recommended specially by Lord Raglan and Dr. Hall, on account of their conduct. When such recommendations reach me from the General Commanding in Chief and the principal medical officer, my course is, to send them on to Lord Hardinge for promotion.

189. Was not one of the young men that you have mentioned appointed to the cavalry?—No; he was appointed to the 95th Regiment, to succeed the surgeon.

190. Are you not aware of the case of an assistant-surgeon, afterwards made surgeon, being appointed to a cavalry regiment, and afterwards applying that he might be removed from a cavalry regiment and put into a line regiment, because he said the expense of fitting out, and the expense of living with the cavalry, was far greater than in the infantry; and that he therefore preferred going into the infantry?—I think this has reference to Mr. Wilson, who was promoted after the battle of Inkermann, not to the one that was promoted after the Alma. I think Mr. Wilson was made a surgeon in consequence of his conduct in rallying a part of the troops when it was said that the Duke of Cambridge was in some danger. He was promoted, I think, to a cavalry regiment, and he applied to be removed from the cavalry regiment to the staff, which was done; but that was not after the Alma.

191. Mr. *C. Legh.*] Do I rightly understand you to say, that you think that the service of those young officers was improperly rewarded?—"Improperly" is not the word I should use. The practice of the service is, for an act of good conduct to be rewarded by means of promotion; therefore, I would not say "improperly;" but he might have been rewarded in some other way.

192. Do you consider that the distinguished conduct of an officer is improperly

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perly rewarded by his being put over the heads of his superior officers?—I do not exactly approve of the word "improperly;" but there might have been other methods that would not be so objectionable to the officers of the department.

193. Sir *J. Trollope.*] Has not this whole question been referred to a Board of military officers in London, to consider whether service in the field ought to count as of more value in promotion than home or colonial service?—Not that I am aware of.

194. Were not six military officers appointed to consider that question?—Not that I am aware of.

195. *Chairman.*] Was not there a memorial from the Crimean surgeons upon that or some other subject?—Yes.

196. Will you be so good as to put it in?—I do not know whether I have it. It was referred to me by Lord Panmure.

197. Will you put in a copy of the reference from Lord Panmure, and your reply to it?—Those are with Lord Panmure.

198. Sir *J. Trollope.*] Has there not been such a memorial of surgeons referred to you, submitting that promotion for service in the field should not count for more than home and colonial duty?—That has been submitted to me, but the former question spoke of a Board of six officers.

199. Do you state that no such inquiry ever took place by a Board of six officers?—Yes, so far as I know.

200. Was any opinion ever given upon that question as to what should be the rule for promotion in that respect?—I gave an opinion individually.

201. What was the opinion you gave; was it that service in the field should count, or that it should not count of more value than home and colonial service?—That is, should not be so counted as a rule. But with reference to the remark you have made, I may state, that the subject was submitted to me for me to report upon; and I thought that, as there were perhaps many grievances that medical officers considered they suffered from that might not be known to me, I took the opportunity of asking those medical officers that were available in London, and one or two in Chatham, if they would meet me in the office, and tell me, from experience in the service, what they considered objectionable as regarded the medical department. That is the only thing that I know of.

202. Were those gentlemen, those that you consulted, Dr. Dumbreck, Dr. Forrest, Dr. Dartnell, Dr. Hume, Dr. Parry, and Dr. Francis Reid?—Yes, with the exception of Dr. Forrest and Dr. Parry.

203. Those are the six gentlemen that you consulted?—These were four of them, but I think there were as many more.

204. Did they coincide in opinion with you that service in the field should not count for more than home or colonial service; that, in fact, seniority should be the rule for promotion, and not service in the field?—I think they coincided with me, as far as I recollect; and certainly the majority were of opinion that service in the field ought not to count beyond home service, for this plain reason: that if service in the field was to count for more, the officers that were retained in England against their will (for every man was anxious to go with the army) would suffer in consequence of having been retained much more than was fair to them; and then, in the next place (all of which you will see stated in the documents that have been asked for), an officer that has undergone an exposure to three or four terrific epidemics in the West Indies has encountered a great deal more risk of life than an officer who is serving out in the field in the Crimea; and if the officer serving in the field in the Crimea was to be allowed three years for one, and the officer in the West Indies, who was more exposed than the one in the Crimea, was to get only two, it would be an act of injustice.

205. Is it not the fact that some of the gentlemen you have named were ordered out, and they sent in medical certificates that they were not fit to go; I especially allude to Dr. Dumbreck, Dr. Forrest, and Dr. Dartnell: were not those three gentlemen ordered out again to the Crimea, and did each of them get a medical certificate that they were not fit for the service?—Dr. Dumbreck was examined by a Medical Board, and that Medical Board, for manifest reasons, saw that he was unfit. Dr. Forrest in the same way; and as regards Dr. Dartnell, he had never been in the Crimea. He was the principal medical officer at Chatham; and it would not have been for the good of the service

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to have removed a man who knew the service at Chatham, at a time when hundreds and thousands of sick would be coming home that would require all his exertions.

206. You considered that his services would be of more value at home?—Yes; he being at home engaged in a particular service, I should have considered that I should have done an act of injustice to the public service if I had taken him away.

207. Colonel *North*.] I suppose you would not think it advisable to hold out any great premium for personal gallantry to be displayed on the part of a surgeon in the field in going up to the assault, or anything of that sort, because you do not wish him to expose himself more than is necessary?—I would hold out no premium to a medical man to do more than was his duty. If it was his duty to go to the assault, then if he showed remarkable gallantry in doing so, it should be noticed.

208. But to unnecessarily expose himself would be by no means desirable, because his duty was to look after those whose duty it was to expose themselves more than he ought to do?—Decidedly, because if he was killed, there would be nobody to attend to the wounded.

209. But with regard to the conduct of that surgeon who distinguished himself by his humanity and by his bravery by remaining on the field at great personal risk to attend to the wounded, do you not consider that if Mr. Thomson had lived there was no reward that you could have given that would have been too great for such conduct as he displayed upon that occasion, and that in so rewarding him there would have been no unfairness towards others?—I do not know about that, because he merely executed the duty for which he was detailed. Many others would have done the same.

210. Sir *J. Trollope*.] Was not he a volunteer?—No, he was detailed for the duty.

211. Mr. *Bellew*.] Did not he volunteer to stay behind to take care of the Russians?—No, I think he was told off by the Adjutant-general and by Dr. Dumbreck to take that charge.

212. *Chairman*.] Do you consider that the Commander-in-Chief abroad has the same powers over the medical men as the Commander-in-Chief here at home has; what is the power of censure, for instance?—His power is unlimited, except by responsibility.

213. Were there many medical officers in General Orders for censure?—I do not know of any officers being censured in General Orders. The department, as a body, was censured for the acts of one or two individuals. The only instance that I recollect of any officer being named was on an occasion when the department was censured. It was on there being some delay in embarking sick men at Balaklava, on board some vessel, in consequence of the absence of one medical officer; and Mr. Dumbreck was on one occasion mentioned as having erred in not giving his orders in writing.

214. Was not there another officer censured?—Yes; Mr. Lawson.

215. Mr. Lawson was censured in the General Orders?—Yes, he was censured in the General Orders.

216. Sir *J. Trollope*.] Was not Dr. Dumbreck censured also in General Orders?—So far as that he was told that he was in future to give his orders in writing, instead of verbally.

217. *Chairman*.] What was Dr. Lawson censured for?—He was said to have been apathetic and careless in the discharge of some of his duties as principal medical officer at Balaklava.

218. Would you consider a censure like that a hinderance to further promotion?—Decidedly not, if his conduct in future showed that he had not laid himself open to censure afterwards. I am now assuming that he was guilty. I am not saying that he was guilty; but only assuming that he was.

219. You would not consider that the circumstance of his being named unfavourably by the Commander-in-Chief was any bar to his subsequent promotion?—Decidedly not, unless there was no improvement afterwards. I am assuming that the Commander-in-Chief blamed him properly.

220. Would you constitute yourself, upon the question of the promotion of this man, a court of appeal from the decision of the Commander-in-Chief?—If an opportunity occurred, and I thought it was proper to recommend Dr. Lawson for promotion, I would state in detail, for the consideration of the Commander-in-Chief,

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in-Chief, the grounds upon which I recommended him, which is different from what I generally do; but in this case, he having been censured by the Commander-in Chief in the Crimea, I would state the details, and let the Commander-in-Chief decide whether I was right or wrong.

221. You would call the Commander-in-Chief's attention to the censure of the Commander-in-Chief abroad?—Yes. I would state that he had been censured, and what his conduct had been since, and what my opinion was of him.

222. Would you consider that any length of time was necessary in order to show a course of conduct which differed from that which had brought upon him the censure of the Commander-in-Chief?—No. It would depend upon the man himself. One man might in a week show that he was perfectly competent, and a perfectly proper person; and another man might not do it in 12 months or two years; I would require evidence.

223. Sir *J. Trollope.*] Are you aware that in the Report of Commissioners Maxwell and Cumming, unfavourable mention is made of Dr. Hall, the head of the Medical Department?—No, I do not think it is so.

224. Have you read the Report?—I have.

225. Is there no mention made of Dr. Hall?—There is no direct mention made. There are observations made to the effect that Dr. Hall had not displayed all the foresight that he might have done; but there is no direct observation against Dr. Hall.

226. Is not Dr. Hall censured in General Orders?—All that appeared in General Orders about Dr. Hall was in reference to the subject at Balaklava. The Commander-in-Chief said further, that he could not quite acquit Dr. Hall.

227. Do you consider that a censure or not?—I should say that it was a censure; it was a sort of indirect censure.

228. *Chairman.*] How soon after that censure on Dr. Lawson was he promoted to the command of the General Hospital at Scutari?—Dr. Lawson was ordered by the Commander in-Chief, after he had censured him, to be removed to a division of the army in the field, where he certainly had as arduous and important duties to perform as at Balaklava, and he remained at Balaklava for a certain time; and then by General Orders he was sent down to Scutari.

229. By Lord Raglan's order?—Yes.

230. That was by Lord Raglan's own order, not by an order at home?—No; I never interfered in any such matters. I sent persons out there for the work, and it was for the authorities out there to distribute them in detail.

231. Are there documents in existence to prove that Lord Raglan ordered Dr. Lawson to a division of the army, and that he subsequently ordered him to the barrack hospital at Scutari?—I think there are.

232. Do you think there will be any difficulty in producing them?—No. The General Orders are printed.

233. Sir *J. Trollope.*] Do you recommend the medical officers for promotion and for honours in consequence of their services?—Yes.

234. Did you recommend that Dr. Hall should have the Order of the Bath?—Decidedly.

235. Did you recommend Dr. Dumbreck also to have the Companionship of the Bath?—I submitted his name.

236. After they had been censured in Public Orders?—Yes; because I exercised my own judgment as to how far they were blameable.

237. Do you consider your judgment superior to that of the Commander-in-Chief, who was on the spot?—No.

238. But you superseded that judgment by your recommendation of those gentlemen for promotion and honours afterwards?—I do not think there was anything in the Commander-in-Chief's observation with regard to Dr. Dumbreck that could be considered a censure. The Commander-in-Chief might have thought that Dr. Dumbreck ought to have given written orders instead of verbal. Dr. Dumbreck was riding about on horseback at the time; and I suspect that throughout the whole army there were a great number of verbal orders given. I do not conceive that Dr. Dumbreck did anything else but what almost every officer in the army did.

239. With reference to Dr. Lawson being appointed to Scutari by Lord Raglan, did not that appointment go through the principal medical officer?—Yes, but subject to Lord Raglan's approval.

240. Mr. *Legh.*] Do I understand you rightly, that supposing an officer to have

have been censured by the Commander-in-Chief, if you afterwards considered him competent, you would not consider it improper to recommend him for promotion?—Yes. I think that practice prevails in the army as well as in the medical department.

241. Sir *H. Davie.*] Your answer would imply that it would depend upon the nature and extent of the censure?—Exactly.

242. Mr. *Legh.*] Supposing the Commander-in-Chief has reason to censure a medical officer, and that the censure takes effect, should you afterwards, because you think him competent yourself, think it proper to recommend him for promotion?—Yes.

243. Your idea of his competency would be quite sufficient to supersede the censure under which he was labouring?—I think so; I think it would not be fair to keep him for life without promotion, unless it was specified in the General Order that he had been guilty of such an act of impropriety as should render him ever afterwards ineligible for promotion. Upon the same principle, at Chatham, where I was the principal medical officer, I might find an officer neglectful in some important duty, and perhaps I might find 10 in the course of a twelvemonth, and I might censure them in departmental orders, but I would never think that it was a bar to their promotion for ever afterwards; otherwise I would never have put the order in; I would have felt that I would have been guilty of such an act of injustice to the offenders as would have prevented me from putting the orders in, if it was to have a consequence of that kind.

244. I understood you to say, that you should observe the officer's conduct for a short time afterwards; and I wanted to know whether if, from your observation of his conduct, you considered him competent, you would recommend him for promotion?—Yes, unless the order stated in very decided terms, that there was really very great cause for being dissatisfied with him. If it was simply a trifling thing, as, for instance, in the case of Dr. Hall, where Lord Raglan said that, "further, he could not acquit Dr. Hall," I do not think that would be a justification after twelve months' service. But Dr. Hall was recommended from the Crimea, and got his honours, I suspect, not solely from any recommendation of mine; I would not think that I was justified in considering Dr. Hall not entitled to his honours merely because the Commander-in-Chief at one time said, "further, he could not quite acquit Dr. Hall."

245. *Chairman.*] It would depend in some degree upon what the nature of the censure was?—Yes.

246. Do you remember what it was in the case of Dr. Lawson?—I never exactly knew what Dr. Lawson was censured for. It was said that he was apathetic, and heedless of contributing to the welfare of the men embarking.

247. Would not you reckon that a grave charge?—I would reckon that a grave charge if it had been proved; but Dr. Lawson has a different character to that during a long service.

248. But that amounts to saying that Lord Raglan put in General Orders that which could not be proved?—It depends upon what one considers apathetic. Dr. Lawson, from the little I know of him, is a cold man; such a man as would look apathetic, when he was really, perhaps, more anxious than a man who was more vigorous and more active in what he was doing.

249. Then it amounts to this, that Lord Raglan had one opinion and you another?—I must admit that Lord Raglan having found him guilty he must have had grounds for it in his own mind. My own idea at the time, from what I knew of Dr. Lawson, was to write to Lord Raglan; because Lord Raglan had always treated me kindly and considerately; and I intended to have stated to Lord Raglan in reference to Dr. Lawson, what I knew of him, and see whether anything could be done to withdraw the order. But time went on, and it became too late, and I did not do it.

250. But the whole thing will be simplified if we have the papers, which show that Lord Raglan subsequently appointed Dr. Lawson to a division in the field; and you can supply those papers to the Committee?—I think I have those papers.

251. Mr. *L. Gower.*] Are you in the habit of accepting the facts stated in the censure as true, or do you further inquire into them from your own sources of information?—I inquire; I tried to inquire in that instance, but I could not get information; I asked for the proceedings of the Court of Inquiry, but I could not get them.

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252. Then you do not accept the statement in the censure as evidence of the truth of the allegations?—I do not think I am bound literally to accept it. I think I have a right, as the head of the department, to inquire into the conduct of my department; and if medical officers have been severely censured, I ought to try to find out why. I may be permitted to form my own judgment. At the same time I must yield, according to military law, to the judgment of the superior military authority.

253. I suppose the grounds of the censure are always put in the order?—Yes, regularly.

254. Sir *H. Davie.*] Do I rightly understand, that you had nothing to do with the promotion or removal of Dr. Lawson?—Nothing at all. Dr. Lawson was promoted before that.

255. But after his censure he was removed to other places, and you were not cognizant of the fact; in fact, you had nothing to do with his removal?—I was cognizant of the fact, inasmuch as I saw the returns, but I had nothing to do with it.

256. *Chairman.*] You had nothing to do with the removal of Dr. Lawson to the very important post of the General Hospital at Scutari?—No; I had nothing to do with that, nor with any movement in the Crimea.

257. Colonel *Boldero.*] You stated that you sent out medical men equal to the performance of the duties, and that after that you never interfered with their duties or with their promotion?—I never interfered with their duties because I could not judge what special duties they ought to be appointed to so well as the senior medical officer on the spot. And if I was to write to him and say, send so and so to such a place, it would only trammel him, and he might in consequence send a man who would not be so fit as another that he might send.

258. But so far as promotion is concerned you exercise a control over the Army Medical Department in the East just as much as you do at home?—With reference to promotion, if the Commander-in-Chief in the Crimea and the principal medical officer recommends any man for special promotion, I never question that recommendation, but send it on to Lord Hardinge. If the principal medical officer in the Crimea reports to me the death of a staff surgeon of the first class, I take the next man and recommend him for promotion, unless the principal medical officer out there had specially recommended some other person.

259. You selected Dr. Burrell in the first instance to go out; a man of about your own age and experience, and one, I suppose, in whom you had great confidence; and yet you removed him yourself afterwards, without any complaints being made against him?—I did; because the strength of the army increased beyond the charge of a deputy inspector.

260. *Chairman.*] It is a matter of rule?—Yes; just as you put a colonel in a certain command, to command a certain number of troops; but if you increase the number of troops tenfold you put a major-general.

261. Sir *H. Davie.*] For so large an army you must have an inspector-general?—Yes.

262. Colonel *Boldero.*] Did you bring Dr. Burrell home at that time?—I told Dr. Burrell what was necessary to be done, and I said, "You will be the second medical officer out there; but if you do not like that, I am prepared to send you to one of the Presidencies in India." I offered to send him to what was the best station I could send him, to make up for the disappointment.

263. *Chairman.*] When you appointed Dr. Burrell you were not aware that the army would be so much increased?—I understood that 10,000 would be stationed at Malta as an army of observation. That was the charge of a deputy inspector. But when I learned that it was to be increased to 25,000, my bounden duty was to appoint an inspector-general.

264. Then the grievance of Dr. Burrell is, that he thinks he ought not to have gone on in a junior capacity, but to have been promoted?—To have been promoted again. He was promoted to take the charge of 10,000. When they were increased to a charge of 25,000, he thought he ought to have been promoted again, I suppose.

265. But the interval was not sufficient to allow of the second promotion?—The interval was not sufficient; besides that, Dr. Hall was senior to Dr. Burrell, and I was bound to take Dr. Hall unless there was anything against him.

266. But

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266. But you had a discretion; there was no actual law?—Nothing beyond the usage of the service, which I always observe, if it is not at variance with the good of the service. Dr. Hall had been through the war at the Cape of Good Hope, and had seen a good deal there; he had then been in India, and there had seen something more; and I looked upon Dr. Hall as having experience beyond Dr. Burrell, who had not been in a position of that kind. That was one reason. The other reason was, that Dr. Hall was a deputy inspector at the time when Dr. Burrell was a staff surgeon of the first class. Therefore Dr. Hall was the proper person to appoint inspector-general, before anybody else was appointed inspector-general.

267. Mr. *Bellew.*] You say that Dr. Burrell left Malta to go to the East with the knowledge that he was to be superseded?—Yes.

268. *Chairman.*] That he had in writing from you?—That he had in writing from me. I had an angry letter from him about it. At the same time I wrote to him that he would of necessity be superseded; I offered to recommend him to be sent to Bombay, which was vacant then, and to which every officer in the department aspired. I offered him that to sooth his feelings, if they were a little ruffled, by finding that I had to appoint an inspector-general for the army in the East.

269. Although it might have ruffled his feelings, it could not have taken him by surprise, inasmuch as he had had it in your own handwriting before?—Yes.

270. Colonel *North.*] What has become of Dr. Burrell?—He is on half-pay. He insisted upon being put upon half-pay.

271. Sir *J. Trollope.*] Was the place that you offered to him the one vacated by Dr. Hall?—Yes.

272. An exchange made from Turkey to India?—Yes; I offered Dr. Burrell a situation that would have brought him nearly three times the emolument he would have had had he remained with the Army.

273. Did Dr. Burrell positively refuse?—He did.

274. Was it in consequence of his feelings being hurt?—From his temper being then a little excited.

275. A feeling that would be generally prevalent in the profession in such a case?—No, I think not.

Lunæ, 5° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Sir Henry Davie.
Colonel North.	Colonel Boldero.
Sir John Trollope.	Mr. Cornwall Legh.
Sir John Hanmer.	Mr. Leveson Gower.
Mr. Bellew	Mr. Noel.
Colonel Kingscote.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

Andrew Smith, Esq., M.D., called in; and further Examined.

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Vide Appendix.

276. *Chairman.*] HAVE you the papers which you were requested to produce?—These are the papers that I was requested on Friday to put in (*producing the same*). I may mention, that I was asked for a copy of the General Order appointing Dr. Lawson to a division in the field. There was no General Order appointing him to the division in the field that I can find. There was a General Order to remove him from Balaklava, and then, of course, the arrangement which took place appointing him to the second division, to which he was appointed, would be an arrangement between Lord Raglan and Dr. Hall.

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I have only the General Order removing him from Balaklava, which I will hand in.

[*The same was delivered in, and read, as follows*:]

EXTRACT from General Order, dated Head Quarters, before Sebastopol, 13 December 1854.

THE Inspector-general of Hospitals will take immediate steps to relieve Dr. Lawson from his present charge.

277. Will you have the goodness to read the whole of the General Order in which that is contained?

[*The same was read, as follows*:]

GENERAL ORDERS.

Head Quarters, before Sebastopol,
13 December 1854.

No. 1.—IT having been represented to the Commander of the Forces that the 297 sick and wounded on board the steam-ship "Avon," under orders to proceed to Scutari, had not received that care and attention to which they were entitled, the Commander of the Forces directed a Court of Inquiry to meet on board that ship on Saturday, the 2d December.

The Court, of which Colonel Cameron, of the 42d Highlanders, was President, after making a personal inspection of the ship, and receiving evidence, has made its Report to the Commander of the Forces.

The Report takes notice of several deficiencies, which, in the opinion of the Court, might with due care have been remedied.

The Report particularly draws the attention of the Commander of the Forces to the want of a sufficient number of medical men and hospital attendants for the service of the sick and wounded on board.

The Report further states that this deficiency of medical men and attendants was known to Dr. Lawson, the principal medical officer at Balaklava, but that he took no steps to have it supplied.

In this opinion, after a careful perusal of the evidence, the Commander of the Forces fully concurs.

Lord Raglan has seen with pain and sorrow the apathy and want of interest which Dr. Lawson exhibited, as appears by the evidence with respect both to the due care, and the sufficient supply of what was requisite for the comfort and well-doing of the suffering men who were to be placed on board the "Avon," and he is compelled to visit such conduct with the severest censure.

The Inspector-General of Hospitals will take immediate steps to relieve Dr. Lawson from his present charge.

The Commander of the Forces is unable to exonerate Dr. Hall, the Inspector-General of Hospitals, from all blame in this matter; as it was his duty, either by personal inspection or by the reports of his subordinates, to have ascertained that the ship was furnished with everything necessary for the comfort of the many sick and wounded on board, which the public service could by any possibility afford.

278. What is the next document you put in with regard to Dr. Lawson?—I put in no more documents relating to Dr. Lawson, because I have not a copy of the document ordering him to Scutari, but as a matter of course, he must have been ordered by General Orders to Scutari.

279. Will they not be in the book of General Orders?—No; that book professes to be merely a selection.

280. But Dr. Lawson could not have gone from Balaklava to Scutari without some official document ordering him to do so?—Not without Lord Raglan's order.

281. Where is Lord Raglan's order?—In the Crimea.

282. Is not it communicated to you?—No.

283. Shall not we find it at the Horse Guards?—No, I think not; I do not think it will be got but by applying to the Crimea. The orders were issued in the usual way, and Colonel Gordon made a selection of the orders that were published there.

284. Are we to understand that this case is to be taken as an illustration of the working of the present system, that Dr. Lawson is, in the document you have put in, visited with the severest censure by the Commander-in-Chief, and dismissed from his present duties, and that the next we find of him is, that he is put at the head of the General Hospital at Scutari?—No. The order is issued by the General Commanding-in-Chief to remove Dr. Lawson from his present charge, namely, his charge at Balaklava. He is removed from that to the second division in the field.

285. Can

285. Can you put in the document showing that order?—I have no document to put in, but I have been informed that it was so.

286. It appears that this officer, who was visited with the severest censure by the Commander-in-Chief, is at present the principal medical officer at Scutari; and we want you to put in the documents showing how he got there?—I must remark again that he is not the principal medical officer at Scutari; he is a subordinate in the hospital; he was ordered by Lord Raglan to be relieved from his present charge.

287. There are three principal medical officers at Scutari; there is the chief medical officer of the barrack hospital, and the chief medical officer of the General Hospital; and there is the principal medical officer over both, which latter position was formerly occupied by Dr. Cumming?—Yes.

288. Dr. Lawson is the principal medical officer of the General Hospital?—Of a division of the hospital, subject to the instructions and orders of Dr. Linton.

289. He is not at the head of all things in the hospital?—No.

290. Mr. *Bellew.*] Was he ever?—He was for a few days, when Dr. Forrest was suddenly taken away.

291. *Chairman.*] I want you to trace Dr. Lawson from this censure to the Light Division, and from the Light Division to the hospital at Scutari?—I only relate what I know of the case, namely, that he was removed from his charge at Balaklava and ordered to join, I believe, the second division of the army; at that time he was taken ill, I believe, with intermittent fever; he was not able to join for some time, and before he was sufficiently recovered to join the second division, he was ordered down to Scutari for duty there; as to how those orders were given I know nothing. I do not know the details of what took place out there, nor is it considered necessary that I should. Lord Raglan did not communicate to the Commander-in-Chief when he moved a regiment or when he moved a brigade. In the same way Dr. Hall does not communicate to me that he removes one of the officers serving under him from this place to that place; incidentally I learn it; but I first learned it distinctly from the Scutari Return, in which I saw him put down as a deputy inspector of hospitals doing duty at Scutari; further than that I can state nothing.

292. But there must be documents in existence somewhere upon the subject?—There must be documents showing the General Orders issued from time to time, which include every thing that was done; but those documents have not been all copied into Colonel Gordon's publication.

293. Are not the arrangements of the hospital system such that upon Dr. Lawson coming to the hospital, he being senior to those who were there, he would of necessity, or almost of necessity, according to routine, take the command?—But he was not senior; Dr. Forrest was senior to him. Dr. Forrest was the principal medical officer at Scutari at that time. When Dr. Forrest was taken ill and went away, Dr. Lawson was for a few days senior till Dr. Cumming joined.

294. But if Dr. Lawson went to the General Hospital at Scutari, and was there senior to the officer in command of that General Hospital, he would, according to the routine of the service, take the command out of his hands?—Clearly.

295. Therefore Dr. Hall knew, when he sent down Dr. Lawson to Scutari, that according to the arrangements in the medical service, he would supersede the person there at that time?—If he was senior to him; but Dr. Forrest was the principal medical officer there, and therefore Dr. Lawson became merely a working officer.

296. Was Dr. Forrest then occupying the position that Dr. Cumming had occupied?—No.

297. But under Dr. Forrest or Dr. Cumming; the two men who had the most important charges were the two who had the one the General and the other the Barrack Hospital?—Yes.

298. And Dr. Hall, when he sent down Dr. Lawson to Scutari, knew that he would occupy the position of principal medical officer at the General Hospital?—He knew that he would occupy some duty. I do not suppose that Dr. Hall, when he sent him down, would have told him what duty he was to do. I suppose he would leave that to the principal medical officer there. It did not at all follow that Dr. Forrest, when Dr. Lawson arrived there, would put him in

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charge of the General Hospital. He might have put him in charge of the Barrack Hospital, or in charge of an hospital called Hyder Pacha's, or something of that kind. Dr. Hall could not know what duties Dr. Forrest would assign to Dr. Lawson.

299. Dr. Forrest had full power to appoint him to the General Hospital at Scutari?—To any duties he liked to put him to.

300. But you have no official document with regard to this charge; the last thing that you officially know of Dr. Lawson is, that he was severely censured by the Commander-in-Chief?—Yes; and ordered to be removed from his present charge.

301. Mr. *L. Gower.*] How came you into the possession of that document, if such documents are not habitually sent to you?—This being a special case, I suppose that Dr. Hall sent it to me on that account.

302. But he is not in the habit of sending such documents to you?—No, not regularly.

303. Sir *J. Trollope.*] Did you receive a copy of Lord Raglan's censure of Dr. Lawson?—I received nothing but this. I asked to be allowed to read the proceedings of the Court of Inquiry, and I was told they were not in this country.

304. Had you any power over the hospitals in Constantinople, as to confirming or disapproving the appointment of medical officers there?—Most decidedly not. Lord Raglan had the sole power.

305. You were not consulted in any way about Dr. Lawson's appointment to the hospital at Scutari?—In no way.

306. You are in no way responsible for it?—In no way responsible.

307. Sir *H. Davie.*] I understand you to say that Dr. Lawson was sent by Dr. Hall to Scutari?—I presume he was sent by Dr. Hall, because Dr. Hall necessarily must have concurred in his being sent. Lord Raglan would not have sent him without Dr. Hall concurring; but Dr. Hall could not send him to Scutari. Dr. Hall had not authority to remove an officer from the Crimea to Scutari without its being approved, and probably put in General Orders by Lord Raglan.

308. Is not it singular that so important a move should not have appeared in any of the General Orders?—I presume that it was in the General Orders; but I have no copy of those General Orders; everything came out in orders, such as that, from time to time; but they were not sent to me except upon a special case.

309. Mr. *Noel.*] Do not you think, that in an extraordinary case of that sort the Order ought to have been sent to you?—Perhaps Dr. Hall did not consider it necessary to send to me the second move.

310. Sir *J. Trollope.*] Did you originally appoint Dr. Lawson to the army of the East?—Yes.

311. In what capacity?—As staff-surgeon of the first class.

312. Was he in active employment before going out to the East?—He was in active employment upon the West Coast of Africa, and was recommended to me in the strongest terms from the West Coast of Africa, and the Governor strongly urged that he should not be removed from that service on account of his value at that station. Still I found that I was pressed for officers, that I had not a sufficient number to send to the East; and Dr. Lawson having himself asked to be sent hence, I felt that I had no excuse for not sending him to the East.

313. Did he proceed direct from the Coast of Africa to the East?—No, he was on leave in this country at the time.

314. How long had he been at home?—Perhaps four or five months.

315. Then you did not withdraw him from the coast of Africa for that purpose?—No, I did not; he was on leave at home.

316. Sir *H. Davie.*] Can you inform the Committee what length of time elapsed between the censure that was passed upon Dr. Lawson and the time at which he was appointed to Scutari?—I cannot charge my memory with that.

317. Two or three months?—Probably it may have been two months, but I am not certain.

318. During that time are you aware of any endeavours being made to remove the unfavourable impression that existed in Lord Raglan's mind with regard to him?—I am not aware.

319. You did not make any movement yourself in his favour?—No; as I mentioned on Thursday, having heard so much of Dr. Lawson's superiority in every

every respect, I felt inclined at that time to have written to Lord Raglan, to tell him all I knew about Dr. Lawson; but I was so pressed with official work that the time passed by, till I found it was too late, and that he had left and gone to Scutari. I do not hesitate to say that I thought when he was sent down to Scutari, that perhaps his Lordship had made further inquiries into the case, and that he had sent him down as a sort of compensation, perhaps believing that he had been rather severe upon Dr. Lawson. That was my impression; but I cannot say that that was the fact.

320. Colonel *Boldero.*] Do you think that Dr. Lawson's appointment to Scutari was made with the sanction and knowledge of Lord Raglan or not?—It must have been, because no other authority could have sent him from the Crimea but Lord Raglan; Dr. Hall could not send an officer of that rank away from the Crimea without sanction.

321. Then Dr. Lawson must have taken some steps to endeavour to remove from the mind of Lord Raglan the unfavourable impression which he had of him?—I think it is very likely, but I cannot say that he did so.

322. Mr. *Bellew.*] You still possess confidence in Dr. Lawson's abilities and humanity in performing his duty as a medical man?—I have no doubt of both; as to his abilities, no person, I believe, can doubt that he has very superior abilities; and as regards the execution of his duties, everything that I have heard is highly creditable to him.

323. Always excepting that one case which was the subject of the General Order?—Excepting that one case, of course.

324. Colonel *North.*] With regard to a medical officer who misconducts himself, is the utmost that can be done to him the placing him upon half-pay; or can he be removed from the service altogether if his conduct has been very gross?—He can be removed by the will of Her Majesty.

325. Suppose a surgeon was reported to you as having grossly misconducted himself, as to the treatment of the soldiers in the hospital, have you any power to get rid of him altogether, or is the utmost punishment that can be inflicted upon him for that sort of thing, to place him upon half-pay?—He would be brought before a court-martial for that.

326. How could a military body be able to judge of the medical treatment of the men; for instance, suppose a surgeon is reported to you as having treated the sick body?—That is another thing.

327. Is the utmost that you have the power to do, to recommend him to be placed upon half pay; could not he be dismissed altogether without being placed as a burden upon the public?—I think he might be dismissed in such a case altogether; that is to say, a Medical Court of Inquiry would be called to take the case into consideration; and if it was a manifest one that did not admit of a difference of opinion, because in many cases one medical man may consider the treatment right and another wrong, but if the case was a decided one, and there could be no question that the treatment was incorrect, and highly incorrect, and that the man was incapable of correctly treating disease, I think the Director-general in such a case would be authorised in reporting to the Commander-in-Chief that he was a person who should be struck out of the service.

328. *Chairman.*] Has that ever been done in your experience?—Not in my experience. I do not recollect any case of the kind.

329. You have suffered men to retire?—Yes. I have never known any case so bad as to warrant dismissal. There have been men brought before court-martials, but I have known no case of a medical officer in the army being considered so deficient in professional knowledge as to justify his dismissal without trial.

330. Colonel *North.*] I did not mean deficient in knowledge, but grossly negligent?—Then he would be brought before a court-martial, and the neglect of the sick would be proved against him.

331. Sir *J. Trollope.*] Have you received a copy of a memorial of the surgeons serving in the Army of the East forwarded to the Secretary for War?—I did about six months ago receive such a memorial.

332. Were you required to draw up an answer to it?—I was.

333 Did you return such an answer?—I did.

334. To whom?—To the Secretary of State for War.

335. Has that answer ever been printed and published?—No, not that I am aware of.

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336. Has the answer been sent to the memorialists in the form in which you drew it up?—I cannot say; I do not know.

337. Have you also received a copy of a memorial addressed, I believe, to the Secretary for War from the assistant surgeons?—I have.

338. Did you draw up an answer to it?—I did. When I say that I did I should explain, that Dr. Hall submitted the Assistant Surgeons' Memorial to me, and asked me, if I approved of it, to send it on to Lord Panmure. I did not approve of it. I felt that if I sent it on to Lord Panmure, the Minister for War, and the Minister for War conceded to them what they asked for, they would have been seriously injured; I therefore declined sending it on, and returned it to Dr. Hall, under the idea that the assistant surgeons would associate themselves with the surgeons who were then drawing up a memorial, and that the surgeons, from their longer experience of the service, would probably guide the younger men who, most of them, were not of above eight, 10, 12 or 18 months' service, to ask for things that would be reasonable and likely to be obtained, and things also that would be advantageous to themselves.

339. In consequence of that recommendation to Dr. Hall, was a second memorial addressed to the authorities at home from the assistant surgeons?—I cannot say.

340. Have you ever seen a second memorial?—No, I have not.

341. You are not aware that such an one has been sent home, and an answer returned to it by the Secretary for the War Department?—I am not. An answer was returned to the original memorial by the War Department, because when the matter was agitated I was asked whether I had received such a memorial from the assistant surgeons. I said that I had; and was asked to state my reasons for not forwarding it. I then stated to the Minister for War my reasons why I had not sent it on, the reasons which I stated before, namely, that if the assistant surgeons had obtained what they wanted, it would have been a most serious disadvantage to themselves. After this, the Minister for War, who I believe had received a copy of the memorial, sent a reply.

342. *Chairman.*] With respect to the confidential reports of which you spoke in your former examination; are you able to state any differences which exist between the confidential reports made to you, and the confidential reports made with regard to the competency of officers to the War Office?—I cannot say that I know what the confidential reports are which are made to the War Office.

343. Do you ever communicate to the individual implicated the confidential reports made to you?—No, I do not, as a rule. As I stated on Thursday, if an officer was to complain to me that he was suffering seriously in consequence of some reason or other in a way that he did not think he deserved to suffer, and if he claimed consideration or advancement, I would consider it then my duty to tell him why he was suffering. But I do not make it a rule to communicate the confidential reports.

344. In short, you make it a rule not to communicate them?—I make it a rule not to communicate them. I do it only as an exception.

345. The confidential reports made to you relating in many instances to technical and scientific points, may be of a very delicate nature, and may have reference to questions very difficult of decision; they may refer to the treatment of disease; they may refer to the manipulation of the knife; they may refer to questions which are very much disputed in the faculty itself, may they not?—They may; and they may also refer to the state in which he keeps his books and his hospital, and the discipline he maintains in the hospital; and a great variety of other points.

346. But all those are quite confidential?—They are understood to be confidential; but at the same time they are understood to guide the individual to whom they are addressed.

347. In the selection for promotion?—In the selection for promotion, and in the selection for encouragement or consideration of any kind.

348. Then, of course, if the Director-general belongs to one school of medicine, or espouses one particular course of treatment for particular diseases, and an individual in the service adopts another, of course the confidential reports would be against him, and would be so taken by the Director-general for the time being, who might have solely to decide upon his promotion?—No; I should not arrogate to myself the right of deciding what is the best treatment. I am principally

cipally guided by success. If a treatment was adopted by an individual that was not generally approved, and if besides there were proof that the treatment was not successful, I should consider that, in such a case, evidence that the man was either partial to an obsolete and not generally recognised good mode of treatment, or that he might be considered not a very liberal man in his profession or doing justice to the sick under his care.

349. What is the "success" in treating patients?—That is comparative. In ordinary inflammatory disease the success is generally great, if the case is properly treated; but if you find that a man has a whim of his own, and says, I will not use such and such a remedy, a remedy which is generally used by the profession, and the consequence is, that out of nine inflammatory diseases he loses two, and all other medical men who use the treatment that is generally recommended by the profession do not lose one, or perhaps only lose one, I should come to the conclusion that the treatment adopted by that man who had a particular crotchet was not so good a treatment as the other; and that this man, if he were anxious for the good of the sick, would say, I will give up my practice, for it is not so successful as the other.

350. You compare one hospital with another?—Yes.

351. Do you take into consideration, or can you possibly take into consideration, the different circumstances of the different hospitals?—The principal medical officers who send the reports to me are the persons to do that.

352. If you have to compare Hospital A. and Hospital B., with reference to the treatment of certain diseases in both, you may find the whole per-centage of deaths in B. larger than the per-centage in A., but may there not be peculiar circumstances in operation at hospital A. which may thwart the skill of the surgeon?—But those circumstances are known. At the same time, I must say that one does not descend into particulars so minutely as that; it is the general conduct of the officer, and his general efficiency as a medical officer, that is recorded in the confidential reports. If there is anything very extraordinary in his mode of treatment, that would be brought under notice; but that occurs so rarely that I do not recollect any instance of it in my time.

353. Take this case for illustration. In the first Return laid before the House of Commons with regard to the sick in the Smyrna hospital, the per-centage of deaths was something about 30, which was a much larger per-centage than existed at the same time even in Scutari. But another Return showed that of those deaths, at least eight out of eleven were of patients who died within two hours after landing; thereby showing that the deaths were owing to the longer sea voyage, not to the treatment in the hospital; does not such a case as that show how different your confidential reports must necessarily be from those made to the War Office with regard to the competency of officers, because they embrace many minute scientific points which you and you alone can judge of?—But the principal medical officer who makes those reports takes all those things into consideration, and he gives his own view from his own knowledge of those things.

354. I understand you to say, that if two medical officers report to you with respect to two hospitals, you draw general conclusions from both their Reports, favourable to the one, and unfavourable as to the other, comparing the statistics which have been sent to you from both hospitals?—No, because I know the favourable and unfavourable circumstances of each place. If there is yellow fever prevailing at a place, I expect a great many more deaths from yellow fever than from other diseases. If, again, there is a particularly unhealthy season, we have a greater number of deaths necessarily during that season than we would have in a healthy season.

355. But during the prevalence of the same plague at different hospitals in the same locality, may not different amounts of mortality be clearly traceable to circumstances over which the medical officer has no control, such, for instance, as the particular structure of the hospital?—The principal medical officer, knowing all those things, would report to me accordingly. If the hospital had been in a low pit, where the patients had no chance of recovery, he would not report to me that the officer employed in it was bad, because he lost a great number of patients.

356. At all events he could not compare the number in that hospital with the number in another hospital, over which he had no jurisdiction, and of which he had no knowledge?—Clearly not.

 357. Therefore,

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357. Therefore, there may be charges brought against medical officers who are perfectly guiltless, but which may stand as bars to their promotion, and which charges they may never hear of?—There might be such, but I do not think there are such.

358. But according to the working of the system there might, because, as you alone are the Court of Appeal, as far as promotion goes, upon those scientific points the charges against those gentlemen would never be known to them, but would be silently operating to their injury when the question of competency and fitness for promotion should come before you?—I think in that case they would be known to them, because I should tell them.

359. When you appoint persons over other people's heads, do you state the reasons to those who may be aggrieved by being so passed over?—If they came to me afterwards, complaining that they had been hardly treated, I should tell them, and have often done so.

360. You would go into the circumstances with them?—I would go into the observations in the Report, and tell them what they had been accused of. I might not go into minute details. If I were to do that under existing circumstances, where confidential reports are required, it would deter the principal officers from making reports, at least those who had not a good deal of moral courage.

361. I understand you to say, that from your experience you would rather have the undivided responsibility, and the final decision resting with yourself, than that it should be shared by a Board?—Decidedly.

362. Mr. *Bellew.*] You think that this system of confidential reports works satisfactorily?—I think it is the best system that has been adopted. I would rather see a better, if there was any possibility of devising a better.

363. But the system works satisfactorily to you, generally?—I think so; I do not think I have injured anybody by having recourse to those confidential reports.

364. Have you found in the confidential reports from medical officers that there has been frequently a great difference and discrepancy between the reports of the principal medical officers relative to the same individual?—In some instances I have found a great difference. In some instances I have found that the principal medical officer in a colony makes all the officers "excellent," and "men of high talent," or something of that kind; and I have found that some of those men have been reported differently when they have been serving on other stations.

365. Are you not of opinion that if for instance young surgeons are sent to foreign stations under a clever and very attentive principal medical officer, they will frequently get on better than if they were under a medical officer who looked after them less carefully?—Clearly if the assistant surgeons are good men, they will get on better in the former case.

366. Is it not possible that the carelessness of a principal medical officer might under those circumstances be bound (so to speak) upon his inferiors, and that the young medical men at the station who, if strictly looked after, would have been good medical officers, may be in consequence unfavourably reported upon by him?—Perhaps they would not get the amount of good report that they ought to get; but then I will mention with reference to that, that I look to all the reports upon men. I never take one principal medical officer's report alone. As I mentioned on Thursday, if promotion is required, I get all the confidential reports upon an officer for the three or four previous years from all quarters of the world where that officer has been serving. I look at one and read it. It is favourable to him. I take the next and read it. That is also favourable. I take the next and read it. That is also favourable. I take perhaps then one from some other station about him. They are all favourable. Then I come to the conclusion that there is nothing against him, and, being the senior, he therefore ought to have promotion. But if I find that three of the reports are against him and one for him, then I have to determine the amount of consideration that ought to be given to the different reports for and against him. The principal medical officers vary, like all other persons, in integrity as well as in capacity. I think I know pretty well the character of the different medical officers, and I would attach more importance to the report of one principal medical officer than I would to that of another. If I found that there was a very unfavourable

vourable report from a man that I had not a very great respect for, and I knew that he was lazy, and that he did not minutely inquire into the circumstances of his department, I would consider that of very little importance as compared with three reports to the contrary from others for whom I had a greater respect.

367. Colonel *North*.] Do not the officers commanding regiments also report to the Commander-in-Chief upon the conduct of the surgeons of their regiments?—Yes.

368. Are those reports sent to you?—Yes, the general officers' reports.

369. Sir *J. Trollope*.] Are you aware that medical officers who have been serving with the army have been specially reported, with approbation, by the Generals of their division, and have found their names omitted afterwards in the public despatches that have been sent home?—I believe there have been such instances.

370. Are you not aware that that has created a considerable feeling of dissatisfaction amongst the meritorious gentlemen who have been so reported?—It has, and I have brought some of them since to the notice of the Commander-in-Chief, and they have been noticed since.

371. Is not that a tardy reparation for having been passed over in public despatches, when the Generals of their own divisions, who had an opportunity of noticing their good conduct, have specially reported them?—It is tardy; but it is the only one open in such cases.

372. Till recently, no honours have been bestowed on medical officers for their conduct in serving with the army in the East?—None, till lately, with the army in the East. Five or six years ago honours were conferred upon the medical department.

373. But none till quite recently have been bestowed upon them for their service with the army in the East?—None.

374. Where those honours have been dispensed, have they been made general, or have they been confined to the heads of departments?—They necessarily have been confined to the ranks upon which the Order of the Bath can be conferred.

375. You stated that some gentlemen have been honoured with decorations who had been censured in public orders; I allude to Dr. Dumbreck for one?—As I mentioned on Thursday, one can scarcely consider the remarks in the General Orders on Dr. Dumbreck to have been a censure.

376. I wish to ask you with respect to another class of reports, namely, the reports made by the medical officers in charge of regiments, whether they have not had very great difficulties in obtaining what they considered necessary for the health and comfort of their men?—It would appear that they had; but those are local matters that I am not intimately acquainted with; my duties are at home in supplying the army.

377. Have you never recommended to the Commander-in-Chief any simplification of the system with respect to those reports and requisitions, namely, that they should not go through so many hands before they are complied with?—Yes, I have.

378. Have your recommendations been carried into effect?—I think so.

379. Should you be surprised to hear of the case of a regimental surgeon who applied for an hospital hut for his regiment in the Crimea in the course of last summer, which was supplied on the 11th of August in an incomplete state, and after numerous requisitions to various parties, was still incomplete in the following December?—It ought not to have been, but I dare say it may have been so.

380. Do not you think that those difficulties in carrying out the medical officers' duties are very inconvenient and detrimental to the public service?—Undoubtedly.

381. In the case I allude to the medical officer applied for a hut in the summer; it was supplied on the 11th of August, but with a large quantity of the boarding incomplete, and it was still incomplete as to the flooring and covering in December; do you not think that the health of the men must have been seriously affected by that state of incompletion, when I tell you that the temperature by Fahrenheit's thermometer was only 12° in the month of December, in consequence of that incomplete state of the hospital hut?—It would be a question whether it was in consequence of that incomplete state of the hut; if it was, it was certainly most objectionable, and ought not to have existed, provided there had been means of completing the hut; that requires to be taken into consideration; had they the

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means of completing the hut? Every effort ought to have been made to complete the hut at once. When a hut is put up, it ought to be complete in every respect for the sick before they cease to work at it. But many difficulties arose that could not be overcome, and, in consequence, many deficiencies continued long to exist that ought not to have existed, and their very existence must necessarily have prejudiced very much the interests of the sick.

382. I will ask you a question as to a report that was made specially to yourself; did not Dr. Burrell report to you on or about the 8th of May 1854, the amount of necessary matters to be done to render his hospital at Scutari in a sanitary state?—I think he did. I think he told me many things. I am answering a little at random, because that is two years ago, and thousands of things have gone from my mind since then. I think he did state those things; and amongst other things was the privy. I took immediate steps as far as I was concerned here, but it was not exactly a business of mine; it was the local authorities out there that had to manage those things.

383. Was it reported to you after the battle of the Alma, which took place in the September following, that nothing had been done to render that hospital in a sanitary state?—No; they had been doing something. As far as the engineers could work they had been working constantly.

384. You stated in answer to a question from Sir John Troilope, that some of the medical men who had been recommended by the general officers of the divisions in which they served, had not been named in the despatches, and that subsequently you mentioned them favourably?—I subsequently wrote to Lord Hardinge, and communicated what I had learnt; for instance, Lord West, who commanded one of the regiments, sent a very favourable report in reference to a medical officer, or more than one medical officer; I transmitted his letter to Lord Hardinge, and asked whether, as those officers had not appeared in General Orders, I might be permitted to send this letter for publication to the medical periodicals of the day; I did not ask leave to publish them in the ordinary newspapers, because it would have been rather out of place there; I wanted them to appear favourably to the general branch of the profession, and, therefore, restricted the publication to the medical periodicals; and Lord Hardinge, in answer, said something complimentary to those medical officers, and added that I had his authority to do it, and I did so.

385. But the publishing of a eulogy in the pages of a periodical is not at all equal to a favourable mention in General Orders, is it?—But that did not rest with me.

386. Did it rest with Dr. Hall?—Dr. Hall probably did not know anything about those individuals.

387. If they were favourably mentioned by the generals of division, would not that intelligence be carried to Dr. Hall?—It might or it might not. It has never been the practice to introduce medical officers into despatches. During the whole of the Peninsular war, I do not know that the Duke of Wellington ever brought forward the Medical department in his despatches. It was a novelty in the Crimea.

388. Do you think it is an improvement?—It is a most decided improvement, because it is an encouragement to the medical officers. The medical officers feel hurt when other officers are held up that have behaved well, and they are not, when they consider that they have behaved well; it damps their zeal.

389. Sir *J. Trollope.*] Was the medical journal, in which you introduced this matter, the paper called the "Medical Times"?—I think it was, and I think it was in the "Lancet" also.

390. Did you send it directly to the "Medical Times"?—Yes.

391. Were you in communication constantly with that medical journal?—No; I sent Dr. Hall's weekly reports, and beyond that I had no communication with it.

392. Will you name the papers to which you sent them?—The three London medical periodicals. I did not send them to one only, because that would look like favouritism, and therefore I sent them to the whole three.

393. Colonel *Boldero.*] You told us of two memorials, one sent by the surgeons, and one by the assistant surgeons. Has there not been another memorial sent to Lord Panmure, seeking to benefit and improve the medical department?—There was a memorial the other day sent to him, addressed to Her Majesty, praying

praying that the warrant which Lord Panmure had approved of, and which had been strongly recommended by myself, should be granted,—that I sent on the same day I received it to Lord Panmure, asking his favourable consideration of the memorial.

394. Have you received his approbation of it?—No; it is only three or four days since it arrived with me.

395. Can you give us a copy of it?—No; I did not keep the copy.

396. That warrant, you think, if carried into effect, would greatly benefit the Army Medical department?—I think very greatly.

397. Mr. *Noel.*] Did not the Chancellor of the Exchequer, in the House of Commons, on the 7th or 8th of March, say that he could not sanction the expense that those important changes would cost, and that, therefore, that warrant was withdrawn?—He is reported in the newspapers to have said so.

398. *Chairman.*] You are aware that the reports given to Mr. Benson Maxwell's Commission by regimental surgeons were in many points, and in the whole animus and spirit of them, different from the reports from the medical officers of divisions; have many of those regimental officers been promoted subsequently?—Since that the surgeon of the 49th has been made a staff-surgeon of the first class; and I think that has been the only opportunity of promoting any surgeon, except about six weeks ago, when I was allowed to recommend three officers for a mark of favour, on the termination of the war. I do not think that since those reports have come home there have been more than two or three surgeons promoted, and whether the seniors on those occasions were those that gave any reports to Mr. Benson Maxwell or not, I cannot say. Mr. Davies sent very unfavourable reports, as far as regarded the department. He spoke boldly of his wants, which, I think, was creditable to any man, because no man ought to conceal his wants, if he has any; and he has been promoted since.

399. Are you prepared to state to this Committee that the circumstance of their having made those reports would not be a bar to their promotion?—Unquestionably not; I say that boldly. The whole of my conduct through life has shown that the man who does his duty is promoted, whether the way in which he does it is palatable to me or unpalatable. If it is unpalatable to me he would be equally respected by me as the man who does his duty palatably to me, and be promoted if eligible.

400. Mr. *Bellew.*] Have any promotions been made in the medical department of the army in consequence of any medical officer being brought before your attention, as being zealous in the field, or for gallantry in dressing and attending the sick under fire?—Yes.

401. Colonel *Boldero.*] I wish to ask your opinion as to the manner in which the medical officers of the army in the East performed their duties; in the first place, you are aware that much odium has been incurred by the medical department of the army during the present war, from its being apparently inadequate to afford that aid and comfort to the sick and wounded soldiers, to which they are so justly entitled; this of course was not the fault of the medical officers, but the fault of the system. Is not that so?—Decidedly; and the difficulties which they had to encounter.

402. Has the system been changed, and if so, to what extent?—I cannot state that the system has been changed.

403. There was a Royal warrant issued on the 6th of October 1854, which confers great benefit upon the army as regards promotion; does your department share in those benefits?—No, there has no change taken place in the medical department. There has been no change under the Warrant of 1854.

404. Has there since?—No.

405. Do you consider that the medical officers employed in the East, collectively and individually, with one or two exceptions, have faithfully and conscientiously performed their duties to the sick and wounded?—I do.

406. And that their failure arose from your department not having been sufficient when the war took place?—In a great measure.

407. They were deficient in transports?—They were deficient in transport.

408. In the store department there were abundant supplies; but the things which were received for the troops were often entirely wanting?—Often they were entirely wanting from the want of proper arrangements out there.

409. You not having the control of those?—Exactly.

410. And the purveyors and apothecaries being almost extinct when the war broke

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broke out you were deficient in both those services?—We had neither the one nor the other, with the exception of a few very aged men.

411. In fact, in everything except professional treatment, as regards the welfare and comfort of the sick soldiers the medical department was not sufficiently provided when the war took place?—Clearly.

412. In the memorial to which you have alluded just now, have you entered into all these defects; and do you propose a remedy for them, and with regard also to promotion, and pay, and pension, and rewards, and widows' pensions, are all those points touched upon?—Many of those points were touched upon in the document which I forwarded to the Minister for War; with regard to pensions, that was not touched upon; because I had, about 12 months ago, urged by two letters most strongly the injustice which I conceived the medical officers suffered, from their widows not having the pensions of the relative ranks. That was conceded by the Government about 12 months ago, and therefore it was not mentioned in the document addressed to the Secretary of State; but all the other points which I thought essential to improve the condition of the medical department, as far as they occurred to me, were mentioned in my document, which consisted of about a quire of paper.

413. We are about to erect two or three large military hospitals; have you been consulted with regard to their arrangements, and can you state whether they contain ward-rooms for the officers?—They do.

414. Mr. *Bellew.*] You stated just now that apothecaries or dispensers of medicine were almost extinct in the army when the war broke out; I see by the "Gazette," that the 46th, 47th, and 48th Regiments have had dispensers of medicine appointed; are those gentlemen medical officers?—No.

415. What is their pay?—Their pay is the same as that of an assistant surgeon.

416. What is their rank?—Their rank is the rank of an ensign.

417. Are they gazetted as officers?—I believe they are gazetted as officers when they are appointed to regiments. Those doing similar duties on the staff are not gazetted as officers.

418. Do those gentlemen mess with the officers when doing regimental duty?—They are attached to the regiments.

419. Do they mess with the officers as holding the rank of ensign?—I do not know whether they mess with them or not. That is just what I saw would be the difficulty, and therefore I was averse to their being gazetted.

420. Do they wear uniform?—They wear a uniform different from that of the medical officers.

421. Colonel *Kingscote.*] Not the regimental uniform?—No.

422. Mr. *Bellew.*] From what rank have these gentlemen been taken?—They are mostly persons who have for some time served in large apothecaries' shops, and passed their examinations, and have been found qualified to dispense medicine.

423. There was no examination passed by them after you had selected them to those charges?—No; before I selected them there was an examination.

424. After an application was made to you to appoint anybody as a dispenser of medicines, had that individual to pass an examination to your satisfaction?—Yes.

425. Can you state upon what points they were examined?—Upon all the points that related to the duties which they would be required to perform; the dispensing of medicines, and reading the prescriptions of the medical officers.

426. Before whom did that examination take place?—It was occasionally a double examination, occasionally only a single one. They were sometimes examined by a Board in my own office, and afterwards sent to Mr. Savory to be examined.

427. How is that Board constituted?—That Board consists of the apothecary in the office, of the medical officer, who is employed in supervising the medicines sent out, and ascertaining that they are all proper, and properly packed, and of a president, who was a deputy inspector-general of hospitals.

428. Is there any restriction as to the age at which they may enter the service as dispensers?—They must neither be old men nor over young; there is no specific age laid down, because till lately, when I proposed the plan of appointing dispensers of medicines, and making it a permanent appointment, I never understood that they would be employed beyond the war, and therefore I did not

fix

fix the age. In that respect the matter is not completely organised; but if I succeed in getting them to be permanent attachés to regiments, which I think is absolutely necessary for the good of the service, then the same restrictions and the same rules of examination will be laid down with respect to them as are laid down with respect to the assistant surgeons.

429. You have done duty with regiments yourself?—I have.

430. Does it strike you that it will be difficult to reconcile those appointments to the feelings of the officers at present in the army?—It does; and it has appeared to me all along that that would be the difficulty, and on that account I did not want them to be gazetted.

431. Colonel *North.*] From whom did you receive the orders to look out for those gentlemen, and to have them examined for those appointments?—I had authority to do so from the Minister at War.

432. Is it the fact that many of them were taken from behind the counters of shops and appointed to regiments?—I presume almost all of them.

433. Sir *J. Trollope.*] Was any qualification required?—Yes; I have stated the qualifications required.

434. Would not these dispensers, when appointed, supersede in a great degree the duties now frequently done irregularly by the hospital serjeants?—I cannot admit that the hospital serjeants do those duties, because there is a direct order that no hospital serjeant shall compound medicines. Perhaps they do it, but I do not know it. If I knew it, it would be my duty to bring the officer to book who permitted such a thing.

435. It would be for the advantage of the service to have persons better qualified for those duties than the hospital serjeants, who sometimes do irregularly perform those duties?—Certainly, for the advantage of the service.

436. Colonel *North.*] It is a sort of middle rank between the hospital serjeant and the assistant surgeon, one that is newly introduced, and which I understand you do not approve of, or at least one that you would rather not have introduced?—No, I wish to introduce the dispensers; but having served 41 years in the service, I know pretty well what the feelings of officers are. The feelings of officers, I am perfectly certain, are generally very good and very kindly; but I thought that if a young man, whom they would call a shopboy, joined the regiment, and they were compelled to receive him to the mess, they might resist that. I would not gazette him to the regiment, but let him find his own place. If he was a gentlemanly young man and well informed, as he must be, because he must have had a good education to be a dispenser of medicines; he must be to a certain extent a good Latin scholar, and must have a knowledge upon many other points; I think that nine regiments out of ten would say, "Poor fellow, he is dining by himself; why should we not ask him to join the mess as an honorary member?" But I thought that the officers would resist it if it was made imperative upon them to receive him.

437. Mr. *Bellew.*] Has it been made imperative upon them to receive them?—I believe so, they having been gazetted.

438. Colonel *Boldero.*] Do they hold Her Majesty's commission, or are they appointed by warrant?—Those that are gazetted hold Her Majesty's commission; the others upon the staff are by warrant.

439. All other officers in the service holding Her Majesty's commission, and appearing in uniform, are entitled to certain respect from every soldier that passes under arms?—Clearly.

440. Do you think it possible that any regiment would refuse to receive a dispenser at mess, he having been gazetted, and holding Her Majesty's commission?—They could not refuse him, but this might happen: If a man who is not on an equality with themselves were to go to their mess, where he might have a right to go in consequence of being gazetted, his neighbour on the right hand and on the left hand might have an understanding that they would not speak to him, or that they would not take any notice of him, or recognize him when they met him out of doors; and in that way they might make his position very uncomfortable; therefore I think, in order to have avoided that, it would have been better to have left it optional to the officers to ask him to become a member of the mess. Many regiments, I am sure from my experience, would do so, but there might have been regiments that would not do so.

441. You cannot, of course, require asking officers to pay attention and respect to a dispenser, but if a dispenser were to write home and say, I have joined such men

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and such a regiment, and I am refused to be received at the mess table, what steps should you take?—I must immediately address the Commander-in-Chief and state the case.

442. Mr. *C. Legh.*] What pay do the dispensers receive?—They get the same pay as an assistant surgeon, 7*s.* 6*d.* a day, and the same allowances.

443. Sir *J. Trollope.*] As these officers were only to be employed during the war, what is to be done with them afterwards; are they to be put upon half-pay, or are they to be altogether dispensed with?—That is a question I asked, but I did not get any satisfactory answer to it.

444. Mr. *Bellew.*] Did the plan of medical dispensers originate with you?—Yes.

445. Can you tell us by whose authority it was that those men were appointed to the rank of ensign, contrary to your wish?—It was not contrary to my wish that they should have the rank of ensign. I only thought that it would have been better not to have gazetted them, so as not to render it compulsory upon the regiment to receive them as members of the mess.

446. You would have had them only warrant officers, without being gazetted?—All dispensers of medicines have always been warrant officers; they have the rank of ensign. It is necessary for them to have rank in order that they may get their allowances, and in order that they may get quarters, and such things as those.

447. Has any remonstrance ever been addressed, to your knowledge, against those men being gazetted officers?—I have written on the subject, and have stated my opinion.

448. Colonel *North.*] Owing to the pressure of the war, which required a great number to be provided immediately, you were obliged to take whomsoever you could get; but could not those gentlemen be selected from a superior class if you had time to get them?—I presume that most of them consider themselves gentlemen, and I suppose that as far as the ordinary acceptation of the word goes they are so. They are all persons who have gone to learn the business of apothecary; men of good education.

449. But it has not been hitherto considered that a shop-boy is a proper associate for an officer in the army; has it not caused very great discontent that men of that sort should have been forced upon the army, and be considered proper associates for officers in the army; though of course at the sudden outbreak of a war you must get whomsoever you can?—I do not think we could get men superior to the men we have got; I have taken care to get the most cultivated description of men I could get; they have been highly recommended as men of good conduct, good education, and gentlemanly behaviour.

450. Mr. *C. Legh.*] Your object was to benefit the regiments without reference to the mess of the officers?—I did not consider the mess of the officers; it was for the good of the service.

451. Sir *J. Trollope.*] Have any of those dispensers of medicines been licensed by the Apothecaries' Company?—No; because men who have been licensed by the Apothecaries' Company would not take the situation; they have been licensed by the Pharmaceutical Society; that is a society that licenses persons of that description. They undergo a very severe examination by that society, and then the society grants them a certificate that they are persons fit and proper to practise the business of an apothecary or druggist in any part of the United Kingdom.

452. Can you speak to the number of those that had passed that examination out of those whom you have employed?—No, I cannot; they are a considerable number, but by no means all of them.

453. Did you take any young man who had passed no such examination?—I did when favourably recommended to me; but he was subject to an examination before he was finally taken.

454. Were they so subjected?—Every man; sometimes to two examinations.

455. Colonel *Boldero.*] Is not the stimulus of promotion, and its concurrent reward, absolutely necessary for the efficient working of every public department?—Doubtless.

456. Then can you expect to get an intelligent, gentlemanly body of men as dispensers, when there is no hope of promotion held out to them?—That is a difficulty.

457. Sir *J. Trollope.*] Had you not great difficulty in getting well-qualified young

young men to take the office of dispensers to regiments or brigades, in consequence of your requiring at the same time the services of a number of civilians to act as medical officers in the East, at a higher rate of pay than that which was given to the medical department?—None; because the men whose services I was requiring as medical officers would not have offered themselves to me as dispensers; they were men of a higher class; men who had received a university education.

458. Mr. *Noel.*] Are these appointments of dispensers to be continued?—I hope so.

459. Mr. *Bellew.*] Is there no promotion to be held out to them?—What I suggested was, that as they could not get promotion, there being no other rank that they could fill above that of dispenser, after a certain number of years' service in one grade they should get an increase of pay.

460. Do you think that by that means you would get a better class of men?—I do not think we could get a better class of men than a great number that we have got.

461. But you would naturally get a better class of men by giving an increased pay after a certain number of years' service?—Yes.

462. Sir *H. Davie.*] I understood you to say, with regard to promotions and transfers in the medical department in the Crimea, that you individually had nothing to do with them?—Transfers I had nothing to do with. With promotions I had everything to do. The promotions are divided as regards the army in the East. Officers, who are specially recommended home by the Commander-in-Chief and the head of the medical department, are without any question carried through. I do not exercise my own judgment in reference to them. Then, in cases where no person has been specially recommended to fill the vacancy, I take the senior of the rank if there is nothing against him.

463. Supposing a surgeon or assistant surgeon of a regiment in Canada wishes to be transferred to the staff, or *vice versâ*, that a staff surgeon or assistant surgeon wishes to be removed to a regiment, and supposing a friend or relative of such officer were to come to you here, and ask that such transfer should be made, would you refer them to the authorities there, or would you yourself direct such a transfer to be carried out?—If there was an opportunity for a transfer, that is to say, if there was a staff surgeon of the second class, whose rank is equivalent to a regimental surgeon, who wished to get to a regiment, and a surgeon of a regiment wished to return to the staff, I would inform the friend who applied to me to tell them mutually to make their application to me, forwarding the certificates which the rules of the service require, certifying that the change from the one service to the other was not in consequence of bad behaviour; and when I received those representations, if they were all satisfactory I should recommend to the Commander-in-Chief that the transfer should take place. The local authorities have no power of transferring in Canada.

464. But you are supposing a voluntary exchange between two parties which my question did not contemplate?—I cannot force an officer to go away from a regiment to make place for another. If a vacancy were to arise in Canada by the death of regimental surgeon, and a staff-surgeon of the second class serving in Canada, had applied to me previously for a regimental surgeoncy as soon as one became vacant, I then on this vacancy arising should have no hesitation in recommending to the Commander-in-Chief that he should be appointed regimental surgeon, and that the next senior assistant surgeon should be appointed to fill the situation of staff-surgeon of the second class.

465. Then, practically, you would desire the thing to be done?—I should recommend the thing to be done; I have no power to do it.

466. Mr. *Bellew.*] Does service on half-pay militate against a surgeon in the army as to the counting of his service?—It does; it is not counted at all.

467. Do you think that the present scale of half-pay of the assistant surgeons in the army is sufficiently liberal?—No; I have recommended an increased half-pay.

468. Are you aware that in the promotions of medical officers, as to their relative rank, they consider it a grievance that the time spent on half-pay does not count in any way in their favour?—No doubt they consider it a grievance; but it is the universal practice in the army. In the same way, a military officer's service on half-pay does not count.

469. What is the greatest length of sick leave that they generally grant to a

medical officer?—It becomes exceedingly difficult to grant to a medical officer beyond six months' sick leave. Men returning from India have occasionally succeeded in securing 12 months; but those are very rare cases, and during that time the service is suffering very great inconvenience from their absence.

470. *Chairman.*] Are not Colonial and foreign appointments less favourable for the chances of promotion than Home appointments?—No; I should say rather more favourable, because more casualties occur abroad than at home.

471. But the appointments are so much fewer at any station abroad than at the different Home stations; you stated that you would not transfer the next in seniority from New Zealand to a West India station, if there was a vacancy, but in every part of England you would transfer the next in seniority from one station to another?—Yes.

472. Therefore the chances of promotion are so far smaller in a foreign station than in England?—In the West Indies, for instance, where there are only 5,000 or 6,000 men, and five or six surgeons, there would be a greater chance of promotion to a superior rank than the 30 surgeons who might be at home in England would have, because the climate being more unhealthy, more casualties occur in the West Indies.

472*. Some stations being more arduous and more unhealthy than others, you have the power of exercising favour or disfavour in the appointment of medical officers to the one or to the other?—If I were to exercise the power I dare say I could exercise it with great injury to individuals, but I do not do it.

473. Then you have in your promotion two rules to guide you as to whom you shall select; you have sometimes length of service, and sometimes seniority of rank?—I make use of both, but I am expected according to the instructions I have to select.

474. Then are we to understand that in some cases you use as your rule in selecting seniority of rank, and in other cases seniority of service, or do you apply only one of those rules?—If the officers who are eligible for promotion are of equal merit, seniority of service always guides.

475. Sir *J. Trollope.*] Then you do not take seniority of rank as your guide?—I have occasionally done so; but I am not justified in doing it, because I am told that the filling up of the superior vacancies is to be by selection.

476. Did you make use of selection when you brought Dr. Hall from India to take the command of the medical department of the army in the East?—Partly selection, but principally seniority of rank.

477. Was there no disadvantage to the public service in bringing a medical officer from so distant a dependency to another distant station?—Not that I know; there was great disadvantage to Dr. Hall, for he remonstrated at being taken away from a place where he had 2,500 *l.* a year independently of large allowances and emoluments; he felt it was a great disadvantage to himself.

478. In a pecuniary sense?—In a pecuniary sense.

479. Was it not of immense advantage to Dr. Hall to have the entire charge of a large expeditionary army?—Not in a pecuniary point of view.

480. But in a personal sense was there not great honour and advantage in being so placed?—Some persons may think so; but many would forego that probably, to get a considerably higher salary.

481. Has not Dr. Hall received some personal advantages in being honoured by his Sovereign by some decoration since?—Yes; he had the chance of getting that, and he has got it; but then he might not have got it; he had no certainty of it.

482. *Chairman.*] You stated on Thursday that Dr. Dawson was senior to Dr. Hall; then why did you take Dr. Hall, because of his seniority?—Dr. Dawson was an Inspector-general at the time, and Dr. Hall was a Deputy Inspector-general at the time.

483. And Dr. Dawson was in India?—Yes; but I did not conceive that Dr. Dawson was so eligible as Dr. Hall. Dr. Hall had gone through the Cape war. That was a small war, but still it was a war from which a man obtained considerable experience. I wanted a man who had had some experience of war.

484. Then your rule in that case was not entirely seniority, it was selection?—It was selection to a certain extent; Dr. Dawson was already Inspector-general, and I wanted to promote a man to the rank of Inspector-general to take charge of the army of the East.

485. Sir *J. Trollope.*] You stated that the gentleman whom he superseded, Dr. Burrell, was of equal length of service with yourself?—He was a few months senior to me.

486. Then I apprehend that selection must have taken place in your instance; you now hold your present office by selection?—His Grace the Duke of Wellington selected me.

487. You were selected from being assistant to the former Director-general?—Before I was appointed by the Duke of Wellington, I had been assistant for five or six years to the late Director-general.

488. You hold the office you now hold at a much lower salary than the former Director-general enjoyed?—I took the office without knowing what the salary was to be; it was not stated to me till after I had got the appointment.

489. You were then told that you would be put upon a reduced allowance?—Yes.

490. Which has been not very satisfactory to you since?—I do not care much about money.

491. Have you never remonstrated since as to the difference of salary?—I have not.

492. Can you state the number of officers over whose heads you were placed when you were so selected?—I cannot.

493. Were you not holding at the time the office of staff-surgeon in the army?—I was deputy inspector of hospitals.

494. How long had you been deputy inspector?—About five years.

495. Were there not many deputy inspectors senior to you?—Yes, but I cannot say how many; there were some.

496. And the whole of the inspectors?—Yes.

497. You passed over all their heads?—I passed over all their heads.

498. I will not ask you the grounds upon which you passed over their heads?—I do not know them.

499. But Dr. Burrell, whom you displaced in the Crimea, was of equal standing, and we may presume of equal experience with yourself. Had he served at any other foreign stations?—I have no doubt he had; but he was not of equal standing; he was a staff-surgeon of the first class, and I was deputy inspector of hospitals.

500. Having started on equal rank, you had been selected upon a former occasion for promotion?—I must have been.

501. Then in fact in your instance seniority has had nothing to do with your appointment?—No. Selection has had to do with it. Selection is the rule.

502. And yet in your former evidence you stated that when the merits are equal, seniority should be the ground on which medical officers should be promoted?—I did not state that it should always be the ground; I said that I had made it almost always the ground as far as I was concerned in the administration of the department.

503. Mr. *Bellew.*] With regard to half-pay and sick leave, do you think the Medical Department is sufficiently supplied with staff-officers to take the duties of regimental officers, to enable those regimental officers to obtain extended sick leave in case of necessity?—Certainly not.

504. Do you think that as the time spent on half-pay does not count, it would be an improvement to the service, and a benefit to the individuals concerned, if the staff were so increased that the medical officers could obtain more extended sick leave?—Yes.

505. Colonel *Boldero.*] Have you in the Medical Department of the army any full-pay retirement?—No full-pay retirement.

506. What length of service entitles you to half-pay?—Twenty-five years.

507. In the line 21 years is the time, is not it?—Yes, to entitle them to full-pay retirement.

508. It is possible for an officer to get his first commission in the army at the age of 16?—Yes.

509. A medical gentleman cannot get his commission much before three or four-and-twenty years of age?—Not usually.

510. Therefore an officer in the line would have an advantage of seven or eight years at the commencement, and he also has an advantage of five years with regard to obtaining his half-pay?—Yes.

511. With regard to two eminent men who have been mentioned, Dr. Reid and

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and Dr. Burrell, you stated that Dr. Reid was selected from Corfu in consequence of his proving himself a most able operator?—Yes.

512. And you thought you could not find a better man to send to the East for active service?—Yes.

513. He came home to England, having had leave from the Governor of Corfu?—Yes.

514. He was then in great domestic affliction, but still you thought his services so essential to the army in the East, that you compelled him to go out?—Yes.

515. Dr. Burrell was sent out to serve with an army of 10,000 men, to organise an hospital, and to superintend the sick, and you felt it your duty to supersede him by appointing an officer, his senior in rank. Instead of retaining Dr. Burrell, to serve in the East, under Dr. Hall, whom you brought from the East Indies, you placed him upon half-pay, and you thus saddled the country with the half-pay of a gentleman who was efficient and ready to do his duty; do you think that you dealt equal justice to those two gentlemen?—If the case had been as the Honourable Member has stated it, I should say that I had done gross injustice. But the case was this: I found myself compelled to appoint an Inspector-general, when the army increased. I gave Dr. Burrell an opportunity of serving as second in medical command, and he declined it; he would not serve; and then, to try and make up for any little feeling that he might have on the subject, I offered him a situation which would bring him 2,500*l.* a year. I offered to send him to Bombay, a place which every man is anxious to get. He declined that, and insisted peremptorily upon my cancelling his appointment and having him placed upon half-pay; and a series of letters reached me one after the other, insisting that I would take that step. I remonstrated against it. I asked him over and over again to consider what he was losing before I did it. At last I was compelled to do it. I would now say, that as the case appears not to be clearly understood, with the permission of the Committee, I will put in the entire correspondence which took place between Dr. Burrell and myself with reference to the subject.

516. *Chairman.*] Was that all official correspondence, or do you desire to put in that which was partly demi-official?—A great part of it was demi-official.

517. Colonel *Boldero.*] In the one case, you compelled Dr. Reid to resign, and in the other, you did not exercise your authority, by compelling Dr. Burrell to serve?—I did not compel him to serve.

518. Why did not you?—Dr. Burrell had a right to demand his retirement, after the length of time he had served.

519. But when an army is in the field, in active operation, if a man is in health, and has skill, and judgment, and science, surely he ought not to come home and be placed on half-pay, doing nothing?—I could have taken that course; but I do not know whether the Commander-in-Chief would have forced him to serve, had I proposed it. I have got odium enough already, but I should have got ten times more odium had I taken such a step as that; and it would have implied that I had no person in the department who could take Dr. Burrell's place—no one equally intelligent and equally able. Therefore it would have been a sort of stigma upon all the other officers of his rank. Now I have the highest opinion of Dr. Burrell; but I have equally great reason to have a very high opinion of many others; and if he thought it desirable for him to retire, I could replace him by a man just as good as himself. Under those circumstances, I felt that I should not be justified in proceeding to an extremity which is rarely known in the service, to compel a man, after he had an unqualified right to retire, to go and serve.

520. And it was nothing derogatory to the character and position of Dr. Burrell to serve under a superior officer?—Decidedly not, so far as I understand the thing, but he thought differently.

521. Sir *J. Trollope.*] Had you not a tender of service when the army proceeded to the East from Dr. John Davy, a gentleman holding high rank as an army medical officer?—I had not.

522. Was not such an offer made to the War Department, and referred to you?—It was.

523. Did you never return an answer to such an offer of service?—I had better state the circumstances; after Dr. Hall had been ordered to join the army in the Crimea, a little previously to Lord Raglan's embarking from this country, he

he sent me a note addressed to him by Dr. Davy, asking for the appointment of principal medical officer to the army. Lord Raglan sent a private note to me, saying, "What answer shall I give to this?" I replied, "The answer is easy, the principal medical officer has been appointed." That went to Lord Raglan, and I heard no more of it. Several months afterwards, a letter of Dr. Davy's to the Duke of Newcastle, was transferred to me, with a request that I would answer it. I simply answered it in the ordinary way, to say that I did not feel myself justified in recommending him for the appointment which he solicited.

524. Are you aware of Dr. Davy's experience in the East, at Constantinople?—Dr. Davy, so far as I know, could have had no experience at Constantinople, except in inquiring into what was the condition of the Turkish Medical Department and Hospitals. He was sent with several other officers to inquire into the position of the Turkish Medical Department, and to make suggestions to the Sultan, provided he would accept of suggestions, as to what might be done to improve the medical condition of the Turkish army; beyond that experience, I cannot conceive that Dr. Davy could have had any experience.

525. Was not he resident nearly a year at Constantinople?—I cannot say how long he was resident; he was there simply as a Commissioner.

526. Would not that residence there, and the official inquiry in which he was engaged relative to the Turkish hospitals, give him experience not enjoyed by many other medical officers connected with the British service, as to the climate and various other things which a medical officer would require to know in connection with his profession, and a knowledge of which would be of great advantage to an expeditionary army in the locality?—It might, but I took other means of ascertaining those points when the army was ordered to the East; I sent out three very clever medical officers to inquire into all those things; they preceded the army, and then sent me home their reports in reference to all those points, before the army actually reached Constantinople, or at least very shortly afterwards.

527. How long were they resident there before they sent their reports?—Their residence was not simply at Constantinople, but they travelled over the entire country, and found out the local peculiarities ten times better than any person resident in the town of Constantinople could do. I sent one down the Danube, to examine every locality along the Danube, to find what peculiarities attached to different parts; what were the diseases that prevailed in each part, and how far any particular place would be eligible as an encamping place, and how far it would be disadvantageous. Two of the officers went to Constantinople; one of them went up direct along the sea as far as the Balkan, and came down in the other direction to the West. The other officer went off in the direction of Gallipoli, and inquired into the condition of every locality where it was possible to have to place an army.

528. But as the expedition was then about to start, were not their inquiries rather superficial and hurried?—I should say not, because they put themselves into communication with medical men in those places; they had interpreters with them, and those interpreters were able to elicit from the medical practitioners of places the best information which could be obtained.

529. Did you employ afterwards any of those three medical gentlemen?—They were all employed with the army.

530. Are any of them there still?—One of them is there.

531. Will you state their names?—One of them is dead; Dr. Dumbreck was one, Dr. Linton was another, Mr. Mitchell was another, he is dead, he died of cholera.

532. Then you declined Dr. Davy's services, because the situation was already filled up?—Not exactly so; Dr. Davy, according to the rules of the service, had completed his period of service, and he was not eligible to be brought back to the service again. Dr. Davy, as well as many others, when they rose to the rank of senior deputy-inspector, were made temporary or local inspectors-general, and were required to serve in that rank for three years. On completing the three years, they were confirmed in their rank; and by a regulation that was issued on the recommendation of the Military and Naval Commission of Inquiry, were permanently put upon half-pay; I had not the power to bring in Dr. Davy.

533. Are the Committee to understand that a gentleman in that position, in

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perfect health and of long experience, who tenders his services, is to be considered altogether ineligible?—Yes; that is the rule of the service.

534. It is a perfect bar to his being employed?—Yes; that is the rule of th service.

535. *Chairman.*] Where are those rules to be found?—They are in the proceedings of the Naval and Military Commission.

536. Sir *J. Trollope.*] Are they printed with the Report of the Commission, or are they rules which have been made in consequence of the Report of the Commission?—The practice has been consequent upon the Report of the Commission.

537. You state it to be the practice; has it been made the subject of an Order emanating from the Commander-in-Chief?—There is a letter from the Secretary at War, stating that that is to be the practice.

538. *Chairman.*] Have you ever violated those rules?—Never; I do not feel that I could safely violate them; if I did, it might turn me out of my appointment.

539. Sir *J. Trollope.*] Was not Dr. Davy senior to you by some years in the service?—Some months.

540. You had been under his command?—I had.

541. You are aware, therefore, of his capabilities of service, and his knowledge and general acquirements?—I do not know what reply to make to that.

542. You would decline to reply to that?—I would decline to reply to that.

543. But I understand you to say, that there was nothing that rendered him unfit to receive the appointment except the order which emanated from the Commission on Army Appointments?—Nothing, except that, and the injustice that it would have been to others who were on full-pay, and were looking to the advantage that he had already got by being promoted to the highest rank.

544. Sir *H. Davie.*] You stated that when you were asked with reference to Dr. Davy what answer should be given to his application for employment, you said, "The answer is simple; the appointment is already filled up;" but did you not at the same time suggest that he should be reminded that he had been put upon the retired list, and therefore was not eligible according to the rules of the service?—No, I did not suggest that, because I took for granted that Dr. Davy, as well as everybody else, knew that. It would have been an insult to him to tell him that, because he must have known it.

545. Sir *J. Trollope.*] Are you not aware that he made a tender of his services long before the chief medical appointment was filled up by the appointment of Dr. Hall?—No, I do not think he did.

546. If his service was tendered to the War Department, would it not be referred to you?—Yes; but I do not think it was tendered to the War Department. I think at the same time that the letter was sent to me, tendering his offer of service to the War Department, there was a letter also sent to me stating that he had tendered his service some time previously to the Secretary at War. I never heard anything about it at the time, but I think it came to my knowledge at the same time that I received the letter from the Duke of Newcastle; then I became acquainted with the fact that he had made to Mr. Sidney Herbert an application for employment.

547. Were not the terms of your answer something as follows: that you did not think fit to recommend Dr. Davy; a very peremptory answer of that sort?—It was the usual official letter, that I did not consider it my duty to recommend him. That was the whole of it. I will put the letter in if the Committee wish. There was no difference in my letter to Dr. Davy, from what there would have been as to any other inspector-general.

548. Mr. *Bellew.*] To refer again to the subject of half-pay, with reference to the promotion and retirement of medical officers, I find it stated in the rules that the rate of half-pay to a medical officer in the army shall in every case be determined by the service he may have rendered on full-pay, and the circumstances under which he may be placed upon half-pay. Is the nature of those services and of those circumstances communicated to you, and does it rest with you to decide whether his half-pay shall count as full-pay service?—No. There are two rates of half-pay; there is a reduced rate, which is about 2 *s.* more than the ordinary half-pay, and which a surgeon is entitled to claim if he is recommended by the head of the department. I do not recollect a single instance of a man going upon half-pay in which I was not able to say that he was fully entitled to the reduced rate.

549. Does

549. Does it rest with you to recommend it?—Yes; it rests with me to recommend. If I do not recommend it he would get the regular half-pay. If I say that he has been an officer that has performed his duties efficiently and advantageously to the public service he gets the reduced rate.

550. *Chairman.*] Your recommendation has never been disputed in regard to that?—Not that I recollect.

551. With respect to the system of promotion in the medical department, you stated that you were opposed to a Board, and that you thought it better to confine the responsibility of those promotions to one individual. Have you any suggestions to make as to any different arrangement that might be made with regard to the system of promotions, either for your guidance, or to give you greater liberty, or to alter your position with reference to the War Office, or in any other points; or are you satisfied with the system of promotion centered in yourself, as it at present works?—I cannot say that I am satisfied with the system of promotion vested in myself, because, if I could see my way, without sacrificing the public service, I would earnestly entreat to wash my hands of the promotions; I would have nothing to do with promotions.

552. But you do not see any way?—I do not see any improvement that could be made with reference to promotions, assuming that the existing system is to be continued. I do not think that a Board would do, because Boards have already been resorted to in this department. There was a Board between 1794 and 1808. That Board was constantly contesting. One man had a friend whom he wished to have promoted. Another member of the Board had a friend whom he wished to be promoted; a third man had a friend again whom he wished to be promoted, and each individual of the Board fancied the merits of the candidate whom he proposed were equal to the merits of the candidates whom the others proposed, and perhaps superior, and the consequence was that time was frittered away to nothing. Then I apprehend that this Board had different duties to discharge with reference to the service. The physician-general was supposed to have the right of selecting physicians for the service; and from the moment that a physician was selected he was placed in a hospital, and the surgeon-general had the management of that hospital, and he immediately complained that the physician-general had not selected a proper man for him. And so on. There was constant altercation. That Board was abolished in 1798, and it continued abolished till 1810, when it was reformed, and in 1816 it was found to work not advantageously to the service, and one member was taken away; and in 1833 it was entirely broken up, and the sole power was placed in the hands of Sir James M'Grigor. The department has continued since then to be superintended by one individual.

553. Sir *J. Trollope.*] There was no civilian attached to either of the Boards which you have stated to exist up to the year 1833?—I cannot exactly answer whether Mr. Rush was not a civilian. Mr. Rush was appointed on the Board in 1798 or 1799. I suspect that he was a civilian; he had not served in the army; and I suspect that Sir Lucas Pepys, who was the physician-general, had not served in the army; in fact, he had not; because when the question was put to him by the Military Commission in 1806, whether he knew anything about soldiers, he said he did not know anything about soldiers.

554. Do you think there would be any advantage, if the Board were reconstituted, in attaching a civilian to it, seeing that the duties are entirely connected with the army?—Decidedly not, but a disadvantage.

555. In fact, if it should be the pleasure of the Crown to nominate a Board, and of Parliament to issue a grant for that purpose, you think it would be amply sufficient and satisfactory to have it composed entirely of military and medical officers?—I think of military and medical officers.

556. *Chairman.*] But you are opposed to a Board altogether?—Yes.

557. And of the two, you think that a Board with a civilian element in it would be worse than a Board composed entirely of military medical officers?—I know that no Board in the world would get through the duty, because a Board cannot go on so rapidly as an individual, and it is absolutely necessary for the good of the service that the current work should be got through from day to day. At the present moment what exists is tantamount to a Board; I have three subordinate boards in my office, and they examine and report to me on all points, and I have simply the decision. I have a Board in regard to the supplies of stores for the army; it consists of three officers. Whenever any

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application comes to me with reference to stores, I may read it over if it is not very long; if it is too long for me to read over, and therefore would interfere with the current work, I address it to the president of this Board, and he makes me out a *précis* of it, and gives me also the opinion of the Board, which in nine cases out of ten I adopt. Then if the application is with reference to the supply of medicines for the army there is another Board, with a deputy-inspector at the head of it, who looks to the supplies on hand, and looks to the supply required. I consider it their duty to see that the supply be furnished that is required. In nine cases out of ten I do not interfere in the least; and in the same way, with the Board for the examination of sick and wounded officers, that Board decides in all cases without my intervention; all that I have to do is to send on the proceedings to the Commander-in-Chief. So that those matters are attended to by three Boards, sitting separately and independently. If I have any reason not to approve of the proceedings of any one of those Boards, I call on the Board to state upon what grounds they have come to their conclusion, and if they satisfy me that the grounds are good, though at first sight they appeared not good to me, as a matter of course, for the good of the service I adopt them.

558. How many officers are there attached to each Board?—Three.

559. Are they all separate and distinct persons?—The president of the Board for examining sick and wounded officers is also the president of the Board for medicines, because if they were made separate and independent persons, it would require such a number of officers, that they would not have any occupation, except at the time when they had to sit on those Boards.

560. How many military medical officers have you attached to your department?—I have two Deputy Inspectors-general of Hospitals. I have a staff-surgeon of the first class, three staff-surgeons of the second class, and an assistant surgeon, an apothecary, and a purveyor.

561. Does the apothecary sit upon any of those Boards?—On the Medicine Board; because he is the person most conversant with regard to medicines.

562. Does the purveyor sit upon any of those Boards?—The purveyor sits with reference to stores.

563. You have seven medical military officers, and an apothecary and a purveyor?—Yes.

564. *Chairman.*] Are those all appointed by you?—They are selected by me.

565. Have you to submit their appointments to any one else, or do you appoint them upon your own decision?—Supposing I am allowed to make a selection of four men I take the most qualified to do the duties of the office, an simply order them to London, and report that I have ordered those officers to London for that duty.

566. And that is final?—It is final, unless any objection is raised.

567. Have any objections been raised in any cases?—None.

568. Do you confine your selection to any particular rank, or do you take from the whole of those in the service?—I am bound to confine my selection to particular ranks. I proposed to Lord Panmure what I wanted. I stated that I wanted so many of one grade and so many of another grade, and I received sanction to take those. Of course I required to have his sanction to take the two deputy-inspectors and the other medical officers that I wanted.

569. Could you take a staff-surgeon of the first-class, and make him a deputy inspector-general in order to have his assistance in the discharge of these duties?—No; if I had found that I had no deputy-inspector equal to the duties, and I had found that I had a staff-surgeon particularly eligible for them, I should have had to represent that to the Minister for War, and to state that I thought the public service would benefit by giving him the promotion for the purpose, and if he concurred with me in that opinion, he would authorise me to mak the promotion.

570. Are they removable by you at once from their present attendance in Whitehall-yard?—Yes.

571. They are therefore entirely dependent upon you?—Yes.

572. The difference between them and a Board would be, that in the case of a Board the other members of the Board would be co-equal with you, whereas they are subordinate?—Exactly.

573. You think that it is a better arrangement that they should be subordinate than

than that they should be equal on the Board with you?—They could not be equal, because there must be a chief of the Board.

574. But they would be much nearer equality if it were a Board?—The two members would probably be inspectors-general.

575. They would have the right of voting upon any question, so as to overpower your decision?—Yes, they might outvote me.

576. Therefore, though they would be individually inferior, collectively they would be superior to you?—Yes, and they might outvote me upon something that was most essential to the interests of the service; misunderstandings might arise, and possibly the two junior members, as is very often the case, might not like very much the senior member, and they might say, "Let us thwart him;" and when matters were brought before the Board for decision they might outvote him. Something which I might be convinced would be of great advantage to the public service would not be carried, because the two junior members of the Board would say that it shall not be carried. That is one great reason why I object to a Board.

577. For instance, the junior members might have insisted upon the continuance of Dr. Burrell in his employment with the army?—Yes, they might, although Dr. Burrell wished to retire.

578. Sir *J. Trollope.*] In March last it was announced to you, that a Board was intended to be formed, and you thereupon tendered your resignation in consequence of its being proposed to introduce the civil element into it?—Yes.

579. Did not you state that you came to that decision also on account of your health?—My health was suffering at the time.

580. It appears that it was announced to Parliament by the Prime Minister, in May, that it was the intention of the Government to form such a Board?—I believe so.

581. Are you aware why that intention was abandoned?—I am not.

582. Was it in consequence of any remonstrance of your own?—No.

583. But you distinctly told the Government that you would not act upon it?—After having done, as I believe, my duties efficiently as Director-general, I would not remain on any Board unless the Government were to adopt the course of forcing me to do so, or else were to say to me, "Then you may resign your commission." I could not afford to resign my commission. I am not a rich man. I should in that case have had to submit to circumstances, and make the best of it, and let the public interests suffer.

584. Colonel *North.*] With regard to the Board of officers who sat to examine the sick and wounded officers who came home, were the three members of it permanent, or were they changed from time to time?—They have been from necessity changed occasionally; never, if it was possible to avoid it. The pressure for officers in the East made it impossible to keep men permanently, but since I have organized the Board as it is now, they have never been changed.

585. It would have been your desire that the officers on the Board should continue the same throughout, if it were possible?—Clearly, for the advantage both of the officers and of the public service.

586. Mr. *L. Gower.*] What practical inconvenience do you state would result from the appointment of a civilian to this Medical Board?—Every man sitting on a Board, according to human nature, must naturally fancy that his opinion is worthy of weight; and if he has not had experience in army matters, his opinion can only be formed upon his experience in civil life; and that is so different from the experience which men acquire in army life, that if he were to push that upon military officers they would see that it was inapplicable; and the consequence would be that they would overrule him by a majority, and in time he would get dissatisfied and find that he was a cipher; or if his suggestions were often adopted, they would most likely prove disadvantageous to the public service.

587. Then you object to any civilian having any interference with the army generally?—I do, from that circumstance, that they do not understand the army medical duties; they are not acquainted with the habits of soldiers nor with what is necessary to the management of sick soldiers.

588. Mr. *C. Legh.*] Would your objection apply also to the person who has the department of the apothecary in the Board. Would there be any objection to his being a civilian?—No; I do not think there is any great objection to that; but I would rather have a man who had had experience in the management of

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Army Returns. The present apothecary has been in the Board for, I believe, between 30 and 40 years.

589. Colonel *Boldero.*] Are you of opinion that you could not have obtained any civilian to act in the army medical department without giving him very high pay?—Yes, I would expect that they would have had to give him much higher pay than they give me.

590. But you have medical men belonging to your department with qualifications quite sufficient to conduct the whole of the medical department?—I maintain that we have men in the medical department of the army as highly qualified as any men in the kingdom. I should have no difficulty in producing men connected with the army medical department who would take their stand with any men in the kingdom.

591. Having that feeling, you tendered your resignation when you heard of the intention to introduce a civil element into the proposed medical Board?—I did.

592. Mr. *Bellew.*] You have stated that the Boards you mentioned act under you as the controlling head; would it be under those Boards or under your direction that a universal change in the medical department of the army would take place; for instance, in the treatment of certain diseases, such as the ceasing to use mercury and the adoption of other remedies; would a case of that kind be referred to any Board in your office, or would a change of that kind emanate individually from you?—No, I have no authority or right, and I would act most unjustly to the interests of the sick, and of the service, if I were to enforce any mode of treatment on the medical officers. If I happen to ascertain that a certain course of treatment is proving very advantageous I communicate that to them, leaving it optional to them to adopt it or not. If I were to force a line of treatment on the medical officers, and that line of treatment proved unsuccessful, they would say that they were not responsible for it; that it was the Director-general.

593. Then it is not the case, that orders or directions, which were tantamount to orders, were issued to the regimental medical officers relative to the treatment of certain diseases?—No.

594. For instance, the use of mercury in certain diseases is not forbidden in the army?—No.

595. Nor is the use of other remedies very strongly recommended instead?—If I hear that there is a remedy which has been discovered by surgeons and physicians in practice in London or elsewhere to be very efficient in the treatment of a certain disease, I have no hesitation in making it known to the medical officers, and saying to them, that if they think fit I think it is a remedy that ought to be tried.

596. But you do not go beyond that to forbid or to enjoin the use of certain remedies for certain diseases?—Certainly not.

597. Mr. *C. Legh.*] Do the regimental surgeons make their reports direct to you?—In England, to me; on foreign stations, to the principal medical officer of the command.

598. Are not those reports very voluminous?—The annual report of the medical transactions of the period is by some made voluminous; by others it does not extend over two or three sheets of paper.

599. But they are made according to certain forms?—Yes.

600. Do you think those forms might be considerably modified, with benefit to the service?—I am not prepared to say that I think they could. I think it is absolutely necessary that a record of the medical practice in the army should be in existence.

601. You are aware of the details of those reports?—Yes; they were at one time very voluminous, because the medical officers were very zealous, and they thought that by writing two and three quires of paper they would be more likely to get promotion, whereas it sometimes turned out that the man who had written half a dozen sheets, but much to the purpose, was more approved.

Jovis, 8° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Sir Henry Davie.
Sir John Trollope.	Colonel North.
Colonel Kingscote.	Mr. Bellew.
Sir John Hanmer.	Mr. Noel.
Mr. Cornwall Legh.	Colonel Boldero.
Mr. Peel.	Mr. Percy.

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

William Henry Burrell, Esq., M.D., called in; and Examined.

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602. *Chairman.*] WILL you state the length of time you have been an Army Surgeon?—I entered the army on the 24th of June 1815, and I have been till 1854 on full-pay service.

603. You were an assistant-surgeon?—I was an assistant-surgeon, surgeon, and staff surgeon.

604. Will you give the dates of those appointments, if you can?—At that time we entered the service in the rank of hospital assistant, which is now abolished. I was hospital assistant from 1815 to 1821, and then I was promoted to be a regimental assistant-surgeon in 1837.

605. What was your next step?—Staff surgeon of the first class, in 1845.

606. What was the next step?—The next step was, by Gazette of the 28th of March 1854, deputy inspector-general, which was cancelled.

607. How much foreign service have you seen during that time?—About 14 years.

608. In what part of the world?—In the Mediterranean nine years, and in the West Indies twice, three years in Jamaica, and about six months in the Leeward Islands.

609. On what other foreign service have you been?—Nova Scotia about four months, and at the Cape of Good Hope about two years.

610. Colonel *Kingscote.*] Did you see service at the Cape of Good Hope?—No; that was at the earlier period, in 1821.

611. Mr. *Peel.*] When were you promoted deputy inspector?—The 24th of March 1854, at Malta.

612. Where did you serve as hospital assistant abroad?—I went to the West Indies as hospital assistant, and the Cape of Good Hope and Nova Scotia.

613. How long were you in those three places as hospital assistant altogether?—In the West Indies about a month; in Nova Scotia about the same; and about two years at the Cape of Good Hope. I was also in the campaign of Belgium as hospital assistant.

614. As assistant-surgeon abroad, how long did you serve?—I was about two years regimental assistant-surgeon at the Cape, and I was regimental assistant-surgeon at Malta with the 94th three years.

615. Were you anywhere else as assistant-surgeon?—I was assistant-surgeon in Nova Scotia for a month or two; that was my first visit to Nova Scotia.

616. As surgeon, where did you serve?—In the Mediterranean six years.

617. In what garrison?—In Malta and Corfu.

618. As staff surgeon, where did you serve abroad?—As staff surgeon three years in Malta; as principal medical officer.

619. Were you on full pay the whole time from 1815 to 1854?—With the exception of 18 months in 1816, when I was reduced on the establishment at the end of the war.

620. *Chairman.*] You were appointed deputy inspector in Malta in March 1854?—In March 1854; I arrived there at the beginning of April 1851 as principal medical officer.

621. Can you put in your official appointment?—It will be found at the Medical Board.

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622. You have not it yourself?—I do not know that I could find it now.

623. What was the next communication you received with regard to the expeditionary army?—I got a demi-official letter from Dr. Smith, dated the 13th of February 1854, desiring me to prepare for a force of 10,000 men.

624. Have you the official letter appointing you?—Yes; that is the 18th of February.

625. Will you put it in?—

[*The same was delivered in and read, as follows:*]

Army and Ordnance Medical Department,
18 February 1854.

Sir,

I HAVE the honour to submit, that Dr. Burrell, staff surgeon of the 1st class, and now serving at Malta, be approved as principal medical officer for the expeditionary force about to proceed up the Mediterranean, and that Lieutenant-general Fergusson, commanding the troops at Malta, be informed of this arrangement, and desired to direct Dr. Burrell to accompany the first body of troops which may sail from Malta for Constantinople; or in the event of no troops landing at Malta, that he, Dr. Burrell, shall otherwise proceed to join the force, and on arrival, he will report himself to Lord Raglan or the General commanding.

I have, &c.
(signed) *Andrew Smith*,
Director-general.

The Military Secretary, Horse Guards.

Horse Guards, 20 February 1854.

Sir,

IN transmitting to you the accompanying copy of a letter from the Director-general of the Army and Ordnance Medical Department regarding Dr. Burrell (staff surgeon of the 1st class), I am directed to acquaint you, that the General Commanding-in-Chief has approved of this officer's appointment, as therein stated, to the medical charge of the troops proceeding up the Mediterranean, and I have to request that you will have the goodness to cause instructions to be issued to Dr. Burrell, in accordance with Dr. Smith's wishes.

I have, &c.
(signed) *Richard Airey.*

Lieutenant-general Fergusson, C. B.
Commanding the Troops, Malta.

626. Did you infer that appointment to be temporary or otherwise conditional?—In the first letter of the 13th of February Dr. Smith mentions that there is a great deal of confusion with regard to the principal medical officer. Then on the 18th he writes the official letter which has been read. It appeared to me that all doubt was then at an end, and with regard to the principal medical officer, that that letter was perfectly unqualified.

627. Therefore you did not consider that appointment to be either temporary or conditional?—I did not suppose that there were any conditions at all at that time.

628. What was the next letter?—Then on the 23d Dr. Smith wrote a demi-official letter to say that there was a talk of the force becoming augmented, and in that case it would become the charge of an inspector-general. I had no objection to that at all, and I fully expected that an inspector-general would be brought out, and I was prepared for that.

629. Sir *H. Davie.*] That letter was one week after the first?—The first demi-official letter was on the 13th, the official letter on the 18th, and the other demi-official letter on the 23d, announcing that in all probability the force was to be augmented, and that it would then become the charge of an inspector-general.

630. *Chairman.*] When did you leave Malta?—I left Malta in April.

631. Where did you go from Malta?—I went to Scutari direct.

632. Did you accompany the army from Malta to Scutari?—I went up with Lord Raglan when he arrived from England. The army went in detail to Gallipoli, and we did not know, in fact, that any part of the army had gone to Scutari till about the 10th of April. As soon as I heard that, I was prepared to proceed immediately, but I could not get a passage till the 25th of April.

633. Then did you go to Scutari?—Then I went direct to Scutari.

634. How long did you remain at Scutari?—I remained till the 26th of May.

635. On

635. On the 26th of May where did you go?—I was removed by General Orders, and returned to England.

636. Will you state what correspondence happened between your arrival at Scutari and your return to England?—A few days after my arrival at Scutari I received this letter, which was intended by Dr. Smith to have reached me at Malta. I believe it was almost in Malta at the time that I sailed.

637. What is the date?—The 15th of April.

638. Is it an official letter?—It is an official letter.

639. Will you put it in?—

[*The same was delivered in and read, as follows:*]

Army and Ordnance Medical Department,
15 April 1854.

Sir,

Agreeably with the wish expressed in your official letter, under date 16th March last, and your private one of 1st instant, I have the honour to inform you that I have recommended that your promotion to the rank of Deputy Inspector-general of Hospitals be cancelled, and that you be permitted to retire on half-pay, as a staff surgeon of the 1st class.

Should this communication reach you at Malta, it will not be necessary for you to proceed to Gallipoli, as a deputy inspector-general of hospitals will start this evening for that station, travelling *viâ* Trieste.

Staff-surgeon of the 1st Class Dr. Armstrong has been ordered to succeed you at Malta, and the moment he arrives and takes over charge, you may leave for this country.

In conclusion, I sincerely regret that you have compelled me to find you the opportunity of thus retiring from the service. I wish you had acted otherwise.

I have, &c.
(signed) *Andrew Smith*,
Director-general.

Dr. Burrell,
Deputy Inspector-general, Malta.

640. Mr. *Peel.*] When did you receive the letter of Dr. Smith, informing you that you were appointed to the expeditionary army going to the East?—About the 1st of March.

641. When did you actually leave Malta for Scutari?—The 25th of April.

642. What is the explanation of the long interval of two months between your receiving the order to proceed and actually proceeding?—The first part of the force did not leave Malta till the 30th of March.

643. Consequently you could not, under any circumstances, have gone before the 30th of March?—It was not considered advisable by General Fergusson, because the bulk of the force was still in Malta.

644. How do you account for the interval between the 30th of March and the 25th of April?—The troops were gradually going; the bulk of them were not out of Malta before the 10th of April; I then looked out for a passage, and they could not give me one till the 25th.

645. Why could not they give you a passage?—Until the 10th of April it was not ascertained what was the actual head-quarters; all the regiments at Malta, up to the 10th of April, proceeded to Gallipoli, but on that date we ascertained that some of them had gone to Scutari.

646. You were acting under superior orders in remaining from the 1st of March to the 25th of April before you actually proceeded to Scutari?—Yes; there are letters to show why I remained. There is a question from Dr. Smith, and my answer to that question.

647. *Chairman.*] In that interval what communications passed between you and Dr. Smith?—By a letter of the 2d of March Dr. Hall was nominated by Dr. Smith to supersede me.

648. How do you know that?—By a letter of the 2d of March.

649. Was that an official letter?—No, a demi-official letter.

650. Sir *J. Trollope.*] When were you apprised that Dr. Hall had been so nominated?—I cannot say exactly.

651. What was the rank of Dr. Hall at that time?—Deputy inspector.

652. Was that your rank at the time?—Not then; I was about to be appointed.

653. Were you his junior?—I was his senior in the service, but junior in rank.

654. He was then a deputy-inspector of hospitals?—He was a deputy-inspector.

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655. Were you not told by Dr. Smith, in one of the letters you have quoted, that you were to be superseded by a gentleman who was an inspector of hospitals?—Yes.

656. Then that was not borne out by the appointment of Dr. Hall?—Certainly not.

657. Was it in consequence of the appointment of Dr. Hall that you tendered your resignation?—Entirely.

658. *Chairman.*] Will you state in what respect you considered your grievance to be of sufficient magnitude to induce you to tender your resignation upon the appointment of Dr. Hall to supersede you, when you state that he was senior to you in rank?—He was senior to me in rank because he was a deputy-inspector; but he was junior to me in standing in the service, inasmuch as in the Gazette of the 24th of June 1815 he stands five or six below me. So he was my junior in the service.

659. Colonel *North.*] Was he gazetted on the same day?—He was; on the 24th of June 1815.

660. At the time of which you have now been speaking, you were a staff surgeon of the first class, and Dr. Hall was a deputy-inspector of hospitals?—Quite so.

661. And you resigned because you did not wish a deputy-inspector of hospitals to be placed over your head?—Quite so; Dr. Smith intimated that the charge would become that of an inspector-general; but instead of bringing an inspector-general he brings Dr. Hall, and promotes him on the 24th of March 1854, the same day on which he promoted me to be deputy-inspector. More than that, he travelled out of the usual field of promotion by going to India for the principal medical officer for the army in the Crimea. Now Sir James M'Grigor for years, in order to extend the field of promotion, restricted the officers in India to that field, and left them there, and made them look to that field; and those who came home from India in bad health were put on to half-pay, and not employed in Europe.

662. If Dr. Smith had promoted you from staff surgeon of the first class to be a deputy inspector of hospitals, still you could not have held the chief appointment in that army, which was to be held by an inspector-general?—There is no rule for that. Dr. French went through the whole of the Chinese war.

663. I understand you to say that Dr. Smith said that an inspector-general was to be at the head of that army?—But he did not bring an inspector-general there; he brought a deputy inspector.

664. But he promoted him to be an inspector-general. You would not have remained at the head of that army, he having determined that an inspector-general should be at the head of it?—I do not know that there is any regulation for that. I should have been glad to have served as a staff surgeon.

665. Mr. *Peel.*] I understand that you wrote a resignation to Dr. Smith, in which all this is stated?—Yes.

666. Will you read the letter?—" Malta, 16 March 1854. Sir,—Your official letter of 18th February to the Military Secretary, in which my name is submitted as principal medical officer ' for the expeditionary force about to proceed up the Mediterranean,' led me to believe that, under any augmentation, I should be considered competent to the medical charge of that army. Finding, however, by your communication, received this day, that I am to be superseded by an officer not only of the same standing as myself, and who has had a large share of the rewards of the department, but that he is to be brought from India to reap the fruits of a quarter of the world which others have confidently looked forward to as their right, I beg to decline the small recompense now intended for many years of zealous and, I flatter myself, useful service. In consequence of the above change in your arrangements, I have the honour to request you will immediately submit my name to the Right Honourable the Secretary at War for retirement from the service, in my present rank, agreeably to the War Office Warrant applicable to officers of my standing, and hope it may be convenient for you to relieve me from my present charge without delay."

667. That was a letter from you to Dr. Smith, in answer to one which you received from Dr. Smith?—A demi-official letter, stating that he had nominated Dr. Hall to the charge to supersede me, on the receipt of which I wrote this official letter.

668. Mr. *Noel.*] According to the rules of the service, must not you serve a year as deputy inspector before being promoted inspector-general?—That has not been observed since the war began.

669. Sir *H. Davie.*] You have spoken of official and of "demi-official" letters. Will you explain what you mean by "demi-official;" is it partly private, and partly authorising you to act in an official capacity?—The letters are on official matters, but what we call "demi-official," or perhaps they might be called "private;" but at the same time, there is nothing secret in them; they are all about the expedition. But Dr. Smith and myself were early friends, and we had been on very familiar terms; and I suppose in the hurry of business he preferred probably this form of letter.

670. Are they letters which you consider yourself authorised to put in with Dr. Smith's sanction?—They contain official matters entirely. I merely allude to them; I do not wish to put them in.

671. Colonel *Boldero.*] Are they marked "private"?—No.

672. You have no objection to put them in?—None at all. There are some that I wrote after I resigned, which had probably better not become public documents.

673. Mr. *Peel.*] Will you read the answer which you received to your letter tendering your resignation?—I would rather not read that letter, because it is remonstrating in a friendly way; it is rather a private letter than otherwise; but there is the official letter. Indeed, I think the official letters on the subject would be sufficient to furnish all the information. The official letter in reply to mine is the letter of the 15th of April 1854, which has been read already.

674. I understand from the letter, that as far as regards the Army Medical Department in this country, of which you were a member, your appointment as principal medical officer of the army was at an end; that your appointment of deputy inspector-general was cancelled, and that you were to be removed from the appointment at Malta as soon as Dr. Armstrong arrived there?—Yes.

675. *Chairman.*] What course did the Commander-in-Chief take upon the arrival of that letter?—This letter was received at Scutari on the 2d or 3d of May. I immediately forwarded it to the Military Secretary for the consideration of Lord Raglan, and Lord Raglan put the following remark on the margin: "Who will be the senior medical officer here, if Dr. Burrell goes away before the arrival of Dr. Hall?" The reply to that was, that Dr. Dumbreck would be the senior medical officer.

676. What step was taken then by the Military Secretary?—There was a question from the Military Secretary on the 16th of May: "Sir,—I am directed by the Commander of the Forces to request you will inform me in the event of your going away before the arrival of Dr. Hall, who will be the senior medical officer in charge." The reply to the above was, that Dr. Dumbreck would be the senior medical officer. On the 19th of May the following was received from the Military Secretary: "Dear Dr. Burrell,—Can you inform me when Dr. Hall may be expected?" To which I made the following reply: "Dear Colonel,—In reply to your note of yesterday, I am unable to inform you when Dr. Hall may be expected to arrive."

677. What happened after that?—Then I continued in charge of the force until such time as a peremptory order arrived from the Commander-in-Chief, Lord Hardinge, to relieve me from duty with the army, in consequence of the representation of Dr. Smith. I also got a letter at the same time.

678. Have you the letter from Lord Hardinge?—I have the general order which removed me from the force.

679. Mr. *Peel.*] Will you read it?—"General Orders. Deputy Adjutant-General's Office, Head-quarters, Scutari, 26 May 1854.—(No. 2.)—The following distribution of medical officers will take place from this date. Dr. Burrell being under orders to leave this station, Deputy Inspector of Hospitals, Dr. Dumbreck, M. D., will take charge of the medical department, and act as principal medical officer until the arrival of Inspector-general of Hospitals, Dr. Hall."

680. *Chairman.*] Upon that you came home?—Upon that I applied for a passage and left Scutari for Marseilles.

681. Upon the receipt of that letter from the Director-general could you have returned home without a communication with the Commander-in-Chief?—Certainly not.

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682. What was necessary on the part of the military authorities out there to authorise you to return home?—I had no order except the letter which has been read.

683. You continued, according to the usage of the service, to exercise your functions till you were ordered to return by Lord Raglan?—Exactly. I was in the predicament of acting for some time as staff surgeon of the first class after my appointment as deputy inspector had been cancelled, with two officers upon the spot senior to me in rank, namely, Drs. Dumbreck and Linton.

684. Mr. *Peel.*] When was your appointment as deputy inspector cancelled?—It was cancelled, according to that letter which I received from Dr. Smith, two or three days after I arrived in Scutari; but it did not take effect, according to usage, till the Commander-in-Chief approved, so as to put it in a general order; and he did not approve till he received a peremptory order from Lord Hardinge to relieve me from service with the army. Then the general order was issued which I have put in.

685. Were you ever gazetted as deputy inspector-general?—I was.

686. Was that notification cancelled?—It was cancelled.

687. When?—I do not know, because Dr. Smith does not mention that in his letter.

688. Till it was cancelled you continued a deputy inspector-general?—Yes.

689. Therefore you were not in reality serving above two officers seniors to you in rank?—Dr. Smith notified to me that my appointment was cancelled, and the Gazette also arrived, notifying the same, that my appointment had been cancelled; but I would not resign my charge till Lord Raglan put me in the general orders; because a Gazette is not effectual till put in general orders.

690. Sir *J. Trollope.*] Were Drs. Dumbreck and Linton at that time in Scutari?—They were at Scutari.

691. Were they in any charge?—In charge of divisions.

692. Then, in fact, they were acting in a subordinate capacity to yourself, though seniors in rank?—Quite so.

693. Dr. Smith has stated that he sent three medical gentlemen to examine the sanitary condition of the country, and that he named yourself as one; is that a mistake?—Quite so.

694. By "Dr. Burrell" he must have meant Dr. Linton?—He must have meant Dr. Linton.

695. Had those gentlemen made that examination of the country at the time that they came to Scutari and received charge of the divisions?—They had finished it, and I found them all at Scutari when I arrived from Malta.

696. Are you aware what examination they had made of the country?—I do not remember the particulars.

697. Was any report made to you?—The reports were handed to me. Dr. Smith's order was, that one copy should be forwarded home, and another given to the principal medical officer of the army; but I had not time to read them.

698. You never read them?—No.

699. At any time whilst you were at Scutari did you make an examination of the condition of the barracks and other buildings which were handed over to you as hospitals?—Yes.

700. Did you make a special report to Dr. Smith upon the state of those buildings?—I do not think I made a special report; but I think I alluded in a letter, about the 8th of May, to the general sanitary condition, or rather the general sanitary defects, of Scutari.

701. Did you point out in that letter what you thought necessary to be done?—No, I think not. That was left to be inferred from what I stated.

702. *Chairman.*] Was that an official letter?—It was.

703. Sir *J. Trollope.*] In consequence of the short time that you remained in the country, you were not aware whether measures were taken to remedy those defects?—I am not aware.

704. Mr. *Peel.*] You originated no measures for that purpose yourself?—It was impossible; the departments were not organized while I was at Scutari, and no radical measures could be taken; but we had an immense force of fatigue men, amounting to 300 or 400 daily. We had upwards of 50 for the General Hospital alone, in order to flush the privies, which were in a dreadful state;

state; and but for that, in fact, there would have been no living either in the barracks or in the hospitals.

705. Sir *J. Trollope.*] Did you receive the buildings in a very filthy condition?—The barrack was in a most filthy condition; the hospital was very clean. The Turkish part of the hospital occupied by the Turks was remarkably clean; much cleaner than I expected.

706. The fatigue party of 300 or 400 men that you spoke of were employed in general cleansing purposes?—Entirely; we had 50 in the General Hospital twice a day.

707. But you had no pressure of sickness while the army remained at Scutari?—We had very little; we had about the average per centage. When I gave over the army we had about four or four and a half per cent.

708. Is that greater than the average amount of sickness at home?—Yes, rather greater; a little above the average; but you may consider an army fairly healthy with four per cent.

709. With regard to your appointment, I understand you to say, that if you had continued with the army as deputy inspector of hospitals, and a gentleman of higher rank, that is to say an inspector-general, had been placed over you, you would have considered it your duty to remain with the army?—Certainly; if my senior in rank or senior in standing had been brought out, I should have willingly served under him.

710. But the feeling that caused your resignation was entirely owing to a gentleman who started at the same time in life with you, but who was, in fact, your senior in army rank at the time, being appointed over you?—It was not altogether that. That was only a crowning blow to what I had suffered before. I considered that I had been passed over twice in 1852, and once in the beginning of 1854. In fact, according to a letter I had from Dr. Smith in January 1854, three months before the expedition, I appeared to stand first on his list for promotion; so that at the time of the expedition I was virtually a deputy inspector.

711. Was Dr. Hall promoted over your head in 1854, or at what period?—No. There was an officer promoted in March 1852 who was two years and a half junior to me in rank, but senior in standing; and in August another was promoted who was eighteen months junior to me in rank, but also senior in standing in the service. I took no notice of this. But in January 1854, three months before the expedition, Dr. Smith changed from the test employed in 1852, namely, standing, to that of rank, and promoted an officer three months my junior in standing; so that in the course of two years I was held to be ineligible on the score of standing and rank, and even possession did not give me security.

712. You have stated that there was a rule in the service, which was always adhered to formerly, till Dr. Smith became Director-general, namely, that medical officers should not be transferred by promotion to stations east or west of the Cape of Good Hope, drawing a line as regarded the service at that point?—That was the practice of Sir James M'Grigor for 40 years, all the time I have been in the service. Medical officers have always looked forward to officers in India getting promoted there, and not coming home. That was considered a lucrative and desirable field, and many men made money there, and, in fact, wished to remain; and therefore Sir James M'Grigor, in order, as it appeared to me, to extend the chances of promotion, kept men in India.

713. Is it the fact that Dr. Smith, the Director-general, offered you an appointment at Bombay after you had been superseded at Scutari?—Certainly.

714. With the rank of deputy inspector?—Yes.

715. At what period was that tender of service made to you?—The 22d of March.

716. Had your appointment as deputy inspector been then cancelled?—No; it was not cancelled till the 28th of April.

717. What induced you to refuse to accept that appointment?—I felt that money was no compensation to me for such a slight; besides that, I had suffered from a disorder of the liver the summer before, obliging me to go to Switzerland; therefore, when this offer of Bombay came about a fortnight or three weeks after Dr. Smith nominated Dr. Hall, it became a question between my wife and myself whether it was worth our while to go to Bombay to save 2,000 *l.* or

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3,000 *l.* at our age. I should have run every risk for the expedition, but I did not feel inclined to run any risk for Bombay.

718. The pecuniary remuneration of the appointment at Bombay was much larger than you would have got out of the appointment in the Crimea?—Certainly.

719. It was not any consideration of that sort that prompted you to decline it, but it was partly on account of the slight put upon you, as you considered, and partly on account of your health?—Certainly; it was the least acceptable appointment that Dr. Smith could have offered to me, on account of my health.

720. Was the appointment he offered to you the same from which he withdrew Dr. Hall?—Yes.

721. Then, in fact, it was exchanging you from an active position in the expeditionary army to a post in India, the only recommendation of which was its pecuniary advantages?—Exactly.

722. And you felt that your feelings were deeply involved in the expeditionary army?—Exactly.

723. Sir *H. Davie.*] But still it was promotion that was offered to you?—I should have been deputy inspector, the same as Dr. Smith intended me to be in the expedition.

724. Sir *J. Trollope.*] Your appointment as deputy inspector-general would not have been cancelled if you had accepted the appointment to India?—Just so.

725. Mr. *Peel.*] Had you had time to accept it before your appointment as deputy inspector-general was cancelled?—Yes, clearly.

726. Mr. *Bellew.*] Are you aware upon whose recommendation appointments in your service are made or cancelled?—They must be recommended by the Director-general, and they must be cancelled under the authority of the Commander-in-Chief. They cannot be cancelled without military authority.

727. *Chairman.*] Have you anything further to state with regard to your appointment and subsequent resignation?—Nothing further than to say, that I felt what I call the slight peculiarly, inasmuch as by Dr. Smith's new arrangement, I was deprived of the possession of half my income; and I was to be the only medical officer who was not to benefit by the expedition. For according to Dr. Smith's letter, which I have alluded to, in January, a private letter, I appeared to be the first on his list for promotion; therefore at the time of the expedition I was virtually deputy inspector.

728. Can you state any inconvenience that arose to the army or to the service from your appointment and subsequent withdrawal from the service?—I am not aware of any.

729. Mr. *Bellew.*] Would it have been a course contrary to the usage of the service to have appointed you from deputy inspector, when the force was increased in the East, to the post of inspector-general?—It would have been a very great stretch, but it appeared to me that it was not at all necessary. The Commander-in-Chief set Dr. Smith a very good example upon that point by making so many brigadiers, looking not to rank, but to fitness; and there were precedents of men of all ranks being principal medical officers in the field.

730. Colonel *Boldero.*] I understand you to say, that you were gazetted as deputy inspector, and that that appointment was cancelled, because you refused to act under Dr. Hall, your superior officer in rank?—I begged to decline under such circumstances; I submitted to Dr. Smith my resignation, and requested that he might submit it to the Commander-in-Chief for approval, which he did. Of course if the Commander-in-Chief had not approved, or Dr. Smith had not approved, I should have gone.

731. Had Dr. Smith power to refuse your application to retire?—I question whether he had or not; because 10 years before, I had acquired a right to retire from the service.

732. After how many years' service had you that right?—Twenty-five years, and 30 years; but I had eight years more than 30 years at that time.

733. How many medical officers serving with the army of the East had the power of resigning under the regulation to which you have just referred?—I should say very few indeed; they were generally all under the time that the regulation required. Some had the power of resigning at 25 years' service; but very few, I should think, above that.

734. Can you give any idea of the number?—No, I cannot.

735. Do you think you have served either your own interests or those of the army

army by coming home?—I consider that I put the army to no inconvenience by retiring; I sent in my resignation on the 26th of March, when there were neither stores, nor even a staff in Malta to organize.

736. But the greater the difficulties, the more important it was to have there a gentleman of great ability and activity like yourself?—There were no difficulties at the time I sent in my resignation; and if Dr. Smith had not cancelled my appointment, I should have been with the army till Dr. Hall's arrival, and probably should have continued with it.

737. *Chairman.*] What is your opinion of the first examination upon entering the army as surgeon?—I think it is not sufficiently searching; it is too superficial.

738. Have you been an examiner yourself?—I have.

739. In what respects do you think that the examination is too superficial, or too limited?—I think it is a test of respectable education, but it is no check to the admission of mediocre talent.

740. Do you think that it should be competitive?—I think it should be competitive.

741. Is that the course now?—No, never.

742. Does it embrace medicine as well as surgery sufficiently?—The whole range of medical knowledge.

743. Then will you state in what respects you think it is deficient; is it merely that it is superficial?—It is not sufficiently searching; it may be a criterion of respectable professional education, but nothing more; and it is no check to the admission of very mediocre talent.

744. Is it entirely pen and ink, or is it partly *viva voce*?—It is entirely *viva voce.*

745. Do you test their knowledge of drugs by bringing the drugs before them?—I think not.

746. Do you test their knowledge of surgery by requiring them to perform an operation upon a human subject?—No.

747. Do you think it would be desirable to have that?—That could not be done conveniently, unless they were examined at a general hospital, such as Chatham, or the new establishment at Southampton.

748. Do you think that the advantages of such an examination would outweigh the difficulties?—Certainly; it would be very desirable indeed.

749. It is done in some hospitals now, is it not?—Certainly; in France.

750. Where do the examinations of candidates for admission take place?—At the Medical Board.

751. Do scholars from Dublin, Edinburgh, and London come for examination?—Yes.

752. From any other schools?—I think not; I think not from any foreign schools.

753. You do not recollect any other schools from which they are examined for admission to the Army Medical Department?—No.

754. Do you know the length of time that is required at those schools for the purpose of study?—I believe about three to four or five years.

755. Mr. *Peel.*] Do you mean that candidates not coming from one of those schools would practically be inadmissible into the Army Medical Service?—I cannot say that, but I should think they would; I should think that unless they came from an equally approved school, they would not be received.

756. If they came from an equally approved school, they would be eligible?—I should say they would.

757. Therefore your previous answer is not correct, that a candidate must have passed through one or other of those three schools?—No; I meant to say, that I do not remember any other schools which are approved than those three schools.

758. Colonel *Boldero.*] Would not a candidate from Aberdeen be eligible?—I do not know as to a surgeon's diploma; I suspect not.

759. Mr. *Bellew.*] Would a candidate presenting himself who had been educated in Paris be rejected?—I imagine he would. Though he might have got an equally good education, he would not, perhaps, have gone through the particular education required for our Army Medical Department.

760. Mr. *Peel.*] But you have no positive reason for saying so?—No, I have none.

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761. Sir *H. Davie.*] When you say that you think that the examinations for admission ought to be competitive, do you mean that answer to apply to the period of war as well as of peace?—I think you could scarcely apply it in war strictly, but in peace certainly, inasmuch as you would have a greater number of candidates to select from.

762. In time of war, for example during the late war, was there not some difficulty even in getting the junior members of the profession?—Yes.

763. Therefore that public competition would not have been practicable?—No.

764. *Chairman.*] Do you think, as far as your experience goes, that the better and more promising class of medical students are candidates for admission into the military service, or do they generally resort to the civil branch of the profession?—The superior class of students certainly do not come into the army.

765. Then, under the working of the present system, as far as the first admission goes, we get in the army an inferior class of men, upon the whole?—Yes; at least, not the highest order of talent; but not an inferior class of men.

766. Sir *J. Trollope.*] The fact is, that the service does not offer sufficient inducement for scholars of high capacity to tender themselves; is that what you mean?—Certainly.

767. Mr. *C. Legh.*] You are well acquainted with the present system of the first initiatory examination. Is it not sufficient, in the first instance, to bring a certificate from the College of Surgeons?—It is.

768. Then, in regard to medicine, or the mixing of drugs, is any means taken by the examiners to assure themselves that the candidate is proficient in that department?—I have not seen it.

769. Nothing of the sort?—No.

770. For instance, supposing a person comes who has a certificate of the College of Surgeons, would he be called upon to state what the drugs were in his examination before the Board?—Not that I have seen.

771. Would there be any means taken to ascertain his proficiency; in botany, for instance?—No, except by examination.

772. And the examination is *vivâ voce*?—*Vivâ voce.*

773. Are there no written questions?—There are translations of Latin authors.

774. Are there any printed questions for candidates?—No.

775. So that there is no danger of the examination becoming a sort of cramming?—That very much depends upon the examiners whether they vary their questions; because if they continue the same questions, the students are apt to get hold of them by some means.

776. Is that practically the case?—I fear it is, occasionally.

777. Is the examination practically applied to all individuals pretty nearly the same, or is it a general examination to ascertain the real proficiencies of the candidate?—I think there is great sameness in it. It is chiefly upon three subjects—anatomy, surgery, and materia medica or pharmacy.

778. Sir *H. Davie.*] Would the sort of examination you would have, supposing it to be competitive, be an examination similar to that which is pursued by the East India Company upon the admission of medical officers to their service?—Quite so; or the same that takes place in France, what they call the "Concours."

779. While the Queen's service had difficulties in getting medical officers, are you aware whether the East India Company ever had difficulty in getting junior officers for their medical service?—Not so much, I believe.

780. Colonel *North.*] Do you believe that the pay of the medical officers of the army is sufficiently remunerative, beginning with the assistant-surgeons?—I certainly think the assistant-surgeons are not adequately paid; and you will never have a superior class of men unless the first rank is better paid.

781. You think that if the pay was increased with regard to them, you would have a better class of candidates for the army?—Certainly I think so; you would have a greater number of candidates; and if you had the appointments put up to competition, you would have a superior class of men.

782. Colonel *Boldero.*] Does it ever happen that young men who are admitted as assistant-surgeons, after examination turn out inefficient?—Occasionally they do not turn out well; we must expect to have idlers and do-littles, and so on.

783. I mean

783. I mean rather as to their qualifications?—That varies very much. Of course very much depends upon a person's experience, or abilities for judging of the qualifications of others.

784. Then the examination is not sufficiently stringent?—I would say not; but you will not get better as long as the pay is so small.

785. Sir *J. Trollope.*] To go to the next rank, what rule has been observed in promotion; has it been by seniority, or by selection?—Entirely by selection, since I have been in the service.

786. At whose discretion?—At the discretion of the Director-general; it is entirely in the hands of the Director-general.

787. Was not the power now possessed by the Director-general formerly centred in a Board?—It was when I entered the service.

788. And for some years afterwards?—I cannot say how many; two or three years, I think.

789. Do you think that mode of administering the Medical Department of the Army preferable to the present one of a Director-general?—I do.

790. You say that the appointment of a regimental surgeon out of the body of assistant-surgeons is entirely by selection?—There always has been due weight given to rank and to standing; but it is no certain security to a man to have either rank or service unless he has also the approbation of the Director-general, and there has been nothing against him in the course of his service; otherwise his rank and service may go for nothing.

791. Then, in fact, there is no certain rule for an assistant-surgeon's promotion except the will and pleasure of the Director-general?—No; except the usage and weight he may give to the service of officers of a certain standing.

792. But that is voluntary on his part?—Yes; but at the same time, of course, for his own character, he will not disregard it.

793. There is no sort of examination after the first appointment; a medical officer is in no way examined as to his fitness, or his knowledge, or acquirements, at any subsequent stage?—Not any.

794. *Chairman.*] There was at one time, was there not?—There was.

795. Will you state why it was discontinued?—The department generally were very impatient of it; it was invidious, and I would say insulting to some men in the service.

796. Mr. *Peel.*] Was an officer brought home for the purpose of being subject to that examination?—No; he was generally examined on the spot.

797. By whom?—By three senior officers.

798. An assistant-surgeon must serve a certain length of time before he is eligible to be a regimental surgeon?—Yes. I believe by the regulation, five years.

799. Therefore there is that check on the power of the Director-general as to promotion?—Yes.

800. *Chairman.*] What is the shortest time you have known an assistant-surgeon serve before he was made surgeon?—I think some have been promoted in six or seven years.

801. What is the longest time?—Before the Commission in 1840, which gave 40 additional surgeons to the department, I think there was a list then submitted to the Commission of the last 40 assistant-surgeons promoted, and their services ranged from 22 to 27 years, and the ages from somewhere about 45 to 60.

802. Have you any suggestion to make on the subject of a subsequent examination?—I would say that if the first examination is sufficiently stringent, there ought to be no second examination, except for rewards. If you held out a reward for competitive examinations at a subsequent period, I dare say it would do a great deal of good.

803. You mean leaving it optional to the army medical officers to compete for those rewards or not, as they may think proper?—Leaving it to officers of certain standing to compete, say for every fourth or fifth vacancy, or whatever number of vacancies may be fixed; to say that every fourth or fifth vacancy should be put up to competition for officers of a certain standing.

804. Sir *J. Trollope.*] Speaking of assistant-surgeons, supposing a young gentleman joins who has only just completed his studies, does not he derive great advantage afterwards from the practice he sees in the regimental hospital,

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and from the advice and assistance he receives from his seniors?—Certainly; I consider a regiment the best school for an assistant-surgeon.

805. For a young man to work his way up in the profession?—The best school.

806. Mr. *Peel.*] Is an assistant-surgeon allowed to join a regiment immediately after completing his studies?—Now he is; he was not in my early days. I was not eligible to join a regiment till I was promoted surgeon.

807. Is a person appointed assistant-surgeon allowed to join a regiment without going through any course in a general hospital?—Certainly.

808. Colonel *North.*] Do you approve of the class of persons now appointed called dispensers of medicines?—I do not know how necessary they may be in war, but I should say in time of peace they would certainly be *de trop.*

809. Sir *J. Trollope.*] Was it not formerly the practice, when young men were candidates for appointments in the army, that they were sent to Chatham for some months before they were permitted to join a regiment?—It was.

810. Is it still the practice?—I believe it is.

811. Mr. *Peel.*] Then were you correct in your previous answer, that they are allowed to join their regiment immediately after passing their examination?—No, a young man goes to Fort Pitt first; I understood the question to be whether he was not allowed to hold a commission of regimental assistant-surgeon as soon as he has passed his examination. He holds his commission, but generally speaking, he is sent to Fort Pitt.

812. In point of fact, does a medical officer on passing his examination immediately join the regiment, or is he required to attend the hospital in the first instance?—Generally speaking, he goes first to Fort Pitt.

813. Colonel *North.*] Do you think it would be an improvement in the first examinations for candidates if they were to be examined at Chatham instead of London?—I think that would be a very good arrangement.

814. Sir *J. Trollope.*] In fact, should not all arrangements with respect to medical commissions be carried on at some central station, where there is a general hospital?—I think it is very desirable.

815. Is Fort Pitt, at Chatham, the most eligible place for the purpose, as it is now constituted?—I have not seen it for some years; but I believe the arrangements are all very good.

816. Supposing that an Army Medical Board were to be constituted, and to have its sittings in London, would it not be more convenient to have such a general hospital close to the metropolis?—I have not thought upon that subject.

817. Mr. *Bellew.*] You spoke just now of the benefit that would arise to the service in case of having a fourth or fifth appointment given to men who distinguished themselves in examination in competition with others; do you think it would be a good plan to have any establishment attached to the medical department in which medical officers, who desire to do, might go through a course of study, as officers of the army do now in the Senior College at Sandhurst?—I think not; I think it would not work well. An hospital for candidates, after they have undergone examination at the Medical Board, they might derive advantage from; but I think free trade in medical knowledge is very much better; I mean to say that I think it is desirable to open the appointments to all approved schools.

818. *Chairman.*] What is your opinion of the present system of confidential reports; do you think they are necessary and advantageous to the service, as at present?—The department I know is very impatient of them; but I do not see how you can well dispense with them altogether; they chiefly object to them on the score that they open the door to favouritism.

819. In what way do the confidential reports influence the position of a regimental surgeon?—Inasmuch as that if he committed himself in the opinion of the principal medical officer under whom he serves, the Director-general is competent to withhold promotion from him.

820. Colonel *North.*] You are aware that it is usual for confidential reports to be made of every officer on full pay in the service. The colonel sends a confidential report of the officers under his command, and the general sends his confidential reports of the colonels in the regiments, so that the same system applies to all. It is not a greater hardship to send confidential reports with regard to the officers in the Medical Department than it is with regard to all other

other officers in the service?—Certainly not; they are only objectionable when abused, in my opinion.

821. Sir *H. Davie.*] Then you do not disapprove of them?—I do not disapprove of them, provided they are not done in secret; that is to say, if an officer is disapproved of by the principal medical officer at the station, he should know that he is found fault with.

822. Then what becomes of the word "confidential" if that is the case?—It should be confidential; but, at the same time, it appears to me that an officer should certainly not be reported unless he has been found fault with. You may not exactly tell him the express words in which you report him; but if an officer has neglected his duty, he certainly ought to be told of it by the principal medical officer of the station; otherwise he should not be reported.

823. *Chairman.*] Would not that put an end to the system of confidential reports altogether; is not a confidential report made public, a contradiction in terms?—I consider it most unfair, if an officer who has neglected his duty is not told of it, but is confidentially reported upon unfavourably, and this is brought against him 10 or 20 years afterwards, and his promotion is stopped in consequence, and probably he does not know how, or on what station.

824. Mr. *Peel.*] Is the object of those confidential reports to communicate cases of neglect of duty, or is it simply to give the Director-general a notion of the officer's general relative capacity, as compared with the other officers at the station?—They are clearly intended to inform the Director-general as to the efficiency of the officers; but, at the same time, they may enter into particulars.

825. Do they contain matters upon which a charge of neglect of duty could be grounded?—Certainly; at least, I presume they do.

826. Colonel *North.*] Must not an officer be pretty well aware, from his general conduct, and from the reprimands he has received from his commanding officer, whether or not his name is likely to be put into the confidential reports. For example, must not the adjutant of a regiment who has constantly neglected his duty be pretty confident that his commanding officer will mention that he is not a fit person to hold that appointment?—It appears to me that military officers ascertain when they have condoned, or when they are pardoned for any fault; but I have my doubts whether medical officers always know when they have condoned for errors they have committed.

827. Mr. *Bellew.*] Can you call to mind any case in which a man has been unfairly treated, in the opinion of his brother medical officers, in consequence of these confidential reports?—I am not sufficiently acquainted with all the circumstances to enable me to particularise; but I have some reason to have a suspicion that a good deal of injustice has been done, although unintentionally, by confidential reports, to very respectable and good officers.

828. Do you believe that if an officer was unfavourably reported upon, and he wrote to head-quarters to Dr. Smith to know what was against him, it would be the habit of the department to inform the officer, though perhaps not in the precise terms, what the charges against him were?—Yes; I should say that that would be generally conceded.

829. Colonel *Boldero.*] As the principal medical officer at each station, in his confidential reports, refers to the moral characters and abilities of the young men under him, do not these reports in fact supersede the necessity of a second examination?—It only amounts to a report as to good conduct; but an officer may be exceedingly well conducted, may never commit himself, and never be reported upon unfavourably, and yet may be very mediocre as to talent; by confidential reports you cannot ascertain what a man's abilities really are.

830. *Chairman.*] May not this case occur, that in the instance of any particular disease with respect to which the faculty may reasonably differ as to its treatment, the treatment which a junior officer may pursue according to his own convictions may be wrong treatment in the opinion of the principal medical officer, and he may consequently report against the junior medical officer as to his mode of treatment, although subsequent scientific discoveries may prove that the course so reported against was the proper course; but an unfavourable mark is affixed to the young surgeon's name, in consequence of a confidential report of which he never knows?—That is possible, but it would be a very unjustifiable thing.

831. Sir *J. Trollope.*] Is not the whole *prcxis* of a military surgeon open to inspection in the military hospital books?—Quite so.

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832. At any time it may be investigated, and it is the duty of the inspector so to investigate it?—It is.

833. Therefore, if there is anything out of the usual course of practice, or not approved of by the superior medical authorities, it would be at once corrected?—It would be seen if there were anything outrageous.

834. Those books are kept in the most minute form?—They are well kept, and regularly kept.

835. Sir *H. Davie.*] Would not any neglect towards an individual soldier come to the cognizance of the superior officer?—It is possible for those books to be apparently very regularly and well kept, and yet for the officer to be a very bad and neglectful officer. They are no criterion at all.

836. Is not every regimental hospital visited by an officer of the regiment every day?—By a military officer.

837. And if there was any neglect of an individual soldier, it would come to his cognizance?—Certainly.

838. It would be part of his duty every day to ask the soldiers whether they had any complaints?—Certainly.

839. Mr. *Bellew.*] Have you ever known of a case of a regimental surgeon or assistant-surgeon having been put upon half-pay for medical incapacity?—Yes, I think so.

840. How did a knowledge of that medical incapacity reach the authorities who found it necessary to place him on half-pay?—I have only one case at this moment in my eye, of the surgeon of a regiment; you may call it incapacity, or you may call it cruelty: it was a case of great misconduct in relation to cholera in his regiment; I do not know what to call it, whether desertion, or cruelty, or incapacity; but I believe he was obliged to leave the service, or he was brought to a court-martial.

841. In the case of a regimental surgeon or assistant-surgeon being reported by the principal medical officer or other authority for medical incapacity, are you aware what course would be taken?—Dr. Smith would make further inquiry into it, and if it was serious would take measures accordingly.

842. If a charge is preferred against a regimental medical officer, what course is it usual to take in order to find out whether that charge is well founded or not. Supposing, for instance, the colonel of a regiment were to report to Dr. Andrew Smith, in the absence of the evidence of the principal medical officer, were to report that he conceived that the surgeon of his regiment, either from age or length of service, or from any other reason, was medically incapable of fulfilling his duties; what course would be taken with respect to that?—His course, as commanding officer of the regiment, would be to report to the Commander-in-Chief, and the Commander-in-Chief would communicate with Dr. Smith.

843. Then what course would be taken?—A medical Board would be assembled if the charges were not heavy enough for a court-martial.

844. Supposing the charge was medical incapacity?—There would be a medical Board probably to inquire into his case, and to see whether the medical officer was of sound mind, or whether he was otherwise medically incapable.

845. Sir *J. Trollope.*] Has not the medical officer in charge of a regiment or a hospital very often considerable difficulty in making his requisitions for medicines and medical comforts required for the sick, in consequence of the number of hands through which the requisition has to go?—I am not aware. I have heard of such things during the war; but in time of peace we have not encountered difficulties of that kind. I have heard of such things occurring in general hospitals in this country before the war; a difficulty in procuring medicines, and so on.

846. Did not such difficulties occur at the outset of the late campaign. For instance, did you not land at Scutari with scarcely any supply of medicines?—We had none at all, except what were with the regiments.

847. And the regimental stores were very small, were they not?—The regimental stores were complete, as far as the stores at Malta would enable me to complete the regimental chests when the regiments left for Gallipoli; but until about the end of May, in fact, till the army was on the eve of departure for Varna, the stores from England had not arrived.

848. Then were the stores which you took to Constantinople mainly supplied from those that were in store at Malta?—All the medical stores that we had were in the possession of the regiments; and, in fact, we were awaiting at Constantinople

stantinople the arrival of stores until the end of May. We could not establish general hospitals until the stores arrived.

849. Under the circumstances in which you were placed at Constantinople, had you the power to go into the bazaars and purchase medicines for the troops?—With the sanction of the Commander-in-Chief, I was empowered to do that had not the medicines arrived in time.

850. Were the individual regiments fully supplied before that time?—They had the regimental chests; but they were not all medically equipped for the field till the arrival of the stores.

851. Had they not their panniers?—Not then.

852. Were some of the regiments sent from England without their panniers?—All, with one exception, that arrived in Malta were without their panniers. The regiments that passed Malta and went on direct to Scutari or Constantinople had generally their panniers; but the regiments that arrived in Malta had not their panniers, with one exception.

853. How many panniers are there served out to each regiment?—Two; but that may be increased.

854. The panniers hold but a small supply, I presume?—Sufficient for the field.

855. For what length of time?—That I cannot say; but of course the stores are supposed to be at not a very great distance.

856. Colonel *North*.] With regard to a regimental general hospital at home, is it customary to have a certain quantity of clothing and linen attached to each bed?—There is linen in proportion to the number of beds in store.

857. Are there any shirts belonging to those beds?—Not necessarily; but I should think, in a well-provided hospital, there ought to be a supply of shirts; but soldiers are supposed to bring their shirts with them.

858. You know that the rule of the service is that a soldier has a shirt upon his back, a shirt in his knapsack, and a shirt at the wash. Supposing a poor fellow is brought into the hospital with dysentery, he has one shirt at the wash and one on his back, which perhaps, through circumstances, is very soon dirtied, and another follows the same course; what is to become of him then?—I say that a well-provided hospital ought to have a supply of shirts.

859. Upon whom depends a hospital being well provided?—It depends upon the Director-general.

860. Is it not frequently the case that in the regiments there are not shirts apportioned to the men?—I question how far that would be applicable to regimental hospitals, but for general hospitals it is certainly necessary.

861. Do not you think it is still more required in regimental hospitals; is it not desirable, that upon a soldier going into the hospital the whole of his kit should be taken from him, and that the linen he used during the time he was in the hospital should be provided by the hospital?—I think it would be a very good regulation.

862. *Chairman*.] You are aware that it is so now at Scutari?—It is so now. I should recommend it, certainly.

863. Colonel *North*.] You are aware that it frequently happens that when tea is given to a sick soldier it is brought to him in some can or cup that has been borrowed for the purpose, and which is such as to give him a disgust against it. Would it not be desirable that proper basins or cups should be provided for the purpose, so that it should be brought to him in a way that would make the man feel pleasure in taking his tea instead of disgusting him?—Certainly.

864. *Chairman*.] Have you ever visited a naval hospital?—Yes, I have seen a naval hospital.

865. Are you aware of the arrangements there?—Yes; I think they are very good.

866. Colonel *North*.] Do not you think that it would be desirable, with regard to these regimental hospitals, to have a certain number of nurses trained for the purpose attached to each hospital?—I think for the general hospital that would be desirable. I remember there were such in the early part of my service; but they did not seem to work well; they were *de trop*; they were often drunk, and not well conducted; and I think that, for the health of a regiment, or in sickness, it would be a good regulation, that nurses might be obtained when there was any occasion for their services, such as in the West Indies.

867. You have served in the West Indies; are you aware that, about four or

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five years ago when the yellow fever raged at Barbadoes, the officers were obliged to pay out of their pay half-a-crown for every leech that was used, and that in consequence of the number of deaths among the nurses, they were obliged to hire, at their own expense, natives to attend them; and do you consider that it is a proper system that officers of the army should be put to such an expense, or do you think that that should be provided at the expense of the department? —Certainly that ought not to be.

868. When you consider that an officer in the army has 5 *s.* 5 *d.* a day, do you consider it right and proper that things of that sort should be charged to the officers?—Certainly not.

869. With regard to the West Indies, from your experience there do you not think it might be advisable to have a trained body of nurses belonging to the different islands?—In the West Indies, I think so. But you are aware that at periods in the West Indies the troops are peculiarly healthy, as healthy as in England; the epidemics merely come now and then; therefore it might be a question whether it would be right to go to the great expense of keeping up a staff of nurses; because sometimes in the West Indies for two or three years regiments are as healthy as they are in England.

870. Take the case of an epidemic like that which broke out four years ago, when nurses were found only at the private expense of the officers; you do not think that is desirable?—Certainly not. I think it would be a very good measure to have a number of trained nurses, provided it was limited.

871. Perhaps you can speak from some experience with regard to officers who came home from the Crimea wounded; do you happen to know whether any steps were taken with regard to those officers receiving medical assistance in London during the time they were here for the inspection of the Board?—I suppose they would receive medical attendance, but I cannot speak to that myself.

872. Do not the difficulties thrown in the way of the medical officers of the army, and especially the regimental medical officers, with regard to ordering comforts for the men, by reason of the immense amount of correspondence which they have to go through in order to get those things, militate against the means of providing those comforts, which the medical officers would under other circumstances provide for the men?—It may have done so in some instances; but I think you must have a wholesome check over the expenditure of regimental hospitals; it will not do to give an unlimited power of ordering comforts without some check over it.

873. Do not you think that the check is a little too strict now?—I believe it is.

874. *Chairman.*] Was the supply of drugs upon your arrival at Malta in 1851 satisfactory?—The store was rather deficient in some articles; I found that I had to borrow a few articles.

875. What do you mean by borrowing; do you mean from a druggist in the town?—I had to get a quantity of medicine by borrowing. This was entirely a private arrangement between the apothecary to the forces and the officer in charge of the stores, not known to the principal medical officer, and of course unsanctioned by any regulation; but he found the stores so deficient that he required to borrow; that is to say, to get so much of certain articles from a druggist in the town, which he paid back in kind when his own medicines arrived.

876. Did you send in your report and requisition directly?—I think I did.

877. How soon did you get out the invoice?—I got the invoice probably three or four months after making the requisition.

878. Did you get the drugs at the same time with the invoice?—No; not sometimes for four, or five, or six months after that.

879. There was an interval of four, or five, or six months between the arrival of the invoice and the arrival of the drugs?—Yes.

880. To what cause do you attribute that interval?—To the Admiralty, I think.

881. You believe that the Medical Department sent the drugs to the Admiralty, and that there was a delay of those five or six months in forwarding the drugs? —I would say so.

882. Do medical officers at the different stations calculate upon that delay generally?—They certainly ought to have sufficient in store to meet the supply till they arrive.

883. But do medicines keep in equal efficacy as long as 10 months or a year? —No, certainly not; not all medicines.

884. Then

884. Then if the Medical Department sent those medicines to the Admiralty, and the Admiralty kept them so many months, some of those medicines might arrive with impaired power for good? —Some of them might.

885. Were your requisitions from Malta ever cut down?—Once, I think.

886. To what extent?—I cannot pretend to say now; but they are liable to be cut down in London if they think you require too much. If on comparing the expenditure of the last 12 months with what you may have remaining in store, looking forward to another 12 months, they cut it down if they think they can do so with propriety. But I think in the case of a requisition from a foreign station they have no right to judge of what may take place in a foreign station, unless the requisition is something enormous.

887. Then do you think that that power of cutting down requisitions is too freely exercised at the Director-general's Office?—It may be so. If a requisition is in fair moderation, and one article is in fair proportion to another, I think it ought not to be interfered with.

888. When the drugs come out in answer to the requisition, do you ever find a cheaper medicine substituted for a dearer one?—I think not.

889. Do you consider foreign regimental duty the best school for medical officers?—Regimental duty is certainly the best.

890. Will you state your reason for that opinion?—The service is more varied, and they become acquainted with the rules of the service much more readily than they do on the staff, which is often a very monotonous and very routine life on some stations.

891. How is their service more varied in regiments?—In moving from station to station, and from climate to climate, whereas a staff surgeon may go to America, where he may remain probably for several years.

892. Is it possible for a regimental or assistant-surgeon in the Home service, because of bad conduct, to be removed to the staff?—I believe there are such cases.

893. Then it is possible under the present system?—It is possible, unless the charges against him are sufficiently heavy to warrant half-pay or dismissal.

894. Is it possible for him to be exchanged without his misconduct being known to the military authorities?—That I am not aware of.

895. Had you been fortunate in your promotions up to the time of the expedition to the Crimea, as compared with others of your standing?—No; most unfortunate, I consider.

896. Colonel *Boldero.*] You were asked a question about the naval hospitals. Do you think that the interior economy of a naval hospital is superior to that of an army hospital?—I am not sufficiently acquainted with the economy of naval hospitals to draw a comparison, but I would say, not.

897. Take, for instance, Chatham. Do you think the military hospital at Chatham at all equal to the naval hospital at Yarmouth?—I have not seen the Yarmouth Hospital, nor have I seen the naval hospital at Chatham. As to the military hospital, I do not know how it is conducted now, but I would say, that if space admitted in the Chatham Hospital, I do not see why its arrangements should not be equally perfect.

898. But you do not feel competent to give a direct answer as to whether the naval hospitals, in their interior economy and construction, and in accommodation for the sick, are superior?—I am not.

899. Mr. *Bellew.*] Do you know anything of the model military hospital that was built about two years ago at Portsmouth?—I never saw it; I have heard of it.

900. Have you ever heard that that hospital, although reported upon by a Board of officers of inspection as unfit for the reception of the sick, had yet sick people put into it immediately after that report had been made, and before any answer had been given to that report?—I am not aware of that.

901. Colonel *Kingscote.*] Do you think that the admission of a civil member into the Army Medical Board would be advantageous to the service?—Decidedly not.

902. Mr. *C. Legh.*] Are you personally acquainted with Constantinople?—Not a great deal.

903. You have had no professional experience there?—No further than what I saw of it when I was at Scutari with the army.

904. How long were you there?—I was there from the beginning to the end of May.

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905. Referring to a case with which you are familiar, that of Dr. Davy, Dr. Andrew Smith was asked, "Would not that residence there, and the official inquiry in which he was engaged relative to the Turkish hospitals, give him experience not enjoyed by many other medical officers connected with the British service, as to the climate and various other things which a medical officer would require to know in connexion with his profession, and a knowledge of which would be of great advantage to an expeditionary army in the locality?" The answer to that was, "That might have been; but I took other means of ascertaining those points when the army was ordered to the East; I sent out three very clever medical officers to inquire into all those things; they preceded the army, and then sent me home their reports in reference to all those points before the army actually reached Constantinople, or at least very shortly afterwards." Then the next question is, "How long were they resident there before they sent their reports?" The answer is, "Their residence was not simply at Constantinople, but they travelled over the entire country, and found out the local peculiarities ten times better than any person resident in the town of Constantinople could do." Then he describes the tour that these officers made. Now do you, professionally speaking, concur in that opinion, that such an exploration of the country as that was sufficient to give such a knowledge of its peculiarities as was required?—It seems to me a matter of opinion.

906. Are you aware whether there are any peculiarities in Constantinople which would require more accurate investigation than could be given by the tour which is described here?—No, I am not aware.

907. In short, you are not professionally acquainted with any of the peculiarities in Constantinople?—No.

908. Mr. *Bellew.*] Can you recal to your mind any single instance of a regimental medical officer being placed on half-pay for medical incapacity?—I cannot at this moment recal any instance.

Duncan Menzies, Esq., M. D., called in; and Examined.

D. Menzies, Esq., M. D.

909. *Chairman.*] YOU were examined before a Committee last year?—I was.

910. Did you fully state your case before that Committee?—Not fully, I may say, for at the time I had not my health sufficiently established, and not being accustomed to being examined before such a body, I was of course a little nervous upon the occasion, and I might not have stated all that I wished to say in my own defence. Situated as I was, at Scutari, in a most trying position, where I was overwhelmed with duties that it was impossible for one man to accomplish, I certainly felt that my position was a very unusual one, and subjected me to a great deal of unmerited abuse when I came home, because I could not accomplish impossibilities. My health was broken down with the arduous duties which devolved upon me. I was almost worked off my legs, night and day, and I came home in consequence of ill health, having been invalided by a medical Board.

911. What has been your employment since?—I was sent to Shorncliffe to form and organize a hospital for the German Legion in June last.

912. What was the date of your appointment to Shorncliffe?—I have not got the official letter by me; but I think I joined at Shorncliffe on the 14th of June. I proceeded immediately on receiving orders from the Director-general to go there; I think I arrived there on the 14th of June.

913. Under what circumstances were you sent there?—To form and organize hospitals for the German Legion; and that appointment I objected to, I beg to observe, for this reason: not understanding German, I felt that I could not accomplish the duties that were required of me to my own satisfaction, nor to the benefit of the service.

914. Did you object to the appointment at the time when it was made?—I told the Director-general that I did not understand German, and that I would much rather be appointed anywhere else. To this he remarked that he had only another station, which was Aldershot. "Well," I said, "if you will allow me to go there I shall feel obliged;" he said, "I cannot take upon myself (being a nervous man, and feeling, I suppose, the reports that had gone abroad respecting my management at Scutari, and the public feeling against me) to send you there without consulting Lord Panmure."

915. What

915. What was your answer to that?—I made no particular reply; of course I knew that I must obey orders, and I was willing to obey the orders which Dr. Smith was to give me; at the same time he was perfectly aware that I had strong objections to going to Shorncliffe, for those reasons.

916. Then you went to Shorncliffe?—I did.

917. Did you make any statement or report on your arrival at Shorncliffe?—Yes, I took the earliest opportunity of informing Dr. Smith officially of the state of the camp.

918. What was that state?—If you will allow me, I will refer to my official report. I have copies of two reports that I made. Of course there are a great many more reports in my letter-book. This is dated the 15th of June; that was the day after my arrival.

919. Will you read that report?—"Sir,—I have the honour to inform you that I reported myself personally to Lieutenant-colonel Power, Commandant of the British Foreign Legion Depôt at this place, yesterday morning. In my inspection of the temporary barracks I found that huts for 1,000 men were expected to be finished in a fortnight, but that all the requisites of the camp, such as officers' quarters, mess-room, kitchens, latrines, &c. were in a state of great backwardness; and no provision has been made for the accommodation of the sick, beyond a hut, which is placed at the disposal of the medical officer by the barrack-master, and which had been intended for barrack purposes. I have therefore represented officially to the Commandant the absolute necessity of having a regularly organized hospital establishment immediately commenced, and shall see the commanding engineer as to the site most eligible for this purpose, and where a proper supply of good water can be conveniently had. The strength of the depôt at present consists of 31 officers and 162 rank and file; only three sick in hospital. I have instructed Surgeon Samoji (he was a German medical officer) as to the mode of obtaining supplies for the sick, and he will put himself in communication with Mr. Pratt, the purveyor at Chatham. The case of medicine sent to his address at Hythe was left by mistake at Westernhanger; directions have been sent to the barrack-master at Hythe to have it forwarded to Shorncliffe without delay." This was addressed to Dr. Smith, Director-general. The next letter was on the 19th of June. "Sir,—Since my last communication of the 15th instant, I have the honour to inform you that I have received over from the barrack department six huts at the west end of the line of encampment for the hospital of the 1st Battalion of the Foreign Legion, and I propose to make the following distribution of them; viz., use four for the accommodation of the sick, each hut to contain 16 patients; one for a surgery and inspection-room; also a portion, partitioned off, for quarters for the hospital serjeant; one for the provision and pack store, also partitioned, with separate entrances; out-offices will also be required, such as kitchen, latrines, washhouse, &c., all of which are in progress of completion, and are situated immediately in the rear of the hospital huts. This I beg to observe can only be considered as a temporary arrangement until the regular hospital is formed, which I understand is to contain 300 sick; and by a communication I have received from Captain Freeth, the resident engineer at Hythe, yesterday, he cannot give me any information beyond the fact, that he had suggested the site of the old hospital should be adopted, which is at the west angle of the camp, distant about 200 yards, and that all the arrangements respecting the nature of the building are under the control of the surveyor, Mr. Mennie, at the office of the Inspector-general of Fortifications. I have made the necessary applications to the barrack-master for providing the supplies required for hospital purposes, and he will afford me any aid in his power; but at present everything is in a very incomplete state for the reception of troops at this station."

920. Was the number of troops considerably augmented after that?—Gradually, as the regiments were formed, the numbers increased.

921. Did the hospital arrangements advance in equal proportion?—We got supplies of medicines and other requisites. With the exception of the Barrack Department we managed to get on pretty well; but we were deficient in several articles of hospital furniture, which I represented to the barrack-master, and he made application, as he told me; but some considerable delay took place, and the articles which I required were not provided, I believe, for a month after my arrival there.

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922. You made a requisition directly for the supplies in question to the barrack-master, and he told you that he had forwarded it?—There were articles which he said they had not yet received. I found that everything was in a state of backwardness, nothing having been formed when I arrived; and we, of course, had many difficulties to contend with. The barrack-master himself had many difficulties to contend with, and he remarked that troops ought not to have been sent there till hospitals had been provided for them, for it put him to great inconvenience.

923. Did you state to Dr. Smith the difficulties that you had to encounter?—Yes.

924. In any other form than your official letters?—I have no other letters by me at present; but my letter-book will testify that I left nothing undone, as far as representing the difficulties with which I had to contend; and Dr. Smith was made acquainted from time to time with the nature of those difficulties.

925. Did Dr. Smith take any means to inquire into the truth or accuracy of your statements; did he send any other medical officer to inquire?—Yes; Dr. Dumbreck was sent down at the time when the cholera appeared. The first case appeared about the 18th of August. I am not sure as to the date when Dr. Dumbreck arrived.

926. What do you think was the origin of that cholera in the camp at Shorncliffe?—I made a report upon the cholera on its first appearance. I could only come to the conclusion that it was imported from the Continent.

927. You would reckon the site of the camp at Shorncliffe very healthy?—The site of the camp was particularly healthy; no place could be more so; but the cholera is a disease which may be imported, and in this instance there could not be the least doubt about it.

928. There could not be the least blame to the authorities for selecting such a site?—Not at all.

929. What did Dr. Dumbreck do when he arrived?—He had his instructions. What those instructions were I am not able to say, but he inquired more particularly into the origin of the disease. I gave him my opinion, and I believe he was of the same opinion, that the disease had been brought to Shorncliffe through the arrival of the 2d Regiment. I think it was the 2d Light Infantry, from Heligoland.

930. When Dr. Dumbreck came down, did he report upon the subject to Dr. Smith?—He did. But I had made all the arrangements previously to his arrival, taking the necessary precautions that the men should be put under canvas without delay. I took steps, in conjunction with the brigadier commanding, Colonel Wooldridge, who always gave me every assistance, to have the troops removed immediately from the camp to some distance, about three miles, in a northerly direction, and placed under canvas in an elevated position.

931. Was Colonel Wooldridge always there?—He was there during the cholera time.

932. What was his position?—He had the command of the troops for the time. He was brigadier commanding.

933. Did he leave before you did?—Yes, long before I did.

934. By whom was he succeeded?—By Baron Stutterheim.

935. Did you receive assistance from him?—Yes.

936. Was he brigadier commanding?—He was brigadier-general commanding.

937. Who was in command of the brigade?—When Baron Stutterheim took the command he succeeded Brigadier Wooldridge; but the Legion was, more properly speaking, commanded by General Stutterheim, he being the head of the Legion.

938. Could he speak English?—Yes.

939. Did you find any difficulty after he took the command?—He was very willing to assist me, and did his best I have no doubt; but not being acquainted with the English service, I was very much hampered on many occasions when I went to the Brigade-office. The brigade-major being a German, and scarcely acquainted with English, I had to encounter great difficulties in getting my orders carried out, or well understood. And I must also state that there was no regular clerk in my office for a long period. I had an orderly given to me, but he understood very little English, so that when I sent for orders to the Brigade-office I found it very difficult to get them. I never could see the order-book myself; and when I told this non-commissioned officer to ascertain what orders

orders there were, and to copy them for me in German if they had any reference to my department, I found that he could not sometimes even get the order-book; and in this way I was left in a state of great uncertainty from time to time, which was very unsatisfactory to me. I represented my position to Dr. Smith fully by letter (it was a demi-official letter) on the 7th of October. That was after the cholera had subsided. But I must say that before this I told Dr. Dumbreck, when he was present at the camp, at the time the cholera prevailed, the difficulties I had to contend with; and I did so in the presence of another officer who accompanied him, Dr. Mapleton. I stated that my position was a most difficult and trying one, and that I felt that I could not do justice to my appointment, placed as I was, not knowing a word of German, and having German officers to instruct in their duties who had never been brought up to military hospitals.

940. Were they civil surgeons?—They were civil surgeons and assistant-surgeons.

941. They had never been with an army?—Only a few had been with an army; I had to establish them in the hospitals, and to teach them everything connected with their duties.

942. Could the majority of them speak English?—The majority of them could not speak English. I do not think that in the Legion more than six medical officers could speak English sufficiently well to understand my orders.

943. How many were there in all?—There were six regiments of light infantry, and two of rifles, and two of cavalry, making 10 regiments in all, and there was a surgeon to each regiment and two assistants.

944. Sir *J. Trollope.*] That would give you a staff of 30 medical officers?—Yes. Out of those, not more than six or seven could speak English tolerably well.

945. Colonel *North.*] What were the hospital serjeants and nurses; were they Germans?—The hospital serjeants were Germans, and everybody else attached to he hospitals.

946. Sir *J. Trollope.*] Who selected those German medical officers?—Some of them were selected, in the first instance, by the Director-general. Latterly they had a German deputy inspector, Dr. Freunde. He was appointed to the rank of Deputy Inspector of Hospitals, and retained in London until he had got the number of medical officers required for the service. He, being a German, of course could inquire into their qualifications, and he was selected on that account.

947. Could Dr. Freunde speak English?—He could.

948. Did he state to you the nature of the qualifications which he required from those gentlemen?—Never, except that he examined their testimonials of qualification.

949. Are you aware that medical men in Germany have to undergo very rigid tests and examinations before they are pronounced qualified to practise?—I am not acquainted with the mode of examination in Germany.

950. *Chairman.*] You had nothing to do with the appointment of those surgeons?—Nothing at all.

951. You found them all there?—Yes; they were sent there to report themselves to me, and then I was to instruct them in their duties.

952. Sir *J. Trollope.*] As far as their practice went in surgery and medicine, did you observe that they were acquainted with their duties?—I was told by Dr. Smith, when I went to Shorncliffe, that I should not interfere with their practice, and therefore I avoided doing so.

953. Did you not examine the hospital books?—I made them establish books, and in the course of my visits I inquired into the mode of keeping the books, and saw that they carried out my orders upon that subject; but having received instructions from Dr. Smith not to interfere with their practice, of course I did not do so.

954. Were their books kept in the German language or in Latin?—In German, generally speaking, the prescriptions only being in Latin.

955. You had no knowledge of the mode in which their records were kept, not being able to understand the language?—Not being able to understand the language, of course I could not tell how the books were kept.

956. *Chairman.*] What do you mean by saying that Dr. Smith forbade you to interfere

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interfere with their practice?—I suppose he thought it better that they should exercise their own system of treatment.

957. Colonel *North.*] What was the object of your going there?—To establish hospitals upon our own system, and to teach them their duties on field service. I had to make requisitions for their field equipments, and to provide them with everything that was necessary for enabling them to proceed on field service, and to show them how they were to apply for their supplies.

958. You mentioned that Lord Panmure was to be applied to if you were sent to Aldershot. Was Lord Panmure applied to upon your going to Shorncliffe? —I presume so, As Dr. Smith stated to me that he must refer the matter to Lord Panmure, I suppose it must have been with the approbation of Lord Panmure that I was sent to Shorncliffe.

959. Sir *H. Davie.*] Am I to understand that you considered yourself to be sent there to instruct those 30 German medical officers in the performance of their duties, 24 of them not being able to speak a word of your language, and you not being able to speak theirs?—Yes, I mean sufficiently to understand my orders.

960. *Chairman.*] And you were forbidden to interfere with their practice?— I was forbidden to interfere with their practice.

961. Mr. *Percy.*] Was there any other English medical officer there besides you?—Not any other, except for a short time when the cholera prevailed.

962. Mr. *Peel.*] Did you succeed in instructing them or not?—I believe I did, after great exertions; I found that, notwithstanding all my instructions, they were in general very indifferent to keeping the hospitals in the order that I wished them to be in, and it was not possible to succeed in getting them kept in satisfactory order. Dr. Freunde was also sent down, that I might instruct him in his duties as deputy inspector.

963. Was there any translation of the regulations into German made for their use?—Yes; Dr. Freunde made a translation into German, at a late period.

964. *Chairman.*] You said that you could not succeed in explaining to those German doctors the regimental system prevailing in our army?—Yes. At one time I thought I had succeeded in making them perfectly understand their duties; but the great difficulty was in getting them to follow up my orders to keep their hospitals in the cleanly order in which I wished them to be.

965. Their standard of cleanliness was lower than yours?—It was certainly lower.

966. Mr. *Peel.*] Did you find those of them who were conversant with the English language pay more attention to your orders?—No; there was a great indifference about cleanliness; they never ventilated their hospitals properly; I was always complaining of the bad ventilation of the wards; and upon one occasion, when I went round with General Stutterheim, and pointed out to him the defective state of the ventilation, and made many other remarks as to the uncleanly state of the hospitals, he did not seem to take any notice of it; on the contrary, he observed to the officer commanding one of the cavalry regiments (I think it was the 1st Regiment), that he was perfectly satisfied with his hospital; and the surgeon of the regiment afterwards repeated this to me. When I said to him, "Dr. Gross, I have been very much disappointed with your hospital to-day; I was ashamed, when the General went into it, to see it in such a filthy state," he said, "I am surprised at that, for the General told our colonel that he was well satisfied with our hospital."

967. Colonel *North.*] Then, in point of fact, Baron Stutterheim commanded the hospital instead of you?—It would appear so.

968. Had those Germans been employed in the civil service, or were they picked up wherever they could be found?—I believe they were picked up. Some had been in service in the Holstein war.

969. Mr. *Peel.*] Did you examine the huts occupied by the men frequently? —Yes.

970. What was their state?—Anything but cleanly. I never could get them to keep themselves in a tidy state in the hospitals. The barrack-master was always complaining of it.

971. *Chairman.*] Are you at Shorncliffe now?—No; I have been ordered from Shorncliffe for some time.

972. How were you ordered from Shorncliffe?—I must first observe, that when I came to London in November, on leave for 14 or 15 days, I waited upon the

the Director-general, and I referred him to my previous communication of the 7th of October, in which I stated my wish to be relieved, as I felt that I was in a most uncomfortable position, and very much perplexed in not getting my orders carried out to my satisfaction, and I thought it would do me no credit to remain there any longer; and that I would wish him particularly to remove me from that station and appoint me to some other. His reply to that was, "You are going to Jamaica; have you not received a letter to that effect?" I said, "No, sir." Then I made inquiries in the office, and I found that there was no letter ordering me to Jamaica. Nothing further passed, and I returned to Shorncliffe at the expiration of my leave. I said, moreover, "Very well, sir, I am ready to go to Jamaica; I would much rather go there than remain any longer where I am." I received no further communication upon the subject, and I waited, on my return to Shorncliffe, expecting that I should very shortly hear of my going abroad. But time passed on, and there I was left all the winter. By this time, of course, we had more regiments forming, and several had embarked for foreign service, and, of course, my duties were exceedingly arduous; having no one under me to assist me, I felt that I could not carry them on with any degree of satisfaction to myself. I received a communication from Dr. Smith, stating that he had arranged to relieve me, and that Dr. Dumbreck and Dr. Humfrey, Deputy Inspectors of Hospitals, should proceed to Shorncliffe forthwith, and that I was to hand over my charge to Dr. Humfrey. Of course I was pleased at this. If you will allow me, I will read Dr Smith's communication upon the subject. "Army Medical Department, 13th March 1856. Sir,—I have much pleasure in being able to inform you that I have now succeeded in securing an officer to relieve you; you must therefore prepare immediately for service abroad. Deputy Inspector-general of Hospitals, W. C. Humfrey, is the officer selected, and he will reach Shorncliffe on Saturday next, in company with Dr. Dumbreck. You will give over to the former all documents, &c., connected with your position at Shorncliffe, and also make him acquainted with the nature of the duties he will be expected to discharge. On being relieved, you will be pleased to proceed to town, and report yourself at this office for further instructions." I acted upon this, of course, and immediately on my being relieved, I saw Dr. Smith in London, on the Tuesday following. Dr. Humfrey, I think, relieved me on the Friday; and Dr. Dumbreck told me that I should not lose any time, as Dr. Smith was anxious that I should be ready to proceed abroad; and he asked me, amongst other things, whether I did not know the station I was going to. I said, "My letter of service does not mention the station." "But," he said, "you must know that you are going to Jamaica. Did not Dr. Smith tell you so when you were in town in November?" I said, "Yes, to be sure, Dr. Smith did mention that to me." And I told Dr. Dumbreck that I should not lose a moment in proceeding to London, and see Dr. Smith; which I did on the Tuesday. Dr. Smith, I thought, received me very coldly. The first thing he told me was, "Well, I have relieved you from your duties at Shorncliffe." I thanked him, and said I was very much obliged to him. "But," he observed, "I am not satisfied with your hospitals, and you shall hear from me on the subject." I said that I was very sorry to hear that; that I had never been satisfied with the hospitals myself, and that he must have been aware from my reports that I had mentioned so. "Well, but," he said, "I think you ought to have done better," or something to that effect. I expressed my regret that I had given him any cause to complain; but I said that he must be aware that I had laboured under extraordinary difficulties; and I also observed, that it would appear as if I were a doomed man, to be placed in situations where it was perfectly impossible for me to carry out my duties, as in the instance of my position at Scutari. And now I had been sent to a station among foreigners, where I could not understand their language, how was it possible for me, with all my efforts and exertions, to carry the duties out with satisfaction to myself or benefit to the service? I received this communication afterwards from Dr. Smith, dated the 19th March: "Sir,—Referring to an inspection of the hospitals at Shorncliffe, made on the 15th instant by Deputy Inspector-general Dr. Dumbreck, I have to express my great regret that I find it my duty to inform you, that the report of the above officer has brought to my knowledge that the condition of these establishments, for which you were at that time responsible, was far from satisfactory. While I am disposed to make some allowance for the general want of cleanliness pervading the hospitals, I cannot overlook or pass without condemnation the absence of a

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requisite number of sentries in the hospital blocks, as, without the effective means of separation which a well-regulated disposal of sentries affords, all hospital treatment must be more or less nugatory; and I can conceive no more serious charges against the general management of the Medical Department of the station than the admitted fact that patients in hospital have, on more than one occasion, found their way into the town of Sandgate. Another deficiency, for which you are directly responsible, was the want (I do not speak of the general condition) of articles of bedding, of the first importance to the comfort and well-being of the sick. It was your duty, on your visits to the hospitals, to have insisted on the medical officers exerting themselves to have such deficiencies supplied; and in the event of this want of success, no efforts on your part ought to have been spared to urge on the Barrack Department the inadequacy of the provision of articles of bedding for the sick; and failure in effecting your object should have been followed without loss of time by representation to me."

973. Colonel *North.*] Did you represent to Baron Stutterheim your wish to have more sentries?—I did; and I kept a departmental order-book, in which I always put my orders for the information of each medical officer, and I sent this orderly-book round; and in those orders from time to time it was mentioned that sentries should be applied for when required. And upon this particular occasion, notwithstanding Dr. Dumbreck's remark, I said, "Dr. Dumbreck, if you look into my orderly-book some days ago, you will see I put in a very stringent order upon this very subject of sentries."

974. You represented what your opinion was with regard to the sentries to the proper authority?—Frequently.

975. *Chairman.*] Did you send any answer to that letter?—I did. The letter to me was dated the 19th of March. I answered it on the following day. "Sir,—I have the honour to acknowledge the receipt of your communication of the 19th inst., and very much regret to find that you should think it necessary to attach blame to me for the condition of the hospitals at Shorncliffe, upon the report made to you by Deputy Inspector-general Dr. Dumbreck. I can only assure you, in explanation and in justice to myself, that no man could have worked harder than I did to get these hospitals into proper order, and so as to deserve your favourable opinion; and if I have failed in this, it has been owing to circumstances which, with all my efforts to correct, proved in some instances unavailing. I daily urged upon the medical officers of the Legion the absolute necessity of having their hospitals in a proper state of cleanliness and order; and my departmental orders, if referred to, will sufficiently testify this, and it will also be found that I had issued a most stringent order only a few days before Dr. Dumbreck visited these establishments, and which he had an opportunity of reading in my office, respecting patients having entered the town, and requiring more sentries to be placed over the hospital blocks. The great difficulty which I have at all times experienced, as I informed you before, in carrying on my duties with these foreigners, arose from my not being able to communicate my orders to them in their own language, and their want of knowledge of English; so that when, in the course of my visits, I pointed out any irregularity which ought not to exist, I was often met by a vacant stare, showing clearly that those in fault did not seem conscious that anything was amiss. And on one occasion when the Major-general Baron Stutterheim visited the hospital of the first cavalry, I called his particular attention to the state of the wards, bad ventilation, &c. &c., which always gave me much concern; the Baron took little notice of this, but on the contrary expressed himself satisfied, as I afterwards understood from Dr. Gross, the surgeon, as to the state of his hospital. With regard to the hospital bedding, I beg to observe that I repeatedly insisted upon the medical officers seeing that their hospitals were properly supplied with every necessary article, and finding that some of these were not furnished, I, during my visits to the hospitals, referred to the list of extra articles forwarded to the Barrack Department when the cholera prevailed, and requested that the medical officers should immediately make out their requisitions accordingly, and which I signed, and went myself at the same time to the barrack-master and requested him to issue whatever was required, and if the articles in question were not in store, that he should send for them. You would have observed from my communication of yesterday's date, with the enclosures, how the delay in obtaining clean hospital bedding arose, and that I had also myself gone to the barrack-master, and strongly urged the necessity of more attention being paid by the contractor to the washing of the clothes,

clothes, and that clean articles should be more regularly supplied." I have here also the communication to which I referred, for which I thought it necessary in my own justification to apply to the medical officers who were complaining of the want of articles. I wrote to Dr. Smith, forwarding those communications; and this is my letter to Dr. Smith: "Sir,—I have the honour to enclose the explanation to me of the surgeons of the 1st Light Cavalry and 4th Light Infantry British German Legion, why they had not been regularly supplied with clean hospital bedding for their patients, from which you will observe that repeated applications had been made for the same, and that I had myself personally gone to the barrack-master on this subject; but owing latterly to his ill health, and having left the station in consequence on leave, the duties of his office were intrusted to a serjeant, to whom the medical officers had applied; and the delay in obtaining clean articles in exchange has taken place owing to the contractor not fulfilling his duty in proper time, and it has also been observed that many of the articles received were not properly washed, which I personally represented to the barrack-master before he left the station."

976. Colonel *North*.] How long was the barrack-master absent under those circumstances, leaving the stores in charge of a serjeant?—He was just preparing to go from the station when I called upon him. He was then in bad health, and had received leave.

977. How long were the stores in charge of a serjeant during the time you were there?—Only for a very short time. I do not think more than ten days or a week.

978. During those ten days were the sick without proper bedding?—The hospital serjeant had applied for the articles of bedding, and could not get them; and the excuse was, that the contractor had not supplied them regularly.

979. Were you the only English medical officer there?—I was the only English medical officer. I had no English officer under me. I was required to superintend the passing of recruits. That duty generally devolves upon a first-class surgeon. So that my position was not at all satisfactory.

980. Sir *J. Hanmer*.] Did you make application for the services of an interpreter?—I applied at the Brigade-office for a man to write in my office, and who could speak English.

981. When you made your visits of inspection, did you make any effort to be accompanied by some person who could speak German?—Whenever I could get any medical officers who could speak English, I always availed myself of their services; but I had no regular interpreter.

982. Did you ask for a regular interpreter?—I applied to Baron Stutterheim.

983. To give you a person who could speak English?—I did, but he had none to give. I got an orderly who knew a few words of English; that was all.

984. Then there was no person, regularly attached to you, who could put you in communication with persons who spoke German, and not English?—Not any. I occasionally employed one of the assistant-surgeons in my office. When the cholera prevailed, I had one of the assistant-surgeons as a professional assistant who understood English, and but for him I could not have gone on at all; but I had no claim upon him; the commanding officer might have required his services anywhere else at any instant.

985. Then I understand you to say that you applied to have an interpreter, and that you could not get one?—Not exactly an interpreter; I applied to have a clerk who could understand English, and no regular interpreter could be given to me.

986. I mean a person who could accompany you in your inspecting visits. Your letter stated that when you paid visits to those places you were met with a vacant stare, and that you were not able to communicate with them in their own language; did you apply for an interpreter to accompany you?—I did apply for a man to whom I could communicate my orders.

987. To whom did you apply?—To the Brigade-office.

988. *Chairman*.] To Colonel Wooldridge?—First to Colonel Wooldridge, and latterly to Baron Stutterheim. All my communications had to pass through the Brigade-office.

989. Mr. *Noel*.] What was the date of your leaving Shorncliffe?—About the 16th or 18th of March.

990. Have you heard any more about the appointment to Jamaica, to which

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you referred jus now?—When I came up to town, I told Dr. Smith that I was still ready to go to Jamaica if he would send me there; and he said (in consequence of Dr. Dumbreck's report, I imagine,) that he could not take upon himself to send me to Jamaica without first referring the matter to Lord Panmure.

991. Sir *J. Trollope.*] How does the matter stand now?—The last time I saw Dr. Smith, I am sorry to say he told me that my name had been submitted for half-pay.

992. You are to be placed upon half-pay?—According to what he told me, I imagine so.

993. *Chairman.*] Had you an interview with Lord Panmure?—I had since I came home from Scutari, but not since I was at Shorncliffe.

994. Sir *H. Davie.*] Since your interview with Lord Panmure, you have been appointed to Shorncliffe?—Yes; Lord Panmure was well satisfied with my explanation.

995. Colonel *North.*] Are you supposed now to belong to the Jamaica station or not?—I am not aware what my situation is at present. I am still under orders. I have received no further official orders, except a verbal communication, when I saw Dr. Smith, that I was threatened with half-pay. I imagine that I am still on full pay, as I have had no official notice to the contrary.

996. *Chairman.*] Is not Dr. Dempster in Jamaica?—He is in Jamaica. I was going to relieve Dr. Dempster. I consider that the way in which I have been treated in this matter has been very trying to my feelings. When Dr. Dumbreck went down to Shorncliffe I was required to repair to London without loss of time, and, of course, being a married man, I had to make some arrangements for my wife, she being in delicate health, and I explained this to Dr. Smith, and begged that he would give me some idea when I should have to proceed to the West Indies. He would not tell me; he said that now, in consequence of peace being established, I must be prepared to go upon half-pay. I observed that I hoped not, as I was high up in the list of officers of my rank, and being out of the break. I think I am the ninth upon the list from the top, and on examining the list during the time of peace I found that that number had been kept on before the war broke out, and therefore I could not understand why I should be selected as the unfortunate individual to be put upon half-pay when I was so high up in the list, and I had always performed my duties in the service faithfully and honestly; and not only that, but I was ready to show the highest testimonials of my services in all quarters of the globe.

997. Sir *J. Trollope.*] How many years have you served?—I am going on 28 years on full pay.

998. You have served in all quarters of the globe?—I have served in all quarters of the globe. I have a statement of my services here, which I should wish particularly to give in, and from which I am sure it will be observed that I have always done my duty as a good officer. I have never yet received a step of promotion without being highly recommended for it, and I told Dr. Smith so. I am prepared to show that Dr. Smith himself was at the time satisfied with my conduct, and that he has paid me the highest compliments with regard to my medical capacity. Even my present promotion was strongly recommended by Dr. Hall, who had known me at the Cape. I served under Dr. Hall at the Cape for some years, and he was always satisfied with my conduct as a medical officer; and in consequence of that, I thought that when a vacancy was about to take place, I should write officially to Dr. Smith, requesting that he would be pleased to recommend me for promotion; and Dr. Hall being on the spot, I referred my communication to him, and he immediately said, "I shall recommend you strongly to Dr. Smith for promotion."

999. Mr. *Noel.*] Do not you think that you may be mistaken with respect to your being about to be put on half-pay; because Dr. Smith, in allusion to yourself, said, "I was not perfectly satisfied that he did the thing as well as he might have done; but there was nothing sufficiently defective in what he did to warrant me in removing him, if it had not been for the purpose of placing there a man of long service, and also of allowing Dr. Menzies to go abroad." Having been stated by Dr. Smith only a few days ago, must you not be mistaken as to your being put on half-pay?—All I can say about it is, that Dr. Smith, at my last interview about a fortnight ago, told me I should have to go on half-pay.

1000. When was that threat made?—When peace was established.

1001. Sir *J. Trollope.*] How long ago was that?—It must have been a fortnight ago.

1002. You have not seen him since?—I have not seen him since.

1003. Sir *H. Davie.*] You said that at the time you were at Shorncliffe you made frequent representations to the Brigade-office for various requirements, such as sentries and an interpreter and other things, and that those applications were not attended to?—No, I never received a special interpreter.

1004. You were for several months at Shorncliffe?—I was.

1005. You had a particular position as the head of the medical department. When the representations which you made to the commander of the troops were not attended to, had you, by the custom of the service, no means of pressing those applications through any other quarter?—I represented to Dr. Smith, from time to time, the difficulties with which I had to contend. There were very great difficulties with regard to accommodation for the sick. There were a certain number of huts allotted for the accommodation of the sick; and I found it necessary to apply for more as the sick accumulated, and as the regiments were being formed; and the military authorities threw obstacles in my way, which obstacles I represented officially to Dr. Smith.

1006. Did you represent to him that they would not give you the sentries you applied for?—No; that was a subject that I did not represent to him, because I had never been told by any of the medical officers that the sentries were not provided; I had frequently in my orderly-book mentioned the necessity of providing sentries, and not having received any statement to the contrary from them, I imagined that those sentries were posted; they had the hospital instructions put into their hands, and there was no excuse for not complying with them. If they had not sentries it was their duty to have gone to the commanding officer and to get them placed there; but there was great carelessness amongst the officers; they would not carry out my orders to the letter; and I frequently found, when I went into the hospitals, and had given an order, it was not carried out; they did not know the system of keeping English hospitals; the serjeants were ignorant people who did not understand their duties, though I told the medical officers to explain their duties to them; and I got Dr. Freunde, when he came down, to draw out a code of regulations in German to guide the hospital serjeants and the orderlies, pointing out their duties, and the dispensers also; all the dispensers were unable to speak English; so that no one can have an idea of the difficulties with which I had to contend.

1007. Did your successor, Dr. Freunde, speak German?—Dr. Freunde was a German; but Dr. Freunde himself could not get those hospitals in good order, though he spoke German; then how could I be supposed to be able to do it if he could not do it.

1008. Colonel *North.*] Was Dr. Freunde a regimental surgeon?—I think he was in private practice in London when he was appointed.

1009. Then you had nobody there except German surgeons and assistant surgeons?—Yes, all Germans and no English, except when the cholera appeared.

1010. Who were all civilians?—Some of them had seen military service on the Continent.

1011. Mr. *Percy.*] Did the German medical men make any complaints to you of deficiencies?—They sent in requisitions from time to time, which I, of course, forwarded to the Board in London.

1012. I understand you to say that you had not sufficient bedding, and that you applied to the barrack master, and that he was unable to supply you?—The barrackmaster was deficient in many things that were necessary for the hospitals, and many things were sent down at the time of the cholera, to meet this deficiency.

1013. Would you or not, in your capacity of medical officer, have the power of purchasing things yourself upon an emergency?—Certainly, I might have had that power. But I could not have purchased those things, as they could not have been procured at Sandgate. They had been applied for to the barrackmaster from time to time; he had a pretty fair stock of those things when the cholera appeared, and we were not then deficient in bedding. Being so close to London, of course I communicated with Dr. Smith; so that he knew perfectly well what I wanted; and he could, of course, get things in London when I could not have got them in Sandgate. When I found out deficiencies, I went to the barrackmaster and said, "I must have" so and so; and I made the medical officers

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make the requisitions accordingly. I told them, "Now, if you want any articles for the hospital, you must make a requisition."

1014. My question was, whether you would have the power, under any circumstances, of purchasing?—I should be under the necessity of representing the case, and stating the reason why I required anything out of the common.

1015. Supposing you had been at a great distance from London, and could not have communicated within two or three days with the Director-general, would you have had any power of purchasing what was necessary?—I should have taken upon myself to purchase those things. But I must say with regard to Shorncliffe, even though it is so short a distance from London, if a man required a truss, I am obliged to get the Director-general's approval before I could purchase that truss upon the spot, which would only cost 4 *s.* 6 *d.* So that if a man had a rupture he must be put into the hospital, and be kept in bed two or more days before I received authority from the Director-general to purchase a truss for the man in the town.

1016. Colonel *Boldero.*] Do you think that the system ought to be changed in that respect?—I think so.

1017. Shorncliffe is a new military station, is not it?—It is; although there had been artillery there in barracks before the German Legion arrived.

1018. Was there any barrackmaster there previously to your arrival?—I believe there was a barrackmaster at Hythe, who had charge also at Shorncliffe.

1019. Therefore some of the difficulties that you encountered arose from there not being a barrackmaster upon the spot?—A barrackmaster for Shorncliffe had arrived at the time I did myself.

1020. *Chairman.*] And from there being no hospital appointed?—There was no regular hospital appointed.

1021. Colonel *Boldero.*] Do you dispute the correctness of the Report of Dr. Dumbreck upon the state of the hospitals at Shorncliffe?—I admit, as I told Dr. Dumbreck, that I was never satisfied with the hospitals. I cannot say that the report is false; but I must say that Dr. Dumbreck had seen my orderly book in which I had put in a very stringent order about the sentries; therefore I think that might have been left out altogether.

1022. I understand you to say that you considered it a great grievance your being sent there, not knowing a word of German, and you made frequent applications to have an interpreter sent to aid you, but that was always refused?—I certainly had no regular interpreter.

1023. Did you ask for one?—I did not ask for a regular interpreter. I dare say I may have mentioned to Dr. Smith in the course of my conversation in town that I had nobody that I could apply to to interpret; and on one occasion he said, "Why did you not attach Dr. Gros, the surgeon of the 1st Cavalry, to you? He can speak English very well." I said, "I did not think I was justified in taking a surgeon from his regiment."

1024. The fact is, that you found your position so difficult and so irksome, that you felt you could not do justice to the service or to yourself, and therefore you wished to retire from the station?—That was purely my motive; and I applied to Dr. Smith upon those grounds. *Vide* my letter dated 7th October 1855.

1025. The question of Jamaica, I suppose, is still hanging in the balance?—I do not know what is to be done about Jamaica, but I am threatened with half-pay after my long and arduous services. I should be glad to hand in a statement of my services (*The same was delivered in*).

Jovis, 22° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Sir Henry Davie.
Sir John Trollope.	Sir John Hanmer.
Mr. Peel.	Mr. Noel.
Colonel Kingscote.	Sir James Ferguson.
Mr. Bellew.	Mr. Percy.
Colonel North.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

Henry Mapleton, Esq., M. D., called in; and Examined.

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1026. *Chairman.*] WHAT is your present rank in the Army Medical Department?—Surgeon of the 15th Hussars.

1027. How long have you been in the service?—Nearly 17 years.

1028. Where have you served?—I have served in the East Indies, and a short time in Turkey.

1029. Have you served with the force in the field?—I have.

1030. How long and under whom have you served?—I was under Sir Charles Napier and Lord Gough about three years; in Upper Scinde under Sir Charles Napier, and in Bengal under Lord Gough; and a few months in the East under Lord Raglan.

1031. Have you been only on regimental duty or on other duty?—I have been chiefly on regimental service; but I have also served in almost every branch of the department.

1032. Can you state what are the branches you have served in?—I have been in charge of troops on voyages to India, and home in charge of the wounded; I have been in a lunatic asylum in the military service; in a military prison; in infantry and cavalry; in a general action under fire with my regiment; and personal surgeon to two Commanders-in-Chief for short periods.

1033. Who were those Commanders-in-Chief?—The late Sir Samford Whittingham, and the late Lord Raglan.

1034. Mr. *Bellew.*] Have you ever been on the staff?—I have.

1035. How long?—About two years and a half altogether.

1036. *Chairman.*] Are you engaged in any official duty in London now?—I am.

1037. What is that?—I have been employed by the Government to be one of a committee, to detail the requirements of a large new military hospital about to be erected near Southampton.

1038. Were you down at Southampton on Monday officially on the occasion of laying the first stone?—I was.

1039. Have you ever formed a member of the Army Medical Department Board?—I have; at least I was attached to the office about a year and a half ago, temporarily, during a pressure; on my return from Turkey I was too ill to go back again, and I was ordered to do duty there for a time.

1040. Colonel *Kingscote.*] How many years were you assistant-surgeon?—Eight years.

1041. *Chairman.* What degrees or diplomas had you before entering the service?—I had a degree from the University of Edinburgh; I had a diploma from the London College of Surgeons, and a licence from the London Society of Apothecaries.

1042. Were you obliged to undergo those examinations?—No.

1043. What was necessary for an army surgeon?—A diploma of the London College of Surgeons.

1044. Would the others have been necessary for private practice?—A physician's diploma would not have been necessary, but the other two would have been, in England.

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1045. Then there is one more necessary for private practice than for t.. army?—One more.

1046. How long did your medical education occupy you?—Between six and seven years.

1047 Can you give an estimate of what it cost?—My professional education cost nearly 1,200 *l.*, I believe.

1048. Was that more than it need have cost?—It depends upon the school that you are educated at.

1049. Have you any knowledge of the various expenses of different schools?—I have some knowledge of them. The London medical education is more expensive than the Scotch; that is, a man educated for the medical profession in England is necessarily obliged to go to a greater expense than he would be in Scotland; and a man who is educated in Ireland is obliged, I believe, to go to more expense than even a man in England, until the new colleges were established. I am not quite certain as to the expense at the new colleges that have been formed since I entered the profession, Galway, Cork, and Belfast.

1050. Mr. *Peel.*] Does the warrant now in force require that candidates for the army medical service should possess diplomas from particular colleges?—Yes; the colleges of surgeons of Edinburgh, Glasgow, Dublin, or London; those four.

1051. Is that provision of the warrant practically maintained in force?—It is, to the best of my belief.

1052. Would a candidate, not possessing a diploma from one of those three colleges, not be admitted to the service?—I think not.

1053. *Chairman.*] Do foreign diplomas count at all?—No. It is necessary to explain that candidates at home, if they have also diplomas in medicine, and diplomas in arts, are said to be preferred to those candidates who have only diplomas in surgery.

1054. Do you think that the inducements held out in the Army Medical Department are sufficient to attract the most highly educated medical men to the public service?—Certainly not.

1055. Do you think the service would be benefited by making the examination on admission thereto more rigorous?—The service would most decidedly be benefited; indeed it is actually necessary in my opinion.

1056. Do you think it would be possible to have a more rigorous examination with the same rate of emolument?—I think not; if you make a more rigorous examination, with the same rate of pay that you give at present, I fear you will not get candidates at all; the Government in this short war, in consequence of the failure of candidates, were obliged to go to an enormous expense in bringing in civil medical officers to aid the Medical Department of the army.

1057. Colonel *North.*] Do you think that even under present circumstances the present pay is sufficient to get the best surgeons?—Certainly not.

1058. *Chairman.*] In what way would you raise the standard of examination?—Supposing the pay and inducements were such as to enable you to raise the standard, I think that the same diplomas should be required in the army as in civil life; that is to say, you should have men capable of practising the medical part as well as the surgical part.

1059. In what way do you think the present examination deficient as to the medical part?—There is no medical diploma required; if a man passes the London College of Surgeons, he may be a very good surgeon, but he is not examined in physic; the examination in physic is trusted to the Medical Board afterwards.

1060. You mean then that a doctor of a poor law union would probably be required to undergo a more rigorous examination than an army surgeon?—I believe the surgeon of a poor-law union is obliged to pass the Apothecaries' Hall, because no man can practise medicine in England without having a legal right to practise it; and a legal right is only conferred upon him by passing the Apothecaries' Hall.

1061. What is the examination of an army surgeon at the Medical Board in addition to the diploma which he is required to present?—The examination at the Army Medical Board is a written one conducted in the presence of a medical officer attached to that Board. Then those written examinations of the candidate are taken to the deputy inspector and to a staff surgeon of the first

first and second class of that Board, and they each examine this written examination, and if it is to their satisfaction the candidate is recommended to the Director-general and passed into the army; if it is not to their satisfaction they meet together, and the candidate is brought before them, and they verbally examine him.

1062. Is there no verbal examination till the written examination is found unsatisfactory?—I believe not; at least there was not during the time I was at the office, by the three officers above named.

1063. You have been one of the examiners?—I temporarily superintended the examination of the army candidates.

1064. Mr. *Peel.*] Is a candidate provisionally nominated before he undergoes examination?—Yes.

1065. It is not a competitive examination?—No.

1066. What is the proportion of men rejected?—I should not like to answer that question.

1067. Colonel *North.*] Do you think it would be an improvement if the examination of medical officers was to take place at Chatham or at any of the great hospitals, instead of in London?—No; my opinion is, that if the examination is not at the Medical Board, it should be by an independent body unconnected with the army.

1068. *Chairman.*] What Board would you recommend for the purpose?—I think it would be fairer, if the examination is not to be conducted by the Medical Board, that the candidate should be examined at the metropolis of the country he belongs to, and that the Military Professor of Surgery endowed by Government should be one of the examiners. I would have Irishmen examined in Dublin, Scotchmen in Edinburgh, and Englishmen in London.

1069. Colonel *North.*] Is there a Military Professor of Surgery endowed by the Government at each of those places?—There is a Military Professor endowed in Dublin and in Edinburgh, and I believe the present Government intend to endow an officer of that description in London; but I am not quite certain on that point.

1070. *Chairman.*] Are there any drugs exhibited at the Army Medical Board to those who are examined?—No, there were not during my time.

1071. Are any subjects exhibited for anatomical examination?—No, they have no conveniences for anything of the sort.

1072. It is merely pen and ink, and verbal?—Yes.

1073. When are the questions given to the young men?—As soon as they are placed in the room with the medical officer, who does not leave the room.

1074. Mr. *Peel.*] Is it a printed paper of questions?—No; written.

1075. Sir *H. Davie.*] Do those candidates produce any testimonial of the course of medical education they have gone through?—They have to produce certificates of having attended a certain number of lectures and courses of medical instruction.

1076. And having gone through a course of visiting the hospitals?—Yes, that is in addition to the diploma; those are merely certificates of having attended such courses of lectures.

1077. *Chairman.*] Who drew up those papers of questions?—I drew some of them up myself. They are drawn up by the medical officers who examine the candidates.

1078. And given to the candidates when they are in the room?—Yes.

1079. Do the different sets of questions vary?—There are a certain number of those sets of questions which are put away in a drawer and produced upon another occasion.

1080. Do you mean that after it was examined and answered, the questions, you would give the same paper of questions subsequently to B.?—Not on the same day.

1081. But at some future time?—Yes.

1082. So that B. being a candidate, might just cram up those particular questions, and know nothing more?—He could not see them at the Army Medical Office.

1083. But they might be given to him by a friend who had passed through the examination?—That is an objection, certainly.

1084. Sir *J. Trollope.*] Are they always the same questions; are there a stated number of questions that are to be put?—There are a stated number of

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questions on each sheet of paper, and perhaps there are 30 sheets of paper, each of them containing a set of questions on the different branches of the medical profession. Those 30 or 40, or whatever the number may be, are put into a drawer, so that no one can see them.

1085. Are they always the same?—They are reproduced when another candidate is to be examined.

1086. Each candidate has to answer a set of questions which is not varied? Exactly; those 30 sets are not all the same questions. The different sheets do not contain the same questions. Each sheet has a different set of questions. For instance, the 30th set is not exactly the same as the first set.

1087. Have the candidates who appear always the same questions put to them?—Thirty candidates would have different questions. The following 30 would have the same as the previous 30, supposing the number of candidates is 30.

1088. Is it possible for any candidate to copy those questions, so that they may be communicated to future candidates?—It is not possible for them to copy them, because one member of the Board is always present. He could only do it by memory.

1089. What is the mode of introduction of young men into the service who present themselves before the Board as candidates; are they recommended by any persons of influence to the Medical Board?—They are always recommended: that is to say, the candidate writes for a commission in the army, and he gets a schedule returned to him to fill up, and the very commencement of this schedule is "Recommended by." That he gets filled up by the clergyman of the parish, or any person who vouches for his respectability.

1090. Mr. *Peel.*] With respect to the examination, I understand you to say that no candidate can tell beforehand which of the 30 sets of questions he will be called upon to answer?—No.

1091. So that it would be impossible for him to prepare himself for answering particular questions?—The only way in which it could be done would be by a crammer asking each candidate as he came out what questions he has been asked; because those people are employed in London not only for the medical examination, but for the law and the clergy.

1092. But such a person could give a candidate no assurance that he would be examined upon the same questions?—I cannot say, because he might go through the whole list of candidates, and ask them what questions they had been examined upon.

1093. But I understand you to say that the chances would be 30 to 1 against the candidate having the same set of questions that another had had?—Yes; but he might know every one of the questions, as far as memory goes.

1094. Sir *H. Davie.*] Is a candidate not allowed to take away memoranda of the questions?—No; there is every precaution taken to see that no candidate shall copy any of those questions.

1095. Is the examination confined purely to professional questions?—Purely.

1096. There is no mathematical examination?—No; there is Latin always.

1097. They are not required to work any sums in the higher branches of mathematics?—No.

1098. Mr. *Percy.*] In the memoranda attached to the form of application it is said, "Candidates who have had a university education, and have the degree of A.B., or A.M., as well as that of M.D, will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate;" is that regulation in force?—It is in print.

1099. But you say that it is not carried out?—I never knew a candidate examined in Greek or mathematics.

1100. Sir *J. Trollope.*] What is the extent of the Latin examination?—It is a passage taken out of Celsus, and prescriptions.

1101. They require enough knowledge of Latin to read prescriptions grammatically in Latin?—That is supposed to be the object; at least one object.

1102. *Chairman.*] In what way would you improve the system of initiatory examination?—Supposing inducements were held out to enable you to do so, I would require a medical diploma, or a diploma embodying the necessary branches

branches of the profession, before a candidate is admitted to an examination at all.

1103. Sir *J. Trollope.*] Under those circumstances, would you not, probably, obtain candidates of more advanced age than you do now?—I do not think that is necessary: I think from 21 to 25 or 26 a very good age for medical men to enter the army.

1104. Mr. *Bellew.*] Would you propose a competitive examination?—Not entirely; if you have a competitive examination there should be a standard as well. If you had simply a competitive examination, you would fail in the object you have in view.

1105. Do you think you could combine the two?—Yes.

1106. Mr. *Percy.*] No gentleman is placed on the list who has not obtained a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from some other corporate body legally entitled to grant a diploma in surgery?—Quite so.

1107. But you think that is insufficient?—Yes; because the College of Surgeons of London do not profess to examine a man in physic; they examine him only in surgery and anatomy.

1108. Mr. *Peel.*] Do you think that in most cases the candidates have a competent proficiency in both branches of medical science?—They have certificates in every branch of medical science; that is to say, they have certificates of attendance; but those are no proofs that they know anything of the subject; a man may get certificates by buying them, especially at the foreign schools. All that is necessary is at a certain time to enter for the lectures; then if a student does not choose to attend the lectures there is the means of paying the servant at the door and giving him a card; and when the names are called, he puts the card into the box, and at the end of the session the man gets a certificate according to the number of cards that have been put in; I know an instance of a man getting a certificate who had not attended for the whole six months.

1109. What certificate was that?—For lectures on medicine.

1110. Which were not necessary as a qualification for the Army Medical Department?—He was not intended for the army; I mention it merely to show how easy it is to get certificates.

1111. Are such frauds ever successful at the medical department of the army?—I am not aware that they are.

1112. *Chairman.*] When you recommend that the examination should be competitive, and that it should be to a standard, you mean that every candidate should come up to a certain mark; and that those who transcended most should be selected for the appointments?—Yes; I think that is so at Oxford, for honours.

1113. Mr. *Peel.*] But I presume there is a minimum of qualifications at present?—There is a minimum, of course, because men are rejected, and any man beyond the minimum gets passed into the service.

1114. What does the diploma which he produces certify to?—If he has got a London College Diploma, it certifies that he is able to practise surgery.

1115. Is there any further examination in that branch of science?—It may be, and it is so at the Medical Board.

1116. What is the remainder of the examination?—On the practice of medicine, drugs, and midwifery, and diseases of women, &c.

1117. In about how many cases can the candidate produce also a diploma from some college of physicians?—I cannot tell the exact number of doctors of medicine that we have in the Army Medical Department.

1118. Is there a considerable proportion?—There are a great number; but where they get these diplomas I cannot say; they are not all recognised diplomas. The only diplomas that the profession consider respectable are the diploma of the College of Physicians of London, and London University, and the Edinburgh diploma, and Trinity College, Dublin.

1119. Mr. *Percy.*] And Glasgow?—No; Glasgow is not thought so respectable as the others.

1120. *Chairman.*] You would make it compulsory that the candidate should produce a diploma from the College of Physicians?—Not compulsory, because the College of Physicians will not allow any man a diploma who practises surgery; but he should have a diploma from some college.

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1121. Sir *J. Hanmer.*] The rank of a Dublin diploma is as high as any?—Yes; Trinity College, Dublin, is as high as any.

1122. Sir *J. Ferguson.*] If the position of army surgeons remains as it is at present, do you think it will be difficult to obtain a sufficient number of persons who have acquired those first class diplomas?—Very difficult; in fact you would not get them. I am only speaking upon the contingency that the pay and condition of army surgeons is improved.

1123. *Chairman.*] Do you think there should be an examination with regard to drugs as well as a *viva voce* examination as to medical and surgical science?—I do not think that the Army Medical Board have conveniences for an examination as to drugs and chemical tests which are necessary for medical officers to know.

1124. But if they have not those conveniences, do you think it desirable that they should have, and that that elementary examination should be introduced?—Certainly.

1125. Do you think also that an inspection of the subject or manipulation should form part of the examination?—I would leave that to the College of Surgeons. Their diploma is quite conclusive that the knowledge of the candidate is sufficient in surgery.

1126. Colonel *North.*] As you recommend that this should be carried on in London, would you have a separate Board appointed for the purpose?—No; I would entirely trust the examination to an independent body; I would require the candidate to have a medical diploma from the College of Surgeons of London, Edinburgh, Glasgow, or Dublin; and I would also require him to have a medical diploma, because all those Colleges of Surgeons do not examine in medicine; on his producing those I would make the Examining Board an independent Board; and I consider that the military professor of surgery at the metropolis where the candidate is examined should be one of the members of that Board.

1127. *Chairman.*] But not the only member?—Not the only member.

1128. What other members would you have on the Board?—You might have the examiners attached to the college; for instance, at the London University, and at Trinity College, Dublin, and at Edinburgh.

1129. Mr. *Bellew.*] You are not opposed to the introduction, as examiners, of the civil element?—No; I apprehend that all the examiners for the diplomas of the College of Surgeons are civilians now.

1130. And in the subsequent examination you are not opposed to the introduction of the civil element?—No; it is done in the navy and in the East India Company's service, I believe.

1131. Colonel *North.*] And the Military Professor of Surgery is not a *bonâ fide* military officer, is he?—Yes, in Dublin and Edinburgh.

1132. In fact, it is a civilian Board altogether?—It is a civilian Board, with the exception that there is a Regius Professor of Military Surgery.

1133. *Chairman.*] When a young man has entered at the lowest medical grade in the army, what is his course of proceeding then?—He proceeds to Chatham, where there are a certain number gazetted as Acting Assistant-Surgeons on an inferior rate of pay.

1134. Do they go nowhere but to Chatham?—Not at first.

1135. What length of time do they stay at Chatham?—They may be there, according to the vacancies that take place, from one to twelve months.

1136. Whilst they are at Chatham waiting for appointments are those young men employed in any way?—Yes, they are employed in all the executive duties of the hospital under the superintendence of the superior medical officers.

1137. Have they any pay or appointment at that time?—I think 5 *s.* a day till they are gazetted to either a regiment or the staff.

1138. Have you ever served in Chatham?—Yes.

1139. In time of peace what is the number of young men generally kept there waiting for appointments to regiments?—Generally from half a dozen to a dozen.

1140. Mr. *Peel.*] Did the grade of acting assistant-surgeons exist before the war?—Yes, it existed before the war; but at my time of entering the service there was no such grade.

1141. Colonel *North.*] Do they wear any uniform?—They wear a uniform, I believe.

1142. Are

1142. Are they members of the medical mess at Chatham?—Yes. They are not commissioned; that is the only difference.

1143. Mr. *Peel.*] You are aware that a great number of acting assistant-surgeons have been serving in the Crimea?—Yes; many of them were sent to the Crimea.

1144. *Chairman.*] Do you think it desirable that they should have a probationary period of service?—Certainly.

1145. Of what length?—I think an assistant-surgeon ought to be gazetted at once. The preliminary examination ought to be a sufficient test to insure good men; and they should be gazetted at once as assistant-surgeons. I do not think it is fair to a medical officer to say, you get your acting assistant-surgeoncy, and if we do not want you we will scratch you out of the service.

1146. Sir *J. Trollope.*] Has it been found in practice that any of those young men who have been acting assistant-surgeons at Chatham have been found inefficient, and have been dismissed from the service?—I have no doubt it has; and if the present scale of allowances continues, and the present qualifications, I think it must be so. I am only speaking of doing away with the acting assistant-surgeons in the event of the additional examination I have proposed being sufficient to test the candidate's qualifications.

1147. Then there is a want of a probationary period?—There is a want of a sufficient probationary period to teach the man the duty under the principal medical officer at Chatham, just to show him what the duties of the service are, and I would gazette him to the staff first, not to a regiment, because if an assistant-surgeon is appointed to a regiment he may immediately find himself in charge of 40 or 50 sick.

1148. During the time you were at Chatham, when you had from six to 12 young men there, had you very few inmates in the hospital?—I should say generally about 200 or 250.

1149. Was that sufficient to keep those gentlemen employed?—At times not; and at times it was so, because invalids may come home 100 at a time.

1150. Were there facilities for improving themselves and completing their studies there?—Yes, there were, as far as operative surgery went and *post mortem* examinations; a great many men died, and they were examined.

1151. Mr. *Peel.*] Is every assistant-surgeon required to pass through his preliminary grade of acting assistant?—I do not know whether they are now or not. To the best of my belief they are.

1152. Even when the army is on the peace establishment?—I think so.

1153. Without reference to those temporary appointments made during the war?—Yes, I think so; unless vacancies took place so quickly that there would be no time to make a man acting assistant-surgeon.

1154. You state that you think that an assistant-surgeon should go rather on the staff from Chatham than be appointed as a regimental surgeon; will you state distinctly the difference between the duties of a staff surgeon and a regimental surgeon?—A staff assistant-surgeon is generally speaking under the surveillance of a medical officer of higher rank. A regimental assistant-surgeon is not always so; he is in charge of depôts, or in charge of a regiment where the surgeon is absent; he may have from 20 to 50 sick; my assistant-surgeon now in the 15th Hussars has been in charge of the regiment many months; he does the duties of the regiment.

1155. Sir *J. Ferguson.*] Are not the patients usually divided between the surgeon and the assistant-surgeon?—It depends entirely upon the surgeon. The duties are laid down, but the surgeon has complete power over everything.

1156. *Chairman.*] Will you state the duties of a regimental surgeon?—The duties of a regimental surgeon of infantry and of cavalry somewhat differ. A regimental surgeon of infantry goes to his hospital in winter at 10 o'clock; he sees all the sick; he signs the morning returns; he ought to enter every man's name, his case, his disease, and his treatment; he ought to see him provided for in bed; he orders his medicines for him, and by the present regulations he is obliged to make up those medicines.

1157. Mr. *Percy.*] Is it correct to say that he is required to combine the functions of dispenser, dresser, and clerk, with those of assistant-surgeon?—Everything.

1158. Whether in time of war or in time of peace?—That has been relaxed

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of late by the appointment of gentlemen called dispensers. The regimental surgeon also sees the women and children, and prescribes for them; he sees sick officers that require to be seen; he perhaps has to attend parade at any hour the commanding officer sees fit, not interfering, generally speaking, with his hospital duties. He has to visit the hospital again between 8 and 9 in the evening; and he is supposed to be present at all times and hours during the day and night. And in a strong infantry regiment there are many nights during a month that he is called out of his bed to see sick of some sort or other. The cavalry surgeon has, in addition to those duties, to attend field-days (or he ought to do so) on five out of the seven days during the week in the six summer months, those field-days lasting from three to seven hours. He has monthly reports to make up, and annual reports, and various correspondence connected with the hospital.

1159. Colonel *North.*] That would be common to both, of course?—Common to both.

1160. Mr. *Percy*] One duty is "to attend all field-days, and invariably at target practice"?—Yes, all field-days during the summer months; during the winter there are no field-days; that is the cavalry surgeon. The infantry surgeon has to attend his field-days also, but they are not so often as the cavalry field-days; the number of medical officers are not sufficiently large to enable the regulations to be enforced.

1161. Sir *H. Davie.*] Will you state the reason why it is considered necessary to have the medical officer attending at all the cavalry field-days?—The men are liable to sudden accidents; a man is thrown from his horse and gets a fracture, and if the surgeon is not there to superintend the removal of that man the fracture would be dangerous, and perhaps fatal; from being what the surgeons call a simple fracture, where the skin is not broken, it might become a compound fracture, where the bone is put through the skin; therefore it is highly necessary for the surgeon to be there to prevent a simple fracture being made a compound one; but the number of medical officers is not sufficient to enable this rule to be complied with, though I think it is necessary for the safety of the soldiers.

1162. By the regulations of the service no military punishment can take place without a medical officer attending?—None.

1163. *Chairman.*] Is the position of the regimental surgeon in the service similar in peace and in war; is there more or less supervision over him in time of peace than in time of war?—Unless a man is in a garrison town there is no supervision in time of peace except that of the military commander, at many stations.

1164. What supervision is there in time of war?—There is the supervision of the three administrators who are placed above him.

1165. Does he on many occasions act alone in time of peace?—He is obliged to act alone in time of peace; he is at stations where there are not only no medical officers, but no civil surgeons within reach.

1166. Will you state the duties of an assistant-surgeon?—The duties of an assistant-surgeon are detailed in the War-office Regulations. He is under the control of the surgeon; he is supposed to do the mere medical duties when the surgeon is present; that is to say, making the medicines, seeing that the patients get their medicines and bandaging, and dressing sores.

1167. Colonel *Kingscote.*] In the case of the temporary absence of the surgeon he is in sole charge?—He is. I never interfere with the assistant-surgeon; he treats his sick exactly as I do mine; he consults me on all serious cases, but I never interfere with their treatment ordinarily.

1168. Sir *J. Ferguson.*] Is not the assistant surgeon constantly sent in charge of a detachment, and in that case does not he act independently as acting surgeon?—Quite so.

1169. Mr. *Bellew.*] Then I understand you to say that your assistant surgeon acts as independently when he is acting with you in the treatment of the sick, as if he had no superior officer over him?—That is a personal matter; it depends entirely upon the surgeon himself.

1170. Is such the usual custom in the service?—I am not aware; not to that extent perhaps. It depends entirely upon the assistant surgeon; if he is a good man you trust him.

1171. Mr.

1171. Mr. *Percy.*] Is it the custom generally for the surgeon to divide his patients with the assistant surgeon?—I think so.

1172. Sir *J. Trollope.*] Is it not the fact that owing to the heavy duties thrown upon the surgeon and the assistant surgeon, they can rarely obtain leave of absence?—Very rarely.

1173. Is that much felt by the Army Medical Department?—Very much indeed.

1174. Mr. *Peel.*] Is it unavoidable that leave of absence should be rarely granted?—It is unavoidable, because the number of medical officers in each regiment is so small that you cannot allow them leave of absence.

1175. Would you increase the number?—I would; I think it is impossible that the duty can be properly carried on by the number of medical officers at present attached to the regiments, especially the cavalry regiments.

1176. In a cavalry regiment do you think that a surgeon and assistant surgeon is not sufficient?—Certainly not; it is sufficient if a cavalry regiment has always the surgeon and assistant surgeon at head quarters. A cavalry regiment at head quarters should never be without a surgeon and assistant surgeon.

1177. Sir *J. Trollope.*] Owing to the detached nature of the duties of home service, is it not the fact that the troops are frequently sent to posts where they have no surgeon and no assistant surgeon?—They are sent to posts where there is no army surgeon; I do not think there is any post where there is not some civil practitioner, who is employed at a certain rate to attend the troops; but whenever a squadron (that is two troops) goes out the order is, that the assistant surgeon shall accompany it; no matter if there are six or eight troops left at head quarters, the order is, that the assistant surgeon must accompany those two troops.

1178. Mr. *Peel.*] How many assistant surgeons had the cavalry regiments on service in the East?—I think two.

1179. How many had the infantry regiments?—I think two.

1180. Sir *J. Ferguson.*] In many cases had not they three or four acting assistant surgeons?—Those are attached; they do not belong to the regiment. I am not certain of the strength of the regiments in the Crimea, but I think it is one surgeon and two assistant surgeons to every 1,000 men.

1181. Mr. *Bellew.*] Would you approve of increasing the staff surgeons of the army considerably?—Certainly not the staff surgeons; I would do away with them altogether.

1182. You do not think that any increase of the staff surgeons, without an increase of the regimental surgeons or assistant surgeons, would be sufficient to enable the surgeons to get leave of absence?—No; all that we want is another regimental assistant surgeon to each regiment.

1183. Sir *J. Ferguson.*] Have you any opinion as to the number of assistant surgeons that there ought to be in proportion to the number of men?—I think that every 1,000 men should have one surgeon and two assistants, and that every regiment of cavalry should have one surgeon and two assistants in time of peace.

1184. In time of war, how many?—In war I would have the same, unless the strength of the regiment is increased.

1185. Is not that about the existing number in the Crimea?—I do not know what the number is in the Crimea for certain.

1186. Colonel *North.*] How many were there before the war?—Before the war, every regiment of 800 strong, had one surgeon and one assistant at home.

1187. *Chairman.*] Into how many ranks is the medical department at present subdivided?—We have six ranks; acting assistant surgeon, assistant surgeon, surgeon staff or regimental, staff surgeon of the first class, deputy inspector-general, and inspector-general.

1188. Are all those necessary?—I think not.

1189. How many do you think are unnecessary?—I would do away with the acting assistant surgeon, provided the pay and inducements were (as I have stated before) such as to enable you to do so, and to have a competitive examination. Then, I think, the number of administrative medical officers are too many; I think there should be but two administrative, and two executive.

1190. Will you state the distinction between administrative and executive medical officers?—One man superintends the work of another, and the other does the work.

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1191. Will you give an illustration in a general hospital?—In a general hospital, a staff surgeon of the first class (and in some other hospitals) will do the work of a regimental surgeon; but the same man may be sent away from the general hospital, and he may superintend 1,000, 2,000, 3,000, or 4,000 men.

1192. Is there anything like this distinction between administrative and executive medical officers among civilians?—Nothing whatever in private life.

1193. Will you state what is meant by the distinction in the Army Medical Department?—In the Army Medical Department a surgeon can get an order from a staff surgeon of the first class, from a deputy inspector, or an inspector-general, as to the amount of food that he shall give the patient, as to the amount of medical comforts that he shall give to the patient, and as to the medicines that he shall prescribe for the patient. Now in private life that would not be tolerated; a man would consult in private life, and not be ordered.

1194. Would you have no administrative branch?—I would have an administrative rank for the general superintendence, that is actually necessary, but not so many.

1195. Sir *J. Trollope.*] You would retain the rank of inspector of hospitals?—I would retain the rank of inspector of hospitals and deputy inspector of hospitals, and I would abolish the rank of staff surgeon of the first class.

1196. You consider that the interference by the administrative officers with the executive officers is too great?—I do; they are too nearly of the same age; many of the higher rank are juniors. A man comes home, and finds that another junior to him is staff surgeon of the first class, and therefore he is impatient at the interference of that man.

1197. Do you think that the advantage of the service would be promoted by leaving the surgeons of regiments more to their own responsibility, with less interference by the classes above them?—Yes.

1198. Mr. *Peel.*] As a regimental surgeon, you would have no hesitation in taking a case out of the hands of the assistant surgeon if you had no confidence in him?—None.

1199. Why should not the same principle be adopted in the case of the higher class?—An assistant surgeon is necessarily junior to the surgeon. A staff surgeon is not necessarily senior to a regimental.

1200. Do you mean junior in standing?—Junior in standing in the profession. In the profession in private life a consulting medical man is one who has by age or experience, or something extraordinary, gained the confidence of the profession. In the army a staff surgeon of the first class is promoted, not because he has gained the confidence of the regimental surgeons, but simply because he has been senior at the station where the vacancy happened, or has been selected by merit.

1201. So that, as a general rule, the higher the rank of the medical officer the longer is his standing?—No, that is not the rule of the service.

1202. But it is the general result, is not it?—No. There are many regimental surgeons now in India of twenty years' service, and many staff surgeons of the first class under twenty years' service; nay, there are deputy inspectors under twenty years' service, or about that period of service; and there are other men in India and in the colonies equally good men, perhaps better, who are still regimental surgeons, and who have not had a chance of being promoted.

1203. What would be the duties of the administrative class of army medical officers under your new arrangement?—I would make a clear line of demarcation between the administrative and the executive; and I would make a certain number of years in the service necessary before they are made administrative officers.

1204. Mr. *Percy.*] A consulting physician or surgeon in a civil hospital has no power of interference with the medical treatment?—None whatever.

1205. Colonel *Kingscote.*] In time of war how would you propose to use the staff surgeons or the deputy inspectors?—I would have them much in the same way as they were before 1840. This rank of staff surgeon of the first class was made in 1840. It was made at the recommendation chiefly of Mr. Guthrie and Sir James M'Grigor before the Military Commission which the Duke of Wellington presided over. Mr. Guthrie said that an army in the field wanted few administrative, but a great number of practical officers. He said he found that

that the administrative officers, the inspectors, talked a great deal but seldom worked, and that he wanted men who would work and not talk. More than that, he said that many of those inspectors, after a certain number of years, gave up their profession, and that they knew so little of it, that they should physic nothing belonging to him. Now, in my opinion, with all due deference to so great a man as he was, I think it was a pity that he recommended the same rank under another name; he recommended the assistant inspectors to be abolished, and staff surgeons of the first class to be substituted. He said that in the Peninsula a staff surgeon had the superintendence of six or seven regiments, and therefore it was necessary that he should be of higher rank. I think it would have been better if the six or seven regiments had had a deputy inspector, and if the staff surgeon had remained, as he was then, an executive officer. I approve of superintendence; it is an actual necessity; but not so many superintendents.

1206. Do you think it would be an advantage to the patients to have some superintendence?—In civil hospitals the medical officers would not approve of it; they would resign in a body.

1207. Mr. *Bellew.*] Are you aware of any cases where the interference of those staff surgeons was found vexatious and injurious to the general working of the system?—I am. One of the best surgeons we had in the service, and who has since died, was interfered with in that way, and he wished to leave his regiment, where he was looked upon as one of the best medical officers that ever joined it, to enable him to get out of the surveillance of a man who was his junior in the service; that was the surgeon of the 4th Dragoon Guards.

1208. Sir *J. Ferguson.*] Have you known in practice staff surgeons placed above regimental surgeons, to strike off a portion of the requisitions for medicines sent in by those regimental surgeons, for no apparent reason?—I believe it is stated in Mr. Maxwell's case in evidence, but I have known no case myself of that.

1209. Colonel *North.*] Are not surgeons often subject to great annoyance and lengthened correspondence in ordering comforts for the sick?—I never found any difficulty whatever myself.

1210. What length of service would you require before an executive officer should become an administrative one?—I think no person should be made an administrative officer till he had been 20 years in the service, as a rule; of course in time of war some rules must be abandoned; I think he should have the confidence, both from age and experience, of the men whom he superintends, and if he is made young they will not have that confidence in him.

1211. Sir *H. Davie.*] You stated that regimental surgeons were made staff surgeons not by seniority but in consequence of merit?—I think the head of the department professes that all promotions to the superintending ranks shall be by selections for merit.

1212. They hitherto have been more by selection than by seniority, have they?—I think Dr. Smith answered that himself. I think he said, that all his selections for the higher grades are by merit, and for the lower grades by seniority on the station, supposing there is nothing against the man.

1213. Is it your impression that those selections have been generally fair, owing to merit?—I have not knowledge of the subject sufficient to judge of that correctly.

1214. Mr. *Percy.*] Dr. Hall objects to the use of chloroform for gun-shot wounds; would he have the power of prohibiting it?—It does not amount to power; but there is many a young medical officer, who knowing his opinion, would be afraid to use chloroform, because if an accident happened he would think that the head of the Department would say, "You have killed the man."

1215. *Chairman.*] Is there any fixed rule for the promotion of an assistant surgeon to the rank of surgeon?—There is seniority on the station in which the vacancy takes place.

1216. That is a fixed rule?—I believe so; that is supposing there is nothing against the man.

1217. Does that seniority on the station involve any period of residence on the station?—None whatever that I know of.

1218. Mr. *Peel.*] What would you consider the station for the purpose of this promotion; would the West Indies and British North America be considered as one station for promotion?—No.

1219. *Chairman.*] Are the stations defined?—Yes, I believe.

1220. How many are there throughout the world?—I dare say there are about 15 stations.

1221. Mr. *Peel.*] The whole Mediterranean would be considered one station for the purpose of promoting medical officers?—It depends entirely upon the will of the head of the department.

1222. He has regard to the facilities of communication between the different posts?—It depends on his will what he thinks necessary and right.

1223. In practice, would not the senior officer in Malta complain if a junior officer in Gibraltar was promoted above him?—Yes; perhaps the whole Mediterranean is one station; but I do not know whether that rule is carried out.

1224. Is not the rule you speak of simply a matter of convenience as regards the facilities of communication between one part of the world and another?—I think it is to avoid the expense of relief; I think the cause of the rule is, that it would be a great expense to remove a man from Canada to New Zealand if a vacancy took place there, and there was a senior in the service in Canada.

1225. Would not the expense of going from North America to the West Indies be very inconsiderable?—I think a man going from North America to the West Indies would get there most quickly by coming to England first.

1226. Is not it the case that the military stations in the army medical service are kept perfectly distinct, the one from the other, for the purpose of promotion?—As much as possible.

1227. *Chairman.*] Could an army surgeon in the West Indies, after working through an attack of yellow fever in the West Indies, find that by the rule of seniority another person arriving at the station, say one week, was promoted over his head the next week?—Certainly.

1228. That is to say, it would be in the power of the Director-general to send a person to interlope between the person who was about to leave, and a person who had toiled through a season of yellow fever?—Certainly; that was a common occurrence during the late war in Turkey.

1229. If you think that inconvenient is there any remedy that you can suggest?—I would promote every man by seniority in the whole body, supposing there was nothing against him; that is, supposing there was no court of inquiry consequent upon a report unfavourable to him, and confirming that report.

1230. Would not the expense be very great in moving those officers from one station to another, not to mention other inconveniences?—There would be no expense if advantage was taken of sending men out in charge of drafts, which go to all those stations every year, and home of invalids.

1231. Mr. *Peel.*] Would there not be inconvenience in allowing the vacancy to remain unfilled 12 months?—The duty would be performed by the senior assistant surgeon until the vacancy was supplied from England.

1232. Mr. *Percy.*] Might not a surgeon be a very inefficient surgeon though there were no reports against him?—I think that either the medical authority or the military authority would report against him if he was very inefficient.

1233. Mr. *Peel.*] Supposing the surgeoncy of a regiment in New Zealand fell vacant, and the senior assistant surgeon was in England or in any distant colony, would you keep the surgeoncy of that regiment vacant till the arrival of that medical officer from England?—No. I think no man should be appointed to the surgeoncy of a regiment till he has had an opportunity of studying his profession after his entering the service. I would make the very first promotion from assistant-surgeon to surgeon to the staff. No matter where the man was serving, he should get that promotion by seniority in the whole corps. I would bring that man to England as staff surgeon, and make him go to the military professor for one season; if he was an Irishman, to Dublin; if he was an Englishman, to London; and if he was a Scotchman, to Scotland; and at the completion of that season he should go to Chatham to the General Hospital. And he should further be reported upon as to his efficiency, not only as to his professional abilities, but as to his temper and his habits, and his fitness altogether to be placed in the most responsible charge of surgeon of a regiment. I would reduce the staff surgeons to one rank, and would make the staff surgeon in all respects equal to the regimental surgeon, doing

doing the duty of regimental surgeon in general hospitals and field hospitals; and I would make surgeons of the first class deputy inspectors general as vacancies occur.

1234. How would you temporarily provide for the performance of those duties at the station till the arrival of the person selected in this country?—The senior assistant-surgeon on the station should perform the duty during the interval. That is done now.

1235. Would not that senior assistant-surgeon, after having provisionally filled the appointment for twelve months well, consider it hard to be superseded by an officer coming out from a distance?—Certainly not, because he has to do it now; he would not consider it hard if it was a rule of the service. Because he was obliged to do the regimental surgeon's duty, he could hardly expect to succeed to the post if there were assistant-surgeons ten or twelve years senior to him.

1236. Mr. *Bellew.*] You spoke just now of an assistant-surgeon getting his promotion by seniority as a matter of course, if there was nothing against him. If a man was reported against in the confidential reports, should that be sufficient to stop his promotion?—Certainly not.

1237. Are you aware that such is the practice in the service?—I have heard of late that such was the custom of the service, but I was not aware of it till lately.

1238. Are you aware what is the feeling of the army medical officers upon that subject?—The army medical officers feel that it is a most un-English practice, and an exception to everything else in the country.

1239. Are you aware that confidential reports exist as a general system in the army?—Certainly.

1240. And that except in the medical profession, they are not considered a hardship?—Confidential reports on military men are necessary, and on medical officers they are necessary too; but if the confidential reports go to the extent of stopping a military man's promotion, that is not done without the military officer being made acquainted with the nature of the reports against him ordinarily; whereas if a medical officer has a confidential report against him, he knows nothing about it, but he finds that he is not promoted, and he does not know the reason. Surely it is very unjust to stop a man's promotion and damn him for ever without giving him an opportunity for explanation.

1241. Do you think that case is possible under the present system?—It has been stated before this Committee that it is the custom of the service, I believe.

1242. Mr. *Peel.*] Does the change you would recommend in the mode of promotion amount to this, that for the future all medical officers should be promoted by seniority, instead of by merit, as now?—I do not admit that medical officers are promoted by merit at this moment; I do not admit that the medical officers stated to be selected as superior to others are so superior. I admit that the head of the department has had it represented to him that they are so superior, but I doubt whether they are so superior in fact.

1243. But whatever the present mode is, you would supersede it by a system of seniority?—I would; and the reason I say that is, that I know men, good professional men, good men in every way, who had been serving at some station, and others have gone over their heads for merit, although the men passed over I knew to be as good men as the others.

1244. *Chairman.*] Do regimental surgeons sometimes refuse promotion?—They do.

1245. Why?—Because they consider that, under the present system, and especially before the present war, promotion was a name having no substance, if a man did not intend to remain all his life in the service; I refused promotion myself.

1246. Mr. *Peel.*] Is it usual for a medical officer, before he becomes a staff surgeon of the first class, to have been both a regimental surgeon and a staff surgeon of the second class?—It is not necessary.

1247. Is it usual?—There are many instances where men who have not been in a regiment have obtained the highest rank in the department, even that of inspector-general.

1248. Colonel *North.*] What is the rank of a staff surgeon of the second class relatively to a surgeon or an assistant-surgeon of a regiment?—It is the same rank as regimental surgeon.

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1249. Then it is no promotion to him to be appointed to a regiment?—Some men like a regiment; others like the staff.

1250. Is there more pay?—There is the same pay; but the expenses of the staff in certain cases are not so great as the expenses of a regiment.

1251. Mr. *Percy*.] Do you think the director-general has the means of ascertaining the merits of the officers?—That depends upon the reports of the principal medical officers upon the spot; whether those reports are favourable or unfavourable, depends mainly upon the nature of the connexion between the individual reported upon and the principal medical officers.

1252. Mr. *Bellew*.] The principal medical officer at a station will have several young assistant-surgeons and surgeons under his care. If he is himself a careless man, and consequently inducing carelessness in those under him, might not it appear in his confidential reports as though it was the fault of the men under him, and no fault of his, that the medical duties at his station did not go on as well as they ought to do, although in reality it was all caused by his own negligence?—Such a thing might happen. All that is required by the medical officers with respect to the confidential reports is, that they should have the same treatment that the military officers, the engineer officers, and the artillery officers get (and that any person in private life gets), namely, that if there is a report against a man to such an extent as to stop his promotion, he should have an opportunity of explanation in the same way as a military officer.

1253. Is not that the case with the medical officers?—I believe it has been stated that it is not so.

1254. Mr. *Peel*.] Will you state what are the steps which you would recommend in your new gradation of rank?—I would have an inspector-general or a deputy inspector-general on all stations requiring superintending duties, some of which at the present moment are performed by staff surgeons of the first class; therefore it would be necessary, under such circumstances, to increase the number of those ranks for the requirements of the service. I would then have staff surgeons or surgeons of the forces who should be equal in rank, and equal in every way, to regimental surgeons, and assistant staff and assistant regimental surgeons as at present. That would be a great improvement to the service, because at the commencement of the war there were a great many men in India, first-rate surgeons; but you could not make those men available for the two higher ranks, because before a man can become a deputy inspector, he must serve two or three years as staff surgeon of the first class, which they had not done; therefore you had one-third of the medical officers of the British army out of the power of selection.

1255. Have any recommendations been made with regard to the rank of staff surgeon of the first class; are the titles of staff surgeon of the first class and staff surgeon of the second class objected to by the profession?—I think the title of staff surgeon of the second class is very much objected to by those officers; they do not like to be called second class staff surgeons; it is not an acceptable term to them; the rank of staff surgeon of the second class was instituted not for the public service at all; it was created in 1840 to give promotion to old assistant-surgeons, and for no other reason; and it was so stated in the warrant issued in 1840 consequent upon the inquiry of the Military Commission.

1256. But staff surgeons of the second class are generally in full employment, are they not?—Yes, they do the duty of staff assistant-surgeons; and formerly the staff assistant-surgeon did the duty which is now done by the staff surgeon of the second class.

1257. Mr. *Noel*.] Are there not stations where the staff surgeon of the second class has nothing at all to do?—He is liable to have something to do. You must have some one there to do the duty which he may have to do; but it is not so heavy as that of a regimental surgeon, in many cases.

1258. *Chairman*.] Will you state what your views are with respect to the present scale of pay?—I think the assistant-surgeon's pay and the regimental surgeon's pay ought to be increased. I think the regimental surgeon (if the staff surgeon of the first class is abolished), after 15 years' service, ought to get exactly the pay and rank which the staff surgeon of the first class has now.

1259. What pay would you propose for an assistant-surgeon?—Considering the number of years that he has spent in learning his profession, and that he enters

enters at 21, I think the least that the man ought to get is 10 *s.* a day to begin with. I think that after five years it should be increased to 12 *s* ; and that after 10 years it should be increased to 13 *s.* a day. That is my opinion of a fair remuneration for an assistant-surgeon.

1260. Mr. *Peel.*] Are there many assistant-surgeons who have been 10 years such?—Not now ; very few ; but in time of peace there will be a great many. I think you ought to provide for a man being 10 years an assistant-surgeon.

1261. What increase of pay would that give to an assistant-surgeon?—That would be 2*s.* 6 *d.* a day. I am speaking of an infantry assistant-surgeon or the staff. I think a cavalry assistant-surgeon should get 1 *s.* 5 *d.* a day more, because he ought to keep two horses, and that is the regulated allowance that the Government stop from his pay when he does keep two horses.

1262. Colonel *North.*] Is he allowed forage for two horses?—Not unless he pays for it. There is a deduction of 8 ½ *d.* a day ; a cavalry assistant-surgeon has at the present moment 1 *s.* a day more than an infantry assistant surgeon ; but I think he ought to get the forage of the horses which he is allowed by the regulations to keep ; that is, 1 *s.* 5*d.*

1263. Sir *J. Ferguson.*] You said that you thought the existing scale of pay of the assistant-surgeons was not such as to secure candidates of the first class of medical talent : do you think that the scale of pay which you propose would secure it?—I think so, if combined with other advantages, which I will enumerate hereafter.

1264. Colonel *North.*] Is there any difference in pay between an assistant-surgeon in the cavalry and the infantry?—Yes, 1 *s.* a day.

1265. *Chairman.*] Now, as to the surgeon, what rate of pay would you recommend?—To a surgeon, if under 10 years' service, I would give the same rate of pay as at present, that is 13 *s.* a day ; if he has more than 10 years' service, and under 15, 15*s.* a day ; and if he has more than 15 years' service, I would give him the same relative rank as a staff surgeon of the first class, and the same pay that a staff surgeon of the first class has now, 19*s.* a day ; on his completing 20 years I would give him 22 *s.* a day, and on his completing 25 years I would give him 24 *s.* a day.

1266. What is the rank that you would give to a surgeon of the first class, relatively to military rank?—Major ; the rank is merely to enable him to take the choice of quarters, prize money, &c., not military rank.

1267. What rate of pay would you give to the next rank?—The next rank, supposing that of first class staff surgeon is abolished, is that of deputy-inspector ; I would give him extra pay for climate ; I would allow his ordinary pay to remain as it is now at all stations abroad ; and I would give him extra pay according to the climate and the nature of his duties.

1268. Mr. *Peel.*] Do not they now receive climate pay in any cases?—In some cases they do.

1269. In Ceylon, for instance?—In Ceylon they do ; they get from 1,200 *l.* to 1,500 *l.* a year altogether.

1270. Would you also count as increased service a man being stationed in unhealthy climates?—I think not ; I think many men suffer for life from being two years in a very bad climate ; other men may be in a very good climate, such as Canada or the Mediterranean, where they would rather be all their lives than be in England.

1271. Sir *H. Davie.*] Have you ever made any sort of calculation, in a rough way, what the additional expense of all this would be annually to the country?—I have ; not very lately, but some little time ago.

1272. Will you state your calculation?—I came to the conclusion that it would cost somewhere about 40,000 *l.* a year more than at present.

1273. Mr. *Peel.*] Is that after allowing for the reduction that would take place at the close of the war?—Yes. Of course those reduced must wait till vacancies happen.

1274. Colonel *North.*] Is that upon the supposition of having two assistant-surgeons to each regiment?—Yes.

1275. Mr. *Bellew.*] Can a regimental surgeon, after any length of service, retire upon full pay?—Yes, but not the full pay he is getting at the time. Then with respect to the pay of the deputy-inspectors, a deputy-inspector gets now 1 *l.* 4 *s.*, 1 *l.* 8 *s.*, or 1 *l.* 10 *s.* a day, according to his service. In addition to that sum I would give them all pay according to the station of which they had

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charge, increasing the number of stations for the deputy-inspectors to the number that you have now of staff surgeons in charge, such as Malta, the Mauritius, Hong Kong, Plymouth, and several other stations which I have forgotten. For the inspectors I would do the same, and I would increase their number a little; London and Chatham, &c.

1276. *Chairman.*] And their pay?—I think their pay is sufficient, considering that they have abroad on all stations very good colonial allowances. If there were any created in England, such as one at Chatham in charge of the General Hospital, which I think there ought to be, I would give him more pay for the duty at the station. The inspector of Bengal gets 3,000 *l.* a year. I do not think it would be advisable to give him more.

1277. Sir *H. Davie.*] What is the half-pay of an inspector-general?—After 30 years' service he gets 30 *s.* a day; after 25 years' service he gets 1 *l.* 5 *s.*; after 20 years' service, 1 *l.* a day.

1278. Are you aware that a general officer in the army who, perhaps, has spent a good deal of money in the purchase of his rank, has 25 *s.* a day?—Yes. But that, as far as regards the country and the Government, is a matter of convenience between him and the man who succeeded him in the regiment. The country gains nothing by the purchase-money of a military officer in the army. The country pay him for his work 25 *s.* a day, without reference to the sum which he has paid for his commission.

1279. Colonel *North.*] Do I understand you rightly that a surgeon in a cavalry regiment has a greater deduction made from him on account of forage than any other officer in the regiment?—No. A cavalry surgeon gets no more pay than an infantry surgeon; I think he ought to get more pay than an infantry surgeon, because all cavalry officers get more than infantry. A cavalry surgeon of the East India Company does, and the cavalry surgeons of the Queen's regiments in the East Indies do, because they are put to the same amount of necessary expense for uniforms and other things in the cavalry as other cavalry officers.

1280. But the deduction for forage is the same as to any other officer?—The forage is the same as to any other officer. I would not give the man his forage, but give him the necessary pay to pay for that forage.

1281. Mr. *Noel.*] An assistant-surgeon does receive 1 *s.* a day extra for forage?—Yes; but a cavalry surgeon does not, which I think is a grievance to the cavalry surgeon.

1282. Mr. *Bellew.*] Under the system of promotion you have laid down for the medical department of the army, is it not very likely that an infantry surgeon might be appointed to a cavalry regiment?—He is now frequently; a man can get appointed to the cavalry by the head of the department.

1283. Is it often the case that such an appointment takes place without the man making application?—Not often. There are generally more applications for the cavalry in time of peace.

1284. *Chairman.*] As to retirement, what would you propose for the period of service?—I think a medical officer should be allowed to retire after 20 years' service; at present no officer under 25 years' service is allowed to retire, except on account of ill-health; and the time he is on half pay does not count.

1285. Why do you think that he should be allowed to retire after 20 years' service?—I think many medical officers of the army get broken down in health with long tropical service. Those officers come home, and if they have to go again to a foreign station, with their health broken, it may be fatal.

1286. Are there any statistics with regard to the mortality of the army medical officers, which you can put before the Committee?—Certainly.

1287. Can you state their general effect?—The mortality of the army medical officers is more than 2 ½ per cent. annually of the whole; and it is 124 per cent. more than that of the male population of Great Britain; the proof of that is that in 1833, 27 officers entered the service, and after 20 years of active service, I think there were only eight of them alive, and in other years there is the same proportion. In 1825, I think there were 76; and 25 years afterwards there were only 24 of those alive. Therefore in making a calculation as to the number of medical officers that could retire after 20 years' service, it must be taken into account that very few would be alive to take advantage of it; and those few, if there were proper inducements for a longer period of active service,

service, would not take advantage of it, unless on account of ill-health or some extraordinary circumstance.

1288. In fixing the period of retirement, you would incline rather to the safe side, considering the danger of surgical operations being trusted to persons deficient either in strength, or in sight, or in nerve?—I would ease such men out of the service for the sake of the service; men that are nervous or lose their sight, and whose performing a dangerous and difficult operation might be fatal to life; I would ease such a man off, instead of obliging him to remain another five years in the service in order to get his retirement in full.

1289. Have you seen in the course of your experience any painful results from operations performed by persons not quite competent to them on account of failure of strength, or nerve, or eyesight?—I saw one instance of a man's death caused by want of nerve and want of sight, consequent on age.

1290. Mr. *Peel.*] How many years had that officer been in the service?—It was not in the service.

1291. *Chairman.*] But what happened out of the service might happen in the service?—Just so.

1292. Colonel *North.*] Were the surgeons of the infantry regiments in the Crimea allowed horses and forage?—They get their forage for nothing, I believe.

1293. Were they allowed bâtmen?—That I cannot tell; I think they had a servant, but whether they had an extra servant as a bâtman I cannot tell.

1294. Sir *H. Davie.*] If an army surgeon, from defective sight or want of nerve, was not competent to perform operations, would it not be the duty of somebody to have him removed?—It might not be known. In many cases the surgeon in charge of a regiment at a station in Ireland, or at many stations in the East Indies, would have no one to consult with very likely at the moment. A man falls off a horse, and injures himself, and an artery has to be tied; or the man gets a rupture, and an operation must be performed without delay, and the medical man has no assistance; therefore the greater care should be taken in the selection of those surgeons of regiments.

1295. In the case referred to of a person who from age had infirmities come upon him, such as loss of sight, or want of nerve, would a person in such a position as that not be removed by some authority or other?—If it was known he would.

1296. How could it remain long unknown?—There are men in the service doing executive duties of about 70 years old at this moment, I believe, at recruiting districts.

1297. Mr. *Peel.*] Although they are at liberty to retire if they please?—They are at liberty to retire if they please, but the pay is not sufficient to enable them to retire; and moreover they are obliged to serve a certain number of years in the rank they are in before they are allowed to retire; and those officers would have to serve perhaps till they are upwards of 70 years old before they can retire on the rate of pay of the rank they are serving in.

1298. Colonel *North.*] Then the rate of pay on retirement does not depend on the number of years' service, but you must have a certain number of years' service in the rank?—In the rank.

1299. Mr. *Noel.*] And they remain in the service on account of the smallness of the half-pay?—Yes; we are not wealthy men as a body, and we are obliged to take every advantage that we can of the service.

1300. Mr. *Bellew.*] Did you ever hear of a case where a regimental surgeon has been reported by his colonel as inefficient, and no notice has been taken of that report?—I really wish not to answer that question.

1301. Sir *H. Davie.*] What do you suppose would be about the average age of officers who would retire if they had the option of retiring after 20 years' service?—A man cannot enter the army medical department till he is 21, and generally speaking they are 22, 23, or 24. I should say 43 or 44 years of age would be the average.

1302. And then they would have the power of retiring, whether their health has suffered or not?—They would, because with respect to every man who has had tropical service, or foreign service, or hard home service as a medical man, his age is more than his appearance, that is to say, his constitution has suffered; instead of being a man of 44, as he would have been had he remained in England, he is a man of 54 in constitution.

1303. Is it not possible that a man may have served in a cavalry regiment without

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without ever leaving England?—It is possible; but the ordinary rule is, that he does not get to be a surgeon to a cavalry regiment until he has served many years as assistant-surgeon; he is not appointed from assistant-surgeon in time of peace to a cavalry regiment as surgeon; the way he gets into the cavalry as a young surgeon is the way I did myself, by exchanging from the infantry to the cavalry.

1304. Mr. *Peel.*] Should you anticipate that the power of retirement after 20 years' service would enable an officer retiring to get civil practice?—Never. I do not think an army surgeon after 20 years' service would ever get private practice; his habits are quite contrary to what is required in private practice; he knows very little of the diseases of women and children; he has been brought up amongst officers with habits which are quite inconsistent with practice in private life.

1305. Mr. *Noel.*] Do you think that the retirement ought to be compulsory after a certain number of years' service?—Yes. I think that every man on completing 60 years of age, as a medical man, should be obliged to leave the service.

1306. *Chairman.*] What are your views as to the proper arrangements for the veterinary surgeon as to pay and retirement?—The veterinary surgeon joins the regiment as cornet, and after 10 years' service he ranks as lieutenant, and after 20 years' service as captain, and his rate of pay is increased according to his length of service; he joins on 8*s.* a day, with his rank of cornet; after 10 years he gets the rank of lieutenant, on 12*s.* a day; after 20 years he ranks as captain, with a further increase of pay, I believe.

1307. Colonel *North.*] What is the pay of an assistant-surgeon?—Eight shillings and sixpence in cavalry; 7*s.* 6*d.* in the infantry or staff.

1308. Then the veterinary surgeon has 6*d.* a day more than the assistant-surgeon?—The veterinary surgeon has 6*d.* a day more than the assistant-surgeon of infantry, and 6*d.* a day less than the assistant-surgeon of cavalry.

1309. Mr. *Bellew.*] Are there not stoppages made against the medical officer for forage which are not made against other officers in infantry regiments?—If a regimental surgeon keeps a horse, there is a stoppage of 8½ *d.* a day, but there is no such stoppage against staff medical officers of the same rank, nor is there against the adjutant, the major, or the commanding officer.

1310. Sir *H. Davie.*] You said just now that army surgeons have no opportunities of having much experience of the diseases of women and children; but you stated it to be one of the duties of the regimental surgeon to attend the women and children of the regiment?—He is obliged to do so.

1311. In some regiments is there not a large number of women?—Yes; but generally there is a serjeant's wife in the regiment who has been instructed in midwifery, and it is only in any unnatural case that they call upon the surgeon.

1312. The surgeon does not attend the women in their confinements?—Not ordinarily; in any case in which humanity requires it he is called upon, and I dare say it could be enforced under any circumstances; but if the regimental surgeon had to attend the women of the regiment in their confinements, you must have three instead of two regimental medical officers, and one of them always told off for the women.

1313. Do they attend to the women married without leave, as well as those married with leave?—They make no difference.

1314. Mr. *Bellew.*] After a medical officer has retired on half-pay, are you aware of any appointments or emoluments besides their half-pay which are open to that class of officers?—There are none whatever, with one exception, that of surgeons of military prisons, who are supposed to give their attendance day and night for 5*s.* a day.

1315. Then comparing the case of a medical officer who goes on half-pay with that of a general officer, who forfeits the price of his commission by the fact of his becoming a general officer, the chances of after employment are much greater for the general officer than they are for the medical officer?—Very much greater. I do not think you can compare the military and the medical service. A military officer has two months' leave on his appointment; he has two or three years' leave when he is on service in foreign colonies; he has sick leave to a large amount before he is put off on half-pay; he goes to morning parade, and then he goes away where he pleases; whereas the medical officer

officer joins his regiment at once upon his appointment; he remains with it during all its tour of foreign service, and he is constantly at work in bad climates. When the military officer is in his quarters, the medical officer is toiling all day going round the compounds, seeing the sick.

1316. *Chairman.*] Do you think that the half-pay should be really so, or should it be a fixed sum; say seven-tenths?—No; the half-pay should not be fixed at the real half-pay or seven-tenths, for this reason, that unless you increase the extent of the full pay so as to make the full pay more than a proper remuneration for the officer, you would injure him instead of benefiting him.

1317. What is the present state of the half-pay?—At this moment I, as the surgeon of a cavalry regiment, after 17 years' service, receive 15*s.* a day. If you were to give me half-pay I should get 7*s.* 6*d.* a day, and I should not get an increase of full pay before 20 years, when I should get 19*s.* a day, the half of which would be 9*s.* 6*d.* I get no further increase till I have 25 years' service, and if I was obliged to be placed on half-pay at 24 years' service, at that rate I should get only 9*s.* 6*d.* a day. I think it is just and right that the amount of half-pay that a man is to get after certain service should be fixed. A veterinary surgeon at the present moment after 20 years' service, supposing he has been five years abroad, can claim retirement at the same rate of pay that I get if I am sick without being able to claim it, after 24 years' service as surgeon of a regiment.

1318. Mr. *Bellew.*] Are you aware that it is considered a great hardship by medical men in the army that no lengthened leave of absence can be obtained? It is a very great hardship; but it cannot be granted with the present reduced number of the establishment; and that is one of the great causes of the mortality of army surgeons, in my opinion.

1319. If the establishment were put on the footing you speak of, do you think it would cause inconvenience to the service to give the same amount of leave in case of sickness or other pressing causes that is given to other regimental officers?—None whatever; no inconvenience to the service.

1320. Mr. *Noel.*] How is it managed now; for instance, a squadron goes to out-quarters and the assistant-surgeon accompanies it, and a squadron or two squadrons remain under the charge of the regimental surgeon; under those circumstances how can he obtain leave of absence?—The only way in which he can obtain leave is by paying the expenses of the assistant-surgeon to the head-quarters of the cavalry regiment, and paying the expenses of the medical treatment of the squadron of which the assistant-surgeon had the charge at out-quarters.

1321. Colonel *North.*] Take the case of an assistant-surgeon returning from the Crimea ill. Is it the case that he is allowed not more than two or three months, and if his health is not restored in that time he is put on half-pay?—I think I heard Dr. Smith state before the Committee that he had a difficulty in allowing to any men more than three months' leave under such circumstances.

1322. You say that on half pay service their does not count?—No.

1323. And when they are well enough to be put on full pay, a considerable time may elapse before they are brought into service?—It may be a year.

1324. Sir *J. Ferguson.*] Have you any idea what the mortality has been amongst the medical officers in the Crimea?—I have not.

1325. Colonel *Kingscote.*] What amount of leave have you had yourself?—I have had no private leave for five years. I came back ill and I got three months' sick leave, but before it expired, I thought I was able to do duty.

1326. Mr. *Bellew.*] Do you know any cases of men going on half-pay because they could not get leave of absence?—Yes.

1327. The half-pay time does not count as service?—No; in fact almost every medical officer that goes on half-pay does it, because he is obliged to do so under 25 years' service.

1328. Mr. *Peel.*] Do you mean after he has served his 25 years?—No, at any period. Dr. Smith stated that he has a difficulty in giving a medical officer more than three months' sick leave, I think

1329. May an officer retire on half-pay at his option?—Not till he has served 25 years.

1330. Has Dr. Smith the power of putting him on half-pay?—At the recommendation of the Medical Board on account of sickness, or from other causes; for example, if a man is inefficient.

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1331. Supposing a medical officer wishes to come home on leave of absence, and cannot obtain leave of absence, he is not allowed to go on half-pay?—No, he would have to resign the service.

1332. In the cases of which you speak, of officers having gone on half-pay, why was that?—Because they could not get a lengthened period of sick leave, the same as military officers. The routine is, that a military officer is ordered to appear before a Medical Board before they grant him leave, and the Board say that they have examined this officer's case, and that, to the best of their judgment, he requires so much leave to restore his health; it may be from one month to two or three years, whatever the Medical Board think, if there is a probability of his ultimate recovery. But in the case of a medical officer, if the Medical Board say that it is necessary, for the sake of the officer's health, that he should have 12 months to recover, to the best of my belief he would be put on half-pay instead of having the sick leave granted to him.

1333. Would not a military officer who was stated to have a prospect of ultimate recovery after two or three years, be required to leave the service? —Not at all. I know an officer, a friend of mine, who got wounded at the battle of the Alma, who is still on leave. Now, that is a year and eight months ago. A man from the East Indies gets two years' leave, and from the Mediterranean he gets nine months, and from Canada he gets 12 months. On every foreign station there is a scale of leave laid down for military officers, which medical officers can never get.

1334. Sir *H. Davie.*] If a medical officer were to get 12 months' leave, how would you supply his place in the regiments during his absence?—My view is, that the regiment should always have an assistant-surgeon at head-quarters. There should be two assistant-surgeons to every regiment; and then on a detachment going out there would still be one assistant-surgeon at head quarters. I do not think it is at all necessary to give the medical officers two or three years' leave like the military officers; but I think the medical officer should have a little more leave than he has at present. I would give him six months for the Mediterranean, and I would give him 12 months from India, and I would give him three months from Ireland, or any other stations where the service would not suffer, leaving it entirely with the commanding officers of the regiment to be satisfied that the medical duties are performed during his absence.

1335. Mr. *Noel.*] And no reduction of pay from the medical officer?—None.

1336. Sir *H. Davie.*] You would make such indulgence dependent upon the medical duties of the regiment being able to be carried on without detriment? —The commanding officer of the regiment is responsible for seeing the men attended to. The regimental system, in my opinion, is complete and perfect in itself; and with the exception of a few little minor details of alteration, you cannot improve it. If the commanding officer of the regiment sees that the service will not suffer, as it regards either the officers or the men, from the temporary absence of the surgeon, I think he should be allowed to have a temporary absence.

1337. Would there be any objection, in the case of the surgeon being allowed six or 12 months' leave, to bringing a staff surgeon to do the duties in his absence?—None at all. Supposing there was no regimental medical officer present, a staff medical officer might be brought without any detriment to the service, to do his duties temporarily.

1338. Would not that be better than diminishing the medical strength of the regiment even for a short time?—No; I think that if the surgeon was allowed a temporary absence it should be only on condition that it was at a time when no very great sickness prevailed, and the regiment could do without his services, and the assistant would be equal to the work.

1339. But in the case of the surgeon of a regiment requiring leave of absence for the recovery of his health there would be no option as to choosing whether it was a convenient time?—Then it would depend entirely upon the capability of the assistant surgeon to take the surgeon's charge, which I presume would be always the case.

1340. *Chairman.*] Do you think the medical officers have sufficient military authority now?—I think the medical officer has every military authority that he ought to have. Nay, I myself think that we may be called upon to do too much

much in that way. We have every military authority, but we have no military command. We can place an officer under arrest. We can order a soldier into confinement; and we can be tried by a court-martial, and we can sit on Boards, and, if necessary, courts-martial. I think anything further than that would be injurious to the service.

1341. May not a medical officer holding high rank sit on a Military Board, under the presidency of an officer of lower military rank?—He may.

1342. Is that considered a grievance in the profession?—It is considered a grievance that a medical officer of long service should sit on a Board with a young military officer as president, and I think it is a just grievance; but I would not alter it by giving the medical officer military command. I would alter it under such circumstances by calling the medical officer as a witness, not as a member of the Board.

1343. Colonel *North*] What sort of Board are you speaking of now, in which it would happen that a surgeon would sit under the presidency of a military officer of lower rank?—He might sit on any Board. The chief Board that he has in a regiment to sit on is the bread and meat. The orderly officer gets up in the morning at six o'clock, and he sees the bread and meat, and he says the beef is bad. Then a Board is called, and the surgeon of the regiment is called to the Board as a member, and a captain is president.

1344. Mr. *Peel.*] Is that inferiority of position owing to the medical department of the army being called a civil department?—There can be but one command, and the command must be military. In all stations of the army the medical is an auxiliary not an executive part of the army. The medical officer is placed on the Board for his medical knowledge, not for his general knowledge; and his medical knowledge might be taken advantage of by his attending the Board as a witness, as well as by his attending as a member of the Board.

1345. Sir *H. Davie.*] The Boards to which you alluded, as an example, are Boards which sit occasionally to report upon the quality of the bread or meat?—They are; whenever the orderly officer thinks the bread or meat is not sufficiently good to meet the terms of the contract into which the contractor has entered to supply the regiment with those articles.

1346. The object of putting the medical officer upon those Boards, is with a view to having his opinion as to whether the meat is wholesome?—Quite so.

1347. Mr. *Peel.*] May not a medical officer be a member of a court-martial?—If there are no other commissioned officers present, and it is necessary to have a court-martial, the medical officer is obliged to sit upon it.

1348. Is he upon such an occasion junior to all the military officers present?—No; but he is never president.

1349. Colonel *North.*] Have you ever known an instance of a medical officer sitting on a court-martial?—I have never known it myself, but I have heard of it; I think a Board is the thing now that is supposed to be the grievance.

1350. Sir *H. Davie.*] I understand that you would suggest that instead of the medical officer being a member of the Board, he should be examined as a witness before the Board?—Quite so.

1351. Which would answer the same purpose in eliciting his opinion?—Yes, you would equally get his opinion, and I think it would be for the advantage of the service, because I am very much opposed to giving medical officers military command in any way.

1352. Might not great inconvenience be occasioned to the hospital by his absence during the time he was sitting upon the Board?—Yes; and I think a medical officer's education does not well fit him for such duties as courts-martial.

1353. *Chairman.*] Has it ever occurred that the orders of a superior staff medical officer have brought the medical officer into collision with the military authorities?—Yes.

1354. Can you give any instance?—There was an instance a short time ago published in the papers. The surgeon of a regiment was placed under arrest for disobeying the orders of the colonel with reference to stretchers in the hospital. There were conflicting orders; he received orders from the medical staff officer, and he received orders from the colonel of the regiment, I believe.

1355. In such a case which of those orders would you, as surgeon of the regiment, feel bound to obey?—If I received orders coming from a medical

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staff officer, I should inform the commanding officer of the regiment that I had received such orders, and ask to know his pleasure on them. I think it is the duty of the medical officer in all such situations to suggest, and not to order.

1356. Sir *J. Ferguson.*] Do you know any instance of a collision between a superior staff officer and a regimental medical officer becoming the subject of a court-martial?—I cannot call to mind any except this particular instance which was published in the papers.

1357. Sir *H. Davie.*] Is not it usual that all orders go through the commanding officer of the regiment?—All regimental orders.

1358. Would not the medical staff officer be doing his duty more strictly by going to the commanding officer of the regiment, and suggesting to him the orders to be given to the medical officer?—No. My opinion is that the medical staff officer should be under the orders of the military officer commanding the division; and if he has anything to suggest regarding the health of the army, it should be suggested to his immediate military commander, and that military commander should convey it to the Commander of the Forces, and it should go to the regimental colonel in the usual way; if there was any exceptional case in which there was not time to wait for that course, you can make no rule for that; but I am speaking of ordinary cases.

1359. Ought not the commanding officer to be cognizant of every order that the surgeon or assistant surgeon gets?—It would depend upon the nature of the order; he might get a professional order with which the commanding officer might have nothing to do.

1360. Colonel *North.*] You are opposed to the medical profession having military rank, except for the purpose of choice of quarters and prize money?—I am entirely opposed to it.

1361. *Chairman.*] You think that all misunderstanding would be avoided by good feeling?—I am sure of it.

1362. What is your opinion as to the present system of examination of recruits?—It depends entirely upon the capability of the examiner; one man may make a very good examiner of recruits, and another man may make a very bad one; it is a branch of duty which is entirely learned by itself.

1363. Are there any particular rules laid down?—There are particular rules for examination; and the examination of the examiner is final in a great measure.

1364. Is not he subject to be charged if he passes an improper recruit?—Not now; the present Government have done away with that.

1365. Sir *H. Davie.*] Is not it the fact that some regiments will take men of a class that other regiments will reject?—There is what is called the head quarters recruit, who is passed by the regimental medical officer in charge. There is another sort of recruit sent to the regiment from a distance; those men are examined by a staff surgeon of the first class.

1366. Colonel *North.*] Is there any check at all upon the medical officer passing recruits, so as to prevent his passing, for example, men with varicose veins?—The examination of district recruits by a staff surgeon in the present day is supposed to be a final one. If a man has varicose veins, and the surgeon passes him, not considering the varicose veins a serious objection, when he gets to the cavalry the cavalry surgeon says, "You have sent me a man who cannot ride." Unless the staff surgeon has been on all branches of the service as an examiner of recruits, I think his examination should not be final.

1367. Do varicose veins interfere with riding more than walking?—Yes; the man is liable to cramps and to fall off his horse.

1368. Sir *H. Davie.*] Was there not a case about a year and a half ago, in which a certain number of militiamen volunteered for a regiment, and were almost all rejected, and afterwards a great part of them were passed for another regiment?—A case of that sort came to my knowledge from the papers. I think that one-third of the men that I saw were unfit for the service, and ought never to have been passed into the militia regiments; and had those militia regiments been obliged to undergo any hard work, those men would have fallen out.

1369. Mr. *Peel.*] Do you mean from age?—No, from physical defects of all kinds and descriptions. That was owing to the militia surgeon not having the experience which I consider necessary to pass recruits in the proper way for the service. A man may be a very good doctor, but still quite incompetent to pass recruits for the army.

1370. But

1370. But of those men very many had been rejected for the militia by other surgeons?—I think the case to which you allude was the 25th regiment. That would depend upon what the surgeon thought as to the style of recruit that he ought to get.

1371. *Chairman.*] Have you found any difficulty in dealing with the purveyors?—Never, the slightest; I have always been met by the purveyors in the best way to carry on the public service in England.

1372. Do you think that you have been particularly fortunate in your own case, or that the system of purveyors is working well in general hospitals?—In general hospitals I have very little experience; in regimental hospitals I do not think there can be anything better devised; they are all under purveyors at home of late years.

1373. In regimental hospitals, when the patient is in bed, what is there which the patient requires which is not found by the hospital?—He is obliged to supply his own shirt at present, and his own drawers, and his own handkerchief, and his own neckcloth. He is found a bed, and blankets, sheets, and a suit of clothing, a pair of slippers and a nightcap.

1374. Are you aware that that is not the case at Scutari?—I have no experience of Scutari, but it is so in all regimental hospitals.

1375. Colonel *North.*] Would it not be of great advantage if, on the soldiers going into the hospital, the whole of their kits were taken from them, and if the linen necessary for the soldiers in the hospital were attached to the hospital?—I think it would; it is under the consideration of the Government at this moment.

1376. With regard to the tins required for tea, and comforts of that sort, is not a better provision desirable?—That is also under the consideration of the Government; I belong to a Board which Lord Panmure ordered with respect to Southampton Hospital, and those things have been taken notice of.

1377. Mr. *Bellew.*] Are there any stoppages from the soldier's pay during the time that he is in the hospital?—Yes; 10 *d.* a day at home.

1378. But not on service?—I think there is none on service now.

1379. Colonel *North.*] With regard to the Board which sat upon the sick or wounded officers who arrived from the Crimea, was that Board composed of the same medical officers throughout?—Not during my time in the Board.

1380. *Chairman.*] How long were you a member?—Some few months.

1381. Colonel *North.*] Do you think that it would have been advantageous that the same medical officers should have sat upon the Board throughout?—There would have been a difficulty with regard to some of the medical officers; as to myself, I was unable to go back, and I was employed usefully in being put on that Board; but that it ought to be a permanent Board, and that the officers ought to have a permanent Board, I am convinced.

1382. What means were adopted with regard to attending the wounded officers in London when they arrived?—The Government appointed a medical officer for the purpose.

1383. Was any allowance granted to those officers who remained in London to attend the medical officer?—Yes; there is an allowance called "blood-money," which is supposed to cover the expense to which the officer is put in getting medical attendance. On a man's arrival in England he appears before the Board, and that Board states that he has lost the use of his limb, or whatever it may be; and upon their report the officer gets a sum of money allowed to him by the Government, which is paid to him within a very short time.

1384. Sir *J. Ferguson.*] Does not that sum vary according to his rank, and not according to the extent of his wounds?—All pensions do.

1385. Colonel *North.*] Do you think that fair?—A man at 60 years old may get a pension, and he may die at 70, and a man who gets the same sort of wound at 20 will, in all probability, live 50 years in the enjoyment of that pension.

1386. Sir *J. Ferguson.*] Are you not aware that if a field officer loses a portion of one finger he receives a considerable sum, and that an officer of lower rank gets a much less sum?—Yes; it depends upon the amount of full pay which each gets.

1387. Colonel *North.*] Take the case of an ensign arriving badly wounded in London, with his 5*s.* 3*d.* a day; he is obliged to remain in London to be

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attended by a military medical officer; do not you think that some steps should be taken to enable that officer to receive all the comforts and attention which his circumstances require, it being impossible that with his 5*s.* 3*d.* a day he can provide himself with a lodging, and with everything else that he needs in those circumstances?—Considering that all those officers who come home from the regiment have depôts to go to, and that if they want medical attendance they can go to those depôts and employ the medical officers in charge of those depôts without expense to themselves, I think they are sufficiently provided for; if they want to remain in London it is to consult Mr. Ferguson, or some great surgeon hereafter upon their cases, and these officers are provided for by the present Government in the new establishment about to be erected near Southampton. I do not think the Government can do more than they have done in that respect.

1388. But you must remember that the depôt of a regiment consists of so many officers, and that it is not competent to an officer to join the depôt at his pleasure?—It would require an order for the purpose; it is a question of expense for the Government.

1389. *Chairman.*] Do you think that the position of orderlies is satisfactory in the hospitals?—It always has been to me, as surgeon of a regiment.

1390. And their pay?—I think their pay is too little.

1391. Was not there an order about their pay not very long since?—That is the medical staff corps. In the regimental hospitals the number of orderlies is according to the number of patients. If there are so many, one man is paid; if there are so many more, two are paid, and so on.

1392. Colonel *North.*] Do you think the general class of hospital orderlies are satisfactory?—I think that a little improvement in the present regimental system is all that is wanted. I consider the best orderly that a man can have is a private soldier, who may be slovenly, but an honest, faithful, hard-working fellow, that will put his hand to anything. A man that is found fault with by the sergeant for not being clean, or any other little defect that makes him not fit for the parade, that man will often make the best orderly.

1393. Then you are against a class being established, for instance, at Chatham, of nurses attached to regiments?—As far as my regimental experience goes, I should not wish anything more than a little amelioration in the condition of the orderly, and that we should have an extra number of men attached to a regiment for that express purpose unarmed, and who should belong to the regiment, and who will have all the sympathy with the private soldiers of that regiment that the private soldier expects his attendant to have.

1394. Do you think that, under any circumstances, an officer ought to be charged for medicine?—Never; and it is not so now, as far as I know.

1395. Are you aware that in Barbadoes at the time of the yellow fever, the officers were obliged to pay half a crown for every leech supplied to them?—That must have been the fault of the principal medical officer on the station, and not of the Government, I conclude.

1396. *Chairman.*] Have you found considerable difficulty in obtaining leeches and drugs?—Not at all. I can order anything I want for my regiment by requisitions twice a year; I get whatever I ask for from the army medical board in London. The medicines I ask for are sent to me; they may be curtailed in quantity, but if my supply falls short, I write for another. If I want to give an officer medicine that is not in the chest, I have the power of ordering it of a druggist at the expense of the public, informing the director-general that I have done so, and if he does not sanction it, I must pay for it. But there is no restriction whatever on the part of the Government. One thing which is frequently wanted, is a truss. If a man ruptures himself, he requires a truss, and of course, men differ in size, and therefore the size of the man's waist is sent to London, and the price is stated for which you can get the article on the spot. If this price is much more than you can get it in London for, it is sent down from London by return of post; and the man is kept in bed till its arrival, which is of no inconvenience, for after such an injury he would have to be kept in bed a short time.

1397. Then you would be able to order any sort of truss, however expensive, for certain cases?—They vary from 3*s.* to 5*s.*; a truss costing 3*s.* 6*d.* or 4*s.* would be just as good as if you paid a guinea for it; the only difference would be in fitting it up.

1398. Sir

1398. Sir *H. Davie.*] Practically speaking, have you ever found any expense that you incurred for medicine objected to at head-quarters?—I never have.

1399. Sir *J. Ferguson.*] Are you aware that a superior staff officer is competent to cancel a requisition sent in by a regimental surgeon, without assigning a reason?—Yes; at least, I have seen that stated in evidence.

1400. *Chairman.*] Do you find too much writing, or too many forms, in the medical administration of the hospitals?—I think that for the protection of the public not a single form should be done away with; all that we require is hands to do it.

1401. Colonel *North.*] Is a certificate required to be sent in by a medical officer with regard to any military officer who applies to sell out?—If a military officer is on sick leave he is obliged to get a certificate to the effect that he is not labouring under a disease which would shorten his life quicker than if he had not got that disease; or something of that sort, I believe.

1402. Is there a particular form for the purpose?—There is a particular form.

1403. Could we have that before us?—Yes, it is a War Office form; I do not know that it is necessary in all cases, but I have seen it.

1404. Sir *H. Davie.*] Was not the object of the certificate to prevent, as much as possible, what may be called death-bed resignations?—I do not know the object of the certificate at all.

1405. Is not it the custom of the service that if an officer dies within one month of such a certificate his representatives are not allowed to receive the value of his commission?—I do not think that is the rule; I think that if an officer dies the next moment, after being gazetted out, the Government would not stop the sale of his commission; but if after the certificate is given the officer dies before he is in the "Gazette," then it might be cancelled.

1406. *Chairman.*] It has been stated that it is absolutely necessary for the good of the service that dispensers of medicines, with the rank of ensigns, should be permanently attached to regiments; what is your opinion upon that subject?—I do not think it necessary.

1407. Do you think that the difficulties arising from the appointment of commissioned officers as dispensers might be obviated by giving them the rank of serjeant majors?—I do not want dispensers at all; all I want is non-commissioned officers to be recognised as doing the duty, and make me responsible for their doing it properly.

1408. Do you ever find soldiers who have served in a chemist's shop before joining the army?—Yes; in almost every regiment in the service there are men who have served as druggists.

1409. They would answer the purpose?—They do answer the purpose, but it is not recognised.

1410. Instead of continuing this new system of dispensers, you think it would be enough to recognise those men?—I do, provided the men were given a little more inducement to do the duty.

1411. Are the duties of dispensing medicines now performed by trained non-commissioned officers or privates in any portion of the army?—In the Guards they recognise the appointment of a lance-corporal to do those duties, as well as the hospital serjeant; but in the line the medical officers are supposed to do all those duties themselves.

1412. Are you of opinion that men of sufficient intelligence could be found in the line to do those duties under the eye of the medical officers, after a careful training?—I am sure they could; we do it now, and we stick as much as possible to the spirit of the law; but if a man has 70 or 100 sick, it is impossible for him to give them medicines unless he confines his medicines to three or four large bottles, no matter what disease the man is labouring under; we are obliged to give a certificate that we do those things, and we do them to the best of our ability; but at times it is impossible to keep to the strict letter of the law.

1413. Then would the assistance of this new class of dispensers be useful?—We do not want any such assistance. I want a man who lives in the hospital. I do not want a dispenser who is sitting next to me at mess, to get up in the middle of dinner and make up pills; a man in the same social position as the other officers of the regiment. I want a man who is under the orders of the hospital serjeant, and constantly residing in the hospital.

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1414. Would it be possible, under ordinary circumstances, to find sufficient employment for a person whose duties are limited to dispensing medicines, and dressing and bandaging?—Not in my regiment, certainly.

1415. Could the dispensers be employed in any other duty, or would the office be a sort of sinecure?—I cannot understand the rank at all, as connected with a regiment. The only class that we have in a regiment at all coming near to it is schoolmaster-serjeant, and he ranks with the regimental serjeant-major; he is not supposed to be an officer.

1416. Sir *J. Ferguson.*] You have an hospital-serjeant; would it not be possible to have a dispenser-serjeant?—I do not think it is necessary. If you let me take a corporal out of the ranks, and make me answerable that he knows the duty, that is all that I want. In fact, I have had one of the best dispensers in the world, a private in the regiment; he was paid 4 *d.* a day; all that I want is to let me take a soldier out of the ranks, and make me answerable that he shall know his duty; give him a higher rate of pay, a shilling a day, or 6 *d.* a day; it would be a boon to an old soldier, and a useful arrangement.

1417. Colonel *North.*] Dr. Smith stated that even the hospital-serjeant is not allowed to interfere with the making up of the medicines?—No; by the present regulations, a medical officer is obliged to certify, on his honour, that he has compounded every medicine, and that he has delegated no duty whatever to the hospital-serjeant, such as bandaging, and dressing, and making up medicines; that may be a very good rule to enforce if you can; but if a surgeon has 50 sick men to look after, he must do one of two things, either put the law on one side altogether, and employ a soldier to do it, or he must have a few large bottles, and out of those he must physic every man, whatever be his complaint, with the same medicines.

1418. Then that is a certificate which you think ought not to exist?—Yes; I would make the regimental surgeon responsible that the hospital serjeant does his duty, in the same way that the colonel of a regiment is responsible that the surgeon does his duty.

1419. At present you make the surgeon of the regiment certify an impossibility?—A moral impossibility under many circumstances.

1420. Sir *H. Davie.*] But I presume you would not entrust the making up of prescriptions and the preparation of medicines to a person who had not gone through a certain amount of medical instruction?—In all regiments we have in the ranks all sorts of people. We have always druggists or chemists, or people who have been in apothecaries' shops; and those are the men generally who are promoted to be hospital serjeants for their knowledge in this respect. If you give a little extra pay to the dispenser in the regiment, you would get, if you wished, men to enlist for the special purpose. You have a band-master, he is a man who enlists as a band-serjeant; and you have an armourer-serjeant, he is brought in to enlist as an armourer-serjeant; and therefore if you gave the same inducement to those compounders, you would get them to enlist for the same thing. In the cavalry you have just as good a class of men, as those dispensers are, in the ranks.

1421. But the armourer-serjeant undergoes an examination first to ascertain whether he knows anything about arms, and the saddler serjeant to ascertain whether he knows anything about leather; would not you require the dispenser-serjeant to undergo a similar examination?—I would make the surgeon responsible that he knows his duty. It is a thing that can be taught a man in a couple of months; the knowledge of ordinary prescriptions, and the making up of medicines, provided they are in English.

1422. Colonel *North.*] Take the case of the armourer-serjeant employed at Enfield; that man is obliged to undergo a certain examination to entitle him to have that appointment; might you not have a person in the same station in life, who would undergo an examination in order to his being appointed a dispenser?—The education of a dispenser is not of that elaborate description that you require for an armourer-serjeant or a schoolmaster-serjeant. All that the man wants, is to know the names of the drugs, and to be taught how to put them together. It is not necessary for the medical officer to write his prescriptions in Latin.

1423. Mr. *Peel.*] Were there a great number of candidates for this new place of dispenser?—I heard between 200 and 300.

1424. Mr.

1424. Mr. *Noel.*] Are they to be appointed to all the regiments?—I do not know. It is quite a new thing.

1425. Colonel *North.*] What is the position of the dispenser?—He has the rank of an officer in the regiment.

1426. And the pay the same as an assistant-surgeon?—Yes; 7*s.* 6*d.* a day, believe.

1427. In point of fact it is a very expensive expedient, and a very bad remedy?—It is not for me to say.

1428. Mr. *Noel.*] You recommend another assistant-surgeon for each regiment?—Certainly, in preference to a dispenser.

1429. Colonel *North.*] Is the pay of these dispensers to be increased after a certain length of service?—I do not know whether they get increased pay for length of service.

1430. Mr. *Peel.*] Nor whether they have any prospects of promotion?—Of that I am not certain. In the Indian army they have the same class of people, and in the Indian regiments they are called apothecaries who do that duty, but they are warrant officers; they do not rank as officers at all.

1431. *Chairman.*] Has any medical man power to resign at any moment?—He has, subject to the confirmation of the Commander-in-Chief on the spot.

1432. Do you know whether any resignations have been refused?—I cannot call to my recollection that there have.

1433. Colonel *North.*] Of course it would not be in his power to resign and leave?—It is in his power to resign, if the Commander of the Forces accepts his resignation; all resignations must be subject to the approval of the Commander of the Forces on the spot.

1434. Mr. *Bellew.*] How long after the expeditionary force first went to the East did you join as an army surgeon in the Crimea?—I went out to join the army of the East in the beginning of April 1854.

1435. That was nearly at the time when the expeditionary force first went out?—About the time.

1436. You are aware that it has been stated that after that time great difficulties were experienced by the Army Medical Department in obtaining supplies of necessaries and comforts?—I am aware that it was stated so.

1437. Will you give the Committee a sketch of what would be your plan, in the event of our again declaring war, and taking the field with a large army, as to the remedies which you would apply for the defects found by the Army Medical Department in obtaining supplies of necessaries and comforts?—If I answered that question, and recommended certain things, it possibly might be thought that my answer would be a criticism on what took place with the army that proceeded to the East; and therefore unless I am obliged to answer the question I would rather not.

Thomas Richardson, Esq., called in; and Examined.

1438. *Chairman.*] WHAT is your rank in the Army Medical Department?—I am Surgeon-Major of the Scots Fusilier Guards.

1439. Have you heard the evidence of Dr. Mapleton with respect to the new order of dispensers?—I have.

1440. Will you be so good as to state to the Committee what the plan in the hospitals of the Household Troops is?—We have a serjeant or hospital steward, and under him a corporal, who is taught to dispense, which he does under the superintendence of the medical officer.

1441. What course of instruction do you give to him?—He is examined from time to time by the medical officer; certain books are given to him, and he is overlooked for some considerable time

1442. When the power of dispensing is entrusted to him, has he the key of the dispensary?—Particular medicines are kept under the lock and key of the medical officers.

1443. Do you entrust to him the power of compounding medicines?—I do, to a certain extent.

1444. Your present serjeant I have the pleasure of knowing; you have the greatest confidence in him?—Yes, the present serjeant has been about 12 years in the hospital.

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1445. From my own visits to the hospital, which have been frequent, I can testify to the excellence of that particular individual; but have you always found, during your experience, that this system works satisfactorily?—Admirably well.

1446. Therefore, you would be able to say from your own personal experience, that the suggestions of Dr. Mapleton were those in which you would concur?—Certainly.

1447. Colonel *North.*] Was the man whom you now employ for this purpose, in an apothecary's shop before he enlisted?—No; he was a lawyer's clerk.

1448. Sir *H. Davie.*] I do not understand you to say that the surgery is always locked?—No; particular medicines are under lock and key. The surgery is open to the corporal and serjeant. I have been 32 years in the regiment, and I never knew the slightest accident by any mistake in a medicine.

1449. Colonel *North.*] You have always had a person of that description there?—Always.

1450. Sir *H. Davie.*] It is the same in the other regiments of Guards?—Quite so.

1451. Colonel *North.*] And you see no reason why the same system should not be introduced into the line?—None. Those men have extra pay.

1452. How much?—The steward has about 10*s.* 6*d.* a week extra pay.

1453. Sir *H. Davie.*] He has to keep books to a great amount, and he requires to be a first-rate clerk?—Yes; and accountant.

1454. Colonel *North.*] Who keeps the books in the line?—The books are always kept by the hospital serjeant.

1455. Sir *H. Davie.*] And submitted to a monthly board of officers?—Yes.

Lunæ, 26° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Colonel North.
Sir John Trollope.	Mr. Peel.
Sir John Hanmer.	Mr. Noel.
Mr. Percy.	Mr. Leveson Gower.
Colonel Kingscote.	Sir Henry Davie.
Sir James Ferguson.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

James Ranald Martin, Esq., F.R.S., called in; and Examined.

J. R. Martin, Esq., F. R. S.

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1456. *Chairman.*] WHAT rank do you hold in the East India Company's service?—I was a Staff Surgeon in the Bengal Army when I retired.

1457. How long were you in India?—Twenty-two years.

1458. Were you in the field?—Yes, on several occasions.

1459. In what capacity?—I served first with Her Majesty's 17th and 59th regiments, and then with four regiments of native infantry, and latterly, for seven years, with a regiment of native cavalry; then, as a staff and hospital surgeon in Calcutta.

1460. Do you consider the system of promotion and reward in the East India Company's service to be sufficient to attract the best men into the service?—The system of reward by money is sufficient, but until very recently there was no other kind of reward whatever.

1461. Colonel *North.*] Do you mean as to honours?—The rewards and recompenses by way of pensions are sufficient, but there are not sufficient grades, and no honorary distinctions or offices of distinction to which men of any enterprise and energy could reasonably aspire.

1462. Mr. *Percy.*] Are they classified in the same way as the Royal Medical

Medical Department?—No; there are not so many grades as in the Royal army.

1463. *Chairman.*] Can you state the number of grades?—The grade of assistant surgeon, regimental surgeon, and superintending surgeon, who is an administrative officer, and lastly, member of the Medical Board; hitherto the administrative departments in the Indian army have been attained to, not by knowledge, diligence or desert, but by mere dint of seniority.

1464. Is that rule never departed from?—It has hardly been departed from till very recently, by Lord Dalhousie. Although the rules of the service do not absolutely enjoin an unmixed rule of seniority, such has been the actual practice of the service; Lord Dalhousie departed from that in a recent plan for the reconstruction of the medical department of the Indian armies.

1465. Colonel *North.*] Comparing those ranks in the medical department of the Indian army with the ranks in the Queen's army, how do they go: there is the regimental surgeon; he is the same in both services?—Yes.

1466. And the assistant-surgeon is the same in both?—Yes.

1467. Then the superintending surgeon, to whom does he correspond?—He corresponds to the deputy inspector-general of hospitals; he is an administrative officer.

1468. Of how many does the Board consist?—The Board consists of the three oldest officers in the service, averaging, in Bengal, where I served, from 42 to 44 years' service in India.

1469. Have you any rank below that of assistant-surgeon?—None, of the commissioned description; we have a subordinate medical department, consisting of warrant officers, a most important branch of the service.

1470. What are they?—They are divided into two classes; I may, perhaps, best describe them by detailing the ordinary routine of a European hospital, whether civil or military: when we go round to see the patients we are attended by two of those warrant officers, one of them is called the steward, he represents the commissariat of the hospital; he sees to the administration of the diet and medical comforts; he superintends the clothing, and those matters which are so essential. The other represents the apothecaries' department; he compounds the medicine, and sees everything administered; both those men keep the hospital accounts and records.

1471. Are those men taken from the ranks?—No; they are a distinct department trained from boyhood to their respective duties.

1472. *Chairman.*] Are they chiefly sons of soldiers?—They are sons of European soldiers; they are mostly East Indians by birth; they are all Christians; some Portuguese; they all have an English education.

1473. Colonel *North.*] Have you an establishment for their training?—There is a distinct establishment, and they are trained in the hospitals.

1474. They are taken from that establishment and attached to the regiments?—Yes.

1475. Mr. *Percy.*] How do they learn their duties?—In the great hospitals, civil and military.

1476. How are they employed in the hospitals?—Each in his department. The one in the steward's department administers the commissariat wants of the hospital; the other in the medical department attends to the compounding and administering the medicines and dressing the wounded.

1477. *Chairman.*] Do you think it would be an improvement upon that system if those officers were made commissioned officers?—No, I think not; we find the warrant class officers answer exceedingly well; they are extremely useful and creditable, and highly respectable in every way, but they are not in the class of commissioned officers.

1478. Colonel *North.*] They rank as non-commissioned officers?—They rank with warrant officers. I should say they rank above your serjeant, or even serjeant-major; they would class in our army with a description of persons not in existence in any other, the ordnance subordinate department; men termed conductors of ordnance; very respectable men, who rise from the ranks.

1479. Would you consider their rank superior to those of serjeant-major and quartermaster-serjeant?—Yes; they are better paid and better educated.

1480. *Chairman.*] Where do they mess?—They live by themselves; they are generally married men.

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1481. Are there more than one of each to a regiment?—One of each to every European regiment, and one of each to every European hospital.

1482. Mr. *Percy.*] Are they principally Indians?—They are principally Indian born, but Christians.

1483. Sir *J. Ferguson.*] Are the warrant officers in the apothecary's department trusted with compounding of drugs independently of the surgeon, or do they do it under his superintendence?—He compounds the drugs prescribed by the surgeon, and administers them.

1484. Is he overlooked by the surgeon in compounding, or is he entrusted with it alone?—He is entrusted with it; his qualifications are previously ascertained before he is admitted to do it.

1485. *Chairman.*] You think that the system you allude to, works well?—I do not know any so good.

1486. Do you think that promotion should be by selection, or by seniority from the first rank of assistant-surgeon to surgeon?—I think that in promotion from assistant-surgeon to surgeon, seniority should go a long way; but inasmuch as the regimental surgeon is the most important medical officer in the army, I think there should be great care taken in placing him in such a trust, to ascertain that he is a person of approved character and qualifications. I would not make the rise to full surgeon exclusively a matter of title or right, as it is now.

1487. Mr. *Peel.*] Is the senior assistant-surgeon in the whole army taken to fill a vacant surgeoncy?—With us it is so; whatever he may happen to be, and whatever his character.

1488. Wherever he may happen to be stationed, however remote may be the station where he is serving?—Yes.

1489. How is the duty performed *ad interim*?—Some officer is found in the vicinity to perform the duties till he arrives. It is very common throughout India to see very young assistant-surgeons holding charge of regiments, particularly of native battalions, in the absence of a full surgeon.

1490. How many assistant-surgeons are there in an Indian regiment?—Only one; in fact, with a battalion of sepoys, there is seldom above one medical officer of any rank; we have not a sufficient number; on that account Lord Dalhousie, in his recently proposed arrangement, proposes that there should be a supernumerary list of medical officers, to be ready to meet contingencies, particularly contingencies of war.

1491. What is the strength of a regimental battalion of sepoys?—Usually about 800 bayonets.

1492. What is the medical staff of that regiment?—With a native regiment there is one European medical officer, with a native doctor, who is a Hindoo or Mahomedan.

1493. Mr. *Percy.*] Do not some of the castes decline European medical officers?—No; I think the higher the caste of the man the more easily he is managed in the Bengal army.

1494. Do not some object?—Very rarely, I think; they take anything that is given as medicine; they will even take brandy, which they very much object to on the score of religion.

1495. Mr. *Peel.*] Does it sometimes happen that more than one European surgeon is required for a native battalion?—In a very sickly campaign two might be wanted; but it is rarely that, with a native battalion, there is found more than one European medical officer.

1496. Is it to meet such rare occasions that this extra staff is proposed?—Yes; to meet those military contingencies and civil wants throughout India.

1497. What has been done to carry out that suggestion?—The proposal has only just arrived in England, and I believe it is now under consideration of the Home authorities.

1498. Colonel *North.*] In European regiments you have a full surgeon and one or two assistant-surgeons?—Generally two assistants; three in sickly countries.

1499. Is a battalion 800 strong there?—800 strong; sometimes 1,000. In the expedition to Rangoon, where I served, some of Her Majesty's regiments, and of the East India Company's European regiments, numbered 1,100.

1500. Do the surgeons and assistant-surgeons in the Indian service, hold military rank?—They hold the same rank that they do in Her Majesty's army; that

that is a subject of great dissatisfaction; the rank has never been substantive; it is stated in the orders and instructions, I believe, of both armies, to be co-ordinate with other ranks; but when we come to test it we find that it means nothing.

1501. *Chairman.*] Will you give an illustration?—I will give an illustration; there was in India an inspector-general of hospitals of Her Majesty's army, a man of great service and high distinction, Dr. McLeod, and he according to the regulations ranked with, I think, a brigadier-general, or certainly with a full colonel. It happened that on a committee upon some affairs connected with the cantonment (I do not know what the subject was), he was placed below a captain in the Madras army. The occurrence gave great dissatisfaction; I remember hearing of it at the time; and the same thing has occurred in the army in which I served myself; an old surgeon who is said to have co-ordinate rank with a captain, was placed upon a committee to inquire into the qualifications of a subaltern in languages; and this old surgeon was placed under a lieutenant, or perhaps an ensign, he was not allowed the privilege of his rank of being president of so trifling a committee as that which I mention.

1502. Mr. *Peel.*] Supposing a surgeon was to die, would he have the same funeral honours paid him as if he was an executive officer?—I doubt whether he would; that is another point; sometimes they have and sometimes they have not. There is the same dissatisfaction and uncertainty attending that as there is in everything else referring to medical rank in the army.

1503. Would the distinction be due to the circumstance of his rank being only civil and not military rank?—It is due to the unascertained and undetermined condition of the rank itself.

1504. The medical department is a civil department of the army, is it not?—It has been in this commercial country called civil, and from olden time the surgeon was classed with the clergyman and the commissary, but it is hardly necessary to say that he must be military; and it never has happened in any branch of our English army that a good surgeon has not been a good soldier also.

1505. Colonel *North.*] Has it ever occurred that a surgeon in the Indian service has sat upon a court martial?—Not that I am aware; I was myself appointed by Lord William Bentinck to sit upon a court of inquiry composed of military men, to inquire into the conduct of an officer, but not expressly upon a court martial.

1506. Sir *H. Davie.*] Would not the surgeon or assistant-surgeon, if he was treated with disrespect by any of the men, put him under arrest?—Assuredly.

1507. Are the regiments in India generally kept pretty much together?—The native regiments are not; it is a great disadvantage; they are scattered about in detachments, and it interferes with the discipline in a considerable degree. It is only surprising, considering those disadvantages, that their discipline should be so very good. I speak especially of the Bengal army. I believe in the armies of Madras and Bombay they are more kept together; they have large stations where there are European regiments, and perhaps there is more drill discipline than there is with us.

1508. Laying aside the question of discipline, how are the medical wants provided for where a strong detachment is absent from head-quarters?—Rather badly, I think. Sometimes a detachment has been known to be at an out-station, and even upon a march, in charge of a native doctor.

1509. *Chairman.*] Is there not an interchange of surgeons sometimes between the East India Company's service and the Queen's service?—Yes. I myself served with two of Her Majesty's regiments when I went to India first.

1510. The medical officers of both services are brought a great deal into juxtaposition?—Quite so.

1511. Do you think that the governing power of the body should be vested in a Board or in one person?—I have advised that in the Presidencies of India the governing body should be vested in one man, because there the service and duty are generally performed under similar circumstances of climate, and so on; and you have usually more unity and energy in one man than in a Board. I have always considered that we should in India have one administrative responsible head in place of a Board; and I believe that Lord Dalhousie has taken that view of it in his recent plan,

1512. Do you think that if the continuance of a Board should be determined upon

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upon in India its organisation should be better constituted than it is at present? —Assuredly it cannot be worse than it is now.

1513. Then you object to the present system, first as a Board, and next as a badly constituted Board?—Yes, for India, I do.

1514. Sir *J. Ferguson.*] Do you think the position of the medical officers would be more useful if they had a distinct military rank?—I think it would be politic and just, on military grounds, to do away with all distinctions, and that the medical officers should be placed on quite the same footing with the lieutenant and captain, and so on; so as to be of equal purpose and effect in every fitting place.

1515. Do you think that if the medical officer was to look upon himself more as an officer, and less as a medical man, he would be a better medical man, or the contrary?—Yes, far better; I do not think any military position in which he could be placed, could for a moment induce him to waive his strict professional position and duty.

1516. Do you think it would be a good thing that he should be able to sit as president of a court martial with officers of inferior rank?—I think from my knowledge of medical officers in Her Majesty's army, and in the one in which I have served, that they would make excellent members of courts martial.

1517. Colonel *Kingscote.*] Would it not interfere with their other duties? —In that case they should not be appointed. In time of peace probably it would be more suitable, but in any case they would make good members.

1518. Sir *J. Ferguson.*] Would you say that they should only be appointed, failing a sufficient number of military officers?—Yes; or in healthy times, when the medical officers are not overburdened with professional duty.

1519. Mr. *Peel.*] What is the disadvantage of the present arrangement of comparative rank?—The disadvantage is the great dissatisfaction produced by it. I will mention one more instance of a surgeon of the Bengal Artillery, who was placed in the position which I have already mentioned. He appealed to the Commander-in-chief against it, and he felt very much hurt that the Commander-in-chief desired the adjutant-general to return for answer that medical rank was but official; a definition which did not satisfy this excellent surgeon, and did not satisfy any one; it meant nothing, in fact. I believe all military rank to be official; it ceases with the function. The Commander-in-chief himself, who ordered this reply to be made, ceased to hold any rank as such the moment he left India.

1520. Is not the object and meaning of medical rank being comparative, this, that in no circumstances is an officer's holding relative rank to assume a military command?—The object of rendering medical rank co-ordinate and of equal value and import is, or ought to be, that the privileges which belong to rank should appertain to the medical officers, such as quarters, prize-money, brevet-rank, and everything else.

1521. Therefore, he has been given relative rank; but is not the reason why he has not been given substantive rank that he may not, under any circumstances, assume military command?—I think no circumstances would ever arise in which medical officers could assume military command. It has happened in India that they have been employed as military men; and they have not declined it, but they never assumed anything.

1522. Colonel *North.*] You know, for instance, that the surgeon is supposed always to accompany the regiment on parade, and if you gave him substantive rank, and the parade happened to be commanded by the adjutant, who is a subaltern, the surgeon might step out and dismiss the parade?—It ought not, and it is not intended, to extend to that.

1523. In the Queen's service relative rank is given in order that they may have the choice of quarters and prize-money; but if you give them substantive rank, how can you avoid giving them the whole of the privileges of the rank? —It is not meant to extend to any parade authority, or any strictly military function of any kind.

1524. *Chairman.*] But you did urge in the Committee on Indian Territories, the propriety of substantive rank being given to the medical officers?—I did, and I still do, on the ground which I mentioned, that there had been dissatisfaction from the present existing system, which is held to be unjust and injurious to the service.

1525. What do you mean by substantive rank?—That rank should have a real

real meaning and import, which it has not now, according to the reply of the Commander-in-chief which I mentioned; it is a mere figment, a delusion.

1526. Colonel *North.*] In the Indian service does not the rank give you the choice of quarters and prize-money, according to your relative rank?—I do not think a surgeon would be sure of anything which depended upon the substantive character of the rank.

1527. There is nothing fixed?—There is nothing fixed.

1528. Sir *H. Davie.*] Is a surgeon in the Indian service, as far as that is concerned, on a worse footing than in Her Majesty's service?—No; I believe they are exactly on the same footing, for they make the same complaint.

1529. Did you ever hear practically, in the Queen's service, of a surgeon not taking his rank as to the choice of quarters?—I cannot speak to that, but I can speak to the instance I have mentioned, of a distinguished surgeon, Dr. M'Leod, and of many others.

1530. *Chairman.*[You mentioned brevet rank; that is given to the medical officers?—I think brevet rank ought to be given.

1531. Colonel *North.*] Is not brevet rank in India very different from brevet rank in this country; for example, a subaltern after serving a certain number of years has the brevet rank of a captain?—Yes; but all beyond that is Her Majesty's brevet.

1532. Mr. *Percy.*] What are the duties of a superintending surgeon in the Indian service?—They are administrative; very like those of a deputy-inspector in Her Majesty's service.

1533. Sir *J. Ferguson.*] In the Indian army does a superior medical officer, such as a superintending surgeon, interfere with the treatment of the patients?—He may if he likes; but inasmuch as the whole service is constituted on the seniority principle, and not on the score of character or service, that can hardly happen. It generally happens that the younger man, especially the regimental surgeon, is the better man of the two, and he would not readily submit to any interference of that kind.

1534. You are aware that in Her Majesty's army a staff surgeon interferes with the treatment of the patients?—Yes; but he is a selected officer and a very much younger man than the superintending surgeon.

1535. In the Indian army the superintending surgeon does not do that?—I never heard of a case, and I have served as a very young man under superintending surgeons; I may mention that during the two campaigns of the first Burmese war, my hospital was continually visited by the superintending surgeons; one of them was in Her Majesty's army, and the other in the Bengal army, but neither of them ever interfered.

1536. Mr. *Peel.*] Did you say that there were no rewards in the Indian medical service for good conduct on the part of the surgeons?—No reward of rank or distinction; an officer who may distinguish himself may get a station of higher pay, but that is all. In referring to that subject I would beg to mention, that I do not think money recompenses will ever attach educated men to the public service.

1537. What do you mean by "stations of higher pay," if the service is a seniority service?—Some higher and better paid office, civil or military.

1538. *Chairman.*] In the Indian medical service, are there not some adventitious advantages besides the pay?—There are allowances for the charge of a regiment of Sepoys; and there is the same allowance, only on a larger scale, for the charge of a European regiment, whether of Her Majesty's army or of the East India Company's; and there are staff and civil appointments.

1539. Have you not some civil employments?—There are numbers of civil employments; but the medical officers belonging to the Indian army, sent there exclusively for the service of the troops, are said, in official language, to be lent to the Civil Department; so that it is an accident; I never served in a civil office myself.

1540. Mr. *Peel.*] Supposing a surgeon distinguished himself, how would he obtain this station with higher pay; would he have to quit his regiment?—He would be removed by the order of the Commander-in-chief, if under him, or by the Governor-general, to an office of higher emolument in the strict line of his profession.

1541. Sir *H. Davie.*] Would that lead to a higher scale of retirement?—No, the retirement is irrespective of anything but length of service.

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1542. But those opportunities are not considered a sufficient recompense?—They are not sufficient by any means, inasmuch as money will not be a recompense for certain services.

1543. *Chairman.*] What would be a recompense?—Honorary distinctions and rewards.

1544 Is not the distinction of C.B. given in the Company's service?—That can hardly be said to have been done, so few have been bestowed in the army in India.

1545. Have you good service pensions in the East India Company's service?—No, they are all alike.

1546. Colonel *North.*] Have you retired full pay in the East India Company's service?—We are entitled to full pay after 17 years' service; I retired after 22 years' service; so that I have the full pay of a surgeon.

1547. *Chairman.*] Are there any drawbacks on your pay?—We are obliged from the moment we enter the service to subscribe to the military widows' fund, the advantages of which are considerable; and to the orphan fund also, which provides for the children of deceased officers.

1548. Sir *J. Trollope.*] Are you allowed any leave of absence during your period of service?—Yes; we are allowed three years' leave after 10 years' service.

1549. Does that period of three years count as service?—No.

1550. You can retire on full pay at the end of 17 years' service in India?—Yes.

1551. So far you are in a far better position than the medical officers in the Queen's service?—Quite so. I do not think there is any fault in the pecuniary arrangement respecting the medical department in the Indian army; it is liberal and excellent.

1552. Have you not the further advantage of being allowed private practice, if you are in stations where you have an opportunity of obtaining it?—That can happen to but few men; that was my own position; holding a staff appointment in Calcutta, I was in private practice.

1553. Was not that a very lucrative practice?—It was a very lucrative practice, but the government pay I got did not pay for my horses.

1554. Have the medical officers in the Queen's service similar advantages in Calcutta?—No, because they are not fixed; they must accompany their regiments. And even the administrative staff officers of Her Majesty's army are either with divisions in the field, or accompanying the Commander-in-chief; so that they do not happen to have the same advantages from the accident of non-residence.

1555. Then, in fact, the advantages of the Indian medical service are far superior, on the whole, to those of the Queen's service?—Upon the whole they are; but this accident of getting into private practice can happen but to few men.

1556. But there are other stations besides Calcutta where it can happen?—It is not very remunerative at other places.

1557. Mr. *Peel.*] You have been in Ceylon, for instance; are the surgeons in the English army there allowed to obtain private practice if they can?—I do not know.

1558. You said that in India surgeons and assistant-surgeons are sometimes "lent" to the civil service?—That is the official term made use of by the authorities.

1559. While so lent do they draw military pay?—No; they then draw a consolidated civil allowance.

1560. Do they continue to progress in rank while they are so employed?—Yes, they are carried on the musters, as if serving with the army.

1561. How long may they continue in the military service unconnected with the regiment?—I do not think it is above three or five years; it was found inexpedient to continue them long in civil stations, for they took to absorbing pursuits, commercial and other, and it was found to injure them as professional men, and to disqualify them for the duties of the army.

1562. Supposing a military surgeon, while in the civil service, obtained a step of rank before the expiration of those three or five years, would he then be required to rejoin the regiment?—On his promotion he could be required to revert to the military branch of the service.

1563. Would

1563. Would he then immediately obtain leave to resume his civil duties after having come back to the regiment as a matter of form?—They return to the army, and return again to the civil branches, quite according to their dispositions or their opportunities.

1564. Might a surgeon be on civil duties for as long period as ten years in the course of his 17 years of service?—Formerly they were continued for the greater part of their lives at civil stations, and hence they were found to be damaged as professional men, and especially as field-surgeons for the army, and hence it was that I represented to the Government myself the injury produced by so long a residence at civil stations, and the absorbing civil pursuits that arose from it; and Lord Ellenborough issued an order that they should not continue (I think) above three years at any civil station; now they are not permitted to remain above three or five years.

1565. Would it be any boon to give such a recompense as this for distinguished conduct, namely, that an act certified as very meritorious should count as one year out of the 17 years' service necessary to qualify a man for retirement?—It would be a boon, and to some, perhaps, a very great boon.

1566. *Chairman.*] Does time count the same all over India, provided the officer is east of the Cape?—Yes; the time counts that an officer may be absent on sick leave at the Cape, but not if he is west of the Cape. If an officer is absent at the Mauritius, or in Australia, or at the Cape of Good Hope, the time counts, but not west of the Cape of Good Hope, then he is counted as being in Europe.

1567. Mr. *Peel.*] Leave of absence confined to India would be included in the 17 years' service?—Yes, sick leave; or in those other colonies east of the Cape.

1568. On the average, how long would an officer be in India during the 17 years' service?—On an average he would be perhaps a year or 18 months out of India.

1569. Colonel *North.*] Supposing you are ill in India with your regiment, what length of leave would you be allowed to have till you got well?—According to the sick furlough regulations, military officers and medical officers also were formerly permitted to go to any of those colonies east of the Cape of Good Hope for so long a term as 18 months without forfeiting their privilege or their office.

1570. What became of the regiment in the meantime?—It was possibly in charge of some younger officer.

1571. But no deduction was made from your pay?—Yes, a deduction was made from the allowances. Their full Indian pay was not given, nor the allowance for the regiment. If a surgeon comes to this country, he receives only British pay.

1572. Mr. *Peel.*] Have you observed that the promotions of the surgeons and assistant-surgeons for these regiments in India have generally gone by seniority amongst themselves?—It is by seniority,

1573. Is promotion tolerably rapid?—I do not think it is. I have seen very old surgeons in charge of regiments in India in the course of my service.

1574. *Chairman.*] What is the age and service of the present members of the Bengal Medical Board?—Their ages are between 60 and 70; they average two, three, and some five-and-forty years' service in India. It is an age quite out of the question in relation to any efficiency, scientific or practical.

1575. Mr. *Peel.*] Does an officer in India on getting his step of rank obtain the pay of that higher rank immediately?—Immediately on his being gazetted.

1576. Is not there some distinction between that practice and the practice of the Queen's service?—I do not know that there is; he gets his pay and rank from the date of the decease or resignation of his senior, whatever that date may be.

1577. But in our service an officer has to serve a year or two years before he gets the pay of his rank?—That is not the case with us.

1578. *Chairman.*] Which medical service do you consider the most sought after, the East India Company's or the Queen's?—I think the East India Company's; there is better remuneration of pay and pension.

1579. Mr. *L. Gower.*] How is admission obtained into the East India Company's service?—Now it is held up entirely to competition.

1580. Sir *J. Ferguson.*] Do not you think that the higher pay, if it leads to

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the Indian service being more sought after, must secure better men?—I think the system of competition will lead to procuring the very best men. Dr. Burke, who was inspector-general of Her Majesty's hospitals in Bengal, used to tell me that the attractions of our service brought better men into it; and latterly I have been told by Dr. Smith that he thought that by going to the universities in the three kingdoms, he obtained as good men as it is possible to procure. Then, on the other hand, previously to this examination system, we were appointed by nomination of the East India Directors; and of course it happened occasionally that not very good men got into our service.

1581. Sir *J. Ferguson.*] Were many men rejected upon examination after their nomination?—I have not heard. I do not think so.

1582. Mr. *Peel.*] Did not you state that a surgeon of an Indian regiment on coming to this country was paid only the British rate of pay?—Yes.

1583. Does not that seem to show that the higher rate of pay in India is due to some disadvantages, supposed to attend residence in India?—Assuredly; every person who serves in such a climate must in justice be rewarded accordingly.

1584. Then if the advantages given are not more than to compensate for the disadvantages, how do you make out that you obtain a higher class of men than we do?—I merely mentioned that I was informed so by Dr. Burke, and the present examination system, I think, is calculated to procure a higher class of men than has ever entered the Indian army.

1585. Do you consider that the remuneration for medical service in India, in the Indian army, is higher and better than that afforded in the Queen's service?—Yes, I think it is, even taking into account the disadvantages of climate in India, which are the reasons for the higher pay.

1586. Sir *H. Davie.*] Do you know at all the relative mortality in the two medical services?—No, I do not; but I believe it is very high in sickly campaigns and in unhealthy countries, throughout India.

1587. How many years is an officer in the Company's service, not a medical officer, obliged to serve before he can claim his retirement?—In the army they are required to serve 22 years before they are entitled to the full pay of their then rank.

1588. Exclusively of the three years' leave?—Yes.

1589. Do you know upon what ground it is that the retirement is given to medical officers at the end of 17 years, and to military officers at the end of 22 years?—The difference of age. An ensign is admissible into the service at the age of 16; the cadet boy may be but 16.

1590. Colonel *North.*] The same as in the Queen's service?—Yes.

1591. Sir *J. Trollope.*] At what age is a medical officer admissible?—Twenty-two.

1592. Colonel *North.*] Are you able to get a better sort of medical officers, because of the much greater advantages enjoyed by the medical department of the East India Company as compared with our medical department, by having full pay retirement at the end of 17 years, and by having 18 months' leave on full pay?—The advantages are considerable; but it is to be taken into account that we serve many of us for life in India, that many fall, and that many are damaged by the climate.

1593. But you may at your own option cease after 17 years?—Yes.

1594. And besides increased pay you have also certain allowances in India, which of course you do not get when you are in England, but which are great inducements to the service?—Yes; but a surgeon in Her Majesty's service serving in India, has those allowances as well as we have.

1595. *Chairman.*] What is the highest rate of retirement for the highest rank that you have?—We now retire according to a progressive scale, according to the length of service; 17 years' service gives the pay of the rank then attained as a full surgeon. Then he gets captains' pay, which is 190 *l.* odd; then after 21 years' service, it is increased to 250 *l.*, and from that it progressively rises up to 700 *l.* a year pension, for which he must serve 32 years.

1596. Mr. *Peel.*] But those rates are not the full pay of his own rank?—No, they are given for length of service; it is a recent order of 1842. Before that it had been given seven years previously to the officers of the army. A captain of the Bengal army, who serves 32 years, though still a captain, retires on the full

full pay of a colonel, and it was to bring the medical corps up to that standard of the army that this was granted to medical officers.

1597. What is the rate of daily pay to a captain of 17 years' service in India?—I think it is about 400 rupees a month, that is about 40 *l.* a month.

1598. What would he receive supposing he wishes to retire?—He receives a British captain's full pay.

1599. Is that less or more?—Less, by more than half.

1600. Mr. *L. Gower.*] In your opinion, is the disproportion between the advantages enjoyed by the medical service in the Indian army, and those enjoyed by the medical service in the English army, in Her Majesty's service, greater than the disproportion between the advantages enjoyed by the military officers of the Indian army and those of the military officers of the Queen's army?—I think the advantages possessed by the officers of the Indian army far exceed anything in any medical service whatever. Were I to begin life again, I should very much rather begin there as a cadet than as an assistant-surgeon.

1601. I meant as to the proportion between the two services in respect of the medical department as compared with the proportion between the two services in the military department?—I think that, comparing the two, the advantages of the Indian medical department are certainly greater than those of the medical department of the British army.

1602. Greater in proportion than the advantages enjoyed by the Indian military officers are, as compared with the advantages enjoyed by military officers in the English service?—That I cannot say.

1603. *Chairman.*] Will you state what is the highest retiring pay that a medical man in the East India Company's service can receive?—£. 700 a year.

1604. After what length of service?—Thirty-two years' actual service in India.

1605. Colonel *North.*] No deductions are made for illness?—No.

1606. Mr. *Peel.*] What would be the pay of the same officer if on duty after the same period of service?—Thirty-two years' service in India would about bring him to the rank of superintending surgeon in the Bengal army.

1607. What would be his pay then?—His pay then would be from 120 *l.* to 160 *l.* a month as superintending surgeon in the field.

1608. Colonel *North.*] You do not know anything about the pay of an inspector-general in the Queen's service?—No, I do not.

1609. Mr. *Percy.*] What are the regimental allowances to which you alluded?—The pay of the officer's rank, and the regimental allowances.

1610. Sir *H. Davie.*] Did I rightly understand you just now, to say, that you consider the relative advantages of the Indian medical service over those of the Queen's medical service, to be greater than the advantages of the Indian army officers over those of the officers in the Queen's service?—I am not sure that there are any such advantages.

1611. Do you know at all on the average how long it takes an officer to get the command of a regiment, to have the rank of Lieutenant-colonel in the Indian army?—It takes too long a time, very much; they are older than they ought to be. I think on the average from 20 to 25 years; and even more.

1612. Would you not say that at the end of 22 years, generally speaking, an officer would be Lieutenant-colonel?—No, seldom or never, except by brevet; not in promotion by seniority. It would be very rare indeed; there is hardly such a thing to be seen.

1613. Mr. *Peel.*] Does the opportunity of retiring so early as after 17 years enable the retired officer to get a civil practice?—There are so few who do retire at the end of 17 years, that I hardly know; and the few who do, are constrained to retire from extreme ill health; and their constitutions are generally broken, so as to make them unfit for much practice in this climate.

1614. You think that the length of service required for retirement need not be considered with any reference to the probability of procuring private practice after retirement?—No; it is entirely away from all prospect of that.

1615. *Chairman.*] Do you think it desirable that administrative officers should at one time do executive duty?—I think it is desirable that in the British

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army they should be occasionally exchanged, for I look upon the regimental duty of a medical officer as the very highest function which he can perform at all; he is the first officer of his line in the army.

1616. Do the East India Company's surgeons like to join for a long time the Queen's regiments?—No.

1617. Why is that?—They have no advantages when serving in Her Majesty's regiments. They have advantages when placed in charge of their own regiments.

1618. What length of service do you think it necessary for a medical officer to have before he is made an administrative one?—I should say on or about 20 years. He should have had an opportunity of acquiring experince in every branch of the service, and should have had an opportunity of seeing foreign and field service, without which a man cannot be a good administrative officer.

1619. Mr. *Percy*.] Does the superintending surgeon report upon the conduct of his juniors?—He does.

1620. Are such reports confidential reports?—I presume that they are, but they are non-effective, the superintending surgeon being so old that we do not look to him for anything.

1621. Who reports upon the conduct or misconduct of officers?—In my experience, generally, the military officer in command.

1622. Would he be competent to report on a case of medical incapacity?—If it were strictly a professional disability or misconduct, there would be a court of inquiry probably, and there would be some medical officer associated in that inquiry.

1623. But supposing it is a case of medical neglect?—In the instances of medical neglect that have come under my personal knowledge, they have been called to notice by the military authority.

1624. Sir *J. Ferguson*.] Are they cases of frequent occurrence?—Not at all.

1625. Have you known many instances of courts of inquiry being held upon medical officers upon complaints of that sort?—Very rarely indeed.

1626. In cases where a medical officer has been guilty of misconduct and neglect, is he, without being cashiered, ever put at the bottom of the list?—No, only by sentence of court-martial; there are very few courts-martial upon medical officers.

1627. Mr. *Percy*.] Are confidential reports made to the Board?—I presume so; they certainly ought to be; that ought to be an essential part of the duty of administrative officers.

1628. Who would be the officer to make those reports to the Board?—The superintending surgeon of the division.

1629. You think it is necessary that such reports should be made?—I should say so; and were such reports more continuously made, and more continuously acted upon, the efficiency of the medical department of the army would be greatly enhanced.

1630. *Chairman*.] Do you carry out in the East Indies a general system of sanitary reports extending over the three Presidencies?—I submitted to the Government of India a detailed proposal for sanitary reports 20 years ago.

1631. Are those reports printed?—They were ordered to be printed, and I believe are printed; they are certainly printed in the Madras Presidency.

1632. Is it the custom of the East India Company to print the reports of the officers upon the statistics of medical science in India?—I am afraid not. But it was part of my plan that they should be printed and collected into volumes at each Presidency, and that copies of them should be placed in the office of the quartermaster-general of the army.

Alexander Grant, Esq., called in; and Examined.

A. Grant, Esq.

1633. *Chairman*.] WHAT is your present position in the medical service of the East India Company?—I am a Surgeon on the Bengal Establishment, and hold a substantive appointment as Surgeon to the Presidency General Hospital at Calcutta.

1634. How long is it since you were in India?—I have just returned from India.

1635. What position did you hold with reference to Lord Dalhousie?—I was the personal medical attendant of the Governor-general of India.

1636. Will

1636. Will you state your services?—I have been nearly 16 years in the service. I have served in all its various branches, both in the field in a military capacity and in civil employment, and on the staff; during the first four years of my service I was in China with two of Her Majesty's regiments; at the conclusion of peace in 1842 I remained in garrison at Chusan for nearly two years with the 55th regiment, and when the 55th went to England in 1844, I went as medical officer to Her Majesty's 98th, and I was detained at Hong Kong in charge of a wing of that regiment; after that I proceeded with native troops to Madras, and then to Bengal; in 1845 I went to the army of the Sutlej in the first Sikh war, and did duty in the depôt field hospital. I then returned to civil employment, and had charge of a civil station, and did various duties unconnected with my profession, and when at this civil station I was selected by the Governor-general (I did not know him personally), to become his personal medical attendant, and I have remained in that capacity since 1848, and have just returned to this country with him.

1637. Is it the custom to remove medical officers from the East India Company's service to the Queen's service?—It is often the case to lend them, because on the establishment of one of the Queen's regiments, although there are four medical officers, there are always one or two of them sick or absent. When I joined the 55th regiment there was only one medical officer, the surgeon of the regiment, with it; it is an advantage to a young assistant-surgeon, because he gets experience in European practice.

1638. Will you state the nature of the experience?—We had a surgeon, a very able officer, since deceased, Dr. Shanks; after finding that he could place confidence in our knowledge, he gave us the care of two or three companies, according to the number present, and we had the sole medical care of those men; if there was any one dangerously ill, he visited the case with us, and we had his guidance and advice.

1639. Mr. *Peel.*] Is there a supernumerary staff of Indian surgeons for the purpose of being attached to civil duties or to the Queen's service?—No; there are no supernumeraries; the establishment is, I may say, always under its number.

1640. *Chairman.*] Has the Queen's service ever lent surgeons to the East India Company's troops?—I do not know any instance of it, but I have heard that they do on an emergency when they can be spared.

1641. Mr. *Peel.*] How does it happen that so many young assistant-surgeons are always available for duties of this sort?—They withdraw them from other duties; they must make them available in time of war; in the case of the 55th, four ships took the regiment to China, and it was absolutely necessary that four medical officers should go.

1642. Were they withdrawn from any Indian regimental duties?—They were withdrawn from other duties, either civil or military, whatever they might be.

1643. *Chairman.*] Will you proceed with your statement of the advantages which you think the East India Company's surgeons derive from occasional attendance on Queen's regiments?—The great advantage is the opportunities of practice and of *post mortem* examinations.

1644. Then can the East India Company's surgeons have no *post mortem* examinations on the native troops?—Not on the native troops, certainly; I had a great deal of practice in the gaols; we have ample opportunities with the prisoners in the gaols, and often in cases of poisoning.

1645. But it is prohibited with respect to the troops?—Yes; they have a prejudice against it; unless the death is under suspicious circumstances, it is never done.

1646. What is the examination of the East India Company's candidates?—The examination is very much the same as at the Royal College of Surgeons, but I think more extensive, and more with respect to the duties which are before them, with reference to the peculiarities of tropical climates and military surgery.

1647. It is competitive, is it?—It is competitive since the last charter.

1648. Have they a probationary period at Calcutta or elsewhere?—There is a probationary period, but it virtually does not exist, on account of the paucity of medical officers; immediately they come out they are sent away to do duty with regiments or at civil stations. Very lately Lord Dalhousie issued a new series of orders enjoining that they should, at all events, have a three months' probationary

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probationary course at the hospitals at Calcutta, more especially at the general hospital.

1649. Is the East Indian army medical service in want of candidates now?—There was an increase made to the Bengal establishment of 50 assistant-surgeons about a year and a half or two years ago, and I believe it has not yet been nearly filled up.

1650. To what do you attribute that?—I think partly it may be owing to the war, and the advantages of more quick promotion in the Queen's service lately, and also no doubt to a disinclination to go to India from the paucity of rewards for men of talent and energy in the medical department in India.

1651. Do you think that the East India Company's medical department is underpaid?—Not as a body, perhaps; I think that for men of ordinary capacity, easy-going men, the service is well paid; but I think that for able and earnest men who would have acquired a European reputation, and who would have made a large practice for themselves, the service has not any inducements to remain in it. There are no great prizes in the medical service.

1652. Those would be exceptional cases, such as the case of Dr. O'Shaughnessy?—I should think there are many men, not of his scientific talent, but of great professional talent, so that such cases would not be exceptional.

1653. Do you find that they leave the service at the earliest period?—They do now; so much so that there are a good many officers who have left on the bare pension, and without their annuities. The medical retiring fund, which is a great attraction to our service, gives an annuity of 300*l.* a year, six annuities every year.

1654. But it mulcts the medical officer very much during his stay in the service?—It does; but it is a very popular institution in the service.

1655. Will you give some details of that institution?—It is a mutual insurance company; we pay a subscription monthly; my subscription, as a surgeon, is 59 rupees, which is about 6*l.* a month.

1656. Is it compulsory?—It is compulsory.

1657. Is there a subscription to any other fund that is compulsory?—We subscribe to the military fund and to the orphan fund.

1658. What amount would you pay to that in your present rank?—As an unmarried subscriber, I pay to the military fund about 16*s.* a month, and to the orphan fund, I think, from 7*s.* to 8*s.* a month.

1659. Has an unmarried medical officer any advantages from that fund?—From the military fund he has this advantage, that if he gets sick at any time during his service, and is obliged to go home, the fund pays his passage, and it gives him a small allowance, according to his rank; I think, for an assistant-surgeon, it is 50*l.* a year; but he must make a declaration that he is not worth 500*l.*, otherwise he derives no advantage from it.

1660. In the event of death, does the whole of that lapse?—Yes, all the funds lapse.

1661. Will you state the present arrangement for sick-leave in the East India Company's service?—It is a very complicated arrangement, because the rules have been lately changed, and they have not been made retrospective; so that officers who were in the service before the new rules were promulgated may take either the old or the new. I think that most of the officers are taking the new rules, and under the new rules, officers, either military or medical (there are no exceptions made, and there are the same advantages to both) may come home on sick leave for two years; or if a man has got a staff appointment, and wishes to retain it, he may go for 15 months, and retain his appointment, and may draw Indian pay and allowances and half staff salary for six months out of those 15 months.

1662. What does he get for the rest of the 15 months?—He gets merely the English pay of his rank; if he is a surgeon or assistant-surgeon he gets the pay of the same rank in the Queen's army.

1663. Has he payment of his passage?—No.

1664. No reduced rate of passage?—No, none. I believe the military fund will give him a certain allowance for passage, provided he has not 500*l.*

1665. Would not the Company's steamers carry him at a reduced rate?—There are no Company's steamers from India to England.

1666. Colonel *North*.] Compared with pay, are the allowances larger than the pay?—Very often they are; they may be consolidated allowances.

1667. What

1667. What is the actual pay of a surgeon of a regiment?—In the native regiments of course the responsibility and labour are much less, and the pay there is smaller. With a European regiment there is very serious responsibility and very hard labour; and they get higher allowances.

1668. What would a surgeon's pay in the Indian service be irrespective of his allowances?—The pay of every surgeon is that of a captain, 415 rupees a month; about 41*l.* 10*s.* Then, when he is in charge of his regiment, whether native or European, he receives a salary of 300 rupees, and in addition to that, with a European regiment he receives 25 rupees for every 100 Europeans under his medical charge; so that with a battalion of 1,000 men a surgeon in India has about 1,000 rupees a month; that is 100*l.*

1669. What would he get upon coming home for two years?—Nothing but his simple pay of captain, 192*l.* English pay. If he took leave in India, and went to the Hills for the benefit of his health for six months, he would draw simply his captain's pay of 415 rupees.

1670. *Chairman.*] What have hitherto been reckoned peculiarly the great advantages of the Indian medical service?—One of the great attractions has been the medical retiring fund; but that is not such an advantage now, because the annuities have been in such demand, that a medical officer after 17 years' service, who wishes to retire from infirm and broken health, cannot get an annuity, and he may have to wait six or seven years; and all that time he has to pay up these heavy subscriptions, which few men can afford to do. They cannot get annuities now under from 24 to 25 years' service, which is a very long time to wait.

1671. What are the other advantages of the service —There are great advantages in regard to pay over other services in Europe; but not as respects the services in India.

1672. Are there not adventitious advantages in the East India Company's service?—There are civil appointments, one of which I held myself; it was reckoned one of the best appointments. I had small pay, only 350 rupees a month, for the civil duties, vaccine, &c.; but I was postmaster of the station, and registrar of deeds, which is an office under the judge, and requires an acquaintance with the native languages.

1673. Colonel *North.*] Supposing a surgeon in the Indian service to have his health broken down before he had served his 17 years, what pay would he get?—Nothing. There is, I believe, a certain charitable fund called "Lord Clive's Fund," which gives a small pittance upon representation, but it is very small.

1674. There is no such thing as half-pay in such a case?—No.

1675. Sir *H. Davie.*] Are decorations ever given to medical officers in India?—Very few indeed. I think in the whole of the Bengal establishment with about 400 medical officers, many of whom have seen a great deal of service, although decorations have been very profusely given in the military department, there are only one or two C. B.'s in the whole establishment.

1676. Have there been no C. B.'s nominated in the medical department for either Sir Charles Napier's or Lord Gough's campaigns?—The present one, one of the members of the Medical Board, Mr. Renny, is for Lord Gough's last campaign.

1677. But there is none for Scinde?—None for Scinde, that I remember. At the time of the Scinde campaign the Bath was not, I believe, open to medical officers.

1678. How long is it since the medical officers have received the Order of the Bath?—A very few years; since the time that Sir James M'Grigor was made, and Sir William Burnett, and there was one K. C. B. made in India.

1679. Do you consider that the Indian officers are in a worse position in that respect than the Queen's medical officers?—I do not think they are in a worse position; but they are in the same position; and it is viewed as a great source of humiliation when they see military honours bestowed upon mere courage, that those who have the same dangers, and sometimes greater, should not, at all events, have a less unequal share of honours.

1680. When you talk of "courage," you do not refer to personal acts of courage in the field?—No; but they are exposed to great risks, both under an enemy's fire, and amidst the ravages of pestilence, which it requires great courage to confront.

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1681. You do not consider it part of a medical officer's duty to expose himself unnecessarily to risks?—No, by no means; but in China we always had to attend the regiments whenever they were engaged; and one medical officer was always at hand for immediate service with every storming party. I have myself been several times under fire, and had men wounded round me.

1682. *Chairman.*] What are the other disadvantages of the Indian medical service?—I think one great disadvantage is the want of efficient administrative machinery in the establishment. It is strictly a seniority service, and the prizes of the service, that is to say, the administrative prizes, are rather premiums upon longevity than the rewards of merit.

1683. Are you acquainted with the plan which has been submitted by Lord Dalhousie to the Court of Directors?—I have heard the leading features of that plan.

1684. Can you state to the Committee the leading features of it?—Lord Dalhousie proposed, that instead of taking the three senior members of the service and constituting them a Board, there should be one director-general, and that he should be assisted (but not controlled) by two high officers, one to be inspector-general of army hospitals, in communication with the Commander-in-chief upon all points of military medical discipline; the other to be inspector-general of civil hospitals, and to be in communication with the three civil Governors who constitute the Bengal Presidency, the Governor of Bengal, the Governor of the North West Provinces, and the chief Commissioner of the Punjaub, who have a very large medical establishment under them, and who have the patronage entirely in their hands of that portion of the medical establishment.

1685. Are those the leading features of Lord Dalhousie's plan?—Those are the heads of it. Then he proposed selecting the superintending surgeons who are of the same rank as the deputy inspector-generals of Queen's hospitals. There is one superintending-surgeon attached to each General of division; in Bengal he has a circuit, sometimes exceedingly extensive, so that he can rarely visit it; and his Lordship proposed introducing a grade of administrative officers, called first class staff surgeons or deputy inspectors who should take the executive duties of those divisions; so that the superintending surgeon should always remain attached to the head-quarters of the General, and carry on the current medical duties, while the staff surgeons should go round the division and examine into the details of the stations, whether civil or military; and this officer would be available also for emergencies in the event of war, which so often occurs in India; he could organise field hospitals, and give the benefit of his experience and ability in any other emergencies that might arise.

1686. Do those suggestions extend to the lower ranks of the medical profession?—With respect to the lower ranks, his Lordship proposed that the assistant-surgeons should be divided into two classes, first and second; that the first class should be men of above seven years' service, and that they should get a small additional pay, provided they were favourably reported upon; and he also proposed, I believe, to place the medical officers on the same footing in respect to honours and rank, as their military brethren, by giving them substantive rank and honours, so that those who had distinguished themselves in the field, should share in military honours in a less invidious proportion than they do at the present time.

1687. Colonel *North.*] Then I understand that questions were never to come to a vote at that Board?—Never to a vote as at present; a Board is often put out of harmony like a band, if there is one discordant instrument in it.

1688. *Chairman.*] Your opinion is in favour of one absolute director-general, rather than a Board?—Yes; but I do not think that one man can conduct those heavy duties without the assistance I have mentioned.

1689. The question is rather as to the governing body; you think that one man had better be absolute, rather than that the direction of the body should be vested in a Board?—Yes; but there should be checks upon his being absolute; I think he ought only to have the power of recommending for all staff appointments.

1690. Is that practically in existence now?—No, the Board has no influence whatever; they have no patronage; the patronage is divided between the Governor-general and the Commander-in-chief, and the Governors of the Provinces.

1691. How can they judge of official capacity?—They have no means of judging but by the inquiries which they make; and in general the Governor-general, being far removed from all local influences and prejudices, selects men very satisfactory to the service. But there has been of late a good deal of dissatisfaction in respect to other appointments.

1692. Is the mortality great among the native soldiers in India?—It is very slight; I think generally about one-and-a-half per cent.

1693. Then the duties of the medical officer in a regiment are comparatively slight?—Very slight. But the establishment is so weak that I have known one assistant surgeon to two or more regiments, and as he had to attend to the officers and their families, his duties were really heavy.

1694. You have hospitals for the European soldiers' wives?—Yes.

1695. Does the regimental surgeon attend those?—He does always, or one of the assistant-surgeons.

1696. Is the attendance compulsory or not?—Yes, it is part of his duty.

1697. Mr. *Percy*.] Is any alteration proposed in the ranks lower than assistant-surgeon?—There is no commissioned officer below that.

1698. In the non-commissioned officers, the subordinate medical establishment, is any alteration proposed?—No. It is considered to be a very efficient establishment just now. I can speak from personal experience of its usefulness, and of the qualifications of its members. They are very carefully educated, and they have to pass an examination in every stage of their promotion.

1699. Are they principally natives?—No there are no natives among them; they are pure Europeans or East Indians. What is called an East Indian is one whose mother is a native and father a European; any mixed race.

1700. *Chairman*.] Will you state the number of medical ranks in a European hospital in the East India Company's service?—There is a surgeon, and two or three assistant-surgeons; there is an apothecary, a steward, an assistant steward, and an assistant apothecary, and sometimes there are apprentices,—boys who are learning those duties. I may mention that the establishment in the 55th Regiment, when I went to China with it, consisted of four medical officers (a surgeon, and three assistant-surgeons), a steward, an apothecary, and three assistant apothecaries.

1701. Is the steward a commissioned officer?—A warrant officer. They are all warrant officers in the subordinate medical department.

1702. Those who dispense the drugs are warrant officers?—Yes, they are like a conductor in the Ordnance, or rank as a boatswain in the Navy.

1703. Mr. *Percy*.] Are there any other subordinate officers?—There are also native dressers. They assist those men in various ways.

1704. How many dressers had you with you?—I think two or three dressers. Those are natives upon very small pay.

1705. Are they useful?—Most useful men.

1706. *Chairman*.] What is their highest grade of promotion?—The warrant officers do not rise higher than apothecaries; but some have gained so much experience with European regiments, that they have been selected by the Government for the charge of regiments, partly in order to reward them, but mainly because of the paucity of medical officers in India.

1707. Do they then become commissioned officers?—No, they do not. They have sent in a memorial praying that some few of them, who are of high character and who have distinguished themselves, might get unattached commissions, such as are granted to soldiers in India who are promoted from the ranks.

1708. Is your own view in favour of that petition?—I am in favour of it, because they are in important charges, and they are in a very anomalous position; they are in charge of regiments, but they are only warrant officers, and if upon entering a room, as one of them told me, he is offered a chair, it is only a matter of courtesy; he is not entitled to receive a chair, and they feel it very much. Although they are in medical charges and act as officers, still their position is a doubtful one.

1709. Your opinion is, that a commission should be granted to them as a reward?—Yes, to a few of them.

1710. You do not think it desirable that they should commence as commissioned officers?—By no means.

1711. What contributions to medical science does the East India Company's

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service afford?—They are entirely voluntary on the part of the medical officers. In Bengal there was a body of transactions of the Medical and Physical Society, which does not exist now. There was also a medical journal, which also ceased after many years, because of the officers who conducted it leaving or dying. And within the last two years there has been a journal called the Indian Annals of Medical Science, a volume published every half year of medical reports and essays.

1712. Mr. *Percy*.] Are any opportunities given to the medical officers in your service to advance in the knowledge of the profession by other means than their practice in the regiment?—At a few of the stations, and in Calcutta. I myself, when in civil employment, nearly doubled my pay by private practice; of course I had to work very hard for it; it was chiefly among the European planters of the district.

1713. What opportunities had you of keeping up a knowledge of the profession and of the new discoveries of science?—We in India get the journals from England; but it is very difficult in moving about to carry heavy boxes of books; I never had a home for any time since I have been in the service.

1714. Then the civil practice is of great use to you?—Yes.

1715. And it is of great advantage to the army, as giving you an opportunity of extended practice?—We are bound to attend every person in India who applies to us, and cannot get any other medical attendance; and the Government approve of it, for men of capital in the interior of the country could not otherwise get medical attendance for themselves and families.

1716. Is that the case with the surgeons of the Queen's army?—In Ceylon it is; at Columbo the Queen's officers practice in civil life.

1717. But not in India?—They are never in a situation where they can practice. There is only one surgeon in the Queen's service in Calcutta, and he is in garrison.

1718. Have the regimental servants of the Queen's army any opportunity of seeing hospital practice?—They have their own hospitals, and they may visit other hospitals at the stations where they are, if there is anything interesting going on.

1719. *Chairman*.] Have you more than one examination among the native surgeons?—The sub-assistant surgeons, before they are promoted to a higher grade, are examined.

1720. But there is only one examination among the Europeans?—There is no examination whatever on promotion.

1721. Is there no examination of the natives on promotion?—Among the sub-assistant surgeons there is, and in the subordinate medical department of apothecaries and stewards; they are promoted from apprentices to assistant apothecaries and apothecaries, and they are examined on each grade.

1722. Sir *J. Ferguson*.] You stated that in Lord Dalhousie's new plan it was the intention to have staff surgeons; was that because the superintendence of the medical department of the army is deficient?—It is very defective.

1723. Is it the fact that there is almost no one to detect neglect or incapacity in a regimental surgeon?—The machinery is very loose for that purpose, I must admit.

1724. Do you think that one rank of staff surgeon would be sufficient?—By selecting an able officer with 20 years' service, who would command the respect of his professional brethren, and whose dictation would be submitted to, I think great advantage would be found.

1725. Would you think that in all cases he ought to be senior by length of service to the surgeons under him?—If possible he ought to be senior to most of the others; he ought to be of standing, provided he has other qualifications.

1726. You would not approve of a staff surgeon being appointed over a regimental surgeon who was of longer service?—Not unless he was acknowledged to be a very eminent man by his own profession; they are the best judges.

1727. Upon the whole do you think that the inducements to enter the Indian service are such as to command the best men?—I think it ought to command the best men. If the administrative machinery was more effective there would be more prizes for able men. Those staff surgeoncies would be prizes for them. There is a great want in the Indian service of some grade between superintending surgeon and regimental surgeon. They get promoted as regimental

mental surgeon, and then they retire because the prospects are so small. They do not reach a superintending surgeoncy till they are of 32 years' service.

1728. The last witness stated that the members of the Medical Board are of a very advanced age. At what age do you think a medical officer ought to be expected to retire?—I think they ought rarely to be allowed to remain after 35 years' service. The members of the Medical Board at present are the best that have been during this century, but that is a matter of accident; and they have been 43 or 44 years in the service, so that they must be past 60, because no man can get a commission till he is 22.

1729. With respect to the military rank of surgeons, do you think it would be of advantage that the surgeons should have substantive military rank?—Yes, I certainly do; I feel, with many others in India, very strongly upon that point; I think there is an invidious distinction drawn in that way, which has a deteriorating and depressing effect upon the service. I have travelled a great deal about India, in all parts of it, while I have been upon the staff; and I have often heard surgeons complain of the public marks of depreciation and inferiority which they suffer in this respect. The denial of rank excites dislike to the military service and disaffection to Government. They have to act on committees; for instance, a committee on provisions; and there are, say, a young lieutenant and ensign upon it; and a surgeon, an old man probably, who has been for 30 years in the service, has to sign his name after the ensign. It is the more felt in India, where society is entirely official. People may view it as of no importance, but army surgeons do feel the want of that substantive rank. It is not military rank which the surgeons want; it is a kind of social rank; for instance, ladies are very tenacious of the rank of their husbands. Of course, in official life at a Governor's house, it is considered that the colonel's wife goes in before the major's, and the major's before the captain's; but the surgeon's wife would have no social position in that way.

1730. Mr. *Peel.*] But have you not that social position now, by having comparative rank?—No, it is denied.

1731. Then what is the meaning of "comparative rank"?—Comparative rank is merely that a man is entitled to the choice of quarters in cantonments and of cabins on board ship, and to prize money. I have never suffered from it. I merely state what I have heard myself in talking with medical officers.

1732. And you consider that social position cannot be given in any other way than by giving substantive rank?—I do not see how it can.

1733. Colonel *North.*] It would not allow the medical officers to interfere in any military duties?—Not at all.

1734. Mr. *Peel.*] What do you mean by "substantive rank"?—For example, in sitting upon a court of inquiry; suppose there is a court of inquiry upon a military officer, probably upon his habits, where it would be of advantage to have a medical officer's opinion, I do not think an old surgeon of 25 or 30 years' service ought, in sitting round the table where the court assembles, to be the lowest at it.

1735. Sir *H. Davie.*] Would that practically be the case?—It is practically the case at present; he signs his name last of all; his commission confers no rank or precedence.

1736. That is a Board of military officers?—But it is no military duty involving command.

1737. Of course the distinction is owing to his not having substantive rank?—Yes; it might be avoided by calling the medical officer in as a witness merely, and not placing him in a position which he views as humiliating on committees and on courts of inquiry.

1738. Sir *J. Ferguson.*] It was stated by Dr. Mapleton that he thought that the medical officer would be more useful as a witness than as a member of the Board; do you agree in that?—I will not give any opinion as to the greater usefulness; but, at all events, it would be a position less offensive to his feelings.

1739. But you are quite clear that while you recommend that a medical officer should have substantive rank to improve his social position, he should have no military rank?—Most assuredly.

1740. Sir *H. Davie.*] You mean that on a court of inquiry, or a Board of any kind, such as a committee on provisions, the surgeon should take his rank, for example, as a captain, according to his standing?—Yes. I think a

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surgeon by his education is in every respect as fit to judge on a committee upon provisions, or upon an inquiry into the conduct of an officer as a gentleman, as a military man.

1741. But practically speaking, do you think it desirable that medical men should be employed at all in such inquiries?—In committees upon provisions, it is absolutely necessary always to have a medical officer.

1742. Would not the time occupied in those things interfere a good deal with his professional duties?—I think not. They would always endeavour to suit the time, as it is done now; he is now called upon for those duties, but he is always taken as the lowest in rank upon them.

1743. It is the custom to put medical officers upon Boards?—Yes, upon committees. I myself have been often, in my younger days, upon committees on provisions, and things of that sort.

1744. *Chairman.*] Has a medical officer ever sat upon a court-martial in the East India Company's service?—Never.

1745. Mr. *Peel.*] He would sit if he had substantive rank, in the sense in which "substantive rank" is generally understood?—I do not know why he should not; I think he ought to be as fit to judge of an officer's conduct as a military officer.

1746. Colonel *Kingscote.*] Do you know the rate of mortality in your department?—In our department, it is one per cent. greater than among the military officers. It is so reckoned in some tables of mortality.

Serjeant *William Sheldrake*, called in; and Examined.

Serjeant *W. Sheldrake.*

1747. *Chairman.*] WHAT is your rank?—Serjeant in the Army, and Hospital Steward of the Regiment.

1748. How long have you been attached to the hospital establishment?—I have been three years and two months in my present situation, and one year and six months battalion hospital serjeant.

1749. What does your establishment consist of?—Steward, surgery man, one cook, and four nurses or orderlies.

1750. What is the amount of their pay?—£. 1. 18 *s.* 6 *d.* weekly.

1751. Will you state the additional pay to each class?—The steward, 1 *s.* 6 *d.*; the surgery man, 1 *s.*; the cook, 1 *s.*; the nurses, 6 *d.* each a day.

1752. Mr. *Peel.*] That is extra pay?—Yes.

1753. Colonel *North.*] Were you colour-serjeant?—I was colour-sergeant.

1754. Did you relinquish that rank on being made hospital steward?—I had to lose the rank of colour serjeant on my becoming hospital steward.

1755. *Chairman.*] What is your pay?—Three shillings and seven-pence for hospital and rank.

1756. What are the duties of hospital serjeant?—To take charge of the hospital and everything connected with it, and the dietary and servants.

1757. Mr. *Peel.*] Do you maintain discipline in the hospital?—Yes; everything.

1758. *Chairman.*] What is the duty of the corporal, the surgery man?—The surgery man has to dispense. Our surgery man is a private.

1759. How long has he been in his present office?—Two years.

1760. What training had he before he came into that office?—He had been connected with the hospital some years. He had been employed in the hospital as an orderly, and dispensing occasionally.

1761. On the absence of the former corporal was he appointed to take his place?—Upon the former surgery man being discharged he took his place.

1762. He was under the surgery man before, was he?—Not in this hospital; he came from Croydon Hospital to us; he got a knowledge of it there. Before that he was at Windsor as a nurse. At Croydon there is no surgery man kept; the serjeant dispensed.

1763. Did he perfect himself in dispensing under the Croydon serjeant?—Yes.

1764. Mr. *Peel.*] How do you rank as an hospital serjeant?—Serjeant; I relinquished the rank of colour serjeant on being appointed steward.

1765. *Chairman.*] Who compounds the medicines prescribed by the medical officer?—The surgery man.

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1766. Mr. *Peel.*] Must a man be a non-commissioned officer to be appointed hospital serjeant?—Yes.

1767. He would not be promoted from corporal to be hospital serjeant?—It is never done with us; he is taken from the senior serjeants. I had been connected with it before.

1768. Sir *H. Davie.*] He must be a good clerk, must not he?—Yes, he must be conversant with accounts.

1769. It is your duty to keep the accounts of the department in the regiment?—Everything connected with the department.

1770. And those accounts are audited once a month?—Yes, by the quartermaster in our regiment.

1771. *Chairman.*] Have you ever known any mistake in compounding or administering any medicines?—Never.

1772. Is the dispensary generally open?—It is open.

1773. Do you keep particular medicines under lock and key?—Particular medicines are set back out of the way, so that you cannot get at them without removing other bottles.

1774. You always refer to the medical officer if there is any doubt with respect to any medicine?—Yes.

1775. How many patients have you in the hospital now?—Ninety-one.

1776. Sir *J. Trollope.*] Out of what force?—One thousand three hundred.

1777. *Chairman.*] What length of time is necessary, in the event of any hospital corporal being appointed, for his instruction to make him thoroughly acquainted with the act of dispensing medicine?—For myself, I was appointed battalion hospital serjeant in 1847; and I was sent to the hospital for three months previously to taking the situation.

1778. Are your prescriptions in English or in Latin?—In Latin.

1779. But you are sufficiently acquainted with the names?—Yes.

1780. Colonel *North.*] Have you any allowances besides the pay?—Only regimental pay and hospital pay.

1781. Have you rations, or anything of that sort?—No rations; we have lodgings, and fire, and light.

1782. Is your position better, as hospital serjeant, than it was as colour serjeant of the regiment?—Yes; it is stationary.

1783. As to pay, is it better?—I forfeited 1 *s.* a week when I took it; I received 1 *s.* a week less; but the worst of all is, that I am to be discharged to-morrow, and if I am called out hereafter as a pensioner, I shall forfeit 6 *d.* a day pay by having been made hospital steward, in consequence of not being discharged as colour serjeant.

1784. How many years' service have you got?—Twenty-one years and six months.

1785. Were you aware at the time that you took the situation of hospital steward, that it would affect your pay in the way you have stated?—I did not give it a thought.

1786. Sir *H. Davie.*] You never leave London, do you?—No.

1787. Have you been in the Crimea?—No.

1788. You do not know anything about the way the medicines were dispensed in the Crimea?—No, I do not; they were dispensed in the same way as ours, in our regiment, in the battalion hospital.

1789. The medicines are dispensed by the corporals and serjeants, are they?—In the battalion hospital.

1790. Sir *J. Ferguson.*] What is the pay of a colour serjeant?—Sixpence a day in addition for the colours.

1791. What did you get as hospital steward?—One shilling and sixpence a day; I was pay serjeant, for which I received 8 *s.* per week.

1792. Colonel *Kingscote.*] When you went to the hospital as steward, you received less pay than before?—Yes; but I had light and fuel.

1793. Then you considered your position better in the hospital than when you were on parade, including the allowances?—Yes; but it is worse on discharge.

1794. *Chairman.*] What average time have you known each corporal remain in his position?—The last two surgery men that we had previous to this; one was about seven years, the other about six.

1795. Why did they leave?—The first left in consequence of being reported; he

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he did not agree with the hospital steward; the last was discharged the regiment, having completed his service.

1796. The hospital corporal is next to the hospital serjeant, in the event of the battalion going on service, is not he?—Not with us; the colonel will not allow a corporal to be surgery man.

1797. That is the difference between your's and the Fusileers'?—Yes.

1798. Colonel *North.*] Is it the same with regard to the whole brigade, that the hospital serjeant, upon retiring, loses 6*d.* a day pension by having given up his colours?—It is not so with the Fusileers; there the hospital serjeant retains the colours.

1799. Sir *H. Davie.*] Then that differs from the Grenadiers?—The Grenadiers are the same as we are.

1800. Mr. *Percy.*] Is there any difficulty in finding a private capable of filling up the vacancy of surgery man when it occurs?—No; they require a little practice, because it differs from anything connected with regimental purposes.

1801. Colonel *North.*] You have no officer attached to your regiment, of a junior rank to the assistant-surgeon to the hospital?—None.

1802. You have no dispenser with the rank of officer?—No.

1803. Sir *J. Ferguson.*] Do you think that, in consequence of the fact of your being discharged now, with this lower pension by 6*d.* a day than you would have enjoyed if you had kept your colours, another serjeant will not come forward for the office of hospital serjeant?—I did not say that I shall get 6*d.* a day less pension; but in case of my being called out to be embodied as a pensioner, I should have received 6*d.* a day more pay when embodied, as having been a colour-serjeant, than I shall now.

1804. Mr. *Nocl.*] It is perfectly optional to you to remain if you choose, is not it?—No.

1805. Sir *J. Trollope.*] Are you compelled to take your discharge at the full period of 21 years?—I was requested to do so, and in consequence I am to leave to-morrow.

1806. Colonel *North.*] Can you remain longer if you choose?—No.

1807. Sir *J. Trollope.*] You have no bodily defect?—No; I have a situation under Government to go to.

1808. Mr. *Nocl.*] If you had not that situation might you have remained on?—No, I got that since.

1809. Sir *J. Ferguson.*] Can a serjeant who is not a hospital steward remain on?—No; they are all to be discharged at the conclusion of the peace; that is the colonel's wish.

Serjeant *George Simpson*, called in; and Examined.

Serjeant *G. Simpson.*

1810. *Chairman.*] WILL you state your rank?—Colour-serjeant and Hospital Steward.

1811. What is your pay?—One shilling and sixpence a day extra as being hospital steward, and 18*s.* 1*d.* a week regimental pay.

1812. How long have you been attached to the hospital establishment?—Upwards of eight years.

1813. Of what does the establishment consist?—Of a hospital steward, a corporal who acts as surgery man, a matron, one cook, and four orderlies.

1814. Mr. *Percy.*] How many patients have you in the hospital?—Eighty-eight to day.

1815. And only four orderlies?—Yes; there are other servants paid.

1816. *Chairman.*] What are the duties of the hospital corporal?—He dispenses the medicines under the superintendence of the surgeon or assistant surgeon.

1817. How long has your dispensing corporal been in the practice of doing this?—He has been nearly two years.

1818. How long was he learning to do it?—Three months.

1819. Was he an orderly before he was made surgery-man?—No.

1820. What induced them to take him for it?—It has always been the practice in our regiment to have a corporal, and when it becomes his turn to be a serjeant, we take a fresh one, who learns under the corporal who has gone away.

1821. Three or four months before he goes he takes the person who is to succeed him, and he teaches him?—Yes.

1822. Have you known many mistakes in the compounding or administration of medicines?—I have never known a mistake.

1823. Have you always had facilities of access to Dr. Richardson?—Yes.

1824. And you always refer to him at once if you have any doubt upon the subject?—Always.

1825. Colonel *Kingscote.*] Have you the sole control of the medicines in the hospital?—All the poisonous drugs we keep locked up.

1826. Have you the key?—The surgeon keeps the key.

1827. Sir *H. Davie.*] Are the prescriptions brought to you in Latin or in English?—In Latin.

1828. Does the corporal understand Latin enough to make up the prescriptions?—Sufficiently for that. He is not allowed to take the duty till he understands the prescriptions.

1829. In three months he can learn Latin enough to make up drugs from Latin prescriptions?—Yes.

1830. He never makes up prescriptions signed by physicians not connected with the regiment?—Never.

1831. *Chairman.*] You have only one handwriting, and only one physician to look to?—Either of the other surgeons may prescribe. We have three or four sometimes; a surgeon, and two assistant-surgeons.

1832. Has he to learn all their different handwritings in that time?—Yes.

1833. Would you say that generally three or four months was sufficient?—I should say that three months was quite sufficient.

1834. You occupied that position?—I did for four years.

1835. How long were you learning the duties?—Three months.

1836. Mr. *Percy.*] He has only to compare the name of the drug on the prescription with the name on the bottle?—He has also to make up blisters and different ointments according to the Pharmacopœia.

1837. Sir *H. Davie.*] Do you keep all the hospital accounts?—Yes.

1838. Who has the payment of the bills?—The quartermaster.

1839. Sir *J. Trollope.*] Does the surgeon enter his own prescriptions in the books, or do you enter them for him?—The surgeon.

1840. The practice exemplified towards each patient is entered by the surgeon?—Yes.

1841. It is never done by you or the corporal?—No.

1842. Are not all the bottles and jars labelled with the same Latin words that are used in the prescriptions?—They are all labelled the same as the surgeon orders.

1843. There is no difficulty in comparing the prescriptions with the labels on the bottles and jars which you resort to?—None at all.

1844. *Chairman.*] What is the average time of a corporal's remaining in that position?—About from three to four years; the one before was made a serjeant sooner in consequence of the war; he was only two years there.

1845. Mr. *Peel.*] Are the whole of the prescriptions written in Latin, or only the names of the medicines?—Only the names of the medicines.

1846. Is the period at which they are to be taken written in English?—No; that is in Latin too.

1847. Sir *H. Davie.*] Have the corporals and serjeants with the service battalion had as much experience in these things as those who are at home?—The one that went out on service with the battalion was a corporal at home.

1848. Having had experience at home?—Yes.

1849. Do you know whether the medicines which are sent to the service battalion are furnished by the hospital, or in any other way?—They took out a complete medicine chest with them when they went to the East; but all the supplies afterwards went direct to the battalion.

1850. Do you know whether the medicines that they received were labelled in the same way as the medicines which are furnished for the hospital at home?—I believe they were; the serjeant told me they were.

1851. You heard of no mistakes of any kind occurring in the compounding of the medicines in the service battalion?—No. I never heard of any mistakes occurring since I have been with the regiment.

1852. Mr. *Percy.*] Do you make up the diet rolls?—Yes, from the book.

Colonel *John Douglas*, 11th Hussars, called in; and Examined.

Colonel *J. Douglas.*

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1853. *Chairman.*] YOU were in the Crimea?—I was.

1854. You have probably heard that there is a plan for introducing dispensers as commissioned officers?—I have heard that there is such a plan in contemplation.

1855. Did you hear the evidence given by the two serjeants of the household troops just now?—I did.

1856. Subject to modifications, do you think that the plan which they described as existing in their regiments would be a better plan to introduce among our regiments than that of introducing dispensers of medicines as commissioned officers?—Yes. I think the duty might be quite as well performed by non-commissioned officers as by commissioned officers.

1857. What do you think would be the feeling among the regimental officers at that proposed change?—I think they would be adverse to the dispensers being made commissioned officers.

1858. Do you think that the introduction of them as warrant officers would be satisfactory?—I think it would. I have no experience regarding the thing, but I should say that putting the dispensers in the position of staff-serjeant or warrant officer would be equally beneficial as making them commissioned officers.

1859. Do you think that in any regiment a private or corporal could be found qualified to dispense medicines?—I think so, in every regiment. There are many such men in my own regiment; I could find 12 or 13, or 14 men who were educated as chemists and druggists, who enlisted as such.

1860. Therefore the money that would be spent in the payment of those dispensers (or probably less) could be spent in getting the duty efficiently done, and at the same time giving encouragement to the soldiers?—Yes; it would be so.

1861. Are there any other points with regard to the relative position of the medical officers, and the entire executive officers, to which your attention has been directed?—I think not; I am not aware of any cause of dissatisfaction at present existing amongst the medical officers of regiments.

1862. Mr. *Peel.*] Might not a class of dispensers sufficiently educated to receive commissions, relieve the assistant-surgeons of a portion of their duties?—Then I should prefer to see a second assistant-surgeon attached to each regiment.

1863. But supposing there was a difficulty in obtaining the full number of assistant-surgeons that might be required in such cases, you might supply that want to a certain extent by a class of dispensers sufficiently educated to receive commissions?—I scarcely think so; I should say that the education and training of a dispenser would not be sufficient to qualify him afterwards to become an assistant-surgeon of the regiment.

1864. Mr. *Percy.*] Do you think it would be proper to allow a dispenser who never had a surgical education to undertake the duties of assistant-surgeon?—No; I should say that a man in the position of a non-commissioned officer can dispense equally well as the present dispenser of the rank of commissioned officer.

1865. Mr. *Noel.*] You have in a cavalry regiment now one surgeon and an assistant-surgeon?—Yes.

1866. Would it not be very beneficial to the service to have a second assistant surgeon?—A second assistant-surgeon is very much wanted in cavalry regiments.

1867. Sir *J Trollope.*] Do you remember when there was a second assistant-surgeon in cavalry regiments?—Never in my time.

1868. Are you aware that formerly there was?—I believe there was formerly, but in my experience we never had more than one.

1869. Was that in consequence of the reduced strength of cavalry regiments? I presume so.

1870. Now their strength is greatly enlarged, you would require the services of a second?—It is very much more necessary now; but even with reduced strength I think a second was necessary.

1871. What is the present strength?—I think it is 600 men in the corps at present.

Colonel *J. Douglas.*

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1872. You have had no orders for reduction?—None whatever.

1873. Mr. *Noel.*] But even supposing it was reduced to the former establishment, you think a second assistant-surgeon would be necessary?—I think so, and if the old system is kept up of breaking up a regiment into separate detachments, an assistant-surgeon is the more necessary in a cavalry regiment, because on all field-days it is quite necessary to have a surgeon to go out.

1874. Do you think that the regimental surgeons are rather severely dealt with as to obtaining leave of absence in consequence of there being so few?—I think so.

1875. Is that one reason with you for wishing to have more, that they might be able to have more leave of absence?—I think it is very desirable that officers should occasionally have leave; it is very hard that the surgeon is always tied to his post.

1876. Sir *J. Trollope.*] In the case of a cavalry regiment, the regiment is frequently distributed about the country?—Very much so.

1877. Do not you find on such occasions disadvantage in having a reduced medical establishment?—Very much so, because in out-quarters where I have been in command I have found it necessary to have a civil practitioner, and consequently the country suffers in that way by having to pay private practitioners.

1878. You get from that class of practitioners persons not so conversant with the habits of soldiers?—Exactly so.

1879. And in fact the country is no gainer by the arrangement, because the expense probably is equal to that of an additional assistant-surgeon?—I do not know that. I think the arrangement is made very economically. He is paid according to the number of men. He takes the detachment at so much per head.

1880. Mr. *Percy.*] Does he find medicines?—No; a proportion of the medicines is sent to the detachment, and there is a non-commissioned officer told off belonging to that detachment who dispenses those medicines under the supervision of the civil practitioner.

1881. Sir *J. Ferguson.*] Do you find that the assistant-surgeon's pay is sufficient to allow them to mess with the regiment?—All our assistant-surgeons are sufficiently well off to mess with the regiment.

1882. Mr. *Noel.*] But if they have no private means of their own, could they do it?—They could not.

1883. Sir *J. Ferguson.*] Would not it probably be the case that a dispenser appointed with the pay of an ensign would be unable to keep up his position?—He could not possibly live at the mess unless he had some private means.

1884. And if he was brought up as a chemist's apprentice he would probably not be fit to asssociate with the officers?—I should say it would be putting him in a false position altogether.

1885. Sir *H. Davie.*] Do you apprehend that in your regiment you would be sure of always being able to put your hand upon a corporal or serjeant who would be fit to dispense medicines?—Not exactly at the moment, but in a short time. You might always select an educated man in a regiment, especially a regiment of cavalry, that would be soon able to dispense medicines.

1886. And in the meantime no inconvenience would be felt?—No; because the order of the army is for the surgeon to dispense his own medicines; and in fact he is not allowed to have any one to do it for him. He would do the work till the person was sufficiently trained.

1887. That regulation of the army you consider to be a regulation that is supposed to be obeyed; do you consider that, practically, it can be obeyed?—I do not think it is strictly obeyed. I believe the hospital serjeant very frequently dispenses the medicines.

Major-General Sir *George Buller,* K. C. B., called in; and Examined.

Major-General Sir *G. Buller,* K. C. B.

1888. *Chairman.*] YOU were in the Crimea?—I was.

1889. And at the Cape?—I was.

1890. You have heard the evidence given before this Committee by the serjeants in the Household regiments?—I have.

1891. Are you of opinion that the practice at present pursued in those hospitals, of having hospital serjeants and dispensers, could be extended with

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advantage to other regiments?—I think so, certainly; a hospital serjeant is quite sufficient for performing those duties; it does not need a commissioned officer.

1892. It has been stated in evidence that it was intended to appoint a set of dispensers in hospitals who should rank as commissioned officers; do you think that would be desirable?—No; I think they should not rank as commissioned officers; they might rank as warrant officers, not as officers living at the mess. It would not be desirable for the dispenser himself; if he was to live at the mess it would be highly objectionable.

1893. Mr. *Percy*.] You would not wish them to be commissioned officers?—Certainly not; I hardly think the man himself would wish it; it would be taking him from his own duty, which is in the hospital, and putting him at the mess; I think he would be in a false position; I do not think it would make him comfortable.

1894. *Chairman*.] You think it would be a false position with regard to himself?—Yes, and also with regard to his duties; the hospital serjeant must be constantly there; the assistant-surgeon may be away at his mess. I would appoint the dispenser as a warrant officer, in the same position as the school-master-serjeant. He is a warrant officer with a certain position and certain advantages, and he takes rank before all the non-commissioned officers of the regiment. He is in a respectable position; but if you take him from that position, and put him to a mess-table, you would put him in a false position.

1895. Mr. *Percy*.] Do you think it would be satisfactory to the assistant-surgeon to find a man of the rank of a dispenser placed in the same position as himself with regard to pay?—Hardly so; but it would be a great advantage to have a man in whom you had perfect confidence, in the hospital to dispense properly.

1896. *Chairman*.] There are advantages of increased pay held out to those serjeants?—They get increased pay; I never found the slightest difficulty in finding non-commissioned officers, who have done the duty admirably; the office is always sought for. If you find an intelligent corporal you make him a serjeant, and you give him better pay; it is always liked; it is popular in the regiment, and they soon learn the duty; but it is not admitted in all regiments that the hospital serjeant should mix up the medicines; it is the duty of the surgeon and the assistant-surgeon to mix up all his medicines; but then the hospital serjeant takes care that they are duly administered.

1897. Is it not sometimes impossible, from press of duty, in practice for the assistant-surgeon to mix up all the medicines?—Yes, I think, certainly; but the hospital medicines are so simple that it becomes very easy for the hospital serjeant to do it; but that is not the general rule.

1898. It is rather connived at than sanctioned?—Yes; the staff of an hospital is very inefficient in the army; and anything that you can do to remedy that is very desirable; it is far too limited: if you have 20 patients in the hospital, they allow an hospital attendant for each ten. But supposing you have 21 or 22 extremely difficult cases, they do not allow an extra attendant till you get 10 more; and you may have a case of a dreadful fracture, or a dreadful wound, but you cannot get an extra attendant. You may have extra attendants, but they are not paid.

1899. *Chairman*.] We have introduced a set of civilians, orderlies, into our hospitals now: have you had any experience of the working of that plan?—No. I came from the Crimea at the end of May. I do not think that in any of the regiments under my command they had been introduced. There was a very efficient medical staff eventually in the Crimea, because they gave an extra assistant-surgeon in every regiment in the Crimea.

1900. Were the orderlies at the discretion of the commanding officer?—No; they were not paid beyond a certain number.

1901. Would you give pay to more orderlies, or would you have civilians introduced as orderlies?—That is a difficult question. I do not see why a soldier should not be made a good orderly; a civilian would then be under martial law, I suppose. You may have extra men for the hospital, but I think they are better as enlisted soldiers.

1902. Do you think that the difficulty would be met by additional pay to two more orderlies?—Yes; the surgeon would not find a difficulty in getting men to attend.

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1903. But it would thin the ranks of the army?—No doubt, if you increase the establishment, it would.

1904. Mr. *Peel.*] The paid portion of the orderlies are permanently attached to the hospital?—They are permanently attached, depending upon conduct. It is difficult often to get the sort of man that is useful in an hospital.

1905. *Chairman.*] Is it regarded as a punishment to be turned off as orderly and sent back to the regiment?—Yes; inasmuch as he would be sent off probably for misconduct; men often seek it themselves. Sometimes it is difficult to get a man to hold it.

1906. That difficulty would be met by an increase of pay?—Yes. It is a very important duty. I believe an increase of pay would be often an increase of respectability.

1907. Do you think that on the whole the relative position of the medical officers, and of the executive officers, is satisfactory in the regiment?—I think it is, as far as my experience goes.

1908. Do you think there are enough medical officers in proportion to the strength of the various regiments?—The present strength is a surgeon, and two assistant-surgeons. I think a surgeon, and two assistant-surgeons would be ample, if that is to be the future strength.

1909. You think that is not too much?—I do not think it is.

1910. Do you think, from your experience, that the medical officers have too much difficulty in obtaining leave?—There is a difficulty, generally speaking. A medical officer is attached to his profession, and does not absolutely require leave; but I think it is quite essential that they should have leave; and the difficulty would be easily obviated by having an extra assistant-surgeon.

1911. Sir *H. Davie.*] You have had a great deal of experience as commander of a regiment?—I have commanded 13 years.

1912. During that time, have you found inconvenience arising on home service from having only one assistant-surgeon?—I cannot say that I have; but I think it would be much more effective to have one surgeon and two assistant-surgeons to a regiment.

1913. At any rate, the having only one assistant-surgeon, made it almost impossible to give leave of absence?—Yes; and for men coming home from service, like that of the Cape, it was very severe duty; I could mention some very severe cases indeed.

Veneris, 30° die Maii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Sir James Ferguson.
Mr. Percy.	Mr. Cornwall Legh.
Sir John Trollope.	Colonel North.
Sir John Hanmer.	Sir Henry Davie.
Mr. Bellew.	Mr. Peel.

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

Colonel Lord *West*, late of the 21st Fusiliers, called in; and Examined.

Colonel Lord *West*.

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1914. *Chairman.*] YOU were in the Crimea?—I was.

1915. Will your Lordship state the period of your leaving England on military service?—We left on the 14th of August 1854.

1916. Did your regiment proceed immediately to the Crimea?—We proceeded direct to the Crimea, without landing at Varna or any intermediate part.

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1917. What number of troops had you on board?—Only the regiment to which I belonged, the 21st Fusileers; we formed part of Lord Cathcart's Division, the Fourth Division, which was only sent out just previously to the expedition going to the Crimea.

1918. Were you with your regiment at the disembarcation?—Yes: I landed with them on the 14th of September. I was there during the whole operations of the siege, and proceeded with them to Kinburn, and left the heights of Sebastopol on the 14th of November last.

1919. Not having had leave once previously?—No; I was in command of the regiment from the 17th of November till the 6th of August, and then there was a short interval of about a fortnight, in which the senior lieutenant-colonel took the command. I took the command again about the end of August.

1920. During the time you were in the Crimea, were any communications made to you from the Commissioners sent out to inquire into the state of the British hospitals?—Yes; a paper of written queries was sent round to all the commanding officers to answer.

1921. The answers that they gave appear in the blue book?—In the Report which is drawn up.

1922. Have you seen any reasons to modify or alter the statements that you then made?—None whatever; I adhere to every statement that I made in that Report.

1923. With regard to the health of the troops generally, may it not depend very much upon other circumstances beyond the skill of the medical officer?—Certainly, overwork or hard duty, or the want of proper food, for which the medical officer is not always responsible.

1924. In your experience did you find that to be the case in the Crimea?—Very much. I do not consider the medical officers in any way responsible for the great sickness that prevailed in the Crimea.

1925. No medical skill could have availed against those causes to which you have just alluded?—I think not, with such a deficiency of all proper appliances, medical comforts, and medicines.

1926. Did the staff surgeon or inspector often visit the hospital?—I should say at the commencement of the winter he did not so often as he ought to have done; and I made a report upon that very point.

1927. To whom did you make that report?—To the assistant adjutant-general of the division; and I requested that he would forward it to the general commanding the division, to be sent to Dr. Hall.

1928. That was an official communication?—That was an official communication.

1929. Of which probably a record would be found?—It was not answered; I received no answer to it.

1930. Is it usual in the case of communications of that kind to receive no answer?—It may have been mislaid. I did not follow it up. Before sending it I showed it to the surgeon of my regiment, and told him that it was my intention to send it. But at that time I was much more satisfied with the state of the hospital than I had been before. The report which I sent alluded to previous occurrences. At the time I sent the report I was better satisfied with the state and condition of the regimental hospital, but I wished to draw the attention of the authorities to what had been the case during the earlier period.

1931. Was the improvement owing to any suggestions of your own, or to the individual medical officer who visited the hospital?—I ascribe the improvement to the more constant visits and supervision of the staff surgeon; and a different inspector had assumed the charge of the division.

1932. Who was the medical officer attached to your regiment?—Dr. Mackinnon, whose unremitting exertions deserve the highest praise.

1933. Did Dr. Mackinnon make any report or give any answer to the questions?—He answered the questions that were sent round by that Commission. The same set of queries were sent to the surgeon as well as to the commanding officer.

1934. Did you look over Dr. Mackinnon's answer?—I did. They were sent to me. I coincided entirely in them.

1935. They were sent to you before they were forwarded to the Commission?—Dr. Mackinnon submitted them to me, and I concurred with him in every point.

1936. At what date did you find the improvement in the system of inspection commence?—I cannot precisely recollect the date, but I think about the end of January.

1937. Can you give any instances in which the staff surgeon or inspector became more minute in their inspection; for instance, was there any improvement with regard to the inspection of personal cleanliness?—I think there was; after this staff surgeon had charge of the division, I think he paid more attention to the details of the hospital, and he examined the patients more as to their personal cleanliness, and went through the hospitals more minutely than his predecessor had done.

1938. Did the medical officers seem to you to have a sufficient degree of authority?—In that official letter which I sent, I stated that it appeared to me that they had not.

1939. That was a fault of the arrangement of the service, not of the individual?—So I concluded.

1940. Can you explain to the Committee what you mean by their not having "a sufficient degree of authority;" do you mean that they gave suggestions rather than orders?—Those are the terms I made use of; I casually overheard conversations between the staff surgeon, the surgeon, and the assistant-surgeon, which impressed me with the idea that they did not possess that degree of authority which they ought to have; I noted those observations down, and submitted them in this official letter.

1941. But you are unable to say whether it was their fault or that of the service arrangements, inasmuch as you had no answer to the letter?—I had no answer to the letter, but I was told that if greater strictness of control was exercised over the assistant surgeons, for instance, they would leave the service, and therefore I considered that it was a defect in the medical system generally if such could be the case.

1942. Do you think that the relative position of the surgeons and assistant-surgeons is satisfactory?—I think, on the whole, it was, though I found fault with the absence of control and authority on the part of the surgeon over his assistant in this respect. I asked him why he had not put in the orders that the assistant-surgeon should be the orderly officer of the week at the hospital? He said he was competent to do it, but he rather appealed to me to exercise that authority which I considered he ought to have done himself.

1943. You could have enforced it?—I could have enforced it, undoubtedly, but I considered that such an interference with the duties of the hospital came with an ill grace from the commanding officer, and had no good effect. I would sooner report any shortcomings, upon those points than enforce my authority as commanding officer.

1944. Have you come to that conclusion from having seen evil arise from colonels sometimes enforcing their authority with reference to hospital duties?—I have. I conceived it better to report to the superior medical officer those deficiencies or shortcomings, than to remedy them by any exercise of authority myself.

1945. Then the Committee would gather from what you have stated that the superior medical ranks in the army have not that power or control over the inferior which you think desirable?—I think not.

1946. Did you perceive any difference in respect of zeal or attention between the assistant-surgeons, generally speaking, and the surgeons?—I must say, from my experience, that the assistant-surgeons do not evince that zeal and energy and devotion to their duty which they ought to exhibit. I think there is the same want of energy and zeal in that department that we so often find among the junior ranks of the other branches of the service, and that when the assistant-surgeons become surgeons they become more aware of the responsibility of their different duties and pay greater attention, and show more perseverance and energy; but that while they are in the inferior grades of the service they do not exhibit that degree of zeal which they ought to do.

1947. Did you hear sometimes of their intention to leave the service in the event of a certain course of conduct being pursued towards them?—I did; that they would do so, if such and such duties were enforced.

1948. Mr. *Peel*.] What class of duties did they refer to?—To the superintending the distribution of medical comforts to the sick; I conceived that the assistant-surgeon should be present when the wine and other medical

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comforts were given out to the patients and see it done, otherwise there was no guarantee of the patient getting it.

1949. Was not that part of the regular duties of the assistant-surgeons?—I fancy that they did not do it; whether it is according to the regulations that they should, I am not prepared to say; but I repeatedly ascertained that they did not do it regularly, as they ought to do.

1950. *Chairman.*] It was probably almost the only way of securing the wine reaching the patient?—So it struck me; otherwise there might be waste and misappropriation of what was intended for the sick.

1951. Do you think that you can always depend upon the report of the sick in the hospital as against the orderly or the hospital serjeant?—Certainly not.

1952. Will you state why not?—Because the hospital serjeant has the power to exercise a species of terrorism over the patient; such a terrorism that when the commanding officer visits the hospital the sick patients will never report any grievance under which they may be suffering or labouring.

1953. Mr. *Peel.*] Do you think that a better class of persons should be appointed to do the duty now done by the hospital serjeant?—I think greater inducement should be held out to the hospital serjeant to continue in his post.

1954. *Chairman.*] Had you ever to change the hospital serjeants?—I had, when the number of sick was at its greatest height. An hospital serjeant who had been a colour serjeant, and had been allowed to resign his colours to assume the post of hospital serjeant, wished again to quit the duties of the hospital, saying that his scale of pay was not equal to the exertions he was obliged to make, and that other non-commissioned officers were being promoted over his head, and that he wished to give up the situation. To this I objected, because I could find no other individual to put in his place, and I threatened him with bringing him to a court martial and reducing him to the ranks if he neglected his duties; but I found still that the duties of the hospital were not carried on to the satisfaction of the surgeon, and in the end I appointed another man to succeed him. This, of course, occasioned great inconvenience.

1955. That might be remedied by more liberal pay?—By placing the hospital serjeant on the footing of a staff serjeant, and giving him a higher rate of pay.

1956. Colonel *North.*] What are the relative rates of pay of an hospital serjeant and a colour serjeant?—An hospital serjeant receives 1*s.* 10*d.* a day, and after 10 years' service he receives 2*s.* 4*d.*, which is the pay of a colour serjeant.

1957. The hospital serjeant has nothing more than the pay of a serjeant for the first 10 years?—Nothing but the pay of a serjeant; in the Crimea, I think, they had an extra allowance, as hospital serjeant, of 4*d.* per diem.

1958. Sir *John Trollope.*] Does it not tell upon the rate of pension also; does not an hospital serjeant, if he is discharged from the army as such, receive a lower rate of pension than he would have received if he had continued as a colour serjeant?—I am not able to answer that question at the moment.

1959. Sir *Henry Davie.*] You would put the hospital serjeant on the footing of the quartermaster-serjeant?—Yes, who gets 2*s.* 6*d.* a day.

1960. Colonel *North.*] His duties are incessant in the hospital?—Incessant; in fact they were overwhelming during the height of the sickness in the Crimea.

1961. *Chairman.*] Any difference, you think, should be in favour of the hospital serjeant?—Decidedly; I think the labours required of the hospital serjeant serving in the field are much greater.

1962. Mr. *Peel.*] Would you give the hospital serjeant a higher position and higher pay than the serjeant-major and the quartermaster-serjeant of the regiment?—I would put him on the same footing as the quartermaster-serjeant, which would meet all the requirements.

1963. *Chairman.*] What were the arrangements for orderlies in your regiment?—The prescribed number of orderlies was one for every 10 patients.

1964. Supposing there were 10 for 100 patients, would one go back to military duty when there were only 90 patients?—According to the regulation, he ought. But I always allowed a greater number than the regulation; I found it absolutely necessary. I was obliged, by the arrangements which were made, to give the surgeon a greater number of orderlies than the regulation allowed; I gave

I gave the surgeon as many as he asked for consistently with my duty as commanding officer.

1965. How did you select those men?—They were selected generally by the hospital serjeant.

1966. Were they selected as being the most fit for hospital duty or as being the least fit for military duty?—Latterly the physically strongest men were selected, the duties were so severe. Much as I objected to part with able-bodied men, still I considered the duties of the hospital so important that I gave any man that was required.

1967. Colonel *North*.] Did the hospital orderly get extra pay?—Yes; latterly he got 4 *d*. a day, and free rations.

1968. Mr. *Bellew*.] You spoke of your difficulty in finding men to do the duty of hospital serjeants; do you think it would be advisable to have a class created in the army from which you might draw hospital serjeants, as is the case in the Indian army?—It strikes me that if the hospital serjeants were placed on a proper footing in respect to pay and allowances men, fit to perform all the duties could be found in the army.

1969. Mr. *Peel*.] Are you aware that an hospital staff corps has been formed for the purpose of superseding the orderly attendance in military hospitals?—I heard so; that was after my departure from the Crimea.

1970. *Chairman*.] You had the power to recal the orderlies to the ranks?—I could have done so; but without the representation of the surgeon I never interfered.

1971. Is it in the power of the colonel of a regiment to call as many orderlies as he pleases at any moment from the regimental hospital to the ranks?—Certainly.

1972. Is there any appeal in the event of his giving less than 10 to every 100 men?—The surgeon had the power of appeal to the inspector-general of the army in the Crimea, or he would forward his representation in the first instance to the deputy inspector of the division, to be submitted to Dr. Hall. The surgeon has the power of corresponding directly with the inspector-general.

1973. Is the colonel of a regiment under any control from the director-general out there?—I apprehend that, on receiving the remonstrance of the surgeon, the inspector-general would forward a remonstrance to the Commander-in-chief, and that the commanding officer would be ordered by the general of the division to attend to the representation of the surgeon.

1974. While you were in the Crimea, there was no set of orderlies independent of the commanding officer of the regiment, and entirely under medical control?—No, there was none.

1975. Did you find, from your experience of your own hospital, the system of requisition to be inconveniently cumbrous?—Great difficulties prevailed in consequence of the various channels through which the requisitions were sent.

1976. Do you think that those difficulties were owing to the system itself, or to the manner in which it was worked?—It appeared to me, when I first landed, that there was no code of instructions as to the particular channel through which the requisitions for certain articles should be sent.

1977. Were those articles important articles?—I recollect in the case of carriage, where a mule or a pony was required on landing in the Crimea for conveying the hospital panniers; in the first instance, the requisition was taken to the commanding officer, and sent direct to the Commissariat; that was found to be wrong. The requisition had to be altered, and it was then sent, I think, to the inspector-general, and by him sent to Lord Raglan. Great confusion prevailed, owing to the want of proper instructions as to the different channels through which those different requisitions should be sent.

1978. Mr. *Peel*.] That was a requisition for transport; but in case of a requisition for medical supplies of any sort, what were the formalities observed?—All those were ascertained and laid down, though they are always rather circuitous.

1979. *Chairman*.] In the case of an indent for straw for the patients to lie on, what was the course pursued?—That was made through two different channels; first it was made direct to the Commissariat, and afterwards it was made through the Quartermaster-general's department; but in the end none was obtained. When it failed in one channel, hopes were entertained that it might be pro-

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cured in another; every variety of means and methods were tried to obtain what was necessary, but without success as regards the straw; none was procured.

1980. Mr. *Peel*.] That was owing, not to the circuitous course taken by the requisition, but to the circumstance that the commissary-general had no straw to give?—It was owing to the deficiency, I take it.

1981. *Chairman*.] As no straw was procurable, what mattresses had the patients to lie on?—None; they never had mattresses of straw during the winter; all the evidence that has been taken shows that the patients were lying on the wet, muddy floors in the tents.

1982. Whatever might have been the theory of the administration, the practical result was that the sick men had to lie on the bare ground?—Yes.

1983. Do you think that the Medical Board was not constructed on a basis of sufficient authority and independence?—That is a question which I am not prepared to answer. Judging from the results, it appeared to me to be so; I can only speak of the results. I am not sufficiently acquainted with the working of the Medical Board, or with its constitution, to speak upon that point.

1984. Colonel *North*.] Was it the same throughout the whole army as to the supply of straw; were the men obliged to lie on the ground?—I believe so.

1985. *Chairman*.] Was your attention called to the arrangements made for a supply of medical drugs and comforts to attend the regiment during its march?—I have heard, indeed I know that one set of hospital panniers was provided for each regiment.

1986. Sir *John Trollope*.] When you landed from the "Golden Fleece" in September 1854, had you your entire equipment of medicines with you?—The entire equipment was on board some of the transports, but it was not landed; the hospital panniers only were landed.

1987. You landed from a ship called the "Golden Fleece," which took your regiment straight from England?—Yes.

1988. Had you not your medical supplies with you in the same vessel?—They were not landed. I am certain that an ample provision of supplies was on board some vessel or vessels, but it could not be landed; and had it been landed, it could not have been transported, because there was no carriage.

1989. When you marched across the country to the position in front of Sebastopol, did you take more than your two panniers?—Only the panniers.

1990. Mr. *Peel*.] Were the panniers on board the vessel from which the regiments was disembarked?—Yes, they were landed from the "Golden Fleece."

1991. Colonel *North*.] But there was no horse to carry it?—No horse was obtained at all. No public animal for the conveyance of medicines and medical stores was procured until the 4th of January; the panniers were brought in Sir George Cathcart's private cart.

1992. Sir *James Ferguson*.] Were there no animals assigned for the use of the hospitals?—None whatever.

1993. Not even the medical officer's riding horse?—No public animals of any kind for the use of the regiment were provided till the 4th of January.

1994. Was not it a rule of the service, that in all ordinary circumstances, an animal should be provided for the medical officer?—Generally an animal was indented for on landing, to carry the panniers; but it could not be obtained.

1995. That was the exception?—That was the exception; it was not procurable.

1996. Sir *John Trollope*.] Had you none on board the vessel?—None.

1997. Had you no means of procuring one?—None, except by using requisitions addressed to the Commissariat on landing.

1998. Then you had at landing no animals for the conveyance of baggage or stores?—Not for our division, because we never joined the army at Varna, and therefore I concluded no provision had been made.

1999. In fact, if Sir George Cathcart's cart had not carried the panniers, you would have had no medicines for the regiment?—None whatever.

2000. And you received no further supply of medicines till the month of January following?—I had no public animal to carry medicines or medical stores; but medicines of course were procurable from the different hospitals in Balaklava and from the stores of the division.

2001. Mr. *Peel*.] But even if Sir George Cathcart's cart had not been applied

to

to the service of the hospital, it would not have followed that the panniers would not have been furnished to the regiment before the 4th of January?—If Sir George Cathcart's cart had not brought on the panniers, I imagine the panniers would not have been conveyed from the beach to the heights of Sebastopol; but after we got to the heights of Sebastopol to our standing camp, the same quantity of medicines or necessaries were served out to us that were served out to other regiments, though there was a great want of transport for the carriage of them from Balaklava.

2002. Mr. *Percy*.] It appears from the paper before me that the case of medical comforts which was placed in Sir George Cathcart's charge was destroyed?—Yes; the hospital panniers were brought on in a cart.

2003. *Chairman*.] What became of the men that fell out?—They were returned as missing; 29 men were unaccounted for that fell out during the march from the beach to the heights.

2004. Sir *James Ferguson*.] Had your division no means whatever of carrying the sick?—None, except 10 canvas bearers; they were carried by the bandsmen; but I only speak to what concerns my own regiment.

2005. *Chairman*.] Have you formed any opinion as to the present rate of pay of the medical officers of the army?—I think the pay of the surgeon is inadequate; and I think his rank, relative to military rank, is not what it should be. I think the surgeon should rank as major in the regiment, and have the same advantages as regards allowances and choice of quarters, and in other respects.

2006. Mr. *Peel*.] Does not a surgeon rank as major after a certain period of service as surgeon?—Not till he becomes a staff surgeon.

2007. Do you consider the pay of an assistant-surgeon sufficiently high?—I conceive it is as regards his position in the regiment.

2008. *Chairman*.] If he had the hope of a large prospective increase, probably he would be more content with his present pay?—I think a greater inducement should be held out to the assistant-surgeon as to the advantage that will follow from remaining in the service. The scale of pay which they begin with is sufficient, but I do not think the increase afterwards is such as to induce them to take any extraordinary interest in the duties of their profession.

2009. Mr. *Peel*.] Yet you stated that as soon as they become surgeons, even with the present advantages attached to their position, they become alive to the responsibilities upon them?—Certainly; I think their zeal and their attention to their duties increase with the increase of responsibility thrown upon them; but I do not think the position of the surgeons is such as it ought to be.

2010. Colonel *North*.] Would a surgeon have been allowed forage for a horse, if forage had been forthcoming?—Yes, but he was not allowed a bâtman. I allowed the surgeon a bâtman by favour and indulgence whenever I possibly could. I conceived that they ought to be put, as regards servants, in the same position as field officers. I made application for official sanction for this allowance for bâtmen, and it was refused. It was contrary to the regulations of the service.

2011. Mr. *Peel*.] Was not allowance for a servant issued to those surgeons in lieu of a soldier from the ranks?—Not that I am aware of.

2012. Were they not allowed 3 *s*. a day for servant's allowance?—Not to my recollection.

2013. Mr. *Bellew*.] Are you aware that a stoppage was made against the surgeon for forage issued to him when there was no such stoppage against a field officer?—That applies to the cavalry only.

2014. Mr. *Percy*.] Supposing 3 *s*. a day had been allowed to a surgeon for a servant, do you think 3 *s*. would have been sufficient in the Crimea?—I do not; he could not have got a man to look after a horse for that rate of pay.

2015. Mr. *Peel*.] You said that you would recommend a higher relative rank for the surgeons in the army; would you approve of their being given substantive military rank?—I should not object to that; I think it would improve their social position in the regiment if they had the substantive rank of major.

2016. Colonel *North*.] If a surgeon had received the allowance for a servant, would he have had the greatest difficulty to have got a private servant to have done the duty?—I consider it impossible that he could have done so.

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2017. *Chairman.*] There was no such thing as a private servant to be found that you could depend upon for the purpose?—No.

2018. Do you think it would be desirable to allow the surgeon the same privilege with regard to his horse as the mounted officers?—The same as a mounted officer, who is generally allowed two soldiers as servants, one for his in-door servant and another to look after his horse.

2019. Mr. *Percy.*] Do you recollect the sum paid by officers for civil servants in the Crimea?—I do not.

2020. Colonel *North.*] What is your opinion as to the amount of the hospital stoppages from the soldier's pay?—There were no stoppages in the Crimea.

2021. *Chairman.*] Do you think the medical officer has sufficient military power, or do you think he should be simply a civilian as he is at present?—I do not think he requires any more military authority than he has at present; of course he will always meet with the support of the commanding officer. Any recommendation that he makes as regards the punishment of orderlies and men attached to the hospitals, will always meet with the attention of the commanding officer, and he has the power, as an officer, of placing soldiers in confinement.

2022. Do you think that the medical discipline in regimental hospitals is sufficiently stringent now as between the patient, the orderlies, and the doctor?—I think so.

2023. But not as between the different grades of the medical profession?—It struck me so. I made that observation from circumstances that came under my notice. I think that if the condition of the medical officers was generally improved, and greater stringency of control exercised, the tie which binds them to the service would not be so slender as it is now, when, if they are discontented with the duties they have to perform, they threaten to resign.

2024. Mr. *Bellew.*] You stated that you thought that increased responsibility produced increased exertion generally; do not you think that if greater stringency and control were exercised by the surgeon over the assistant-surgeon it might have the effect of lessening the responsibility, and therefore of very much lessening the energy and interest with which the assistant-surgeon would work?—I think the assistant-surgeons are generally very young men, and require a great deal of looking after.

2025. You have probably seen in the medical service a considerable amount of jealousy always exist with respect to the interference of one medical man with another?—Yes; I believe the practice among the army surgeons is to give a certain number of patients to be treated entirely by the assistant-surgeon according to his own judgment, and not to interfere with him. That is an arrangement they make among themselves.

2026. Then it is not as to the treatment of the sick that you would recommend greater stringency, but as to the discipline and the hours of attendance?—Yes; only those points; the treatment of the sick is a matter with which I can have no acquaintance or familiarity.

2027. Mr. *Percy.*] Do medical officers get the same amount of leave of absence as other officers?—No; I think they are hardly used in that respect.

2028. *Chairman.*] The remedy would be to increase the number of their body; do you think that grievance is sufficiently serious to warrant such an increase?—I think that, on the whole, on foreign colonial service, the difficulty which exists of giving leave of absence to medical officers is a great grievance.

2029. Could it be remedied by the occasional admission of a civilian to do the duties of the regiment in the temporary absence of the surgeon?—No doubt it might; but that individual should be paid by the public, and not by the medical officer himself, as he now is.

2030. Colonel *North.*] Do you think that civilians are sufficiently up to the practices of soldiers to keep them in the same sort of order, and not to be easily imposed upon?—I think so.

2031. *Chairman.*] You think that the pecuniary part of the question is the only difficulty?—That is the only obstacle that presents itself to my mind at present.

2032. It has been stated to this Committee that the plan has been adopted of appointing dispensers of drugs as commissioned officers; do you think that would work well?—I think, as regards the individual himself, not; it would be making

making him pay the expenses of a position which he would find it difficult to maintain. As regards the discharge of his duties in the hospital, I am not competent to speak; I speak only as to his position in the regiment as an officer.

2033. And his intercourse with other officers?—Yes; I think he would be loaded with expenses which he could ill bear; I think his position would be an unenviable one among the officers of the regiment.

2034. Do you think it would be acceptable to them?—I think he would meet with the usual courtesy and civility, the same as any other officer would; but I think he would find his position a difficult one, and an unenviable one in every way.

2035. Mr. *Bellew*.] Are you aware that in cavalry regiments lately, even men enjoying the rank of captain have solicited to be allowed an exemption from dining at mess in consequence of the expense?—I know one instance in my own regiment of a captain who has risen from the ranks who was excused attendance at mess on account of the expense.

2036. Mr. *Percy*.] Do you think that an assistant at a druggist's shop would be likely to prove superior in trustworthiness to an hospital serjeant, who is a man in whom you have some confidence from previous knowledge of his character?—I should think the hospital serjeant, selected by the surgeon on account of his character and fitness, would be in every way as worthy of trust as a man taken from a druggist's shop.

2037. The assistant from a druggist's shop would be a young man?—He would be a young man, and I think the presumption is that the hospital serjeant would be the most trustworthy of the two.

2038. Mr. *Peel*.] But one would have had a regular training in medicine, the other would have had none at all?—Yes; the hospital serjeant would have had the training and discipline in the regiment; I take it that his professional training would be very easily given to him in the hospital, as regards mixing up and compounding medicine.

2039. Do you believe that the hospital serjeant, with the training such as he would be likely to get after being appointed hospital serjeant, would be able to read prescriptions and to compound medicines?—I believe the surgeons do not always write their prescriptions in Latin, and they might be very easily read; in fact, there are now many hospital serjeants that do make up the medicines in regimental hospitals; I believe it is the general practice.

2040. Sir *Henry Davie*.] Is it, in point of fact, a very common thing for the surgeons not to write their prescriptions in Latin?—In the army I believe it is.

2041. Mr. *Peel*.] Supposing an invalid in the hospital was to be poisoned through the medicines having been made up for him by the hospital serjeant, would not very heavy responsibility rest upon the surgeon for not having made up the medicine himself?—It would rest upon the surgeon himself; I believe he is responsible, and that he has to sign a certificate that he makes up all the medicines in the regiment; but it is almost impossible to comply literally with such a condition.

2042. Sir *Henry Davie*.] Is not it usual for surgeons to sign a certificate that they have mixed all the drugs themselves?—I believe so; I have read that in evidence.

2043. Supposing a surgeon to have the care of a regiment of 600 or 800 men, do you think it is possible that he should do that?—In time of peace he may, but I am certain he could not have done so in the Crimea.

2044. Colonel *North*.] With your opinion of hospital serjeants, do you see any great advantage in having those new officers, the dispensers, at increased expense, when the hospital serjeants with very little training would be able to make up the medicines?—Speaking as an officer commanding a regiment, I see none whatever; but as regards the medical requirements of the hospital, I am not prepared to speak.

2045. Mr. *Peel*.] Without reference to the question whether such officers should have a commission, do not you think it an advantage that there should be in the regiment a dispenser of medicine, specially trained to that duty, and qualified to compound medicines, instead of that duty being devolved upon an uneducated man like the hospital serjeant?—I have frequently heard surgeons say that it would be desirable to have the same sort of person that they have in the Indian army, a native apothecary.

2046. Mr. *Bellew*.] Are you aware that the native apothecary has only the

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rank of a serjeant?—Yes; and I would give no higher rank to the dispensers in our service.

2047. Colonel *North*.] If the pay was the same to the dispenser as to the assistant surgeon, would you prefer to have another assistant surgeon rather than this new class of officers?—I would have an apothecary, not at the rate of 7 *s*. a day; I think an apothecary, if it was determined to create that class, could be obtained at a lower rate.

2048. Mr. *Peel*.] The rate of 7*s*. 6*d*. a day to an assistant surgeon, without any prospect beyond that, would not be so attractive as the pay of 7 *s*. 6 *d*. as assistant surgeon, with the prospect of promotion to the highest ranks of the service?—Certainly not.

2049. Mr. *Bellew*.] If you can get men from among the soldiers and the non-commissioned officers who can perform the duty, does it appear to you desirable to introduce a new class of men specially for it?—No. I think it would be far preferable to obtain dispensers of medicines among the soldiers and non-commissioned officers of the regiment.

2050. *Chairman*.] Do not you think it desirable to make as many boons or prizes among the soldiers as possible?—Certainly. If the office of hospital serjeant ranked with a staff serjeant, it would be an object of emulation among the non-commissioned officers generally to attain that rank.

2051. And anything that adds to the rewards of the service, you think is desirable as an inducement to men to enter the profession?—Anything that tends to encourage a man to aspire to a higher position in the service is very desirable.

2052. Especially in a country where recruiting is voluntary?—Yes.

2053. Mr. *Peel*.] Do you consider that the hospital serjeants, such as they are now, are equal to the duties which have to be performed by the dispensers of medicine?—I think so; but I think the pay is not sufficient to induce them to retain the position. Their pay is lower than that of the colour-serjeants of the regiment. I think it ought to be higher.

2054. Sir *James Ferguson*.] Do not such duties as those of pay-serjeant or orderly clerk require quite as much intelligence as the dispensing of medicines?—They do; but I think both should be placed on an equal footing. Certainly, the hospital serjeant should not be placed in an inferior position to those now mentioned.

2055. Would not such men as are competent to fill the place of orderly clerk be quite competent to fill the place of hospital serjeant?—Yes; the hospital serjeants probably would be selected among those men who could read and write, and show superior intelligence to the non-commissioned officers generally, which the colour serjeants are supposed to do.

2056. *Chairman*.] No arrangements for the army could prevent a great deal of suffering in particular cases?—If you mean at the outset of a campaign, where long marches and rapid operations are frequently undertaken, they must entail a great deal of suffering and loss of life, no matter how perfect the army may be in all its equipments and supplies. Any rapid operations and long marches, undertaken at the outset of a campaign, must produce great loss of life and great harassment and sickness amongst the men.

2057. Can you give an illustration from your own experience?—I will mention as an illustration the Sikh campaign of 1845, the rapid march which we made from Umballah to Moodkee to meet the Sikhs. We out-marched the bazaars which usually accompany the Indian regiments, and the troops suffered a great deal from want of provisions, though there was an ample supply accompanying the army; but owing to the forced rapid marches which we made, those supplies could not keep up with us. It was an operation of emergency, which it was necessary to perform, and great suffering was entailed upon the army in consequence.

2058. Were the wounded left for a long time unattended to after the battle?—Not at that action, but at the battle of Ferozepore, subsequently, which was another instance. On the 21st of December in that year, 1845, the army was required to march from Moodkee to Ferozepore, a distance of eight miles, to attack the Sikh entrenched camp there. It was to be a surprize. All the baggage and the baggage animals, and supplies of all descriptions of medicines, were left behind at Moodkee. The army marched early in the morning, and commenced the action the folowing day at three o'clock, and bivouacked at night under the enemy's fire; and they recommenced the following morning, the

the 22d; in fact, we were fighting the whole day till the evening of the 22d; and during the whole of that time the wounded in the action of the previous day, and in the whole of that night, were lying on the ground, because there were no stretchers, and no means of carrying them; we had left all our baggage and all our other supplies behind. That was another case, showing that in such emergencies great loss and suffering must prevail.

2059. With no blame to anybody?—With no blame to anybody.

2060. Have you anything to suggest, founded upon your Indian and your Crimean experience, with regard to the relations between the medical and the commissariat branches of the service?—The only thing that strikes me is that I have often heard it remarked that the sick commissariat should be separated entirely from the commissariat of the army, and that there should be a quarter-master-general to superintend the transport of medicines and the conveyance of the stores and supplies of the hospital separate and distinct from the quarter-master-general of the army, whose duties are too onerous to allow him to attend to all that is thrown upon him. That is a remark that has struck me, and that I have often heard made.

2061. Mr. *Percy*.] Did the regulations of the Indian army strike you as superior to those of the British army?—I should say that a greater liberality appears to prevail in all the Indian departments in comparison with our own army.

2062. Is there a greater number of medical men attached to a regiment?—No; we had an extra assistant-surgeon in the Crimea most of the time.

2063. Did you observe at any time an insufficiency in the number of medical officers in the Crimea?—I cannot say that I did.

2064. Of course after an action there must be an insufficiency?—Yes; that is natural.

2065. Colonel *North*.] Had you any sort of portable amputation table on the field, or how were the operations performed?—I suppose they were performed on the ground, unless they could find a house in which to perform them; houses were found after the action of the Alma; but I take it, there was no portable table of any kind carried with the army as it marched from the beach; I was asked by the surgeon to allow the carpenter to make a table for him upon which to perform amputations, and it was some time before he could get the material for it.

2066. Have they not been performed on empty barrels, and other things?—Every shift and contrivance was resorted to in the absence of proper appliances.

2067. *Chairman*.] Have you ever had occasion to mention with approbation the conduct of any medical officer during any attack?—Yes; there was one occasion, the assault on the Redan on the 18th of June, when I particularly mentioned the conduct of two assistant-surgeons of the 57th Regiment.

2068. Do you recollect their names?—Their names were Assistant-surgeons Brady and Phelps, of the 57th Regiment; I made a special report of their conduct as being present under fire in the most advanced part of the trenches, in the fifth parallel, and rendering the greatest assistance in treating the men that were hit, by temporarily bandaging up their wounds, and getting them conveyed to the rear. I mentioned them in my report, with the names of other regimental officers who had distinguished themselves.

2069. Did the names of those regimental officers appear afterwards?—The names of those officers appeared in the public despatch, and the names of those assistant-surgeons did not appear.

2070. Do you think it desirable that names thus mentioned should appear in the public despatches?—I think it highly desirable that distinguished conduct on the part of a medical officer should meet with the same notice with which distinguished conduct on the part of any other officer meets.

2071. Mr. *Percy*.] Who had the power of omitting them from the despatch?—That I do not know; I believe their conduct was reported to the Director-general, and that they received an expression of approbation from the Director-general. Still the satisfaction to those officers was not the same as if their names had appeared with those of the other officers in the public despatch.

2072. Colonel *North*.] Was that report made to Lord Raglan?—My report was made to the general of division. His report enumerated all the officers I had mentioned, with the exception of the two assistant-surgeons. I was directed to make this report to Sir Henry Bentinck for his information.

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2073. *Chairman.*] Your opinion is, that the executive and the medical officers so mentioned should be mentioned in the public despatches together?—It would be more satisfactory that their distinguished conduct should receive the same notice as that of the other officers. I think that the conduct of those two assistant-surgeons in treating the wounded under fire, in the advanced position which they took up, was as distinguished as that of any individual on that occasion.

George Russell Dartnell, Esq., called in; and Examined.

G. R. Dartnell, Esq.

2074. *Chairman.*] WILL you state your length of service in the Army Medical Department?—Thirty-six years next November.

2075. During that time what positions have you occupied?—All the ranks from assistant-surgeon to deputy inspector-general, staff as well as regimental.

2076. Have you seen any foreign service?—About 20 years.

2077. In what parts?—India, Ceylon, Canada, and the Mediterranean.

2078. How long were you in India?—I was in India and Ceylon about 11 years; five years in Ceylon and six in India; Canada nine years; the Mediterranean a short time only, a few months.

2079. Mr. *Peel.*] Was there any step of acting assistant-surgeon before the breaking out of the war?—Not that I am aware of; there was a rank below that of assistant-surgeon, that of Hospital Assistant.

2080. *Chairman.*] What is your present position?—I am principal medical officer of the garrison at Chatham.

2081. How long have you been principal medical officer of the garrison at Chatham?—Since the middle of February 1855.

2082. How many hospitals have you in charge?—Four; the general hospital at Fort Pitt, the general supplementary hospital at Brompton, the garrison hospital, and the Ordnance hospital.

2083. What is the greatest distance of any of those hospitals from your residence?—I suppose a mile and a quarter, probably.

2084. Can you tell the Committee the number of patients in those hospitals at present?—As a general average, about 800 in the four hospitals.

2085. Since the outbreak of the war?—Since I have been there, in the last year and a half. The number was 778 yesterday; in Fort Pitt upper hospital 126, in the Casemate lower hospital 152, Brompton 249, provisional battalion 276, and Ordnance corps 75; making in all 778. That is rather below the usual average.

2086. How many more would those hospitals be able to contain?—I think about 1400 altogether.

2087. Is that a larger number than you would wish to have there with reference to sanitary arrangements?—Yes; I think that number is too large.

2088. Do you think the number of cubic feet for each patient at present is sufficient?—No, I do not.

2089. Mr. *Peel.*] What is the allowance at present?—The present allowance is, I think, between 600 and 700 feet; but it varies in the different hospitals.

2090. In the hospital under your control, what is the allowance?—I think at Fort Pitt it is nearly 700. I think the garrison hospital is about the same. Brompton is less, and so is the Ordnance Hospital.

2091. What is the allowance in Brompton Hospital?—I have not had the wards all measured.

2092. What allowance would you recommend?—I should think it ought never to be less than 800, or probably 1,000.

2093. *Chairman.*] Brompton Hospital was not built for a hospital?—It is only a barrack.

2094. Mr. *Peel.*] You say that the whole number which those hospitals can accommodate is 1,400?—Yes; but they have never been filled to that extent.

2095. What is the allowance of space that each patient actually has, according to the number which those hospitals actually contain?—The numbers in the hospital vary. I cannot answer without calculating.

2096. According to the average number which the hospitals contain?—I think no patient ought to have less than 800 cubic feet. I have never calculated the average.

2097. Is

2097. Is it actually the case that the patients in those hospitals, since you have been in charge of them, have had at least 800 cubic feet of space?—Of course, where a ward is nearly empty, they have more; but supposing the ward to be full, they never have that amount.

2098. Mr. *Percy*.] Have you any species of artificial ventilation?—Yes, there are apertures in the ceiling.

2099. How often has it occurred, since you have been in charge of those hospitals, that the patients have had less cubic space than you would have recommended?—They have now, according to the appropriation, less; and they always have had less.

2100. Sir *James Ferguson*.] When the hospital is not filled to its utmost power, as it is now, do you spread the patients over the whole number of wards, or do you put them, up to the proper number, in a certain number of wards?—We generally distribute them over the hospital, so as to give the men as much space as possible. We found, some months ago, when the hospitals were rather crowded, that hospital gangrene showed some disposition to break out; and, in fact, it will invariably do so if the hospital is filled.

2101. *Chairman*.] You have had more than one outbreak of hospital gangrene at Fort Pitt?—Yes, and cases of erysipelas very frequently.

2102. Mr. *Bellew*.] Do you think the arrangements in the hospitals under your inspection tolerably perfect?—The buildings are all, except the garrison hospital, of an inferior description.

2103. *Chairman*.] Will you state the classification of patients in the different hospitals; what class of patients have you in the garrison hospital?—The garrison hospital and Ordnance hospital contain the sick of the effective force of the garrison.

2104. What patients are in the hospital of Fort Pitt?—They are invalids chiefly from foreign stations.

2105. Do not you generally put the Crimean soldiers in the Brompton Hospital?—Generally.

2106. Are there any except soldiers from the Crimea in the Brompton Hospital?—There are sometimes; not many at present, I think.

2107. The classification is, soldiers from foreign duty in Fort Pitt, and from the Crimea in Brompton?—Yes, generally.

2108. What do you put in the Casemate?—We put there venereal cases and ophthalmics, and sometimes convalescents, and lunatics always.

2109. Will you state what is found for the soldier in the general hospital now?—His food is found him, his bedding, and his medicine.

2110. What implements to eat or to drink with?—He has a cup to drink out of, and he has a plate.

2111. What are those composed of?—The cups are tin; some of them pewter.

2112. What is the plate?—Ordinary crockery ware; and his bedding and his sheets and counterpanes are also supplied him.

2113. Mr. *Percy*.] How many blankets?—As many as he requires; usually two.

2114. *Chairman*.] What is the bed composed of?—A hair mattress; straw for infectious cases, usually.

2115. How often is the linen washed?—The linen is washed weekly; it is changed whenever it is required; it is changed usually twice a week, but oftener if necessary.

2116. What is the pillow made of?—The bolster is hair; the pillows are feathers.

2117. Do you give a pillow case?—Yes, sometimes; not in all the hospitals.

2118. Is there in all cases a shelf over the bed?—There ought to be; but some of the hospitals are only temporary makeshifts.

2119. What has the soldier to find for himself in the general hospital?—He has to find his shirt, and he has to find his brush and comb; and, I think, his knife and fork and spoon.

2120. Is there any flannel clothing found for him?—No; he has his own flannels.

2121. Do you find him slippers?—Yes.

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2122. Do you find him any dressing gown, any wrapper?—Yes; a gown and jacket and trowsers, and a cap.

2123. What is done with his kit?—His kit is put in the pack-store; it is taken charge of by the pack-store serjeant.

2124. Colonel *North.*] Do you think it would be advantageous if to each inmate in the hospital there was linen supplied for him to wear during the time he was in the hospital?—I think the soldier while he is in the hospital ought to be provided with personal linen.

2125. *Chairman.*] You do supply some personal linen?—Yes; where a man has no shirt, or where his shirt has gone to the wash, and he requires another, he is supplied by the hospital.

2126. In whose custody is that linen?—In custody of the purveyor, with a supply always in charge of the ward master.

2127. Colonel *North.*] Is that the practice also in regimental hospitals?—I am only speaking of general hospitals.

2128. *Chairman.*] How is the washing done in your hospital?—The bed linen, and the gowns, trowsers, waistcoats, and caps are washed by the barrack department by contract; shirts, and drawers, and stockings, and small things are washed under the purveyor in the hospital.

2129. What do you do in the case of linen, either bed linen or personal linen, that has been used during an infectious disorder?—If it is a straw bed it is destroyed, and articles of clothing are fumigated and washed.

2130. Who sees to the fumigation?—They are handed over to the purveyor.

2131. Is there any means of knowing medically whether they have been sufficiently fumigated?—No, I think not.

2132. Have you known any cases of illness to arise from the washing of the linen?—I have known some of the washermen infected by poisoned hands, but I have not known any other ill effects from it.

2133. In cases of linen used by small-pox or typhus patients?—I have not known any ill effects further than this has occurred to some of the washermen, that they have got inflammation of their hands.

2134. Have you ever had occasion to destroy the personal linen of soldiers?—I never did so, except the linen of some of the men who first arrived from the Crimea.

2135. Was that in consequence of the immense amount of vermin that there was in it?—Yes.

2136. Did you ever know soldiers from any other part of the world arrive in such a state as some of the Crimean soldiers?—Never.

2137. Colonel *North.*] Were they obliged to pay for the shirts that you gave them in their place?—No.

2138. Mr. *Percy.*] Do you speak of a recent period?—Last winter twelvemonth.

2139. *Chairman.*] Will you state the amount of hospital stoppages for soldiers in hospitals?—I believe it is at home 10*d.* a day for every soldier, except the Crimean.

2140. Is there a difference between the stoppages of the Crimean soldiers and the stoppages of other soldiers?—It is 3½*d.* only, I believe, for the Crimean.

2141. Colonel *North.*] Can you give an opinion whether you think the stoppage is too much or too little?—I think that 10*d.* is too much.

2142. With regard to the cups that the soldiers use in the hospital, do you see any reason why they should not be like the plates, of crockery?—No, I see no objection; but they are more likely to be broken. They would be much better either of crockery or pewter than of tin.

2143. *Chairman.*] What is your position with reference to the commandant?—I am placed under him the same as other officers of the staff in the garrison.

2144. He is not merely commandant of the hospital?—No; he is commandant of the whole garrison; every one in the garrison is under his command.

2145. Has he the same inspection over the hospital as a regimental officer would have over a regimental hospital?—I think he has.

2146. Upon the average, how frequently his personal visits there?—I should

should say that he visits one or other of the hospitals once a week, or once a fortnight.

2147. How is the police management of the hospital provided for; is that entirely or mainly left to you?—If an orderly misconducts himself I report him to the commandant, and he is punished, if I think it necessary that he should be punished.

2148. How do you obtain your orderlies?—We did obtain them by requisition from the commandant.

2149. Do they vary with the number of patients in the hospital?—They have done so.

2150. Has the commandant the power of removing an orderly without consulting you?—I presume he has, but I do not suppose it is an authority that he would ever exercise.

2151. Mr. *Peel.*] Do you still obtain orderlies as you did before?—No, we do not.

2152. You are speaking, therefore, of circumstances which no longer exist?—Yes.

2153. Colonel *North.*] Who were the class that went out to the Crimea; what class of men were they?—Those that first went out were pensioners.

2154. Did they answer?—I can only speak from hearsay; I believe they did not, generally.

2155. Then you have now quite a different class of men?—Quite a different class of men.

2156. Mr. *Bellew.*] Formerly when a regiment shifted quarters and left Chatham, you lost the orderlies that you had before?—Yes.

2157. Colonel *North.*] You, of course, would prefer to have .permanent orderlies?—Certainly, if they were good men.

2158. *Chairman.*] Is the hospital staff on probation under you?—Yes.

2159. What other probation have they besides that?—They have no other.

2160. Then their probation is under you?—While they are in the hospital; I have nothing to say to them out of the hospital.

2161. Have they any probation before coming to you?—They undergo training under the captains; they are drilled to march and salute.

2162. They have probably a private examination as to their acquirements?—I believe they have, as to reading, writing, and character.

2163. Is an hospital staff man, when he comes to you, previously enlisted into the corps?—He is enlisted into the corps before he comes to me.

2164. Have you the power to report against him?—Yes.

2165. Have you ever done so?—Several men have been reported for inefficiency and for misconduct, and several have been removed in consequence.

2166. Colonel *North.*] What became of them?—They have been dismissed, I believe.

2167. Are they enlisted soldiers?—They are enlisted soldiers.

2168. Sir *James Ferguson.*] They are enlisted solely for the purpose of the staff corps?—They are enlisted solely for hospital service.

2169. Mr. *Percy.*] What becomes of them after they are discharged?—I do not know; I hand them over to the staff captain.

2170. Then do they remain with him?—They remain with him unless they are men of bad character, and then they are tried by a court martial. But all men coming to Chatham undergo private instruction in the hospitals, and at the end of a fortnight they are examined by a Board and reported upon as to their efficiency, and if they are efficient they are drafted to the hospitals.

2171. Sir *James Ferguson.*] Do you prefer having men enlisted specifically for that service, rather than taking drilled soldiers and instructing them afterwards?—I should prefer drilled soldiers.

2172. *Chairman.*] Have you taken many Crimean soldiers into this corps?—I believe not.

2173. Do you think it would be a good plan to take soldiers slightly wounded, who might be unfit for military service, and employ them in this corps?—Yes, I think such men might be extremely useful.

2174. Colonel *North.*] Do they receive bounty on enlistment?—Yes.

2175. What pay do they receive?—The first class orderlies, 2 *s.*, and the second class, 1 *s.* 3 *d.*

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2176. Mr. *Bellew.*] Can you give us any idea of what examination takes place after the fortnight's instruction?—A number of orderlies are placed in the hospital, say 25; they are placed under an officer whose duty it is to instruct them.

2177. What is that officer?—A medical officer, a staff surgeon of the second class, or an assistant-surgeon; it is his duty to see that they are properly instructed both by the orderlies in the wards, as to their ward duties, and as to the application of bandages and tourniquets, and all those manipulations, and at the end of a fortnight they are brought before the Board of Examination, and the officer who has instructed them is examined, as well as the wardmasters and the orderlies, as to the proficiency of the different men.

2178. Who fixed the period of a fortnight?—It was the Director-general; but it rests with me in a great measure. Whenever I think they have been sufficiently instructed, I order the Board. Sometimes men have been three weeks or more.

2179. You have now on the hospital staff corps some men of the Line?—A few, I believe.

2180. Is there any jealousy between the two classes?—I think there is.

2181. From what cause?—From the others usurping the place of the men in the Line, and from their rather higher pay.

2182. Mr. *Percy.*] The duties of the orderlies are not difficult to perform?—Not at all difficult, but irksome and laborious.

2183. Mr. *Bellew.*] In the case of a man in the hospital not conducting himself to your satisfaction, and your sending him from the hospital to the depôt, without his conduct being such as to merit a court martial, what does that man become?—I hand him over to the depôt, and get a better man in his place. What becomes of him afterwards I do not know; I suppose he is passed on to another hospital.

2184. *Chairman.*] Are the arrangements for the dress of the corps to your satisfaction, upon the whole?—I think the dress of the corps is very good, but the undress I think very objectionable.

2185. Why do you think it objectionable?—Because it is unsightly.

2186. What is it?—It is a common blue calico frock, a smock-frock.

2187. Do you mean resembling a butcher's dress?—Precisely.

2188. Colonel *North.*] What rank have they; what is the first class; are they a sort of non-commissioned officers?—No, they are simply better paid men; of course they are placed in a better position in charge of a ward.

2189. Is there more than one hospital serjeant in a general hospital?—Yes.

2190. Who is the head?—At a general hospital the hospital serjeant's duties are divided; there is the steward to do one portion of his duty, and wardmasters to do the other.

2191. What pay have the hospital serjeants in a general hospital?—They are generally old pensioned soldiers; I think the head wardmaster at Fort Pitt has 2*s.* a day, another 1*s.* 6*d.*, and another 9*d.* They are all underpaid.

2192. *Chairman.*] Do they consider it a boon?—Yes; but now they are to be superseded by the medical staff corps.

2193. Do you think it desirable to permit old soldiers to enlist as members of this medical staff corps?—I think some old soldiers would make very good orderlies.

2194. Mr. *Bellew.*] Are you aware that the pensioners that were sent out to the Crimea, for the purpose have turned out most unsatisfactorily?—I am aware of it: but there should be a proper selection.

2195. *Chairman.*] Will you state what is the official relation between the officer in your position and the barrack-master?—I do not exactly know that I can answer that question.

2196. What power have you over your own hospital as far as repairs are concerned?—I have no exact power; I cannot order anything to be done. I can represent that such a thing requires to be done, and remonstrate if not complied with.

2197. Is it in the discretion of the barrack-master to comply, or not?—No, I think not; I think he must comply, or submit it to higher authority.

2198. Take the smallest and commonest case; suppose a window-pane is broken, have you the power to send for a glazier to mend it?—No.

2199. What

2199. What do you do in case of a pane being broken?—I send an order to the purveyor to have it repaired; it goes from the purveyor to the barrack-master.

2200. What length of time does that take?—Sometimes it is done immediately; sometimes it is not done for a week or a fortnight, or longer.

2201. Then the barrack-master has the power to send for the glazier?—The barrack-master has the power to order it to be done. All minor repairs are done by the barrack-master; larger ones by the commanding engineer.

2202. Suppose you wished for a stove, you would apply to the barrack-master?—Yes; and the barrack-master applies to the commanding engineer.

2203. Colonel *North.*] Could not the purveyor to the barrack-master without being set in motion by yourself if he saw a pane of glass broken?—Certainly he could.

2204. *Chairman.*] But you are more frequently in the hospital than the purveyor?—He hardly ever goes into the hospital. If the wardmaster reports a pane of glass being broken to the purveyor, it is his duty to send a requisition.

2205. It need not necessarily go through you?—Not necessarily; if he reports it to me, I send the order to the purveyor.

2206. Colonel *North.*] Supposing a pane of glass remained for forty-eight hours without being put in, would you report the barrack-master for neglect?—Yes, if I thought it were wilfully neglected.

2207. Mr. *Cornwall Legh.*] You say that the barrack-master can get the repair done of his own accord?—Yes; he has the power to do those minor repairs.

2208. Sir *John Trollope.*] Is it not the fact that the building itself is in the charge of the barrack-master, and that he has the power to order all minor repairs, but he only refers to the engineer when alterations upon a larger scale are required?—Yes, I believe so.

2209. Mr. *Bellew.*] Is it not the fact that the barrack-master makes periodical inspections of the building?—Yes, and so does the engineer.

2210. Mr. *Peel.*] In fact, it is rather a relief to you not to be charged with such minor matters as that?—Certainly.

2211. Colonel *North.*] Does the barrack-master make official inspections of the building at stated periods?—Yes, it is put in the garrison orders; monthly inspections and quarterly inspections, at stated times and at stated hours. But it frequently happens that the repairs that are pointed out at those inspections are not made for a considerable time after.

2212. *Chairman.*] May not that delay be very injurious to the health of the patients?—Yes, I think it very often is; leakages and broken panes of glass of course may be injurious to patients.

2213. Is the building always in good order at Fort Pitt?—Not always; it is an old building, constantly requiring repairs.

2214. What is the interval between those periodical visits?—The barrack-master's visits are monthly; the commanding engineer's visits are quarterly. The commanding engineer frequently visits at other times; but his regular inspections are at those periods.

2215. What length of time have you ever known an important repair wait before it was done?—I cannot answer that question.

2216. Has it ever been so long as to cause any serious inconvenience?—Of course if I were to find that the repair was not made, and that either the building or the patients were suffering from it, I should represent it, and request that it might be done immediately.

2217. Mr. *Peel.*] But between the monthly and the quarterly inspections is the building altogether well looked after?—I think it is.

2218. *Chairman.*] Do you think that the chief medical officer ought to have more power over the building than he has at present?—I think it would be very desirable if he had the power of ordering panes of glass to be mended immediately, without going through so many channels.

2219. Mr. *Percy.*] Have you any steward at the hospital?—We have.

2220. Colonel *North.*] Have you ever known great delay in making necessary repairs occasioned by the barrack-master being away on leave of absence?—No; there is always a person to act for him.

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2221. Sir *John Trollope.*] What is your medical staff at Chatham now?—It is constantly varying.

2222. Will you state the ranks under you?—There are three staff surgeons of the first class.

2223. Any of the second class?—I have nine staff surgeons of the second class just now.

2224. Do you hold in your hand a return of your entire medical staff?—I do. I should observe that it is not a permanent staff; it is always fluctuating.

2225. But is this its present state?—Yes, it is.

2226. Will you have the goodness to read?—

[*The same was read, as follows:*]

STATE of the OFFICERS of the MEDICAL DEPARTMENT of *Chatham* on the 29th of May 1856.

DISTRIBUTION.	Staff Officers.					Regimental Officers.		Apothecary and Purveyor's Department.		
	Deputy Inspector-general.	Staff Surgeons, 1st Class.	Staff Surgeons, 2d Class.	Assistant and Acting Assistant Surgeons.	Hospital Dresser.	Surgeons.	Assistant Surgeons.	Acting Apothecary.	Purveyors.	Medical Clerks.
Fort Pitt Hospital - - - - -	1	2*	3†	6‡	1	–	2	1	2	1
Brompton - ditto - - - - -	–	1	3	6§	–	–	–	–	–	–
Garrison - ditto - - - - -	–	–	2	3	–	1	3¶	–	–	–
Ordnance - ditto - - - - -	–	–	–	1	–	1	–	–	–	–
Invalid Depôt, St. Mary's - - -	–	–	–	1	–	–	–	–	–	–
Gravesend and Tilbury - - - -	–	–	2‖	–	–	–	–	–	–	–
TOTAL - - -	1	3	10	17	1	2	5	1	2	1

* 1 sick. † 1 on leave. ‡ 2 on leave. § 1 sick. ‖ 1 on leave. ¶ 1 Sick.

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2227. You have one dresser; is that enough for 800 men?—We never had a hospital dresser before; he does the duty of assistant-surgeon.

2228. You have regimental medical officers attached to your hospital also?—Yes.

2229. Are they gentlemen in the enjoyment of health, or are they sick?—Medical officers frequently come there in indifferent health, scarcely recovered.

2230. Are any of those gentlemen able to discharge hospital duties?—Some are, but some are in delicate health.

2231. You appear to have two surgeons and five assistant-surgeons who are regimental surgeons; are all those gentlemen doing duty in the hospitals?—Yes.

2232. You have one assistant-apothecary, two purveyors, and a medical clerk?—Yes.

2233. Mr. *Peel.*] Do you mean that they were sick when they were sent to do duty there?—No; some of them were in indifferent health when they came.

2234. Mr. *Percy.*] Do the assistant-surgeons do the duties of dressers and dispensers, and also make up the diet rolls?—They make up the diet rolls, and do the duty of dispensers; the medical officers fill in the diet rolls.

2235. Do they fill them up in the book?—They fill them up on sheets; there is a daily diet roll; the ward-master inserts the men's names, and the medical officer fills in the diets and extras.

2236. You have a daily card?—Yes; a bed-head ticket, with the man's disease upon it.

2237. Also his diet?—Yes; on the day of admission.

2238. Colonel

2238. Colonel *North.*] We have here seven regimental medical officers who are doing duty in the hospital, and who are not in perfect health: we have it in evidence that, generally speaking, at the end of two months' sick leave, if a medical officer is not fit to do duty, he is liable to be put on half-pay; is it the case that those gentlemen have been attached to Chatham in order that the time should not count against them?—I suppose it is; they frequently send officers in a state of health in which they ought not to be doing duty.

2239. Mr. *Peel.*] Are those regimental officers serving in the regimental hospitals, or in the garrison hospitals under your charge?—The two surgeons are in regimental hospitals. One is surgeon of the provisional battalion, and the other is a surgeon of the Artillery. The surgeon of the provisional battalion has been there some years.

2240. Sir *John Trollope.*] How long have you held your present appointment at Chatham?—Since February 1855.

2241. Were you in Bulgaria?—No.

2242. Were you not under orders for foreign service at one time?—Not since 1851 or 1852.

2243. Have you never been put in the roster for foreign service during the late war?—No.

2244. Have you at Chatham had any medical students sent to you as probationers expecting commissions as assistant-surgeons?—Since I have been principal medical officer at Chatham all medical officers on first joining the service have come as acting assistant-surgeons.

2245. Previously to their appointment to regiments?—Previously to their having permanent appointments, whether staff or regimental.

2246. Those gentlemen held no commissions during the time that they were with you?—No.

2247. Mr. *Peel.*] But they are appointed to regiments as acting assistant-surgeons?—Several of them have been sent abroad as acting assistant-surgeons, and as such may be temporarily attached to regiments.

2248. Mr. *Percy.*] Do you think that the medical duties are too heavy in the general hospital at Chatham as it is at present?—Not at present. At present, I think, we have nearly sufficient hands, if they were more permanent.

2249. Mr. *Bellew.*] You mentioned that doctors are sometimes sent to do duty at Chatham who are not in a good state of health; Dr. Andrew Smith mentioned the fact of his having sent Dr. Reade to Chatham; do you remember his coming?—He was at Chatham when I arrived.

2250. He was not in a good state of health?—I was not there when he arrived, but his health, I believe, was not very good.

2251. Subsequently were you satisfied with the way in which he discharged his duties at Chatham?—I am not dissatisfied with the way in which he performs his duties at Chatham. His hospital is in very good order.

2252. Sir *John Trollope.*] Is he under your command now?—He is.

2253. Mr. *Bellew.*] But your satisfaction did not amount to that point that you were induced to report him in terms of commendation to Dr. Smith?—No, I never recommended him, nor reported him in any way.

2254. *Chairman.*] With regard to the purveyors, do you, as principal medical officer at Chatham, think that their position is satisfactory?—I do not think it is very satisfactory.

2255. Will you state how you think it might be improved?—I have very little control over the purveyor. He considers himself almost entirely under the control of the War Office.

2256. You speak, of course, now not with regard to the individual, but to the system?—To the system.

2257. Do you find any practical inconvenience from that state of things?—I do.

2258. Can you give an illustration?—In making requisitions upon the purveyor, I require certain articles, and he will comply with them, provided the amount is not beyond a certain sum. If it involves more than a certain sum, he applies to the War Office for authority, and therefore delays frequently occur.

2259. Do you know what the sum is?—I think it is 5 *s.*, but I am not quite sure.

2260. It is something under 5 *l.*?—Yes, under 1 *l.*

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2261. Colonel *North.*] Do you mean that if disease broke out, and you sent a requisition for five times the number of basins that you usually require, you might have to wait some time for them?—No; in case of urgency I should insist upon his supplying them immediately, and take the responsibility upon myself; I do not think he could actually refuse it.

2262. Do you think it would be better if the surgeon had the power, when necessary, to send and buy what he wanted?—No, but I think it would be better if his authority for disbursement by the purveyor was less limited.

2263. Sir *John Trollope.*] If that is the case with regard to medical officers at home, do not you think that medical officers on foreign stations should have more power of ordering what they think necessary for the troops under their care than they have at present?—I think so.

2264. Do you think that the service suffers materially from the impediments thrown in the way of the medical officers obtaining the necessaries and supplies which they think requisite for the sick?—Yes, I am sure it does.

2265. In your opinion, as an experienced medical officer of the army, do you think it would be advisable to give the medical officer a certain discretion on his own responsibility with respect to such supplies?—I think it would, certainly.

2266. Is not the mode in which they obtain their supplies frequently very cumbersome, from the number of hands through which the surgeons have to obtain what they require for the sick?—I think it is rather so. It used to be more so than it is as present. I think some signatures have been dispensed with.

2267. *Chairman.*] Have you found latterly a more liberal system with regard to diet?—Yes.

2268. Since when?—Within the last 12 months.

2269. Are you now refused anything that you require for the patients in diet?—Nothing reasonable.

2270. Colonel *North.*] Are you ever obliged to substitute a medicine that you did not order, because you could not get the one that you wanted?—Yes, we sometimes do; but I do not think it would be absolutely necessary, situated as I am. If it were obtainable at the druggist's, and it was absolutely necessary, I should get it.

2271. *Chairman.*] You never, as a system, substitute cheaper medicines for more expensive ones; you never let considerations of expense enter into your prescriptions?—No, I think not.

2272. How long has the place which I saw on Wednesday been used as a military lunatic asylum?—I should say about nine or ten years. It is not a lunatic asylum; it is merely a ward for the care of those men till they are removed.

2273. Is there at present in England any other reception ward for military lunatics?—No.

2274. Mr. *Peel.*] Are you speaking of soldiers or of officers?—Soldiers.

2275. *Chairman.*] Do you think that place is well adapted for that purpose?—Very far from it.

2276. Do you think there could possibly be a worse place for the purpose?—Scarcely.

2277. Mr. *Percy.*] In what respects is it bad?—The wards are open: they are similar to those used for the other patients; there is no way of separating them from the other patients. The wards are in a casemated building, which is at the side of a hill, with deep terraces and flights of stone steps, so that it is very dangerous for the purpose.

2278. What is the kind of treatment they receive; is it humane treatment or severe?—Humane treatment.

2279. Mr. *Bellew.*] Are you aware that considerable improvements are contemplated by the Government in the hospitals under your charge, on the recommendation of a Committee which sat upon the subject, such as laying water to all the rooms, and building water-closets?—No; I do not know that they are contemplated.

2280. Sir *James Ferguson.*] Is there not a permanent lunatic asylum to which those military lunatics are removed?—No; there is a private asylum, to which some are removed.

2281. *Chairman.*]

2281. *Chairman.*] You have a lunatic asylum building?—There is a lunatic hospital now nearly ready for occupation.

2282. Mr. *Peel.*] How long, upon an average, do the soldiers remain at this lunatic hospital?—Some have been there for six or nine months.

2283. How are they disposed of eventually?—Some are sent home to their friends, some are sent to the asylum of the county to which they belong, and some of the old soldiers who have pensions are sent to a private asylum at Bow.

2284. *Chairman.*] Do you send any soldiers who have not pensions there?—I think not.

2285. Sir *James Ferguson.*] Do many accidents occur in the hospital from the lunatics being improperly confined?—Several lunatics have made their escape from the hospital into the town. One man, some time since, fell into the privy, and was very nearly suffocated.

2286. *Chairman.*] Did you take any steps after that accident happened to prevent a recurrence of it?—Yes; I had the privy covered in: before it was an open privy.

2287. Do you consider that the six months during which the lunatics are in this casemated reception ward are important months?—Highly important.

2288. Will you state why you consider so?—Because the cure of lunacy is in a great measure regulated by the length of time; that is, the longer a person labours under the disease, the less likely he is to recover from it.

2289. This was not always the only military reception ward for military lunatics, was it?—No; there was for several years a military asylum at Fort Clarence, close to Fort Pitt. That establishment was removed in 1844 to Shorncliffe, and from thence the establishment was removed to Yarmouth, in 1848, I think, and then in 1852 the establishment was broken up altogether; the officers were sent to an asylum in Staffordshire, and the men to Grove-hall Asylum, at Bow, near London.

2290. Mr. *Bellew.*] At present if any soldier becomes a lunatic, after a certain number of months' treatment, and does not show any signs of recovery, he is sent to Grove Hall?—He is sent to Grove Hall, if he is an old soldier with a pension.

2291. Mr. *Percy.*] Has any fever broken out amongst those lunatics?—No.

2292. *Chairman.*] Were you at Yarmouth at the military lunatic asylum there?—I was there two years.

2293. At what date?—I went there in September 1852, and left in September 1854.

2294. What system did you find there?—I found the restraint system.

2295. Were there any instruments of restraint used there?—There were several.

2296. Will you describe them?—There were straight waistcoats; there were handcuffs; there were hobbles for the feet and legs; there were waistbands, with chains and handcuffs attached to them; and there was what was called a strong chair, in which the man was locked in.

2297. Did you continue this system?—No, I did not; I abolished all the instruments of restraint.

2298. Did you find any ill effects follow that?—On the contrary, the very best effects.

2299. What other system did you substitute?—The system of supervision, and greater vigilance.

2300. How did you find the windows at Yarmouth?—The whole of the windows were protected by strong wire screens inside and out. I removed the whole of them; a few had been removed by my predecessor.

2301. Were the windows much broken?—The breakage of glass after the removal of those screens was considerably less than it had been before.

2302. Colonel *North.*] Were you able to give that order yourself, or were you obliged to go to some department to get it ordered?—No; I gave that order myself. I requested the engineer to do it, and he had it done.

2303. Did you try any methods of amusement for the lunatics?—Yes, I did.

2304. With satisfactory results?—With very satisfactory results.

2305. Why did you abandon your attempts?—I did not abandon them; the establishment was broken up.

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2306. Can you carry out such efforts in this casemate at Chatham?—No, certainly not.

2307. Is the nature of the place such as to prevent them altogether?—Yes.

2308. Would you be in favour of confining military lunatics to civil hospitals?—I think not.

2309. Will you state why not?—I think a military asylum would be more beneficial to the soldiers and to the service. I think that a soldier-lunatic would be better managed in a military asylum.

2310. In which asylum do you think that any attempt at malingering would be discovered soonest, in a military or a civil hospital?—I think in a military hospital.

2311. Do you think that, even in the insanity of soldiers, military discipline is of any use in preserving order?—I think it is of considerable use in giving them habits of order and regularity.

2312. Sir *John Trollope.*] Are those lunatics permanently kept in the casemates?—No; they are under observation till they can be disposed of.

2313. Where do you remove them to?—They are sent home to their friends if they are quiet, or to a county lunatic asylum, or to the private asylum at Bow.

2314. At the private asylum at Bow they are at the expense of the Government?—Yes.

2315. With regard to soldier-lunatics, do you find many curable cases owing to their being in the prime of life, and owing to the causes of their lunacy being of a temporary character, namely, habits of drunkenness and dissipation?—Yes; there are many cases favourable for recovery.

2316. Have you any statement of the cases of recovery?—No.

2317. Can you give any probable estimate of the numbers?—No, I cannot at present; they are not fairly placed with us now for cure; they are merely under observation, and it is in that way that valuable time is lost. In my opinion when a soldier becomes a lunatic, he should, as soon as possible, be placed in a proper asylum.

2318. Is it your opinion that all cases of lunacy require immediate and prompt treatment to ensure a chance of recovery?—Yes; I have stated the longer the interval, the less the chance of recovery.

2319. Have you any of those usual methods that are substituted for restraint, namely, places where the rooms are padded; where patients cannot injure themselves?—We have one padded room, but it is a mere make-shift; but in the new building we shall have two small padded rooms.

2320. Will that building be well able to contain a number of patients with safety?—Yes; with tolerable safety.

2321. How many?—I believe about 40.

2322. Is that sufficient?—I think so.

2323. *Chairman.*] How many have you in the casemates?—I think 40; we have had 50.

2324. Will you give an illustration of the way in which you think military discipline assists in the management of insane soldiers?—I found myself that a lunatic soldier, when receiving an order from a person in plain clothes, has disobeyed him, and said, "I do not know you; you are not an officer; I have nothing to say to you."

2325. Colonel *North.*] What was the reason that the lunatic hospital that you presided over at Yarmouth, was done away with?—The patients were removed from it because the buildings belonged to the Admiralty, and on the breaking out of the war, they required it for a naval hospital, for which it was originally built.

2326. Has it been used as such?—Never; there has never been a patient in it since, I believe.

2327. Sir *Henry Davie.*] Are the medical officers who have charge of the military lunatic hospitals gentlemen who have turned their attention particularly to the management of lunatics?—There is no lunatic hospital since the breaking up of that establishment at Yarmouth.

3328. Colonel *North.*] Do not you think it would be an advantage to have a regular asylum for insane soldiers?—Yes, I do, certainly.

2329. *Chairman.*]

2329. *Chairman.*] Are there any examinations for army surgeons in reference to the treatment of lunatics?—No, I think not.

2330. Do any of the army surgeons at all turn their attention to that branch of the profession?—No, I do not think they do; as long as the asylum at Yarmouth lasted, of course those who were appointed to it made a point of doing so.

2331. They learnt their profession after going there, and not before going there?—Yes.

2332. Therefore they entered that asylum wholly unacquainted with the treatment of lunatics?—Yes, except as far as their general knowledge went.

2333. What experimental knowledge could they have upon the subject?—Every medical man studies more or less the subject of insanity.

2334. In the examination through which an army surgeon has to pass before he is appointed, are any questions put as to the treatment of lunatics?—No; there is no examination, I believe, on this head.

2335. Do you know any members of the profession who have turned their attention to that branch of the subject in civil asylums?—I believe there have been a few.

2336. Mr. *Peel.*] You yourself must have had a strong feeling upon the subject?—Yes; I took great interest in it. I visited some civil asylums, and I read a good deal upon the subject.

2337. Sir *John Trollope.*] Since the whole subject of lunacy has been under inquiry, by the appointment of the Commissioners of Lunacy, is not it open to the profession generally to study the subject with great advantage, with the aid of the different reports and publications that are constantly brought before them?—Yes, certainly.

2338. In fact, there is a much more general knowledge of the subject in the profession than there used to be?—Yes, I think there is.

2339. Sir *James Fergusson.*] What number of lunatics were there in the military asylum at Yarmouth when it was broken up?—When it was broken up, I think there were 20 officers, and 75 men patients, and a few women.

2340. Was that a reduced number as compared with what had been there before?—Yes. I think, when I went there, there were 25 officers and about 90 men.

2341. Do you attribute that diminution to the altered treatment, or to the circumstance of so many not being sent?—I think it was owing to fewer admissions latterly.

2342. Colonel *North.*] Where are insane officers placed now at Chatham?—They are at an asylum at Stafford. There are none at Chatham.

2343. Is that a private asylum?—No; it is not a private asylum; it is a branch of the county asylum.

2344. Is it under military government?—No.

2345. Sir *Henry Davie.*] Is there any lunatic hospital for the Navy?—Yes, at Haslar.

2346. Colonel *North.*] Do you think that the pay and allowance in the army are such as to afford inducements to the best medical men to enter the profession?—I do not.

2347. You think the pay is too small?—I think it is too small, and the retirement.

2348. *Chairman.*] Do you think it is too small in all ranks, or would you raise it either in the upper or lower ranks?—I think it is too small in all ranks.

2349. Have you turned your attention sufficiently to the subject to be able to state what increase of pay you would recommend in the different ranks?—I do not think I have.

2350. Do you think the grades in the medical profession are satisfactory, or would you either increase them or diminish them?—I would have more officers of higher rank in the army; more inspectors, and deputy-inspectors.

2351. Colonel *North.*] How many superintending ranks are there at this moment?—There are three.

2352. *Chairman.*] Would you have more ranks?—No, I think not.

2353. Colonel *North.*] Would you increase the number of inspectors and deputy-inspectors?—Yes.

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2354. *Chairman.*] Is the manner in which the army medical profession is represented, in your opinion, always satisfactory?—No; I think it is under represented.

2355. Will you state what you mean?—I think that in many cases the principal medical officer has not a sufficient rank. For instance, at Aldershot, which is an important charge, the department is represented by a staff-surgeon only; I think he ought to be at least a deputy-inspector. I think Chatham also, where I am myself, ought to be represented by an inspector, that being a very important post.

2356. Have you made any application personally with regard to that?—I did not personally, but I did in writing.

2357. Both with regard to rank and pay?—With regard to the step of rank, in consequence of the increased duties and responsibility devolving upon me beyond what my predecessors ever had.

2358. In consequence of the war?—In consequence of the war.

2359. Colonel *North.*] Do you think it necessary, for the good working of the medical department, that the superintending medical officers should be of greater standing in the profession than the executive?—I do.

2360. For what reason?—I think that the having a junior superintending a senior gives rise to ill feeling and jealousy; you should expect more experience from a senior than from a junior.

2361. *Chairman.*] Would you have the promotion simply by seniority?—I think so, but I would rather decline to give an opinion.

2362. Colonel *North.*] Do you approve of the present mode of promotion; for instance, that if a death takes place on a station, the senior of that station is promoted, not the senior in rank in the whole department?—I think the senior in rank might get it.

2363. Might not the delay caused by his going from one station to another be an objection?—I do not think that a serious objection.

2364. But it is the rule at this moment, that the senior on the station is appointed?—That has generally been considered the rule.

2365. Mr. *Percy.*] Do you, as inspector, make confidential reports?—I do.

2366. You see no objection to them?—They are very unpleasant.

2367. But necessary?—I do not think they are absolutely necessary.

2368. *Chairman.*] Whether favourable or unfavourable, they are of necessity made?—They are.

2369. Are they periodical?—They ought to be periodical, but my duties are such, that I do not make them periodically or regularly, by any means.

2370. How frequent ought they to be, according to the rules of the service?—They ought to be fortnightly, according to the order of the Director-general.

2371. Fortnightly reports on the medical officers under your charge?—Yes; I have only given them on the juniors.

2372. Omitting the seniors?—Omitting the seniors.

2373. And that you have done with the toleration, if not the approval, of the Director-general?—I have not been found fault with.

2374. Have you occasion, sometimes, to correct former confidential reports by later, regarding different individuals?—I think I have. They are subject to very great fallacy, particularly with respect to junior officers. It is a very difficult thing to judge of a man's character and acquirements, on the short acquaintance I generally have with them.

2375. Have your confidential reports on the whole been rather more favourable or unfavourable as you became more acquainted with the subjects of those reports?—I think more favourable.

2376. Colonel *North.*] The usual period in the army for reports is half-yearly, after the half-yearly inspection?—Yes.

2377. Mr. *Bellew.*] Are you aware of the difference between the confidential reports made by you relative to those under your inspection, and the confidential reports made by the colonel of a regiment relative to the officers under his command?—I am not acquainted with the confidential reports of commanding officers.

2378. Do you think that a medical officer's promotion in the army could be stopped in consequence of the confidential reports being unfavourable, without the officer himself being aware of the fact?—I cannot answer that question.

2379. Without

2379. Without asking you to name any individual, has it ever come under your notice that such has been the case?—No, it has not; it might be, but it never has come under my notice.

2380. You are aware that in the army, whenever a confidential report is made sufficient to stop the promotion of an officer, that officer is always informed of it?—I believe it is the case.

2381. Such is not the general custom of the service in the medical department?—I am not aware.

2382. Are you aware that it is an unpopular thing amongst the medical officers?—I am.

2383. You stated that you would recommend an increase of the number of inspectors and deputy inspectors in the Army Medical Department. Would you recommend the doing away with staff surgeons?—I think that when the staff surgeon of the first class was originally appointed, it was intended that he should be an executive officer; I think that the administrative ranks ought to be from the inspectors and deputy inspectors, and that the staff surgeon should be an executive officer. The second class staff surgeon was intended to take the duties of assistant-surgeon.

2384. *Chairman.*] What do you think could be substituted for the confidential reports; do you think that anything else could be substituted with the view of keeping men to their duties?—I do not think so; but I am not prepared to give a decided opinion.

2385. I understood you to say that upon the whole you thought them necessary?—I do not know that they are necessary; they are very unpopular and very disagreeable to the persons who make them, and they are subject to very great fallacy, particularly with the junior officers.

2386. Mr. *Percy.*] You have the power of finding fault with the junior officers?—Yes, certainly.

2387. Would not that be preferable to sending confidential reports upon them?—I think it would, if they were only intended for "keeping men to their duty."

2388. *Chairman.*] Do you sometimes find fault without sending an adverse report?—Yes.

2389. Do you sometimes send an adverse confidential report without finding fault with the officer himself?—I do not know that I do.

2390. It is in the power of the principal medical officer to do so?—It is.

2391. But you have, from a sense of fairness and justice, never done it yourself?—I do not think I have.

2392. Does the confidential report regarding an officer relate to professional skill, and to habits of industry, and feelings of philanthropy, or does it relate to differences of opinion on the treatment of disease?—No; it refers to a man's general acquirements, his general ability, his general conduct and zeal, and his attention to his duties, or otherwise.

2393. There are a number of questions in medicine upon which a variety of opinions are entertained; if one of the officers under you entertains one opinion and you another, would that be the subject of a confidential report adverse to him?—No, certainly not.

2394. Have you the power, and having the power do you exercise it, of changing the treatment of disease in particular wards?—I have the power of doing it.

2395. Do you ever do it?—No, I do not; I may recommend a different system, a different plan of treatment.

2396. Mr. *Percy.*] Could you, for instance, forbid the use of chloroform in certain operations?—Yes, I could forbid it, certainly.

2397. Mr. *Bellew.*] But a recommendation is almost considered tantamount to an order?—Not in a case of that sort.

2398. For instance, with respect to the use of mercury in certain cases in the army, would not a recommendation be considered almost tantamount to an order?—Yes; but it does not necessarily follow that the officer would adopt the plan recommended.

2399. *Chairman.*] With regard to capital operations, have you the power of suspending them or of recommending them to take place at a particular time?—According to the regulations of the service, no capital operation can be performed

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formed in any hospital under my charge without my knowledge and consent, unless in a case of emergency.

2400. Mr. *Percy.*] Is an assistant-surgeon allowed to perform a capital operation?—Not generally; they do and must occasionally.

2401. *Chairman.*] Has a case of emergency recently occurred at Chatham?—There was one at Chatham a short time since; a man shot himself through the hand in the barrack-room.

2402. Was amputation immediate?—Amputation was immediate. It took place at night, and there was not time for consultation, and it was not thought necessary.

2403. It met with your approval?—Certainly.

2404. The responsibility which the particular operator took upon himself upon that occasion was approved by you?—Certainly.

2405. If it was the subject of a report at all, it would be the subject of a favourable one?—Certainly.

2406. Sir *John Trollope.*] Was it done by an assistant-surgeon?—No, it was done by the surgeon of the provisional battalion.

2407. A person perfectly competent to do the duty?—Yes, an officer of old standing and great experience in the service.

2408. Colonel *North.*] Have you any of the class of dispensers under your command?—No; I have applied for some.

2409. Do you approve of that sort of class, or do you think that non-commissioned officers instructed to a certain extent would do as well?—I think in a regiment intelligent non-commissioned officers can be instructed to do the duty extremely well.

2410. *Chairman.*] Do you think it desirable that they should be commissioned officers?—Not at all.

2411. You have a decided opinion upon that?—Quite so.

2412. Mr. *Percy.*] Do not you think that it would be offensive to the assistant-surgeon that the dispenser should be placed in the same rank with him, and at the same pay?—Yes, I do, certainly.

2413. Having neither the position nor the education of an assistant-surgeon?—I think it would be placing both parties in an unpleasant position.

2414. Colonel *North.*] Has it not been a subject of regret on the part of the military medical officers that during this war they have not appeared in the gazettes, mentioned for distinguished conduct?—I believe it has.

2415. Do you know any instance of any of the great attacks at Sebastopol in which some of the medical officers distinguished themselves and were not noticed in the despatches?—I am afraid I cannot charge my memory exactly with the instances.

2416. Sir *John Trollope.*] You were not there, and you do not know it of your own personal knowledge?—No.

2417. Mr. *Bellew.*] What was the duration of your actual regimental service?—Twenty-five years.

2418. You are quite conversant with the details of a regimental surgeon's duties?—Yes, I am, I believe.

2419. Do you think that the number of officers now appointed to regiments as surgeons or assistant-surgeons is sufficient?—No, I do not.

2420. What would you recommend?—I think there ought never to be less than three medical officers to each regiment.

2421. Mr. *Percy.*] In time of peace as well as of war?—Yes; and in time of war, or on foreign service, I think there should be three assistant-surgeons.

2422. With two assistant-surgeons, do you think the medical officer would be able to get long leave of absence, with sufficient ease to satisfy the want at present felt of these leaves of absence?—Yes; I think there would be the means of giving regimental medical officers leave of absence much more easily than they now get it.

2423. Are you of opinion that the having a second assistant-surgeon to each regiment would enable the Government to dispense with the officers now called dispensers of medicines?—I do not think they hold a relation to one another at all; I do not think the one could fill the place of the other.

2424. But as the assistant-surgeon would have more time to instruct the regimental soldiers or the serjeants of the regiment to do those duties, do not you

you think that that would tend towards dispensing with this new grade created for that purpose?—Yes, I think it would, as far as I comprehend the question.

2425. *Chairman.*] Is there any other suggestion that you would wish to make as to any changes in your department?—I do not know that I have come prepared to answer that question.

2426. Mr. *Percy.*] Do you think that leave of absence should be granted to the assistant-surgeons for professional improvement?—I think it very desirable.

2427. Do you think that if there were time given them they would make use of it for that purpose?—I think the great majority would; many are very zealous, and anxious to learn their profession.

2428. And it is of great importance that they should do so?—I think it is of great importance after coming home from foreign service; I think they absolutely require it.

2429. Sir *James Ferguson.*] Are there any medical lectures in your garrison?—No, there are not; there is a very valuable museum, and a very excellent library. There are many facilities for an officer improving himself if he chooses to apply himself to it.

2430. Do the junior medical officers attend the seniors in their walks round the hospitals, in the same way as they do in the civil hospitals?—In our hospitals the junior officers have generally the immediate charge of the patients, under the superintendence of the seniors.

2431. Then there is nothing like a study of surgery under superior medical officers?—No; the juniors consult with the seniors, and *vice versâ*.

2432. Mr. *Percy.*] The assistant-surgeons have completed their studies?—Yes; they are surgeons when they enter the service.

2433. I suppose many of them are perpetual pupils of the civil hospitals?—Yes, I believe so; many of them have been house surgeons.

2434. And therefore they can attend them when they have opportunity?—Yes, I belive so.

2435. Colonel *North.*] Is it not owing to our having so few medical officers, considering the extent of our army, that the medical officers after being ill two or three months have to be placed on half-pay; whereas no regimental officer is put out of the service because he is four, or five, or six months ill?—Yes; the strength of the department is always below what is wanted.

2436. You think it ought to be augmented?—I think it ought to be augmented; for instance, in the last war we had fewer senior officers of the higher ranks than during the Peninsular war.

2437. You think that each regiment ought to have not less than one surgeon and two assistant-surgeons?—I think so.

2438. Mr. *Percy.*] Would you make any distinction between time of peace and time of war?—In time of war I would give three assistant-surgeons; in time of peace, two, at home.

2439. And one surgeon?—One surgeon.

2440. Colonel *North.*] Do you think it would be impossible, considering the present size of the regiments, for a surgeon and an assistant-surgeon to do the whole thing properly?—I think quite impossible, at times.

2441. Mr. *Percy.*] You mentioned that you had at Chatham Hospital gangrene; had you erysipelas and fever?—We had a few cases of erysipelas and a few cases of fever.

2442. Have you any statistics of the number?—No.

2443. But you can make them out?—I could; the number was very few.

2444. In which hospital were they?—There were some cases of fever occurred in Brompton Hospital and a few cases of erysipelas, and some of both in the general hospital at Fort Pitt.

2445. Are you conversant with the civil hospitals of London?—I have not visited them for many years.

2446. Are you aware that 1,000 cubic feet to each patient is almost the minimum allowance in any of the civil hospitals in London?—I believe it is.

2447. Do you think change of air essential in curing certain obstinate wounds, and recovering strength after illness?—I think it is a very useful adjunct, and really essential in some cases.

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2448. Particularly, where the hospital is situated in a large town?—Particularly if it is situated in an unhealthy locality, or in a town.

2449. Have you means of giving your patients change of air?—No; except by recommending them for furlough.

2450. But then they are obliged to go home to their friends?—Yes.

2451. Therefore, if the man is poor, he is not likely to recover?—No, it does not follow that he may not recover. There is no convalescent hospital.

2452. *Chairman.*] Do you think it desirable that there should be one?—Yes; I think it very desirable that there should be one.

2453. Colonel *North.*] Would you have it at a seaport?—I think in the vicinity of the sea would be desirable.

2454. Mr. *Percy.*] Are you acquainted with the Admiralty hospital at Deal?—No.

2455. There is an Admiralty hospital there, is not there?—There is a naval hospital.

2456. With regard to the staff at Chatham, is it a permanent staff or a fluctuating one?—It is a fluctuating one, except with regard to the three staff surgeons.

2457. They are permanent?—They are permanent for a certain time.

2458. You think it would be very advantageous that the staff at Chatham should be permanent altogether?—I think it absolutely necessary that a portion should be there for a certain time.

2459. What is the course taken with regard to an insane soldier when he is removed to a county asylum, or to the private asylum at Bow?—I report the man to the Secretary for War, in order to get an authority to dispose of him. If he is an old soldier, I have orders through the commandant to send him to the asylum at Bow. If he is a young soldier, and requires restraint in an asylum, he is either sent to his own county asylum, or else he is handed over to the parish authorities at Chatham to dispose of.

2460. Then you have done with him?—Then we have done with him,

2461. Suppose he is restored to his senses, is he restored to you?—If he goes to the asylum at Bow, and is there restored, he may come back to us; but if he goes to a county asylum, he is discharged the service before he goes there.

2462. Does he get a pension?—He gets a pension according to his service. He is brought, first, before the Chelsea Commissioners; and as soon as his pension is awarded to him, he is sent to an asylum, or sent to his friends.

2463. Is he discharged before he goes to the asylum?—He is, if to a county asylum.

2464. Mr. *Cornwall Legh.*] You said that you thought that your staff officers at Chatham should be permanent; what do you mean by permanent?—I mean that they should be fixed there for a reasonable length of time; for one or two or three years.

2465. Irremovable?—Irremovable, except under special circumstances; and besides this, we should have a floating staff ready for service; in fact, Chatham is the head quarters of the department.

2466. You think it would be an advantage to the service that the staff-officer at Chatham should know that he was to be there three, or four, or five years?—I think it is highly desirable; it would be highly satisfactory.

2467. *Chairman.*] Can you give the Committee any information with respect to the comparative rate of mortality in the army medical service?—I have here a report of Mr. Neison, an eminent actuary, containing some Tables upon the subject, with his statement of the result of those Tables.

2468. Will you have the goodness to read a passage in his report stating the result of the Tables?——

[*The same was read as follows:*]

It is thus seen, that of 14,665 years of risk to which the members whose experience is recorded in Table I. were exposed, no less than 386 died, or 2·632 per cent, while the mortality, according to the average for the whole male population of England and Wales at corresponding ages, is 1·888 per cent. But what is most striking about these results is the very excessive mortality at the ages under 55, and the reduced mortality at the ages 55 and upwards. This will be found to exceed, not only the mortality of the male population of England and Wales at the mature and active term of life, but to be actually about equal to that of the officers of the Bengal military service at the corresponding ages.

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The following exhibits the result for each of the three classes.

Mortality in the term of life, 20 to 54, among

The members of the medical department of the army	= 2·593	per cent.
The officers of the Bengal army	= 2·635	„
The male population of England and Wales	= 1·155	„

It is thus evident that the rate of mortality among the members of the medical department of the Royal army who entered the society while unmarried, does not differ widely from that found to prevail among the officers of the Bengal army, but at the same time it will be found to exceed the rate of mortality among the male population of this country by 124·502 per cent.

Lunæ, 2° die Junii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Mr. Noel.
Sir James Ferguson.	Colonel North.
Sir Henry Davie.	Mr. Peel.
Sir John Hanmer.	Mr. Percy.
Colonel Kingscote.	Sir John Trollope.
Mr. Leveson Gower.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

William Lindsay, Esq., called in; and Examined.

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2469. *Chairman.*] WILL you state to the Committee what is your present position?—I am the Senior Medical Inspector of Haslar Hospital.

2470. Will you state what is found for a sailor when he comes into your hospital?—When a patient is admitted he is put into a bed, and his clothes being taken from him, he is then dressed in clean hospital clothing.

2471. Are his clothes altogether taken from him?—Yes.

2472. Have you a complete supply of clothes for every patient?—Yes.

2473. What do you do with his own clothes?—They are put into the stores, where they are detained until he is cured; his bedding is taken to pieces, the tick is taken off and washed, the hair is picked, and the bed is made up again and returned to him when he is discharged.

2474. What articles of clothing have you in your hospital for the sailors?—We have flannel drawers and linen shirts and blue clothing for patients who can walk out of doors, and white flannel clothing for those who are confined to the wards of the hospital.

2475. Do you give them socks?—Stockings.

2476. Are they woollen?—Yes.

2477. Caps?—Yes.

2478. What sort of caps?—Nightcaps.

2479. Have they any day caps?—No.

2480. How often is their linen changed?—Every week it is entirely changed; but sometimes it is changed as often as twice a day.

2481. That is in the case of diseases or wounds requiring a frequent change?—Yes.

2482. Do you provide them with pocket-handkerchiefs?—No.

2483. With what sort of vessels are they provided for the purpose of eating and drinking and administering medicines; are they made of tin?—No, of crockery ware; we have glasses for the purpose of administering medicines.

2484. Have you any tin vessels?—No, we have no tin vessels, except such as are used for carrying potatoes in.

2485. No tin vessel comes to the patient?—No.

2486. Do you find them with knives and forks?—Yes, of a very good description.

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2487. Have you any stated allowance of vessels for each patient?—Yes; there is a teacup and saucer for each patient, and a basin or two.

2488. Do they use plates?—Yes; we have always double the number that there are patients in the wards, and sometimes more.

2489. Are these vessels kept on a shelf over the head of each patient?—No; they are kept in a buffet, which is there for the purpose.

2490. Are there several buffets in each ward?—No; there is one large one in the lobby of each ward, so that it may be seen by any officer passing.

2491. Who is responsible for any fractures that may take place?—The patients themselves if the things are broken wilfully or carelessly; but if they are broken accidentally they are not charged for them.

2492. What staff of orderlies have you?—Two nurses for each ward; one nurse for every seven patients.

2493. Of what sex are the nurses?—In the medical department the nurses are mostly females; but in the venereal wards they are men.

2494. From among what class of men are they taken?—Many of them are men who have been discharged from service in the marine corps.

2495. Why have they been discharged?—In consequence of length of service, or owing to some cause which disqualified them from that service.

2496. Do you always require that they shall persons be of good character?—Yes; we always select the best we can get.

2497. How do you find the system of female nurses answer?—Very well indeed.

2498. What is the pay of the nurses?—The pay has been changed lately; a female now has 20 *l.* a year, with two gowns and a bonnet every year, and a cloak once in three years.

2499. What are the men orderlies paid?—One shilling and sixpence a day.

2500. Besides pensions?—Yes.

2501. Do you give clothes to the men orderlies?—Yes, that has lately been introduced; they have a surtout coat with a white button, and a cap with a device upon it—a crown and anchor.

2502. Colonel *North*.] Are you able to order crockery on your own responsibility, or are you obliged to refer to the Admiralty for it?—The agent has all that in store, and he always has a sufficient supply.

2503. *Chairman*.] And can you draw upon them?—Yes.

2504. Your communications are with the captain superintendents, are they not?—Yes.

2505. Have you power, in case of the fracture of window panes, and so on, to order them to be repaired immediately?—Yes.

2506. Colonel *North*.] Are the sailors subject to any hospital stoppages?—After they have been in the hospital for three months.

2507. But not otherwise?—Not otherwise.

2508. What are the stoppages?—Eightpence a day.

2509. Do they receive their full pay?—Yes, unless they are invalided.

2510. Have you regular apartments for officers in the navy?—Yes, a field officer has a sitting-room and a bed-room.

2511. And what accommodation do you provide for an officer of the rank of a lieutenant in the navy?—A single room only.

2512. Have they a room to mess in, or where do they take their meals?—In the room they sleep in.

2513. If they are sufficiently convalescent, is there a mess-room to which they can go?—No, not for lieutenants; there is for junior officers, for clerks, midshipmen, and so on.

2514. How are their dinners cooked?—By the nurses of the ward.

2515. Are the officers in the navy ever obliged to pay for medicines, or for leeches, or anything of that sort?—No.

2516. Nor for nursing?—No.

2517. *Chairman*.] Is there any stint with regard to the supply of medical comforts, or food?—No; there is a certain scale upon which they are dieted, which is a very liberal one, and if anything more is required, the medical officer can order it at his own discretion.

2518. Does that extend to wine?—Yes; the wine is only ordered by the medical officer; he may prescribe to any patient a pint of wine a day, and if more

more is wanted, he makes a report to the Director-general, stating the reason why it is required, and that is never found fault with.

2519. Of what does your staff at Haslar consist?—Two inspectors, two deputy inspectors, two staff surgeons, and two surgeons doing duty as assistant surgeons.

2520. What is the present number of patients?—About 700, not including the Asylum.

2521. Do your assistant surgeons dispense?—No, not now.

2522. Will you state the arrangements that are at present in existence?—At present there are what are called assistant dispensers, men who have been brought up to dispensing in apothecaries' shops; they are paid 5 *s.* a day, and do nothing but dispense.

2523. Do they attend the surgeon on his rounds?—No.

2524. Who takes the prescription of the surgeon to the dispensary?—The nurse carries it there; each patient has his prescription ticket.

2525. When the surgeon makes his rounds, by how many persons is he accompanied?—He generally goes round with one assistant.

2526. Has he any clerk to write for him?—No, he writes himself.

2527. And then the nurse takes it to the dispensary?—Yes, the nurse takes all the tickets to the dispensary, and the medicines are sent immediately.

2528. The patient can obtain his medicine within a few minutes?—Yes.

2529. Has that system been long in operation?—Yes; ever since I have been in the naval service.

2530. Colonel *North.*] Do the dispensers rank as officers?—No.

2531. Sir *James Ferguson.*] But if they had rank, would it be about the same as warrant officers?—Yes; they have no comparative military rank.

2532. Colonel *North.*] Is there a lunatic asylum for the navy?—Yes.

2533. Not a civil hospital, but a naval one?—Yes, a part of Haslar Hospital is set apart for that purpose; there is a staff surgeon who has charge of it, and he has a staff assisting him.

2534. And any officers who may be insane are at that establishment?—They are.

2535. And the men too?—And the men too.

2536. The men are not returned to their parishes to be sent to county hospitals, but are taken care of by the Government?—Yes, if they are permanently insane.

2537. *Chairman.*] The system is one of moral and not of physical restraint?—Yes.

2538. Do you consider that the present arrangements of that hospital are satisfactory or otherwise?—I think they are extremely satisfactory.

2539. Do you think that the influence of discipline is brought to bear upon those lunatics with good effect?—Decidedly.

2540. Which could not be done in a civilian hospital?—Not so well, I think.

2541. Sir *James Ferguson.*] If the orderlies are moved from the hospital for any length of time, is there any depôt to which they are sent?—No.

2542. They are virtually discharged from the service if they are sent away from the hospital?—Yes; the number varies very much; but we keep their addresses, and send to them again when they are wanted.

2543. These persons are enlisted especially for the hospital service?—Yes.

2544. Do you prefer that they should have been in the naval or military service before?—Yes.

2545. *Chairman.*] Have you any other suggestion to make to the Committee?—If you will allow me, I will produce the scale of victualling.

[*The Witness delivered in the same, as follows:*]

No. 29.

A SCHEME of DIET for Patients in the Royal Naval Hospitals and Marine Infirmaries.

FULL.	HALF.	LOW.	FEVER.
Bread - - - - 1 lb.	Bread - - - 1 lb.	Bread - - - 8 ozs.	Bread, 8 ozs., or sago, 4 ozs.
Beef or mutton - - 1 lb.	Beef or mutton - - 8 ozs.	Herbs for broth 12½ drams	Tea - - - 4 drams
Potatoes or greens - - 1 lb.	Potatoes or greens - 8 ozs.	Barley - - 7 drams	Sugar - - 20 drams
Herbs for broth - - 25 drams	Herbs for broth - - 25 drams	Salt - - - 8 drams	Milk for tea - ⅔ pint
Barley - - - - 14 drams	Barley - - - 14 drams	Tea - - - 4 drams	Milk for diet - ½ pint
Salt - - - - 8 drams	Salt - - - - 8 drams	Sugar - - - 16 drams	
Vinegar - - - - 16 drams	Vinegar - - - 16 drams	Milk for tea - ⅔ pint	
Tea - - - - 4 drams	Tea - - - - 4 drams	Milk for diet - 1 pint	
Sugar - - - - 16 drams	Sugar - - - 16 drams	Broth - - - ½ pint	
Milk for tea - - - ⅔ pint	Milk for tea - - ⅔ pint		
Broth - - - - 1 pint	Broth - - - 1 pint		
Home:	Home:		
Beer (small) - - - 2 pints	Beer (small) - - 1½ pint		
Or strong - - - 1½ pint	Or strong - - 1 pint		
Beer (small) for servants - 4 pints	Foreign:		
Or strong - - - 3 pints	Wine at the surgeon's discretion, not exceeding 1 pint.		
Foreign:			
Wine or Porter at the surgeons's discretion, not exceeding - - - 1 pint / 1½ pint			
Veal, Fowls, Fish: Such quantities, in lieu of Beef and Mutton, as the medical officer may prescribe.			
Rice or flour pudding - - -	- - - - - - - -	at the discretion of the medical officer.	

NOTE.

Two drams of Souchong tea, eight drams of Muscovado sugar, and one sixth part of a pint of genuine milk, to be allowed to each patient for a pint of tea, morning and evening.

The meat for the full and half diet is to be boiled together, with 14 drams of Scotch barley, eight drams of onions, one dram of parsley, and 16 drams of cabbage for every pint of broth, or at the discretion of the medical officers, eight drams of carrots, and eight drams of turnips, in lieu of the cabbage, which will make a sufficient quantity of good broth, to allow a pint to each on full and half diet, and half a pint to each on low diet:—

Rice Pudding, each to contain,—		Flour Pudding, each to contain,—	
Rice - -	3 ozs.	Flour - -	4 ozs.
Sugar - -	1 oz.	Sugar - -	1 oz.
Milk - -	¾ pint.	Milk - -	¾ pint.
Eggs - -	1 No.	Eggs - -	1 No.
Cinnamon -	1 blade.	Ginger -	a few grains.

CASUALTY DIET FOR MEN DISCHARGED.

Home Establishments - - -	Bread - - -	1 lb.
	Cheese - - -	6 ozs.
	Beer (small) - -	2 pints.
	Or strong - -	1½ pint.
	Tea - - -	1 pint in the morning.

N. B.—As this scale provides liberally for each class of patients, medical officers are carefully to avoid all deviations from it as far as their duty towards the sick may permit.—Such patients (not exceeding six) as may be inclined, are to be permitted to attend the weighing, measuring, &c. of the provisions in the morning, and serving them out when cooked.

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2546. Mr. *Percy.*] Is there any body of men connected with the service from whom dispensers could be obtained?—No.

2547. *Chairman.*] Have you a museum?—Yes.

2548. Do you get contributions to that museum from officers in all parts of the world?—Yes; mostly from medical officers in the navy.

2549. Have you many preparations?—Yes; they are mostly with a view to illustrate comparative anatomy.

2550. Is it an increasing collection?—Yes.

2551. What contributions to medical science do you make; do you draw up reports from time to time as to the effect of climate and so on?—Yes; we generally do so in our quarterly reports.

2552. Are those reports printed?—Extracts from them are printed in the naval statistics.

Major-general Lord *De Ros*, attending by permission of the House of Lords; Examined.

Major-General Lord *De Ros.*

2553. *Chairman.*] WILL you be good enough to state your present rank in the army?—I am a Major-general in the Army.

2554. Will you state what your service has been recently?—I was employed for about 23 years on the inspection staff of the cavalry, and from that I was appointed Quartermaster-General to go out to the East. I was invalided from Varna in August 1854.

2555. From your position you have probably turned your attention, in some degree, to the consideration of the medical department of the army?—When I was on the inspection staff of the cavalry, I was in the constant habit every year of going round numbers of hospitals, and preparing the inspection Reports of them, and of course I had a good opportunity of witnessing and judging of the system pursued in those hospitals.

2556. Will you state how minute your inspection of those hospitals was?—I have here one of the Confidential Reports which shows it exactly; it is a report made half-yearly by the Inspector-General of the cavalry. The questions on medical matters are, whether the Surgeon is intelligent and competent to the duties of his situation, and zealous in the discharge of them? whether his Assistant is competent to his share of the medical duties of the regiment? whether the hospital is conducted in conformity to the existing regulations? whether the supply of provisions and refreshments is ample and good? whether the proportion of sick has been large or mortality considerable? whether any men have been kept long on the sick-list for slight or equivocal complaints? whether the hospital is well situated and the wards airy and clean? whether vaccine innoculation is regularly practised? whether cases of ophthalmia are carefully separated from other patients. That is the substance of the Report, as regards the Medical Department.

2557. Did the relative positions of the executive officers and the medical officers ever seem to clash?—Not the least.

2558. You think that, on the whole, their relative positions are satisfactory?—Perfectly so.

2559. What is your opinion as to the general skill and philanthropy of the surgeons employed in the British army, so far as you have had an opportunity of judging?—From what I saw of it when illness broke out in the fearful manner it did at Varna, I was strongly impressed with the idea that it was impossible for any body of men to do their duty better, or with more zeal and kindness.

2560. You think that, on the whole, they deserve well of their country?—Yes; nothing could be more creditable than their conduct, so far as I had an opportunity of observing it.

2561. Did you find that their number was sufficient?—No; I think that there were plenty of heads, but it was hands that were wanted; what was wanted was orderlies and hospital assistants.

2562. You had at that time only one assistant surgeon to each regiment, had you not?—Yes.

2563. Do you think that that was sufficient?—No.

2564. Mr. *Peel.*] Are you referring to a class of persons distinct from orderlies?—I am referring to persons who should take off from the Medical Officer the duty of compounding and mixing medicines. The surgeons, instead

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of being at the bedside of the sick man, were obliged to be rolling pills and making up the commonest medicines.

2565. Do you think that they could safely trust a duty of that description to the hospital serjeants?—I think they could, but the difficulty was, that the mortality was very great; many of the hospital serjeants died; instead of one hospital serjeant, they would have wanted five or six people of that description under them.

2566. Is a better educated class of dispensers or compounders of medicine required, in your opinion?—I have always had an opinion that you might have a system of training men from the ranks for exigencies occurring in hospitals; you do not want them on home service, but you want them when you come to any exigency. I have always had the idea that you might provide them in the same way as was done in the cavalry many years ago, with respect to the farriers. It was found that the Farrier-Major and his assistants were perfectly sufficient for the home service; but when they went abroad they were not so, and the late Sir Hussey Vivian and General Wyndham introduced a system of training private soldiers to assist at the forge. It was at first very much objected to; it was said that it spoiled their jackets, and that the men did not like it, and got into drunken habits; the system however proved its own merit; it has been in operation ever since, and has been of the greatest possible service to the cavalry regiments in the late campaigns.

2567. They do not form a supernumerary class of officers?—No; the soldier attends for a certain number of months at the forge; there is no attempt to make him a farrier; he is only taught to do by a horse what an orderly I think might be taught to do by a sick man.

2568. Would not constant practice be necessary to enable the men safely to compound medicines?—At Varna, there was a great deal done that did not require any great amount of education; a good servant would have been as good for the purpose as a highly-paid or highly-educated man.

2569. Do you mean that the Assistant surgeon or the Surgeon of the regiment appeared to be doing that which a common servant might have done equally well?—Decidedly; they were worked to death with duty of that description, and were unable to attend to their other duty in consequence.

2570. Sir *James Ferguson.*] You think that the hospital serjeants would be quite competent to perform the duty?—Yes; men might be taken into the hospital, and trained there for a year or so, and then they might be put back again into the ranks. By that means you would circulate through the regiment a number of men who would be competent to assist in the hospital on an emergency arising.

2571. In point of fact, all that is wanted is perfect accuracy?—Yes; a clerk or a shopman, or any person of that description, might be taught very soon to do the duty as well and as quickly as a regularly-educated man.

2572. Mr. *Peel.*] Is it not the fact that surgeons themselves feel incompetent to make up their own prescriptions, in consequence of their not having had the training of an apothecary?—I am not competent to answer that question. The question in the Confidential Reports as to the veterinary department is, What number of men per troop are sufficiently instructed to be able to shoe horses on an emergency? The answer given to that question, when the King's Dragoon Guards went to Canada in 1847, was, 60 men; and when the late Sir George Cathcart returned, he told me that no one thing had enabled him to keep that regiment so efficient as the assistance he was able to obtain from the men who had passed through the temporary instruction of the forge.

2573. Do you believe that at this moment, in the cavalry regiments in the Crimea, there are a tolerable number of men instructed in the art of farriers?—I know there are; and I know that a patrol, which was sent under very difficult circumstances, through a deserted country, to communicate with Lord Cardigan's detachment in Bulgaria, were saved by having one of these men with them who was able to shoe their horses.

2574. Colonel *North.*] There have been lately appointed to two or three regiments dispensers with the rank of officers, and receiving the same pay as assistant surgeons; do you think that that is at all requisite?—I think it is worse than not requisite; I think it is injurious. I think they would be placed in a very awkward situation. You would have to give them servants; and the other expenses of commissioned officers would be entailed upon them.

2575. Mr.

2575. Mr. *Peel.*] Do you characterise it as injurious from their having commissions?—I do not know that "injurious" is the proper word; but it would be inconvenient, because if you give them commissions you must give each of them a servant, and put them to the expenses of officers.

2576. Your objection has no reference to the duties they may be directed to perform?—No; my objection is that they would be placed in a false position, and that it would be inconvenient to them and to the service.

2577. Setting aside the question of commissioning these dispensers, have you any other objection to the measure?—I do not think they should rank so high; I think that if they have any rank, it should be the rank that the old troop quartermaster had, who was a man without a commission, though put on a higher footing than a serjeant.

2578. But men capable as dispensers could not be drawn out of the corps itself, certainly?—Not without you established the circulation of orderlies through the hospital; but I will answer for it, that there is scarcely any regiment in which you will not find a man who has been in a druggist's shop; you may find in a regiment men who have been in almost every trade.

2579. Colonel *Kingscote.*] Therefore, you think they might be drawn from the ranks?—Yes, certainly; with a little extra pay while employed in the hospital.

2580. And that, you think, would be preferable to getting civilians?—Very much so.

2581. *Chairman.*] And with extra pay that would be a boon to the soldiers?—Yes; the objections to civilians being attached to a regiment is, that they are in an anomalous position, and constant inconvenience arises from it.

2582. Does that apply to Surgeons and Assistant surgeons, who are civilians, in fact?—No; I think they are subject to all the discipline of the regiment like the other officers, and belong to it as much.

2583. That would be the case with every dispenser who might be appointed, of course?—Yes, if regularly enlisted, or with a warrant appointment.

2584. Sir *John Trollope.*] Are you aware of the system adopted by the Foot Guards with respect to hospitals?—Yes, I believe they take a man and keep him there permanently; I would not do that; I would circulate a certain number of men through the hospital; you do not want them in a time of peace, but when you go abroad you can make use of them, as General Cathcart, in the case to which I have referred, made use of the 60 men trained as farriers.

2585. In that way you would have a number of men who would be available on an emergency arising?—Yes.

2586. Would you have a hospital serjeant as well?—Yes; I think you want him to keep the accounts, and to superintend and instruct these men.

2587. *Chairman.*] As in the Coldstreams?—Yes.

2588. Sir *John Trollope.*] Do you see any objection to the hospital serjeant dispensing medicines?—Not any; and I am quite sure that the rule against his so doing has been constantly and generally evaded.

2589. From necessity?—Yes; from necessity. I have often indeed known officers send to the serjeant with a request to send them ordinary medicine when the surgeon has not been in the way.

2590. *Chairman.*] So that in point of fact the regulation that exists upon the subject is little more than a dead letter?—Yes, and I think it is a bad dead letter.

2591. Sir *John Trollope.*] When you were at Varna were you engaged in choosing the locality in which the troops were encamped?—In concurrence with the medical officers; I always consulted them.

2592. Was the opinion previous to the encampment, that the situation would prove healthy or otherwise?—We knew that it would prove healthy for a certain period of the year. I had heard that from Count Woronzoff, many years ago, when I visited him at Odessa.

2593. Are you speaking of Devno?—No, Varna.

2594. But your final encampment in Bulgaria was at Devno?—Part of the troops were encamped there.

2595. And that was found to be exceedingly unhealthy, was it not?—It was perfectly healthy at first; but suddenly it took a contrary turn; it was impossible to account for that, except from the advance of the season and increased heat.

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2596. You then found a great pressure, and a great want of medical officers, did you not?—Very great; but we found a much greater want of medical attendants than of medical officers.

2597. Has your attention ever been drawn to that which has recently been carried into effect, the establishment of civil hospitals in connexion with the army; I allude to Smyrna?—I cannot speak to that personally; but from all I have ever heard, I do not think it can answer; you must have discipline; discipline is quite essential in a good military hospital.

2598. Was it not felt as a great discouragement to the medical officers of the British army to have men drawn from private practice to whom were given appointments superior to their own?—I do not think there could be a greater discouragement.

2599. Mr. *Peel.*] You are not speaking from any actual knowledge as to the feeling that existed, are you?—Yes. I was not at Smyrna, and therefore I cannot myself state what that hospital was; but it was the universal feeling among the medical officers of the army that it was a great discouragement to them, and they were consequently annoyed at it.

2600. Sir *John Trollope.*] And have you heard that repeatedly expressed since?—Yes.

2601. Would it not have been practicable at that time to have promoted regimental medical gentlemen to those posts?—I do not know what supply there was ready for that purpose, but I should think that that would have answered; I am not aware, however, what supply there was at home for the purpose to which you allude.

2602. Did not the appointments in these hospitals throw the chain of promotion out of gear, if I may use that expression?—I am not aware that it affected the promotion in any way.

2603. Supposing a regimental surgeon of long standing had been made a staff officer, and put in charge of one of these hospitals, is it not your opinion that his vacancy could have been filled up from home, and that thus the medical service of the army would not have had to contend with civilians?—I should think so.

2604. Mr. *Peel.*] In that case, the vacating officer would have been on half-pay by this time, the war being now over, would he not?—I am not competent to speak upon that point.

2605. Colonel *Kingscote.*] Do you think that the new system of having a medical staff corps from which orderlies could be drawn is preferable to drawing orderlies direct from the regiments?—I am sure that everything that you can do regimentally will always answer the best.

2606. And would not men drawn from regiments for the service of orderlies be more likely to be amenable to discipline, and would they not be more manageable than persons enlisted for that specific purpose?—Yes, I think so.

2607. *Chairman.*] Will you explain to the Committee the nature of the Confidential Inspection Reports to which you have referred?—In the cavalry the Inspecting-General visits each regiment once or twice a year; he goes over every department of it, and makes a very close examination of its discipline, its economy, its medical system, and everything relating to its arrangements; and then he fills up the answers and the questions which are in the printed Report. After the reports have gone in, they are acknowledged by the Adjutant-general, who submits them to the Commander-in-Chief, making remarks upon them; then if any officer has been found fault with, or if anything has gone wrong in any department, that fault is alluded to, and the officer is directed to be reprimanded, or dealt with by the Court of Inquiry, or to be brought to a court martial, as the case may be; he is then informed that he has been reported, and that such is the Commander-in-Chief's decision with respect to him.

2608. In Question No. 357, Dr. Andrew Smith is asked, "Therefore, there may be charges brought against medical officers who are perfectly guiltless, but which may stand as bars to their promotion, and which charges they may never hear of?—There might be such, but I do not think there are such." Could there be such according to the system of military confidential report?—No.

2609. Then the system of medical confidential report varies in this respect from the military?—In the military Report, if anything was found wrong with the

the surgeon, it would be noticed by the Adjutant-general the same as in the case of other officers.

2610. You are aware that two reports are made, favourable or unfavourable, to medical officers in the army, one that which you have just now referred to, and the other to the Director-general?—I have heard of that, but I was not directly aware of it; I was only cognisant of the report of the Inspecting-General.

2611. In that report any complaint made against any medical officer would appear?—Yes; if, for instance, the assistant surgeon had been irregular or careless in attending the hospital, he would be directed to be reprimanded in the presence of his senior officers; he would be reprimanded just the same as any other officer, or he would be brought before a court of inquiry or a court martial.

2612. Mr. *Peel.*] Through what channel would it be communicated to him?—Through the Adjutant-general and Commandant of his regiment; the report against him would be first communicated to the Director-general, and there would be a direction given by the Commander-in-chief to the Colonel of his regiment to reprimand him.

2613. Colonel *North.*] You have seen naval hospitals, have you not, as well as military?—Yes; I attended on many occasions the inspection of the marine hospital at Chatham.

2614. And did you find it in a very good condition?—Admirable.

2615. Mr. *Peel.*] In the Report unfavourable comments might be made, might there not, which it would not be worth while to follow up by a communication with the officer, such as a report of want of skill, or a matter of that kind, which it would take some time to decide?—It would be always noticed.

2616. It would be noticed by the Inspecting officer, but not by the Horse Guards, would it?—It would depend on the nature of the complaint. Supposing an officer had been merely careless or unpunctual in attending on field-days, or anything of that sort, or suppose the commanding officer told the Inspector that a medical officer had been very careless in the discharge of his duty, he might reprimand him on the spot, and he probably would do so; but if it was said he had been doing anything unbecoming a gentleman or disgraceful to the regiment, he would be bound to report it, and a notice would be returned by the Adjutant-general directing a reprimand, or that the party should be subjected to some other punishment.

2617. *Chairman.*] In short, no charge is ever brought against a medical officer which he has not an opportunity of answering?—Certainly not in the Inspecting-General's report.

2618. Mr. *Peel.*] But although no charge is made against him, there may be unfavourable comments made upon him?—I do not think that the Inspector-general would feel warranted in saying a word against him without reprimanding him upon the spot. I have constantly known that done; for instance, if a Surgeon has gone away from the barracks, and has not been there when an accident has happened, the commanding officer of the regiment would report it, and the inspecting officer would, in the presence of the commanding officer, say, "This is a very serious thing, and if it is repeated it will be treated as a serious matter; but as your conduct has generally been regular, I shall not report you this time."

2619. Then that confidential report, so far as it affects the character of any officer or man, is not confidential; it is not withheld from him?—Certainly not, as regards individuals; it is only confidential in this way: if there had been any misconduct in the regiment, it would be reported, but it would not be told to the men.

2620. Suppose an entry was made that a man was not well up in his duties, what would be done then?—In such a case, an officer would either be reprimanded by the Inspector, or if it was a serious case, reported, and it would be remarked on by the Adjutant-general, with directions for a reprimand through the commanding officer.

2621. Where a notice is commendatory, is that equally made known to the officer?—Certainly; that is constantly done; the party is informed that the Commander-in-chief is much gratified to find that the officer's conduct has been such as to deserve praise.

2622. Mr. *Leveson Gower.*] Does it not often happen that an officer is reported, and is not made aware of it?—I have never known such a case.

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2623. *Chairman.*] Has your Lordship's attention ever been directed to the governing and organisation of the medical department?—It is a subject that I have heard very much canvassed.

2624. You are aware that there were Boards at one time?—Yes; I think the late Duke of Wellington did away with the Board.

2625. Is it your Lordship's opinion that the present system is the best that could be adopted?—I think, as an abstract question, that the least unwieldy Board, and the one that would work best, would be a Chief with two Assistants; very much the same thing as was described by Dr. Lindsay with respect to the medical naval officers. I think there should be always a military person attached to it besides the two assistants; it appears to me that a field officer of experience would be of great value to a directing Board on account of his knowledge of the discipline and habits of soldiers.

2626. Would you have the two assistants civilians, or army medical men?—I think they should be army medical men, and next in rank to the principal officer.

2627. Do you think they should be appointed by the Director-general?—I think that the Commander-in-Chief ought to have a voice in their appointment to make it a satisfactory Board.

2628. And should he have a voice also in their removal?—I think so.

2629. You would not give the Director-general the power which he at present has, of appointing and displacing them?—No, I do not think that that would be a very advisable constitution for a Board. The Police Board is a very good working Board; that has a chief, with two assistants and a secretary.

2630. Mr. *Peel.*] Are you aware that the Army Medical Department is at present a branch of the War Department, and is under the authority of the Secretary of State for War?—I do not exactly know what the powers of the Secretary of State for War are.

2631. *Chairman.*] Dr. Andrew Smith stated that he had not got his new position defined by any document; do you think that the military secretary should be appointed by the Commander-in-chief?—I think so.

2632. Do you think that he should be removable by the Director-general?—In concurrence with the Commander-in-chief; I think it should be a joint appointment; I think he should be selected by the Commander-in-chief and Director-general.

2633. Sir *John Trollope.*] Do you think it is advisable that the Director-general should have such absolute power as he now possesses over the whole medical department?—I think he would have virtually the same power that he now has for all good purposes, with greater convenience and advantage to himself, avoiding all imputation of favouritism or partiality, if he had the assistance of two assessors next in rank to himself, and a military secretary; I always thought that a very necessary thing.

2634. Would you make that military officer subordinate to the Director-general?—Yes.

2635. But you would make the two medical gentlemen who assisted him in the Board independent of him as regards their appointment and position?—Yes; but not as to their opinions.

2636. In the case of a disputed point, if the Board consisted of three persons, and if the two assistants voted one way, they would carry the question, I presume?—I think that if it came to that, the whole thing would break down; if you put the case of their regularly splitting and making cabals against each other, that would defeat the utility of any Board; but I do not think that that would be likely to happen.

2637. Colonel *North.*] You would consider them more as advisers?—Yes, but I am sure that much trouble and mistake might be saved if the medical officer had a thoroughly experienced field-officer at his elbow to refer to on questions which might arise, with which a medical officer could not be expected to be so familiar as a military man.

2638. Mr. *Peel.*] Can you give any illustration of the mistakes to which you refer, and which would be avoided if the system you would recommend were pursued?—I think that the very mistake that occurred in the formation of the Smyrna hospital might have been avoided; I think that any medical officer of judgment and discretion might have told the Director-general that the system would not work.

2639. But

2639. But the civil hospitals are considered by many persons to have been eminently successful, are they not?—I am not aware that they have been so considered; I am speaking of the Smyrna hospital; that is the only one that I know anything about.

2640. Sir *James Fergusson.*] A civil hospital must be more expensive in its constitution, must it not, than a military one?—Yes.

2641. Sir *John Trollope.*] It is the fact, is it not, that the civilians appointed to these hospitals would, generally speaking, have no knowledge of the conduct and habits of soldiers, or any military command over them?—None whatever.

2642. You apprehend, do you not, that all military discipline would cease in such hospitals?—It would at all events be much damaged.

2643. Mr. *Peel.*] Are you aware that the military commandants who have had under them these civil surgeons have testified to the admirable manner in which they have conducted the hospitals, and understood the wants and requirements of the soldiers who have been under their care?—I am not aware of that.

2644. Sir *John Trollope.*] Do you think that in dealing with soldiers it is positively necessary that the surgeon should be a military man, or a man accustomed to the barrack yard and barrack life, and who knows the feelings and habits of soldiers?—English soldiers are very different from foreign soldiers; they are men who are governed by habit as much as by discipline, and those who do not know their habits cannot govern them.

2645. *Chairman.*] What do you think of the Ambulance Corps?—I am afraid that I cannot give a good account of that. They were sent to my particular charge as Quartermaster-general, when they came out, and I wrote a report of them to the Quartermaste-general at the Horse Guards, which I will read. It is dated Varna, 1st August 1854: "My dear General, I have delayed so long to answer your letter about the Ambulance Corps, because I was in hopes to have been able to give a better account of them. The first night of their arrival (the 20th July), they fell into such riot and disorder in their little camp, that after going there myself, I was obliged to order down, with Captain Grant's full concurrence, a party of an officer and 20 men of the 44th to quell their irregularity; in fact, Captain Grant seemed to have but little authority over them himself. Next morning I sent for the provost marshal, and had them paraded at an early hour. They looked ashamed of themselves, and I addressed them briefly, telling them who it was that they saw by my side; that I trusted it was the first and last visit he would pay them, but that I now told him in their presence, that should such a disgraceful scene occur again, he must at once convince them he would do his duty; that having given them this serious and final warning, I should not report them to Lord Raglan, but give them a fair and reasonable chance to redeem their characters, calling upon those amongst them, and there must be many who were really good old soldiers, to assist in averting disgrace from their corps by supporting their officers and con-commissioned officers in the control of the rest. They promised very fair, and their behaviour is a little improving, but there are many confirmed drunkards, and Captain Grant does not appear to be a good disciplinarian, though a very respectable sort of man. We have lately selected from among the horses bought in Tunis, for general purposes, about 70 of the strongest, and placed them in charge of the corps. I have begged Captain Grant to begin by putting together and horsing one cart or waggon, but he tells me the harness was most unwisely packed under the whole cargo, so there is no chance of a beginning yet a while, especially as it will most of it require cutting and altering for these small Eastern horses. But now comes a great difficulty, for Captain Grant, in answer to my inquiries, says he has *no farriers, no wheelwright, no collar-makers.* To have come off without making sure of these absolute necessities, especially to a country like this, seems great want of forethought, but at all events till they are sent out this corps cannot march. They brought no white covers to their caps, which are bad ones for the sun—leather tops. I have told Captain Grant to try and make some up here instantly, for it is a serious affair with old soldiers in this heat, to expose their heads in leather top caps. In the composition of this corps, there should have been more artillery-men, and at least one officer from artillery or cavalry, or a good serjeant-major besides the adjutant."

2646. Mr. *Peel.*] That report refers to a period two years ago?—It refers to

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the period of the arrival of the Ambulance Corps at Varna; the date of it is the 1st of August 1854.

2647. You are aware that the Ambulance Corps is now extinct?—I believe it is.

2648. And that the duties of the Ambulance Corps are now performed by a portion of the Land Transport Corps?—I understand that that is the case. I attribute the failure of the Ambulance Corps to their having been sent out without having proper workmen in their ranks; and above all, to attempting to take the pensioners about London to compose the corps. All the best men among the pensioners get into some situations, as gatekeepers, servants, grooms, and so on, and the remainder are a sort of persons out of whom you could not make a good corps of that sort.

2649. But none of those remarks apply to the manner in which the duty has been discharged within the last 18 months, do they?—No. I am referring only to the first organisation of the corps.

2650. Colonel *Kingscote.*] Was your attention directed to the extent of the accommodation provided for the transportation of the sick in Turkey?—I was invalided from Varna shortly after the period of which I have spoken, but until my health failed I always managed to provide plenty of accommodation for transport of the sick, because we organised a transport by water up the Devna Lake.

2651. Sir *John Trollope.*] You had ambulance carts and waggons for the sick and wounded also, had you not, attached to this corps?—Yes, but they were quite unfit for the purpose.

2652. They were two-horse carts and four-wheeled waggons, were they not?—Yes.

2653. They were both found unfit for the purpose?—They were too heavy; they were all fitted for large artillery horses, and as this corps was without farriers, wheelwrights, or collar-makers, there was great difficulty in using them; they could not be prepared for the march, and were utterly useless for the purposes intended.

2654. Were they of the old pattern that had been used in the Peninsular War?—No; the pattern of them had been much canvassed.

2655. They were inspected, were they not, by Lord Raglan, previous to their leaving England?—I am not aware.

2656. Sir *James Fergusson.*] Do you think that if the army had marched from Varna, the means of transport for the sick would have been found very insufficient?—No, not very, because we had the means of water transport; the distance was short, and no great difficulty, I think, would have arisen.

2657. Your attention was not directed to the means of transporting the sick in case of your going elsewhere?—No.

2658. Were the medical comforts that were sent out to the army sufficient in quantity, in your judgment?—No, they were very short.

2659. Your attention was drawn to that almost immediately, was it not?—Certainly; I constantly went round the general hospital at Varna, and heard those complaints.

2660. The medical officers generally complained of it, did they not?—Yes, there were very great complaints on that subject.

2661. Colonel *Kingscote.*] Could you have obtained more waggons at that time?—I think that more waggons could have been obtained; Omer Pacha told me that they might have been obtained.

2662. Fit to carry the sick?—Not perfectly suited to carry the sick, but the arabas of the country were useful carriages.

2663. Sir *James Fergusson.*] The men suffered a great deal, did they not, from being conveyed in those arabas in hot weather?—I think they suffered more from the heat than anything else. I think that with hay at the bottom, the arabas were not a very bad mode of conveyance.

2664. But you required a large number of them, did you not, to convey a small number of men, each of them holding only three or four men?—Yes.

2665. *Chairman.*] Have you known medical officers to be members of courts martial?—No.

2666. Do you think it desirable that they should be?—I think it is not at all desirable; the army have great confidence in the courts martial as they are now constituted; even those who suffer from their sentences have very seldom anything

thing to say against them, and I think that they would not have the same confidence in them if they were composed of any but military officers.

2667. Would you have them members of Boards?—I would rather have their evidence than put them actually on a Board as members.

2668. On the whole, then, you are of opinion that no change in their position in that respect is desirable?—I think that any change would be very disadvantageous to them, as well as disadvantageous to the service.

2669. Have you at all considered the question as to the desirabilities of having an earlier retirement for medical officers?—I have not turned my attention particularly to that subject.

2670. It has not come within your notice that men have remained so long in the service that they have become inefficient?—No; I have not observed that.

2671. Colonel *North.*] Have you considered the question with regard to hospital stoppages at all?—Yes; I think that the hospital stoppages are a great hardship on soldiers, and they feel it so when they compare their condition with that of sailors. At Chatham, in the Marine Hospital, you find, according to the statement of the naval medical officer, Dr. Lindsay, that they have a great many things supplied to them that the soldiers have not; I think the comparison is unfortunate.

2672. No matter what the price of provisions may be, the same sum of 10*d.* a day is stopped from the soldier; is it not?—Yes.

2673. It appears in the Evidence which has been given before us that there is no stoppage at all from a sailor until he has been in the hospital for three months; are you aware of that?—Yes.

2674. *Chairman.*] Do you think that at present the number of surgeons in the regiments is sufficient?—I think it depends entirely on the strength of the regiments. With a regiment of 300 men, which was the former establishment of the cavalry, I think you did not want an additional surgeon at home; but the moment you go abroad you do.

2675. Do you think that the surgeon in a cavalry regiment should always be on the parade?—On all mounted parades, I think that either he or his assistant should be; not foot parades.

2676. Colonel *North.*] Is one assistant surgeon sufficient, in your judgment, under those circumstances?—Quite, while at home and not exceeding 300 men, or thereabout.

2677. Colonel *Kingscote.*] When regiments are detached, do you think that the present system answers well?—I think not. There is an order that when a detachment goes out the assistant surgeon should go out with it. In a cavalry regiment there may be six or seven detachments dispersed in as many different towns, and there is no reason why the Assistant surgeon should be with one detachment more than with another. Those who have not the Assistant surgeon with them are placed under the practitioner of the town where the detachment may be. The cost of that is very little, and I think that much the better plan is to keep the assistant surgeon at head-quarters.

2678. When the assistant surgeons are detached in that way, does not the duty fall heavy on the surgeon who may be at head-quarters?—Very heavy; he cannot go on leave of absence.

2679. Colonel *North.*] Suppose he is obliged to go to the drill ground, which occasions him to be absent perhaps three or four hours, is not that inconvenient?—I do not think that any great inconvenience arises from that; but I think it is very desirable that in the case of detachments of cavalry regiments, the medical practitioner of the town in which they are placed should have the charge of them; the men taken on detachment are generally healthy, and the expense is very trifling indeed.

2680. Sir *John Trollope.*] How are the medical practitioners paid in those cases to which you refer?—I do not know; their charges are very moderate; they are generally very anxious to be of use to the military on those occasions, and they are very liberal of their assistance and attention.

2681. *Chairman.*] Do you know what is the system of promotion in the Artillery and Engineers?—Seniority.

2682. Do you think that if proper proof of qualification were given on their entering upon their duties, the medical officers might be treated in the same way?—I think the medical officer should be placed as much as possible on the

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footing of officers who are unable to purchase in the line; I think they should advance by seniority as a general rule, but that the principle of selection should not be excluded where there is very great merit.

2683. Mr. *Peel.*] Is that the existing system?—I am not aware how the present system is organised.

2684. You are not conversant with the system which is in force at the present time?—No. I do not understand what the system of medical promotion is; I think that it should be assimilated as much as possible to the case of other officers.

2685. Colonel *North.*] You are in favour, are you not, of a hospital for military officers, if they choose to avail themselves of it, of the same description as that at Haslar?—Yes; I think it would be a great advantage; I know many cases of officers who have been dreadfully wounded, spending large sums with surgeons in London, while naval officers who have been in the same condition have been in a very comfortable position, with every comfort provided for them gratis, and the greatest attention paid to them.

2686. You have known, have you not, many cases of junior officers who, with nothing but their pay to depend on, have arrived in this country from the Crimea desperately wounded, and whose position has been most painful owing to their being without the means of having comfortable lodgings, or of procuring those comforts or luxuries which their condition required?—Yes; they have been positively precluded from it; they have been obliged to live in lodgings looked after by careless servants, and without those comforts by which they ought to be surrounded, while the naval and marine officers are placed in a position of the greatest comfort, and are most carefully attended to, receiving the best possible advice without expense.

2687. It appears that in the army the rule is to send soldiers who become lunatic to their parishes, whereas at Chatham there is a lunatic asylum for sailors. What is your opinion with regard to providing a lunatic asylum for soldiers?—I think it would be a great boon to them; I have often heard bitter complaints made by the friends of soldiers who have become lunatic in consequence of the hardships they have experienced while on service, that they are bandied about and sent to their parishes and to the county hospitals without that care being taken of them to which their condition entitles them.

2688. Sir *John Trollope.*] Does not a difficulty sometimes occur in the case of soldiers who become lunatic, from its being impossible to discover where their parish really is?—I have known men kept on in hospitals from feelings of humanity for a long time, in order to avoid bandying them about to ascertain where they were at last to be sent to.

2689. Mr. *Percy.*] Have you any objection to the civil hospital, except as it affects the medical officers of the army?—I think it was a great discouragement to the military medical officers.

2690. Do you not think that the civil hospitals are to be considered as exceptional cases to meet a great and pressing emergency?—I think that the emergency might have been met without having recourse to them.

2691. Colonel *Kingscote.*] Do you think that the emergency arose from the pay to the assistant surgeons being so small that a sufficient number of them could not be secured at once?—I think that there is a great want of inducement to them to enter the service; in the cavalry, especially; every officer pays 1 *s.* 5 *d.* a day for the keep of his two horses; I think that the cavalry assistant surgeons ought to be allowed that; I think it is very hard upon them that they are not allowed that; they must have the horses.

2692. I understand you to say that your opinion is decidedly against the departments of the army, such as the hospital departments, being filled up by persons who have enlisted for that purpose?—Yes; I think it is much better to take them by selection from the ranks of the regiments themselves.

2693. Sir *John Trollope.*] Has your attention been called to the condition of the East India Company's officers as compared with that of the officers in Her Majesty's service?—I have no knowledge of that.

2694. You are aware, are you not, that there is great competition to enter into the one and not into the other?—I know that there is very little competition for entering into our military medical service; but how it is in the other case I do not know.

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2695. Are you aware that the rate of pay is greater in the East India Company's service?—I believe so.

2696. Are the medical officers ever allowed to practise on their own account?—Yes; I never knew it objected to or prevented.

2697. Colonel *North.*] The surgeons were allowed in the Crimea fodder for their horses, but no man to take care of them; to what cause do you attribute that?—There was the greatest difficulty in obtaining servants during the whole of the war; in the Peninsula there were always plenty of Portuguese and Spaniards to be had who did very well to take care of horses, but in Turkey it was hardly possible to get any servants; the French secured all that were to be had at Constantinople. I remember in my own case, offering 5 *l.* a month, with rations and lodgings, to a man to take care of my horses, and he did not stay with me a week.

2698. Mr. *Percy.*] Have regimental surgeons much time for private practice?—I think in a large town like Birmingham or Manchester, they have some hours in the day, which they may devote to private practice with advantage.

John Robert Hume, Esq., M. D., called in; and Examined.

J. R. Hume, Esq., M. D.

2699. *Chairman.*] WILL you be good enough to state to the Committee the extent of your experience?—I entered the service at the end of 1799, and I was placed upon the retired list in the year 1823.

2700. Had you any service in the Peninsula?—Yes; I was in the Peninsula during the whole of the war; that is to say, I went out with Sir John Moore's army; I landed in the Peninsula the day after the battle of Vimiera, I think, and then I went through the campaign of Sir John Moore, and came home with the 79th regiment, of which I was surgeon; and I was afterwards at the expedition to Walcheren.

2701. Were you in Egypt?—I was in Egypt.

2702. What position did you principally occupy in the Peninsula?—I was in the first instance regimental surgeon, and then I was put upon the staff in Walcheren. After that I went out as staff surgeon. I was appointed principal medical officer at Cadiz, where I remained a short time, and then I came back to the Peninsula and succeeded Mr. Gunning as surgeon to the Commander-in-Chief.

2703. Were you long surgeon to the Commander-in-Chief?—During the whole war after the year 1811, I think.

2704. How would you characterise the great difference between that war and this, with regard to the assistance given to medical men or their difficulties?—When an army is employed in a siege there is no marching or countermarching. I should suppose that if there is a town to be taken, or anything of that description to be done, the duties of a medical man would not be so severe as they are when there are long marches, unless the number of sick is very great.

2705. Do you consider the difference between roofed buildings and tents to be a matter of great importance?—Yes, it makes the greatest difference possible.

2706. That possibly would be one great feature of difference?—Yes.

2707. In the one case the army was never without buildings?—Scarcely ever; they were occasionally encamped; there is always a necessity for water and various things, and they were sometimes encamped in the Peninsula, at the end of a day's march, carrying their tents with them.

2708. Sir *John Trollope.*] They carried their sick and the appliances for the sick?—Yes; they carried a certain number of sick, those who had been recently taken ill upon the road.

2709. *Chairman.*] Do you think that you can deal with dysentery and diarrhœa while in a tent?—Not at all; you must do the best you can; if there is no rain it is a very different thing, there is always the dew over at night, and damp in a tent; the worst house is better than the best tent; but dysentery is not easily treated where you cannot keep up a good deal of warmth, and where you cannot make the patient perspire.

2710. Had you always hospital ships in the expedition?—In all the expeditions in which I have been there have been always one or two large ships fitted

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up as hospital ships, carrying doctors and medical stores, and various other things.

2711. Do you know under whose directions those ships were; had the medical officers the control of them as to their destination and time of sailing?—I suppose not; I have been on several expeditions where the ships accompanied the fleet; they were part of the convoy; they sailed with the ships in which the troops were embarked, and when any bad case occurred in the regiment to which I belonged, and where a difficulty arose in accommodating the patient to our satisfaction, we sent him on board the hospital ships.

2712. Were these hospital ships exclusively used for the sick?—Exclusively, and for the medical stores and comforts, such as wine, sugar, tea, coffee, sago, and a variety of things.

2713. Did you have long lines of ships, as the troops marched, in which to deposit the sick?—In the Peninsula the army was upon the frontier; that is to say, before the retreat to Lisbon, and after the French retired, it was again on the frontier; from Lisbon until we came to the frontier of Spain, we had a succession of hospitals, because the Duke ordered all the sick who were not likely to recover to be sent off, and they were sent off by mules that brought up our forage and other matters.

2714. Were those hospitals subject to frequent inspection?—Yes.

2715. By whom?—By various general officers, and sometimes by the Duke himself.

2716. Mr. *Percy*.] In Walcheren, how were the sick provided for; did you hut them or were they placed in houses?—They were placed entirely in houses; the number of sick that there were in the course of three or four days was beyond all conception; in the regiment in which I was, 300 men fell down in the course of two days: it was very difficult to provide for them; they all retired to Walcheren and Middleburgh; there were great hospitals at Middleburgh and various other small towns.

2717. Which was the worst period for sickness that came under your observation in the Peninsula?—We had no great sickness in the Peninsula after the retreat from Talavera; I was not present then. We had a great number of sick, but no epidemic disease. We had no fever, or very little.

2718. At the first landing at Montego Bay, there was a great deal of dysentery, was there not?—Not in the army I was with. Afterwards there was a considerable attack of English cholera, as we call it, owing to the men eating unripe grapes, and probably to exposure to the night air, and the hot sun, but we had no serious sickness.

2719. Sir *Henry Davie*.] Were you in Sir John Moore's retreat?—Yes, I was.

2720. And also in the retreat from Burgos?—I was taken ill at Madrid, and did not accompany the army to Burgos.

2721. Were there tolerable arrangements for the conveyance of the wounded and sick in those two retreats?—Yes; every division had five or six spring waggons. The great bulk of the sick had been sent off before. Those who were taken ill on the march, or those who were slightly affected, had their arms carried for them, and sometimes they were themselves carried in those spring waggons. We left none behind us, or at all events, very few.

2722. Had they frequently the means of being in cottages in villages?—With the exception of the last day or two's march, they were always under cover, but dreadful weather came on, and then the troops were dispersed here, there, and everywhere. I think we were four days getting from Salamanca to Ciudad Rodrigo. The army at that time did not march more than three or four miles a day.

2723. Sir *John Trollope*.] Were the sick carried on mules?—Yes; there was a general order that all that were sick, and who were not likely to recover, should be immediately sent off, and they were sent first to one place, and then to another on the mules that brought our provisions, and bullock carts, and various other conveyances.

2724. Sir *Henry Davie*.] Is there a great improvement in the present mode of conveying the sick and wounded to the rear?—I do not know what the present mode is.

2725. *Chairman*.] Were you fortunate in your regiment with regard to the treatment you adopted for the preservation of life?—Yes, very fortunate; they were

were fine young Highlanders; many of them were taken ill, but very few of them died. We buried no men in Walcheren.

2726. Did you know in the Peninsula of many cases of officers, who arrived fresh from England or elsewhere, being appointed over the heads of others who had been working there?—No.

2727. Was there any attention called, or has it been since called, to the question of confidential reports?—No, I never heard of it; I know that the general officer inspecting sends in a confidential report to the Commander-in-chief, but I do not know anything regarding the doctors.

2728. Do you not know that another confidential report is made to the Director-general?—No.

2729. Do you not know that it was generally done with reference to the army in the Peninsula?—I never heard of it in the Peninsula army; I suppose that the doctor's conduct would be mentioned, as well as the conduct of the other officers.

2730. You have heard the evidence of Lord De Ros?—Yes.

2731. But you were not aware of any other confidential report than that to which you have alluded?—No. As I understand Lord De Ros, there is now a confidential report, as to the conduct of the medical officers, sent to Dr. Andrew Smith; I was not aware of that before.

2732. Colonel *North.*] By the inspector of the medical department?—I should think it must be, but I never knew of it.

2733. Mr. *Percy.*] The government of the medical department, in your day, was by a Board?—Yes, there were two or three Boards; but they were found not to answer.

2734. *Chairman.*] And you think that it was with reason that they were abolished?—Yes.

2735. You would prefer the present machinery?—Yes, from what I know of it.

2736. You testify, at all events, to the failure of the Board?—Yes. There were three Boards formerly; there have been three different sets of Boards since I entered the service.

2737. Mr. *Percy.*] How many medical officers were attached to your regiment when you landed in Portugal?—Myself, and two assistants.

2738. Sir *Henry Davie.*] You have about a thousand men under you, have you not?—Yes; we took nearly 900 into Corunna.

2739. Colonel *North.*] And you think that for a thousand men you should have a surgeon and two assistant surgeons?—Yes, for the ordinary purposes of the regiment, that was quite sufficient.

2740. *Chairman.*] And not too much?—No.

2741. Colonel *North.*] Would you have that number both at home and abroad?—Yes, I think so. The great want that I felt in the case of sickness and in the case of wounds after a battle is the want of attendants.

2742. Mr. *Percy.*] You had two assistant surgeons at Walcheren, had you not?—Yes.

2743. And in Egypt also?—Yes; I was assistant surgeon myself in Egypt; I was in the Gordon Highlanders.

2744. Sir *Henry Davie.*] Who had the making up of the medicines in your time?—There was an order that the assistant surgeon should make them up, but it was difficult to get us to do it, and we endeavoured to teach the serjeant or some intelligent corporal in the regiment to help us.

2745. Did you find that any serious inconvenience arose from that?—Not as far as I was myself concerned; but there certainly have been very great mistakes committed in consequence of ignorant men dispensing medicines.

2746. Mr. *Peel.*] Should you suppose that most young medical officers, on their admission to the service, would know how to make up their own prescriptions?—Yes, I think so.

2747. As well as an apothecary?—Yes; they are generally persons who have studied Materia Medica. I heard what was said just now by Lord De Ros, but I think that unless a man is able to read and write he would be apt to commit great mistakes.

2748. Is there not some art in the order in which ingredients are mixed?—Yes.

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2749. The same ingredients, if mixed in a different series, will not produce the same medicine?—Not so well.

2750. And a medical officer ought to know that?—It ought to be so; they are examined on those subjects by the Medical Board here.

2751. Do you think that any hospital serjeant or orderly taken from the ranks would be competent to decipher a medical officer's prescription?—Certainly not, unless he has been instructed for a considerable time.

2752. Would he be able to do it, do you think, with such instruction as he would be likely to get in an hospital?—It would depend on the intelligence of the serjeant. You have generally an intelligent and clever non-commissioned officer, who might do it very well.

2753. But you have known serious mistakes made, have you not?—I have heard of their being made.

2754. Sir *James Fergusson*.] Do you think there would be any difficulty in instructing an intelligent non-commissioned officer how to dispense drugs?—I think he ought to understand a little Latin to enable him to read the prescriptions. Then, again, the figures which we make are very apt to be mistaken if they are not pretty clearly made. I think that unless a man is accustomed to them, he may take an ounce instead of a drachm, which might be of very serious consequence in many cases.

2755. *Chairman*.] Is there any absolute necessity for the prescriptions being written in Latin?—No; but it is the custom to write them in Latin.

2756. Mr. *Peel*.] Do all medical officers use the same abbreviations for Latin words?—I think they ought to do so.

2757. Do they in practice?—I think they do. All surgeons and physicians in this town use the same abbreviations.

2758. Might it not happen that a hospital serjeant would be perfectly well able to make out the meaning of the first syllable of a word which if written at full length he would be totally unable to understand?—Perhaps so.

2759. Therefore there is always the chance of his going wrong?—Yes, the best of us go wrong sometimes.

2760. Colonel *North*.] A hospital serjeant would soon get accustomed to the reading of his own medical officer, would he not?—No doubt. I know that my hospital serjeant made up medicines as well as anybody could, but he had been apprenticed for some time to a chemist; that, of course, was an accidental circumstance.

2761. But among a thousand men you find persons, do you not, who have been brought up to every kind of trade and profession, including chemists?—Yes; but I was surgeon to a Highland regiment, and the Highlanders are not much given to those pursuits.

2762. Mr. *Peel*.] Do you think it important that the assistant surgeons should have had such a training as persons would have in a chemist's shop?—I think it would be very important.

2763. Setting aside the question of their receiving commissions, you would approve of that measure?—Yes.

2764. Sir *Henry Davie*.] You think that would be preferable to employing non-commissioned officers?—I think so.

2765. Would you not consider the personal responsibility of the surgeon of the regiment a sufficient guarantee?—There are two assistants and a surgeon; if they would personally superintend the man making up medicines, no doubt they would be as well made up by a man who knew nothing about the matter as they would be if made up by themselves; but they ought to superintend and see that he weighs out the proper quantities.

2766. Do you not think their being made personally responsible would be a sufficient guarantee?—I fancy it is not found to be so.

2767. Mr. *Percy*.] Are you aware that it is the custom in the Guards to employ such persons as have been referred to?—But the assistant surgeon is there also.

2768. Colonel *North*.] If you were the surgeon of a regiment, would you prefer to have a person under you in the hospital who had been accustomed to military discipline, and who had been bred up in the regiment?—I think I should prefer him to a civilian.

2769. Mr. *Peel*.] But every person in the army is in point of fact taken from civil life, is he not?—Yes, in the first instance.

2770. Therefore

2770. Therefore a civilian dispenser soon learns military discipline?—Yes.

2771. Colonel *North.*] How can he learn military discipline in a dispensary?—He is in and out.

2772. *Chairman.*] Do you find that soldiers like regimental or civilian hospitals best?—I think they prefer the regimental hospitals; I may say that I think the first part of a military officer's education should be in a regiment.

2773. Why do you think so?—Because they learn there the habits of the men, and understand how soldiers live.

2774. Colonel *Kingscote.*] Do you think that if a civilian is put into a regiment to act as dispenser, with pay equal to that of an assistant surgeon, there would be any jealousy created?—There might be some little jealousy, certainly.

2775. He probably would have come from an inferior position to that from which the assistant surgeon would have come?—Yes; I think they should not be so well paid.

2776. Mr. *Percy.*] Is not the office of dispenser one of a good deal of trust?—I should say so; he ought to be a very steady person.

2777. Would it not be an advantage, do you think, to employ a man who had been long in the regiment?—There is no question about that, and if he had received a good education, it would fit him for understanding medical pursuits. I think that all medical men should be well instructed in Materia Medica, and with the appearance of certain medicines, so as to be able to distinguish them.

2778. *Chairman.*] Were any honours or medals given to the medical officers in the Peninsula?—No, none at all; they knighted M'Gregor, and then made him a baronet, and Sir Robert Kennedy was also knighted.

2779. Colonel *North.*] Were they mentioned in the despatches?—Yes, they were mentioned.

2780. But there was no result from it?—They were mentioned by the Duke after the battle of Salamanca, and after the battle of Vittoria, and other battles.

2781. But beyond being mentioned in the despatches they received no benefits?—No; they were mentioned generally, not particularly.

2782. *Chairman.*] What is your present public office?—I am a commissioner in lunacy.

2783. Have you visited Coton Hall?—Yes.

2784. Will you state what that is?—It is a beautiful building on the top of a hill; it is laid out for the reception of insane persons, with grounds all about it.

2785. Are lunatic officers received there?—All the lunatic officers in the army are there, I believe, at present, or the great bulk of them.

2786. Colonel *North.*] Are any other persons there besides officers?—Yes, various other persons.

2787. The establishment is not purely military, then?—No. The establishment at Yarmouth, which we had just got into some kind of order, was taken from the army and returned to the sailors.

2788. And that establishment never has been used by the army since?—Not as an army hospital; and then we were very glad to get the officers taken into Coton Hall.

2789. Where is that?—Near Stafford; it is a beautiful place, and admirably fitted up.

2790. *Chairman.*] Have you visited also the Bow hospital?—Often; the common soldiers are there.

2791. Colonel *North.*] Who pays for the officers?—The Secretary of State for War; he is the guardian of the insane, I think.

2792. *Chairman.*] Do you think that military discipline is of any use among insane soldiers?—I do not know; they fall in and march about. It is a great principle in the treatment of lunatics to occupy them as much as possible. It is difficult to get soldiers to dig and work, and the best way of managing them is to drill them, and move them about.

2793. Then it must be a great advantage, must it not, to have military surgeons about them?—I do not know; the treatment is very simple. They have a drill-serjeant at Bow. The East India Company's soldiers are all in an establishment that they call Pembroke House at Hackney, kept by Dr. Williams.

2794. Is that peculiarly for the East India Company's soldiers?—Entirely.

2795. Do you think it would be advantageous to have a lunatic asylum for

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soldiers alone?—I think it would be; but I believe there are various difficulties in the way. There are not a great number of them.

2796. But if there is one for the navy, and for the soldiers belonging to the East India Company, do you not think there ought to be one for a great army like ours?—Dr. Williams' house, where the East India Company's soldiers are, is a private asylum. I was physician for several years to the East India Company, and we endeavoured to get them to build a hospital, but they demurred at the expense.

2797. There are no other persons there besides the East India Company's soldiers, are there?—Soldiers and officers; there are perhaps two or three others. Some of the wives of officers in the service of the East India Company are there also.

2798. Colonel *North*.] Was the establishment at Yarmouth intended for officers in the army as well as for private soldiers?—Both for officers and privates.

2799. How many patients did it accommodate?—I forget at this moment; but I think there were 20 or 30 officers, and 60 or 70 men.

2800. Sir *Henry Davie*.] Is the East India Company's asylum, to which you have referred, intended for civil as well as military servants of the Company?—I think that the civilians, being richer, generally go somewhere else.

2801. Are the medical officers who are in charge of that asylum, military medical officers?—No; Dr. Williams is a graduate of Cambridge or Oxford, and besides that there is an apothecary.

2802. Sir *James Fergusson*.] Were there any medical officers found fault with, during your experience in the Peninsula, for neglect of duty?—I do not recollect any one instance of that kind; we had some very accomplished men in the army.

2803. Had you any difficulty in getting a sufficient number of medical officers for the army?—At times we had a great want of medical officers, but at other times we had more than enough.

2804. Was it ever found necessary to bring in civilians to make up the proper number?—No.

2805. Mr. *Percy*.] You had not a sufficient number at Walcheren, had you?—No.

2806. How long did the deficiency continue?—The epidemic did not break out until we had been there 21 or 22 days, and then there was a great rush of sick.

2807. How long did that last?—Three weeks, or a month.

2808. And during that time you were deficient?—Yes.

2809. Were no more sent to you from England?—Yes, they came out by degrees.

2810. Were there any civilians among them?—I do not recollect any, but there might be some for all that; there were a great many civil medical officers employed.

2811. But none were with you in the field?—No. Some of them were militia assistant surgeons, and some of them had just left the college. Then there were physicians; Dr. Turner, and various other men who were distinguished physicians in this town. That was a time of very great pressure and great sickness.

2812. Colonel *North*.] Do you think that we have a sufficient number of medical officers for our army now, or do you think that the paucity of their number prevents them from getting such leave of absence as they ought to have?—I do not know; I think that a regimental surgeon and two assistants are sufficient, under ordinary circumstances, for 800 or 1,000 men.

2813. It has been stated in evidence that if a military medical officer is ill and obliged to leave for a time, he is liable to be put on half-pay at the end of two or three months, and that owing to the small number that there are in the service, no leisure time can be allowed for his recovery; what is your opinion upon that subject?—When any sickness among the medical officers occurred with us there were assistants sent from the staff; I myself was once sent to the 6th Regiment when the surgeon was sick.

2814. Even in home service there is very great difficulty in a surgeon getting leave of absence at all, is there not?—Yes; but still they do get leave.

2815. But

2815. But that is very seldom, is it not, and not in proportion to the leave given to other officers?—I do not know.

2816. *Chairman.*] Did they get leave of absence much in the Peninsula?—No.

2817. The Army medical profession is divided into certain grades, is it not?—Yes.

2818. What were those grades in the Peninsula?—There were, I think, two or three inspector-generals, and then there were deputy-inspectors, and staff surgeons.

2819. Did the inspectors perform operations or prescribe?—I did, and so did Mr. Guthrie, when I was inspector; but I do not think it was done generally.

2820. What was the highest rank of persons who performed operations?—I do not know that any of them were of higher rank than myself. I do not think that M'Gregor or Dr. Ferguson ever did.

2821. Yours and Mr. Guthrie's were excepted cases?—Generally speaking, they did not interfere much.

2822. Colonel *North.*] Do you think that the shortcomings which occurred at the commencement of the war in which we have recently been engaged were attributable to the system?—I cannot understand what was the cause of them. I think that the army was placed in very difficult circumstances during the siege of Sebastopol; but what the cause of the want of medicines was, I cannot at all understand, unless it be that they were badly embarked.

2823. Do you think that the system was to blame in any way?—I do not apprehend that it was the system. It must be borne in mind, however, that they had done away with the purveyors and with the apothecaries, so that from a class of men who were in my time very useful the army in the Crimea had no advantage.

2824. In that respect you think the system was wrong?—Decidedly.

2825. Mr. *Peel.*] There were apothecaries in the early part of the campaign when the army left England, and at Scutari, were there not?—I do not know.

2826. Mr. *Percy.*] And there was a purveyor at Scutari also, was there not?—But they were men without experience.

2827. Colonel *Kingscote.*] Are you aware that Dr. Smith stated that it was the system that was the cause of the failure which occurred?—I am not aware of it; indeed I do not know that there was any failure. The sickness that occurred was beyond all parallel, and beyond anything that the medical officers or the commanding officers could expect to meet with. It was a blast of pestilence, or something like it.

2828. It was something like what occurred at Walcheren?—Yes; not quite so bad, perhaps, as regarded the nature of the disease; but still it was very fatal.

2829. Mr. *Percy.*] Had you at Walcheren any mortality amounting to 90 a day?—Never.

Captain *George Bunbury*, called in; and Examined.

2830. *Chairman.*] WILL you state what is your present position?—I am staff captain in charge of the depôt of the medical staff corps.

2831. What were your instructions on assuming that office?—They were not very definite.

2832. Had you any written instructions to guide you?—None.

2833. How, then, were you appointed?—My instructions were merely to organise, clothe, and equip the corps as recruits came in.

2834. Have you no written document to show that?—No, I have not.

2835. Were you appointed after a personal interview with any one?—Merely with the military secretary, who stated that I was to go down to Chatham as the depôt officer of the medical staff corps.

2836. And you were furnished with no written document?—No.

2837. And no particular instructions were given to you?—No.

2838. What is your pay now?—My pay is 12*s.* a day as captain, and 3*s.* as command money.

2839. You have no particular pay for executing the duties of this office?—No.

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2840. Will you state what your duties are?—Principally those of a commanding officer, adjutant, and quartermaster of a regiment.

2841. Do you receive these men from the War Office?—I receive them from the recruiting districts.

2842. You do not recruit them yourself?—No.

2843. Are they recruited by persons under you?—They are not; they are recruited in the different districts, subject to the approval of the medical officers.

2844. Are they recruited by a recruiting serjeant in the army?—They are.

2845. When they come to you, are they finally engaged?—They are finally approved after they come to me; the same as any other recruits in the army.

2846. And is the bounty that is paid the same?—Just the same.

2847. When is that paid?—After they have been finally approved by me.

2848. What are the stoppages from their bounty money?—The same as they are in other branches of the army. By the late warrant they come under the same regulations as the rest of the army.

2849. Will you state what the amount of the bounty is?—The bounty was 8 *l.*

2850. And what was the amount of the stoppages?—About 3 *l.*

2851. For what are those stoppages made?—For necessaries for the men.

2852. Of what description?—A knapsack complete; shirts, stockings, hold-all, knife, fork, and spoon, a shaving-brush and razor; the same kit as the rest of the army.

2853. What course of probation do they undergo?—After they were finally approved and clothed by me they were sent to the hospital for instruction, and there they generally remained for about a fortnight to receive some sort of instruction as to their duties in the hospitals; at the end of that fortnight the Board sat to see whether the men who were brought before them were conceived by the medical officer under whom they were instructed to be eligible for the corps.

2854. Did the Board take the decision of the medical officer as final?—They did.

2855. Was the bounty paid before that decision was given?—It was.

2856. Have many men been dismissed as ineligible subsequently to receiving the bounty money?—In the first enlistment there were a great many; but in the subsequent enlistment there were very few.

2857. Mr. *Percy.*] Can you state the number?—In August 1855, 993 men enlisted, out of which 524 were conceived ineligible, and were not approved by me, and therefore they did not receive their bounty.

2858. For what reason were they considered ineligible?—Because they could not read and write, and because of their general appearance.

2859. *Chairman.*] To what expense was the country put in those cases?—I cannot say. They did not receive their bounty, as I did not finally approve of them.

2860. All that was expended upon them, then, was the expense of their travelling?—Yes; out of those 524 I have mentioned, 350 were enlisted for the Land Transport Corps.

2861. What were the different qualifications that made the men eligible for the one service and not for the other?—For the medical staff corps it was supposed to be necessary that a man should be able to read and write, and that he should be generally intelligent.

2862. Colonel *North.*] Was there not negligence in enlisting men who turned out afterwards to be unable to read or write?—I do not know about that.

2863. What was their pay?—At first it was 2 *s.* a day, but by the second warrant it was reduced to the pay of a second-class orderly, who only receives 1 *s.* 3 *d.*

2864. Colonel *Kingscote.*] Did the men of whom you did not approve receive their enlistment money?—They did, but not their bounty.

2865. Sir *James Fergusson.*] How long was a man required to be in the corps before he was allowed to go as orderly in the hospital?—About a fortnight.

2866. Then you had not much opportunity of judging of his character?—No.

2867. Colonel *North.*] Was he bound to bring you a certificate from a clergyman

man or justice of the peace as to his character?—At first he was not; but on the second enlistment no man was allowed to join the corps without a written character.

2868. *Chairman.*] Can you state how many men who had received their bounty money were subsequently dismissed?—I think perhaps five.

2869. Not more?—Not more than five; there were two men discharged the other day for general misconduct.

2870. What means of punishment have you?—The same as in the army.

2871. Can you flog them?—Yes; they come under the Articles of War.

2872. How are they discharged?—The same as other men; by the authority of the Commander-in-chief; they are in every respect soldiers.

2873. Are they drummed out?—They could be; they are in every respect liable to the Mutiny Act and Articles of War.

2874. What is there to prevent men who having enlisted have been dismissed, as you say two men were the other day, from enlisting again; are they branded?—No. There would be no objection to those men enlisting for the army if their height admitted of it.

2875. Would that be the case if they were badly-conducted men?—There are no means of knowing that.

2876. Would those men to whom you have referred have been discharged from any regiment with which you have served?—Certainly not.

2877. What would have been their punishment?—Their time having been so short, and their behaviour so bad in that short time, I do not know what it would have been. They would have been subjected to much more stringent measures than they were with us.

2878. Colonel *North.*] What was the nature of their offence?—Drunkenness generally when in charge of the sick.

2879. Have any members of this corps been flogged?—None.

2880. Would the case of these men have been met in the regiment by flogging?—I think not; they were discharged because, being drunken characters, it was not considered fit that they should have charge of the sick; had they been ordinary soldiers, they would have been brought to their bearings in some other way than by discharge.

2881. Sir *James Fergusson.*] How many men who have been sent as orderlies have been returned on your hands for misconduct?—Only three; others have been sent to me for misconduct, but not to such an extent as to require their discharge. At this moment there happen to be some few men at the depôt who are better behaved than others, and therefore they have the benefit of having their rations free.

2882. You say that only three orderlies have been discharged for misconduct?—Only three.

2883. Have you received any report as to the rest?—I receive a report fortnightly and monthly; it is to be fortnightly; I cannot say I have actually received it yet; hitherto it has been about every month, and their conduct, generally speaking, I consider good.

2884. Do you find that you can enforce discipline?—Yes, certainly.

2885. As well as you could expect to enforce it with soldiers in the same position in the Line?—Yes.

2886. Sir *Henry Davie.*] Have you had many cases of desertion?—Yes, a great many.

2887. How have the men been punished in those cases?—If they have been absent more than five days they have been tried by a court martial.

2888. Is the system of marking with the letter D carried out?—Yes.

2889. *Chairman.*] Do you find that any Crimean soldiers volunteer for this corps?—A great many volunteered for the "Tadmor" and "Soldana" hospital ships soon after the army went to the East; I believe that these men were allowed in the first instance to volunteer their services provided their conduct was good.

2890. For what reason were there so few?—I cannot say.

2891. Was there any disinclination at head quarters to re-admit them?—I am not aware that there was.

2892. Were those that you did admit perfectly sound in limb?—I believe so.

2893. Colonel *North.*] Would you look over a second offence, in the case of

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a man who got drunk when in charge of the sick?—I never looked over a single offence.

2894. Would you not get rid of him altogether, if he committed a second offence?—No; the men I have referred to, were discharged after a fifth or sixth offence.

2895. Are such men, in your opinion, proper persons to be about the sick?—I do not think they are.

2896. Colonel *Kingscote.*] I understand you to have said, that if a man is dismissed from your corps, there is nothing to prevent him from enlisting in any other?—No, provided he comes up to the standard.

2897. I suppose the men you employ are men of some strength?—They are supposed to be able to lift a sick man out of bed, and to put him in again.

2898. When you approve of them, do you generally consider that?—Yes, I look to that particularly.

2899. *Chairman.*] I think you say you have only had 900 altogether?—Yes; I have had 1,203, but in one month there were enlisted 993, and I had them on my hands at once.

2900. How many have you now?—I have now actually at the depôt about 103; that is including all casualties.

2901. Have you any officers under you?—I have an officer who is the paymaster, but he is not able to render me any assistance as to the regimental duty, and I have had that all on myself.

2902. Have you non-commissioned officers?—I have now one man who came from the Line, and who was a steward.

2903. Is that all you have with upwards of 100 men?—Yes.

2904. Do the men attend parades?—Yes, three times a day, which I also attend myself.

2905. If you are absent, as you necessarily are to-day, there is only one person in charge of the men?—My assistant, who is the paymaster, is present to do whatever may be required.

2906. Colonel *Kingscote.*] Can pensioners enlist with you?—They cannot.

2907. Colonel *North.*] How did you manage when you had 900 men?—More by good luck than good management, I fear.

2908. Colonel *Kingscote.*] Do you know what was the expense incurred in the case of those men who were discharged not having received their bounty money?—I think about 1 *l.*

2909. Colonel *North.*] It would be a great advantage to you, would it not, if you had men to assist you?—Of course it would.

2910. Sir *James Fergusson.*] Had the men who were brought to you from the recruiting districts any previous knowledge of the treatment of the sick?—No.

2911. During the fortnight that elapsed before their going to the hospital, did they receive any instruction with regard to the treatment of the sick?—Yes. Just at that moment the cry out in the East for these men was very great, and the requisitions that were made to us were very pressing, and under those circumstances it was conceived that a fortnight would be sufficient to give them a general insight into their duties and to embark them. During seven months I embarked upwards of 800 men.

2912. What is the age of these men?—From 20 to 30.

2913. *Chairman.*] Do you receive accounts of their conduct from time to time?—Yes.

2914. You are not enlisting many men now, I suppose?—No, I am not.

2915. Colonel *North.*] You do not enlist old soldiers?—No; on account of their age.

2916. Are there not many young men who have purchased their discharge from the Line, and persons, who after a certain service have got their discharge, who would be very useful in your department?—Yes; but I think that the habits of old soldiers are bad.

2917. But there are many young men, are there not, who having purchased their discharge, would be glad to get back to military life, and whose services would be very useful to you?—Yes.

2918. Could you take them into your corps?—There would be no objection to it.

2919. *Chairman.*] It is entirely at the discretion of the medical officer, is it not, to reject a man or to approve him?—Quite so.

2920. You

2920. You have no voice in the matter?—Very little.

2921. Colonel *North.*] Do the parties get bringing-money for enlisting these men?—Yes; just in the same way as for men who are enlisted in any other corps in the service.

2922. I understand you to say there were no instructions given that it was necessary before men could be enlisted into your corps that they should read and write?—Not in the first enlistment; in the second that instruction was given.

2923. Mr. *Percy.*] In the first enlistment was there no list of qualifications given to you?—No.

2924. *Chairman.*] In the discharge of your duty you have nothing to do but to obey the dictum of the medical officer?—Certainly.

2925. When you send a man for approbation, it is for the medical officer to determine whether he is fit for the service or not?—Certainly.

2926. And you in no case contravene his decision?—I am a member of the Board.

2927. But practically speaking the decision of the medical officer has always been final?—Yes.

2928. Colonel *North.*] Is the inspection of the medical officer very stringent?—I cannot say.

2929. Is it the same with regard to your men as it is with regard to recruits in the army?—Just the same.

2930. Colonel *Kingscote.*] Do your men get pensions by right after 10 years' service?—They do.

2931. *Chairman.*] I think you say their pay is 2 *s.* a day?—For a first-class orderly; for a second-class orderly it is only 1 *s.* 3 *d.*

2932. Sir *Henry Davie.*] Do you ever receive men who had lost a finger, or received any other injury that would incapacitate them from serving in the army?—We never have done so.

2933. Would there be any objection to it?—No.

2934. Colonel *North.*] Do your men wear a uniform?—Yes.

2935. Is it a red coat?—No; a blue tunic, with red facings.

2936. *Chairman.*] Do you approve of the undress?—I must, for it was my own suggestion. I have always found that a shell jacket worn by a hospital orderly is most useless: first of all, he never goes about with it, except thrown open; whereas the blue smock that is given to them, they are able to put over anything they like that is warm; it has pockets in it for carrying about lint, or anything that may be of use; and for the general drudgery of the hospital I conceive it is much more useful than the jacket.

2937. Colonel *North.*] Is your bounty the same as in the Line?—Just the same.

2938. Have they necessaries provided for them?—Yes; they are equipped in every way the same as the rest of the army, but without arms or accoutrements.

2939. Colonel *Kingscote.*] What are the pensions that they get by right after 10 years' service?—I cannot tax my memory, as I have not one of the warrants with me.

2940. Sir *James Fergusson.*] Do you think that if your corps were filled up by good soldiers from the Line, it would be easier to teach them than it is to teach the men you have at present?—It would not be so easy, I think, to teach them. The class of men I generally get is much more intelligent than that out of which soldiers of the Line are enlisted.

2941. Sir *Henry Davie.*] In the Line, they do not care whether a man can read and write, or not?—No; but the men we enlist must be able to read and write.

2942. Sir *James Fergusson.*] Might you not select from the Line men who can read and write, and take them into your corps?—I doubt whether soldiers of the Line would like the duty.

2943. They get double pay, do they not?—Yes.

2944. And their duty is no more than that of an orderly?—No; but it is a very unpleasant duty, generally speaking, and a great confinement. An hospital orderly is always on duty; he has not his evenings to go out like a soldier of the Line; in fact, he has not an hour he can call his own.

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2945. Mr. *Percy.*] Has he no time whatever?—None whatever; I suppose that arrangements will be made to allow him some indulgence in future.

2946. Colonel *North.*] How are the 100 men in your corps occupied at Chatham?—Just at this moment I have only 60 fit for duty; I have three in the hospital for instruction; that is, going through their probation; and I have four recruits; one man is the steward major, another is a quartermaster-steward, another is paymaster's clerk, and another is my clerk; but these men, when the staff is appointed, will be eligible for their own proper duties. I have 22 sick; I have five prisoners, one in barrack cells, and seven in district military prisons, men who have been tried by courts martial for absence without leave and desertion. Those 22 are men who have been sick before; a great many had embarked for the East; on the 1st of April I embarked 288.

2947. Do you not think that five prisoners is a great number, considering they are a superior class of men?—Yes; but I never overlook any misconduct on their part, and that swells the number.

2948. Colonel *Kingscote.*] Is it possible for a man who has been discharged for misconduct to present himself at another station, and thus to create more expense?—Not for admission into this corps. There was an instance of one man who had been discharged enlisting again, and when he came to me I had him punished as a rogue and vagabond.

2949. Sir *James Fergusson.*] Would you admit any man to a responsible office, either in a hospital or elsewhere, after only a fortnight's service?—Not generally speaking.

2950. And you have no better means of judging of the character of these men after a fortnight's service than they have in a regiment of the Line?—No.

2951. Mr. *Percy.*] Under whom are they placed when they are employed in the hospital?—Under the principal medical officer of the hospital.

2952. Colonel *North.*] How are the 60 men occupied at present, who you say are fit for duty; have they any occupation?—None.

2953. Are they not to assist in the hospitals?—When the number of sick in the hospitals is so great as to require extra assistance, a requisition is sent for them.

2954. Will they remain idle, then, until some of them are sent abroad?—Until they are wanted. In the meantime I find employment for them in the best way I can, making a kind of soldiers of them; that is, setting them up, and teaching them to salute, and so on.

2955. But they are not employed as hospital assistants?—No; because the hospitals at present are sufficiently supplied.

2956. Mr. *Percy.*] Could they not acquire some knowledge of what they may have to do by attending in hospitals as supernumeraries?—I cannot say.

2957. You think it is better that they should be doing nothing?—No, I do not think that.

Jovis, 5° die Junii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Colonel Kingscote.
Mr. Bellew.	Mr. Leveson Gower.
Colonel Boldero.	Mr. Legh.
Sir James Fergusson.	Mr. Percy.
Sir Henry Davie.	Sir John Trollope.

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

John Ashton Bostock, Esq., Surgeon, Scots Fusilier Guards, called in; and Examined.

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2958. *Chairman.*] YOU were in the Crimea?—I was.

2959. When did you leave England?—I left England with the battalion in 1854.

2960. Were you with the battalion at Varna?—In Bulgaria, and on landing in the Crimea.

2961. Did

2961. Did you accompany them across the Black Sea?—Yes, and in all the marches that took place.

2962. When did you leave the Crimea?—I was invalided in consequence of a severe fever in April 1855.

2963. You gave answers to the questions which were proposed to you by the Commissioners in January 1855?—In December, I believe; they were written in December, at all events.

2964. Your reply to those questions, I see, is dated the 1st of January?—Yes.

2965. Have you since that time looked over those replies?—Yes; I looked over them yesterday.

2966. On the whole, do you still adhere to the opinions which you then expressed?—I do.

2967. You see no reason to alter them?—No; I considered the matter very carefully at the time, and nothing has since occurred to induce me to alter the opinions which I then expressed.

2968. Is there any point referred to there with regard to which you wish to be questioned, in order to give you an opportunity to modify anything which you then stated?—No.

2969. What was your position in the Crimea with regard to superintendence; in what position did it differ from your position as one of the surgeons of the household troops here?—My position was the same.

2970. Were you under the superintendence of Dr. Hall there?—We made a daily statement of the number of sick for the information of Dr. Hall.

2971. Was your hospital inspected?—No, it was not; none of the hospitals of the brigade were inspected.

2972. To whom did you apply for medical comforts, and so on?—To the superintending staff officer of the division, Dr. Linton.

2973. Did you always find that there was a sufficient supply?—The supplies very frequently failed.

2974. Did you use dispensers in your regiments abroad in the same way and upon the same plan as they are used in your hospitals at home?—The same system was carried out in the Crimea as is carried out at home.

2975. Did you ever find any difficulties to arise from that system?—None at all; on the contrary, I think it has many advantages.

2976. Will you have the goodness to state what, in your opinion, those advantages are?—One advantage is that, by educating corporals and others, you produce a succession of men in the ranks who are always able to undertake the duties of dispenser and hospital steward when the regiment requires their services in that capacity.

2977. Had you any instance of a dispenser who fell ill, and who was succeeded by another?—Yes; that occurred three times in the East, and we had men in the ranks who were ready at once to take their places; they had been educated in England, at the regimental hospital, and were, therefore, fully prepared and qualified to take upon themselves that duty.

2978. Colonel *North*.] When did your wants begin in the East?—We began to experience difficulty in Bulgaria; when we were there we felt the want of medicines and medical comforts.

2979. Are you aware that Dr. Hall stated before the Military Commission that was sent out that there was no want of splints and supplies of all kinds after the battle of the Alma?—The answer which I gave just now was with reference to the state of things in Bulgaria.

2980. Are you aware that Dr. Hall stated in his Evidence that there was no want of splints and other supplies of all kinds after the battle of the Alma?—I saw his Evidence this morning; I do not agree with him in that particular; the splint that I wanted I could not obtain.

2981. With regard to other supplies, were they forthcoming as much as was requisite?—We had very recently come from on board ship, and I had taken the opportunity of supplying my regimental store with everything that I thought requisite; I do not think, however, that there was any general deficiency of supplies at that time.

2982. *Chairman*.] Did you apply in more than one instance for splints which you were unable to obtain?—I applied verbally only to Dr. Linton for the splint I required, and I was told that there were none of that kind.

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2983. Colonel *North*.] Was that a very necessary kind of splint?—It was one of a kind that I should have preferred to use; it was a long splint that I wanted to use for an officer in a case of fractured thigh.

2984. Those were things that ought properly to have been with you?—I think it would have been very desirable if they had been there.

2985. Had you any amputation table, or anything of that kind?—No, we had not; in my field hospital I found, in a building in a vineyard where the action commenced, a rude table, which I adapted to the purpose.

2986. Would there have been any difficulty in carrying that sort of table with you?—There would have been great difficulty in doing so, because we had no transport.

2987. If there had been a proper transport, would there have been any difficulty in having a sort of portable amputation table?—If there had been a sufficient transport that might have been done, and such a table would have been very desirable.

2988. Had they such in the French army?—I do not know; they were not deficient in the means of transport.

2989. *Chairman*.] Do you think they were superior to us with regard to their preparations for service?—Very much so indeed; I am alluding entirely to their means of transport.

2990. Colonel *North*.] Were any superintending medical officers employed to inspect your hospitals in the East?—No; I have already stated that they were not inspected.

2991. Were any of your requisitions curtailed?—Frequently.

2992. Was there any reason assigned for that?—It was said that there were not the things I required in store; or rather, I will not say that, there were none in store; but that, if my requisitions had been complied with in full, other regiments would have suffered, and therefore I was satisfied to receive my fair proportion.

2993. According to that statement it would appear that the supplies generally could not have been very ample?—I am not speaking of the time after the battle of the Alma; there we had sufficient; I am alluding to the epidemics that occurred in Bulgaria, the cholera, and the subsequent fever and disease that prevailed in the camp at Sebastopol.

2994. Did you find any want or difficulty in the East in consequence of not having a superintending officer over you?—Not the least in the world. I do not think that any superintending surgeon could have assisted us; the difficulty arose from the things we wanted not being in store; there was no indisposition to give us the things we required, but they had not got them there.

2995. *Chairman*.] Had you any communication with any superior officer, or with any officer of higher rank than yourself?—I was acquainted with Dr. Linton and Dr. Hall, and I had frequent communications with the former; but I had no communication with them of an official kind except in answer to my requisitions.

2996. Colonel *North*.] Has the Director-general any control over you?—None whatever.

2997. *Chairman*.] Had you dispensers when you were in India?—In the Indian army there is an educated class of half-casts who supply the domestic wants of the hospital; they do the duty of dispensing, cooking, orderlies, and the steward's department.

2998. Did you find that system work well in India?—Yes, it is very suitable to the Indian climate.

2999. Do you think that that could be used with advantage as a precedent for the establishment of a similar corps here?—I think not, because in India, in other parts of the regiment, similar duties are performed by natives; each company of an European regiment maintains its own shoeblacks, and so on, and in cavalry regiments the horses are groomed by natives; I think you could hardly expect soldiers to undertake the duties of orderlies in hospitals.

3000. You consider, then, that the system which was found to work well in India would not necessarily work well in this army?—I should think the introduction of civil officers in our hospitals would be extremely injurious; I should be extremely sorry to see any dispenser or civilian introduced into the hospital of my regiment with a rank superior to that of the hospital serjeant.

3001. Colonel *North*.] Do they rank as officers in India?—No; certainly not.

3002. They

3002. They are more like warrant officers?—Yes.

3003. *Chairman.*] Do you consider that the position occupied by a hospital serjeant is an important one?—Certainly; so much so that I would improve his position.

3004. In what respect would you improve his position?—I would increase his rank and his pay; I think that would be a great advantage. I would make him equal to the other staff serjeants of the regiment; I would make him equal to the quartermaster serjeant; I would leave the whole discipline of the hospital in the hands of the hospital serjeant.

3005. On the whole, having seen service in the hospitals of our household troops here, and also having been with them in the Crimea, do you think that the system of dispensing in their hospitals could be extended to other regiments, and was that system satisfactory in the field?—Perfectly so; we never had the slightest difficulty; under very trying circumstances, that part of our system never failed.

3006. Had you no difficulty about orderlies?—Once or twice we had a little difficulty, but I much prefer keeping our system of orderlies to introducing any other class of individuals; I form my opinion from what I have seen in my general experience; I prefer the system that we have at present of employing soldiers as orderlies to the introduction of civilians.

3007. Colonel *North.*] Do you think you would have any difficulty in selecting from the ranks a sufficient number to perform the duty?—No; in the most difficult period of the campaign, when it was a service of danger to be an orderly, we had no lack of volunteers, and if a slight addition were made to their pay, we should have no difficulty in getting orderlies to any amount; a perfect understanding with the commanding officer is necessary, of course, and that I always enjoyed to the fullest extent.

3008. Do you think that, if the number of inspectors and deputy inspectors were increased, the rank of surgeon of the first class might be done away with with advantage?—I do not quite understand the question.

3009. If the number of inspectors and deputy inspectors were increased, could the rank of surgeons of the first class be abolished with advantage?—I have very little experience on that subject; my service in the line, where this rank exists, has been very limited, and I do not feel competent to give an opinion upon the subject; I think that, as a general rule, what is most desirable is working medical officers with less superintendence.

3010. You do not think that a surgeon and two assistant-surgeons are too many for a regiment of a thousand men, do you?—No, I do not think they are enough.

3011. *Chairman.*] What is the complement of surgeons in your regiment?—A surgeon-major, a battalion surgeon, and five assistants; seven altogether; the number has been increased since the war.

3012. Colonel *Kingscote.*] Is that for two battalions?—Yes.

3013. Sir *Henry Davie.*] Would you have any increased number during a time of war?—We had a large increase during the war.

3014. During peace, do you consider it necessary to have that number?—I think that our numbers before the war were far too small; the duty could just be done, but it was very hard work.

3015. Should you consider a surgeon and two assistant-surgeons are requisite in a time of peace?—I think so; I think each battalion should have that.

3016. *Chairman.*] Do you find your own instruments?—Yes.

3017. What may be the value of a set of instruments?—From 17 to 20 guineas.

3018. Is there any allowance made to you for your instruments?—No.

3019. Was there in the line?—The regulation is, that every surgeon must provide his own instruments.

3020. Mr. *Leveson Gower.*] Is not that a recent regulation?—I think it has been in force ever since I have been in the army.

3021. *Chairman.*] Supposing there to be any newly-invented instruments, would you either have to buy them at your own expense, or else would you have to operate with your old instruments?—I believe that at present more liberality exists on the part of Government, and that we should be furnished with them if we showed that they were necessary; but if they were refused, we should have no alternative but to get them at our own expense.

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3022. Colonel *North.*] You would not receive them from the Government as a matter of course?—No; I am not aware that we should.

3023. Is your promotion by selection or by seniority?—By seniority.

3024. Sir *Henry Davie.*] It was stated in evidence by Dr. Hume the other day, that, in the Peninsula, great mistakes were committed in consequence of ignorant men dispensing medicines; did you hear of anything of the kind occurring when you were in the Crimea?—Nothing of the sort has occurred during my own period of service.

3025. But independent of your own experience, did you hear of any such mistakes occurring?—No; I never did.

3026. Colonel *North.*] Do you think that the service would be benefited if promotion was made by selection for merit?—I think that as a general rule the principle of seniority should be acted on.

3027. Mr. *Leveson Gower.*] Even on foreign stations?—On all stations.

3028. Colonel *North.*] Who is the person who judges whether a candidate for an assistant surgeoncy in the Guards is fit for the appointment?—The candidates are required to produce the ordinary medical qualifications which are required in the Line, and in addition to that the candidates for appointments in the Guards are often recommended by eminent surgeons in London. In point of fact, the candidates have often themselves filled important positions in hospitals; I myself was house surgeon at St. Bartholomew's Hospital before I entered the army, and I was appointed by his Royal Highness Prince Albert, who, I presume, was satisfied with my competency?—I was put on the staff for a short time, and afterwards was appointed from the staff into the Guards.

3029. The appointment is not generally given to assistant-surgeons who have been serving in the Line and have been transferred to the Guards?—No; it happened so in my case, but that is not the general rule.

3030. Who settles the promotion?—The promotion is by seniority.

3031. Have you any confidential reports in the Guards?—I never was called on to make any myself, and I believe that there are none made.

3032. Are you satisfied that the medical service of the Guards is as good as it can be for the service?—I believe it to be very good; I think that our hospital would challenge comparison with any hospital, either military or civil; indeed, I believe I may refer to an eulogium which was passed upon our hospital in the House of Commons, by Mr. Stafford, the Chairman of this Committee.

3033. *Chairman.*] What was your opinion with reference to the conduct of the men generally in your hospital in the Crimea?—I found the conduct of the men on all occasions was most exemplary?—I cannot speak too highly of the patience and cheerfulness they displayed under all their sufferings; the only regret we felt was that we were obliged to stand by and witness their sufferings without being able to relieve them.

3034. Did you find that any unfounded complaints were made?—I never heard a single complaint the whole time.

3035. Sir *Henry Davie.*] The pay of a private in the Guards is higher than that of a private in the line, is it not?—I think it is a penny a day more.

3036. Colonel *North.*] What becomes of your lunatic soldiers?—I myself had occasion to recommend the discharge of a soldier who appeared to be disqualified from performing military duty in consequence of imbecility, but I do not remember any case of violent lunacy occurring in our hospital; in cases of idiotcy they are discharged. We have had no case of violent lunacy requiring restraint within my recollection.

3037. Supposing you had a case of that sort, would the man be sent to Fort Pitt, or would you take charge of him in the Guards and provide for him in some way yourselves?—We have hardly an instance of that kind to deal with; I should not think it would be necessary to send him to Fort Pitt. We may have had them there; I am not quite sure.

3038. What is your opinion with regard to the establishment of an asylum for insane soldiers, instead of their being sent to private establishments?—I should prefer sending them to a military asylum decidedly.

3039. With military attendants?—Yes, with military medical officers and military orderlies.

3040. Mr. *Legh.*] Do I understand you to say that you think the system pursued

pursued in the Guards as to dispensing would be applicable to regiments of the line?—I cannot conceive that there would be any difficulty in it whatever.

3041. Are not the expenses of the orderlies and hospital nurses greater in the Guards than in the line, and if so, is not that paid for out of some extra fund?—I am not aware how that is.

3042. *Chairman.*] The financial part of the question might be met by greater liberality on the part of Parliament; might it not?—Yes; but I conceive that 10 *d.* a day in the line is amply sufficient.

3043. Colonel *North.*] What is your opinion with regard to hospital stoppage? I suppose your men are put under stoppages?—I believe so.

3044. Perhaps you have not considered the question of amount?—I have not considered the financial part of the question at all. I merely know by public report that 10 *d.* a day is sufficient to pay the military hospital expenses throughout the kingdom.

William Ord Mackenzie, Esq., M. D., called in; and Examined.

3045. *Chairman.*] WILL you state what is your present official position?—I am Surgeon in the 3d Light Dragoons.

3046. When did you enter the service?—I went to Chatham in October 1838, nearly 18 years ago, and received my first commission on the 14th of January 1839; immediately afterwards I proceeded to Canada.

3047. How long did you stay in Canada?—I was gazetted shortly afterwards assistant-surgeon in the King's Dragoon Guards, and remained with that regiment in Canada until its return in October 1843, was promoted on the 8th of January 1847, for a short time on the staff; I was afterwards surgeon in the 5th Fusileers, with which I proceeded to Mauritius. I returned from Mauritius in October 1850, and, at my own request, I afterwards exchanged, and became staff surgeon to the provisional battalion at Chatham, which office I held for 18 months. I subsequently exchanged into the 82d Regiment, in which I remained for 14 months; since then I have been in the 3d Light Dragoons.

3048. Colonel *North.*] Were you in India with the 3d Light Dragoons?—No, I merely went into the 82d Regiment until the 3d Light Dragoons came home; I was waiting for them.

3049. *Chairman.*] Where did you pursue your studies?—I was five years in Edinburgh and eight months in Paris; I am a graduate of the University of Edinburgh, a licentiate of the Royal College of Surgeons of Edinburgh, and licentiate of the Faculty of Physicians and Surgeons of Glasgow.

3050. Can you give the Committee an idea of the expense of your professional education?—I should think twelve or thirteen hundred pounds.

3051. Who is the present occupant of the military chair at Edinburgh?—The chair has been vacant since the death of Sir George Ballingall.

3052. Do you remember the date of his death?—No, I do not exactly; I think it must have been in November; I know it occurred some time about the beginning of winter.

3053. Has the chair been vacant ever since?—Yes.

3054. Has it been usual to keep it vacant so long?—The chair was never in existence until Sir George Ballingall held the office; he was the first occupant of it.

3055. Sir *Henry Davie.*] Is this the time of year that the classes sit?—Not now; Sir George Ballingall latterly lectured in the summer, I believe in consequence of his impaired health, but formerly he used to lecture in the winter.

3056. *Chairman.*] Can you state who are eligible to that chair?—Any medical officer in the army. I offered myself as a candidate for the chair last January, and the answer I received from Lord Panmure was, that nothing had been decided on as to filling up the chair; that he could give me no definite answer, in fact; and I understand (though not from him) that the reason was that it was a question whether the chair of military surgery in Edinburgh might not be merged eventually in the chair to be established in London.

3057. Do you mean that it was proposed to abandon that post altogether in Edinburgh?—I understand that such a proposition was mooted.

3058. Do you or not, think it desirable that medical students for the army should

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should have opportunities of studying in the different capitals of the two islands?—I think so, decidedly.

3059. You think that that would be better than having one central place?—Yes; unless there should be one chair of military surgery occupied by some one of sufficient eminence, whose classes all candidates going to Chatham should be obliged to attend for three months.

3060. Would that be in addition to or in substitution of other classes?—In substitution, they having the advantage of the splendid museum that there is at Chatham all the time.

3061. Do you think that, after examination, a probationary period would be desirable?—Certainly, in order that they might learn the general duties of the service.

3062. Had you much probationary period of service?—Yes, three months, without any pay or allowances.

3063. Do you think that three months would be sufficient?—I think it would be quite sufficient to ascertain the qualifications of any candidate; of course, he would be under supervision.

3064. But you do not think it would be too long?—No, I think not; I would give him 5*s.* as now; for it is a very hard thing that he should have to pay the expense of mess and lodgings when he is performing his duty for nothing.

3065. Mr. *Leveson Gower.*] Do they all receive 5*s.* a day?—Now they do; they did not in my day.

3066. *Chairman.*] Do you think that an assistant-surgeon should be appointed in the first instance to the staff?—Decidedly not, I should say.

3067. For what reason?—Because, in my opinion, on his first appointment he ought to join the regiment at the head-quarters of his corps, there to learn the duties of his office, also to get acquainted with soldiers and their habits, and to be under the eye of the surgeon for a short time.

3068. Do you think that there should be any promotion before regimental service?—I would promote no assistant-surgeon and no staff surgeon of the second class to be staff surgeon of the first class, until they had occupied both positions, of regimental assistant-surgeon, and regimental surgeon.

3069. You attach great importance to regimental experience?—Decidedly.

3070. What is our first duty in the morning?—I visit the cells in which prisoners are confined; thence to the hospital, where I examine all men who have reported themselves sick, and decide whether they are to return to their duty or to remain in the hospital; immediately afterwards I inspect all prisoners who are to be brought before the commanding officer for punishment, in order to decide as to their fitness to undergo that punishment.

3071. What number of patients have you in your hospital at present?—Thirty.

3072. What is the strength of your regiment?—This morning it is 547; of these we have 400 at head quarters at Hounslow, 100 at Hampton Court, 30 at Kensington, 10 at Aldershot, and 13 at Sandhurst. I have said we have 400 at head quarters; there are scarcely so many as that; perhaps there may be 390.

3073. Will you be good enough to state what are your medical arrangements, with reference to these different detachments, beginning with head quarters?—I am the only medical officer at head quarters; the assistant-surgeon is detached with the largest party at Hampton Court, but as there is no hospital there, or at Kensington, or at Sandhurst, or at Aldershot, all the sick of the regiment are sent to me, so that the surgeon of the regiment for the time being at Hounslow, is more a prisoner, and has more to do, than the surgeon of any other cavalry regiment.

3074. Casual cases only are treated at Hampton Court?—Only slight cases, where a man is not likely to be unfit for duty more than 24 hours, or 48 hours at the outside.

3075. Are the medicines sent from head quarters?—The assistant-surgeon takes a medicine chest with him, but all serious cases would be sent to me, except cases in which the party was not fit to be removed, as in the case of a compound fracture.

3076. Have you any room for the reception of such cases at Hampton Court?—There is a small room there.

3077. Have

3077. Have you ever sent any of your men to civil hospitals?—Never, except in very particular cases; the other day, for instance, a horse tripped up in Oxford-street, and one of the men was carried immediately to the Middlesex Hospital with a compound fracture.

3078. But in difficult or chronic cases you never send them?—No.

3079. In the case of small detachments, where the men have no assistant-surgeon with them, what arrangements are made for their medical attendance?—One of the duties of the regimental surgeon, on a detachment being ordered out, is to represent to the commanding officer of the regiment that it is necessary to make some agreement with a civil practitioner on its arrival at its destination, either by contract or otherwise, to take charge of the detachment.

3080. What are the terms upon which that arrangement by contract is usually made?—By regulation it is a penny per head for every man, woman, and child, sick or well, if Government supply the medicines, and 1½*d.* if the medical practitioner supplies them.

3081. At whose discretion is it to supply the medicines?—At the discretion of the practitioner.

3082. Is it not in the power of the Government to insist on the practitioner taking the penny only, the Government finding the medicines?—I think not.

3083. Who ascertains the quality of the medicines in the event of the practitioner electing to supply them?—I am not aware that there are any means of ascertaining that, but the practitioner who is generally chosen is a person in fair practice, and likely to be well supplied with medicines.

3084. Colonel *North.*] Is he obliged to attend the mounted parades of the detachment?—No, he is not obliged to attend; he attends in case of any accident, but he does not go on parade.

3085. Sir *Henry Davie.*] Of how many men do you say the detachment at Kensington consists?—Thirty.

3086. Are they visited by any medical officer of the Household Brigade?—Not that I am aware of; I presume that on an emergency assistance would be rendered by the surgeon or assistant-surgeon for the time being at Knightsbridge barracks.

3087. You have an officer there?—Yes.

3088. If there is any case of sickness he reports it to head-quarters, does he not?—Yes.

3089. Have you any means there of removing a sick man to head-quarters?—No.

3090. You have no ambulance carts, or anything of that sort?—No.

3091. How do you remove a sick man?—In a cab.

3092. Colonel *North.*] Do you think that one assistant-surgeon is sufficient for a regiment of cavalry?—No, I think not; there are many cases in which a surgeon may be incapacitated for a short time by temporary illness, or a severe accident might happen to him, or some unusual case might arise in which a consultation would be advisable.

3093. What is the strength of the detachment at Hampton Court now?—One hundred.

3094. Is the assistant-surgeon there?—Yes.

3095. Then at this moment, if anything were to occur at head-quarters, there is no one to look after the men?—Except that I have made private arrangements with three civil practitioners to attend on them if necessary.

3096. If there were an evening parade there would be no medical officer to attend it?—Yes, the assistant-surgeon would attend. This very day, for example, the assistant-surgeon was on parade when I came up.

3097. Sir *Henry Davie.*] Would it not be advisable to have your assistant-surgeon at head-quarters, so that you might either send him or go yourself to inspect the detachment at Hampton Court?—Yes, I think so. I would always prefer having an assistant-surgeon at head-quarters, to prevent myself from being entirely a prisoner.

3098. Mr. *Legh.*] What is the distance from Hampton Court to Hounslow?—Between four and five miles.

3099. So that that is not a case of so much hardship as many others; in Ireland, for instance?—No, it is not so hard as many of those cases; I only refer to it to illustrate the mode of treating the sick; that they all come to head-quarters.

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3100. What would be done, if, instead of head-quarters being four or five miles off, the distance were 30 or 40 miles, as is often the case in Ireland, where squadrons are detached, and sent considerable distances?—In that case recourse must be had to civil practitioners.

3101. *Chairman.*] Do you attend the wives of soldiers?—Yes; but it is hardly fair that the surgeon should have all the labour of nightwork. A fortnight ago I was sent for three times in one night, and had to go each time a mile to see one of the married soldiers' children.

3102. Colonel *North.*] Is any deduction made from your pay for forage?—Yes, the same as is made from the pay of other officers; they have all a deduction of 8½*d.* per day for each horse, but an infantry surgeon has a deduction made from him which is not made from any of the other mounted officers.

3103. The surgeon of an infantry regiment is not allowed forage except in the field, is he?—Yes, he is; he is a mounted officer, and is entitled to forage, and has a deduction made if he keeps a horse; the occasions are so very seldom on which an infantry surgeon has to go on parade, that a great many of them do not keep horses.

3104. *Chairman.*] Are you in the habit of giving written instructions to your assistant-surgeons?—Semi-official; writing to them, and requesting that they will do so and so, and conform to the habits I have adopted.

3105. Do you send copies of those instructions to the Director-general?—Never; they are entirely private between ourselves.

3106. Sir *Henry Davie.*] Are your remarks as to the necessity of a second assistant-surgeon in a cavalry regiment applicable to the former diminished strength of a cavalry regiment, as well as to its present increased force?—Yes, although the actual number of the sick would not be so great with a diminished force, yet the same exigency might arise.

3107. What is the relative strength of a cavalry regiment at present compared with what it was before?—The strength of our regiment was formerly 361; our present nominal strength, including officers, is 696; but exclusive of officers, we have 547 to-day; we ought to be 600; we only want about 60 men to complete our number.

3108. The strength of a cavalry regiment, of course, is much less than that of a battalion of infantry?—Much less; but the casualties are much more frequent.

3109. But the number of men in hospital is much less?—Yes; but there are necessarily more casualties from kicks, wounds, and fractures.

3110. And ruptures, and things of that sort?—Yes; at this moment I have three cases of fractured legs, all of which occurred within three weeks of one another; these are in addition to the case I mentioned of the accident which happened in Oxford-street.

3111. You think that the medical strength of a cavalry regiment ought to be as great as that of an infantry battalion?—Yes, I do.

3112. Although there are not half the number of men?—Yes.

3113. Colonel *Kingscote.*] The per-centage of casualties is greater?—Yes.

3114. Sir *James Fergusson.*] Have you received any man yet from the medical staff corps?—No.

3115. You would prefer that the men should always be selected from the body of soldiers?—Yes.

3116. *Chairman.*] Are they more difficult to obtain in a cavalry than in an infantry regiment?—Generally they are, for the duties of a cavalry soldier are much greater.

3117. Have you sometimes a difficulty in retaining them?—Yes; the other day, when the number of sick was reduced, and when it was necessary for me to give up one of the orderlies, the commanding officer said he wished to have my senior orderly, my best one, who was anxious to remain with me, and I was obliged to give him up.

3118. That difficulty would be met, would it not, by the institution of the hospital staff corps?—No doubt; but at the same time I would much rather have some of my own men, and I think that the men themselves would prefer to be attended by one of their own comrades rather than by a stranger.

3119. Colonel *North.*] Is it usual in your regiment, if the number of sick becomes diminished, to withdraw an orderly?—The rule is, to have one orderly

to

to every ten men: if I have 30 sick, I have three orderlies; and if to-morrow I should have 32, I could claim another orderly.

3120. When an orderly is no longer required, do you send him back to his duty?—If there is a decided diminution in the number of sick, and if there is no likelihood of any sudden increase, I then report that such a man ought to go back to his duty.

3121. If you had 21 men sick, you would have three orderlies to attend upon them?—Yes.

3122. Suppose two of those men were sent out of the hospital, should you return one of the orderlies to his duty at once?—The commanding officer might call for him.

3123. With regard to your own personal pay as surgeon of a cavalry regiment, is that in the same proportion as the pay of cavalry officers and infantry officers?—No; the pay of a cavalry surgeon and an infantry surgeon is the same, and yet the former has a great many more expenses.

3124. *Chairman.*] Is your position on joining the same relatively as that of other officers with regard to pay?—No; it is a shilling less than a lieutenant.

3125. Is there any leave given to you on joining, the same as is given to other officers?—None; on his appointment every officer in Her Majesty's service, except a medical officer, has two months' leave of absence.

3126. Medical officers have not?—No; they are ordered to join forthwith, and their expenses are consequently one-sixth more than that of other officers.

3127. Sir *James Fergusson.*] Can a cavalry surgeon support the expenses of the mess, and other expenses, if he has not private means in addition to his pay?—I think he can, as regards the mere expenses of the regiment.

3128. Colonel *North.*] But not an assistant-surgeon?—I think not.

3129. Mr. *Leveson Gower.*] For what reason would you object to receive orderlies from the staff?—I think that the men themselves would prefer being attended by their comrades.

3130. Does not the case you mentioned just now, of losing one of your best men, prove the necessity of something being done to prevent such things occurring?—Possibly a case of that kind might be met by commanding officers being enjoined not to interfere so much in that respect; they want as many men on parade as possible.

3131. *Chairman.*] Do you think the relative positions of medical and executive officers is satisfactory on the whole with reference to this and other points as to which they might come into collision, or have you any suggestions to make with regard to increasing the power of medical officers?—I think that if their relative positions in the regiment were a little more clearly defined it might be better; personally I have never had any reason to complain upon that point, but I think that if their relative rank were higher it would be attended with advantage.

3132. Colonel *Kingscote.*] Are you satisfied with your military power in your regiment?—Yes; I think we could not with advantage have more power in our own corps.

3133. Have you power to place a soldier in confinement?—Yes, I have often done so.

3134. Do you think it would be desirable that you should be able to be a member of courts of inquiry?—I have acted as president or member in such cases, but I should much rather be a witness; as a general principle I think it is much better that medical men should be witnesses, only with one exception; where any medical officer is to be tried by a court-martial, I think that one medical officer, at least, ought to be a member of the court, because medical men would be the best judges on many points of detail with reference to charges of neglect of duty.

3135. But generally speaking, you would rather be a witness in a case than a member of the court?—Yes.

3136. Sir *Henry Davie.*] I understand you to say, that in the case of a medical officer being tried by a court-martial, you think it desirable that one or two medical men should be members of the court; would not the same end be attained if the medical officers appeared as witnesses?—I think not, for this reason: that when the court is cleared for consultation on any point, the medical officers present as members of the court might suggest things which they could not suggest as witnesses.

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3137. Can a medical officer be tried by a court-martial for anything connected with his professional duty?—Yes; if any man in the regiment chooses to make a complaint against either of the medical officers, the commanding officer can order a court of inquiry, and if the court of inquiry should come to a decision against the medical officer, he would be put under arrest, and a report of the case would be forwarded to the Horse Guards.

3138. Would that be the case, if the complaint was of improper medical treatment?—Of course, if a soldier makes a complaint, it is absolutely necessary that it should be investigated; if it appeared to be strictly a medical question, then a superior medical officer would be sent to inquire into it.

3139. Have you known instances in which medical officers have been tried by courts-martial?—Personally I have not met with any cases of the kind, but I have heard of such cases.

3140. But in ordinary cases, such as general want of attention to the patients, breaches of discipline, intoxication when on duty, or cases of that sort, which are happily very rare, do you not consider that military officers generally could form as accurate and safe an opinion as medical men?—On all points of military insubordination or military irregularity, I should leave the matter in the hands of strictly military men.

3141. It would be only in cases where the propriety of the medical practice was impugned, that you would wish a medical man to sit as a member of a court-martial?—Yes; if the charge against a medical officer were that he had been guilty of intoxication, I should leave it in the hands of an ordinary court martial; and so I would leave it in their hands if the charge were that he had been guilty of insubordination; but if the charge against him was that he had been guilty of neglect towards some patient, or that he had not attended him sufficiently, or that the man who made the complaint was not satisfied with his treatment, then I should say it would be desirable to have a medical officer to assist in the inquiry.

3142. Do you not think that, in the case you have suggested, the witnesses brought forward by the medical officer himself would be quite as well able to give information to the court-martial as if they themselves were members of the court; or, in other words, would not justice to the accused be quite as certain to be obtained by means of the medical witnesses he might bring forward, as it would be if those witnesses were themselves members of the court?—I think not.

3143. Colonel *Kingscote*.] Would you recommend that medical officers should have military titles as well as medical?—No.

3144. Colonel *North*.] Merely to give them military rank, so as to give them a chance of prize-money, the choice of stables, and so on, as well as to command respect from the men?—I do not think it is at all necessary.

3145. Colonel *Kingscote*.] You do not think it would be any advantage to yourself?—No; I consider that, regimentally, I have in my own corps as much respect paid to me as I can desire.

3146. Colonel *North*.] What officer of your department ranks as a field officer?—A staff surgeon of the first class, and the higher grades in proportion.

3147. In a garrison where there was a staff surgeon of the first class he would take quarters with a field officer?—Yes.

3148. Have you any remark to make with regard to the dress of a medical officer?—If medical officers are to be dressed in uniform, as I consider they ought to be, I think there should be no distinction between one officer and another; I think that all distinctions are invidious.

3149. Sir *James Fergusson*.] Do you not think that in the field it is important that there should be a distinction between the dress of a medical officer and a military officer, so that you may be able to find him immediately?—If I were surgeon for the day with three cavalry regiments in the field I will undertake to say that I should be found in a moment when I was wanted.

3150. Mr. *Leveson Gower*.] Are you not aware that in the continental army there is a distinction made in the dress of a medical officer?—I believe that the medical officers are more like our staff medical officers.

3151. Has not the regimental surgeon a distinctive dress?—He has; the distinction is too great, in my opinion, and it has recently been very much increased.

3152. At the present moment in the English army there is a distinction, is there not; the surgeon of the regiment has no sash?—In the 3d Light Dragoons, before the alterations were made, I wore the same dress as all other officers, except that I had black lines round my shako instead of gold. In infantry the surgeon does not wear a sash.

3153. Do you not think it would be better to have one general uniform for all medical officers?—I think not; I think that the regimental medical officer ought to wear the same dress as his brother officers; there is no man so well known in the regiment as the medical officer; every man, woman, and child even is able to point him out. In marching from one station to another, when there is a great distinction made, the mob who stand by looking on say, "Who is that?" "Is that an officer?" and they pass all sorts of invidious remarks; individually I may not care for them, but I think it is objectionable that men of one's own corps, who ought to respect one, should hear such observations made. The general public would not be aware of the cause of the distinction; they would think that there was some social inferiority.

3154. *Chairman.*] What officer do you think knows all the men in the regiment best?—I think, next to the adjutant, the surgeon; no one ought to know them as well as the surgeon, after the adjutant.

3155. What leave of absence have you had during your professional career?—I had short intervals of a month or two at a time on my return from Canada; again, on my return from Mauritius, I had 18 months' leave of absence from head-quarters there. I reported myself on my arrival to the Director-general, then Sir James Macgrigor, who told me that my leave was cancelled, and that I must immediately join at Chatham; he said that my having such leave was absurd. I told him it had cost me 100*l.* to come home at my own expense, that three other officers in my own regiment had come home with me on the same 18 months' leave, and that I had left the regiment in comparative good health, under the charge of the senior and junior assistant-surgeons.

3156. Was your leave of absence continued under those circumstances?—I believe I was tacitly allowed to be absent for two or three months, when I was ordered to return to Mauritius, and then I made an application to exchange to the staff.

3157. With regard to the uniform, will you state what is the difference between your own dress and that of a captain in the same regiment as yourself?—Up to the first of last month, when the dress was changed, my dress was the same in all respects, with the single exception that there were black lines to my shako, and black lace instead of gold; that, at any time, was quite a sufficient distinction either in brigade, in the field, or anywhere; it did not catch the eye of the public, and was quite sufficient to enable strangers to distinguish me.

3158. That is the case with the quartermaster, is it not?—Yes; but we are in a different position from the quartermaster.

3159. Do you think that the medical officers in the army are placed comparatively in a situation of difficulty with regard to leave of absence; do you think that they get leave of absence with greater difficulty than executive officers?—Decidedly; a subaltern, a cornet, or an ensign can command a troop for the time being, but none but a medical officer can do a medical officer's duty.

3160. At present do you think that there are a sufficient number of medical officers to fall back on; take the place of those who are either absent on private affairs or from sickness, or who may die; or are there always a certain number of medical officers afloat, either going out with detachments or coming home with their regiments?—I should say that, even before the war, we were 40 or 50 short, to meet such daily contingencies. We ought to have what I call a "remount."

3161. Have you any suggestions to make with regard to the appointment of stations?—I think that as all orders for foreign service come from the Director-general to the medical staff officers proper (not to the regimental officers), that the same system might be pursued as was in force in the artillery a short time ago, and which, for aught I know, may still prevail; that when a medical officer is ordered to a certain station, he may exchange posts with another medical officer provided the service does not suffer by it. If a staff surgeon should be ordered to Ceylon and it suits him to change with another who has been

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been ordered to Malta, I would suggest that the exchange should be allowed to be made, provided the service did not suffer by it.

3162. At present there is no power of that kind?—No; at present it is at the option of the Director-general to send any staff medical officer where he pleases.

3163. In the case you suggest the Director-general would be the person, would he not, who would judge whether or not the service would suffer by the exchange?—Yes, it ought to be referred to him; at present there is no opportunity for a medical officer to make a proposition to be allowed to exchange posts.

3164. What arrangements as to dispensing have you in your regiment?—The hospital serjeant dispenses the medicines; almost all the medicines, with the exception of the most common kinds, I personally make up. My first duty on coming down from the wards of the hospital, before I do anything else, is to make up the medicines, with the exception of the most simple, which the serjeant makes up beside me while I am going on making up the others.

3165. What proportion would that be?—About one-third.

3166. Have you ever found any mistakes happen in consequence of that practice being followed?—Once only, and that was in Mauritius; I attribute that to my own hurried manner of making the figures, so that half a scruple was taken to be half a drachm; it was very nearly leading to a serious accident, but, fortunately, I found it out myself in time to prevent it.

3167. Do you think that that plan might be expanded a little in your regiment?—I have no doubt of it; there are always intelligent men, either privates or non-commissioned officers, who are fit for the situation of dispensers in the hospital if a sufficient inducement is held out; my present hospital serjeant, when he first came to me, did not know senna from salts, but I believe that now there could be scarcely found a superior hospital serjeant; he is also an admirable accountant.

3168. He is a good dispenser?—Yes.

3169. Do you think that the introduction of civilian dispensers would be satisfactory in the regiments?—I think not.

3170. Mr. *Percy*.] Do you not think that dispensers taken from druggists' shops would be equally liable to make mistakes?—Quite.

3171. *Chairman*.] Do you think that an increase of pay to the hospital serjeant, or corporal, or orderly, would be considered a boon in the service?—Certainly; if you were to increase his relative rank and position, and make him equal to a quartermaster-serjeant, or even higher still, I think you would greatly benefit the service. I may add that, at present, a hospital serjeant in the line receives merely the same allowance that a private does, 4 *d.* a day; which, considering the great difference in the amount of work, is very objectionable.

3172. Sir *Henry Davie*.] Suppose anything were to happen to your hospital serjeant, who you say has had great experience, do you think you could supply his place immediately?—I do not know that I could, but I would undertake to find one in a short time; and I would rather take a man who knew nothing whatever of medicine and teach him myself.

3173. *Chairman*.] Would you prefer that to the introduction of a civil dispenser?—I would; I should state that I never trust the hospital serjeant with prussic acid or arsenic, or anything of that kind.

3174. Do you write prescriptions for him, or do you tell him *vivâ voce* what he is to do?—I tell him *vivâ voce* when he is standing beside me. When I visit women and children at a distance, I write the names of the medicines in Latin, the same as they are on the bottles; my directions how the medicines are to be taken are invariably written in English. It has been asked to what extent a knowledge of Latin is necessary; there is really no knowledge of Latin required; all that the hospital serjeant has to do, is to compare the name of the medicine on the bottle with that on the prescription.

3175. You being absent to-day, there is no medical officer at Hounslow; suppose some medicine should be wanted in your absence, who would administer it?—The hospital serjeant has my positive orders never to give out anything of any kind, except on an order in writing from me.

3176. What would happen if, during your necessary absence, anything should be wanted in a hurry?—He would then go to a civil practitioner in the town.

3177. Colonel *North*.] Who, in that case, would pay the civil practitioner?—Nobody

Nobody would pay him in such a case as that; in the event of my going away on leave, I should make an arrangement with him to pay him myself.

3178. Is not that a great hardship upon you?—Yes, it is a great hardship on a man who goes away with leave.

3179. Mr. *Legh.*] Do you expect a hospital serjeant to be able to make up medicines from a written prescription?—Yes; I have taught my serjeant to do so, and I could make any intelligent man do so in a short time.

3180. It must be a prescription of your own?—He has nothing to do with the prescriptions of anybody except the medical officers of the regiment.

3181. Suppose another surgeon were to come in your place, would the hospital serjeant be equally ready to make up a prescription written by that surgeon?—After he got accustomed to his handwriting, unquestionably.

3182. Mr. *Percy.*] Is not a serjeant in the habit of seeing all sorts of handwriting?—As a non-commissioned officer he is, but not as a hospital serjeant.

3183. But he is a man who has been in the habit of seeing a variety of handwritings, is he not?—Yes.

3184. *Chairman.*] Did you inspect any recruits for the hospital staff corps?—During the first fortnight of July, a fortnight before we marched from Manchester to Hounslow, I examined 42 men for the medical staff corps; out of that number I rejected 25, passing only 17; they came to me with other garrison recruits, but I had no instructions as to what their qualifications should be; I was not informed whether they were required to be able to read and write, or whether they were to be physically, more or less, fit for the service than other men.

3185. How did you know that they were intended for the hospital staff?—I knew nothing of it beforehand. When I asked them for what regiment they were intended, and they told me it was for the medical staff corps, I looked up in amazement, never having heard of it before.

3186. You had no specific instructions of any kind sent to you?—No.

3187. Should you have chosen the 42 men you examined as respectable men?—Certainly not. Their appearance was of an extraordinary kind; there were tall and short, and old and young.

3188. You knew nothing at that time of the existence of any regulation that they should be able to read and write?—No, but I should have been made aware of it.

3189. You have written instructions as to the inspection of other recruits, have you not?—Yes.

3190. But in this case you had none?—None with regard to the special qualifications that were required.

3191. Has there been any change made of late in the passing of recruits for the infantry and cavalry regiments?—When a recruit presents himself at head-quarters, the opinion of the surgeon is final as to his rejection or reception into the corps; in the case of district recruits, a staff surgeon or a deputy inspector examines them in the first instance; if approved, they then join head-quarters, and are there further examined. Since 1851, I think, the opinion of the senior medical officer is considered final, and the regimental surgeon has no option as to taking him, unless there is some very glaring deficiency in the man, or unless some accident has happened to him between the time of his being seen by the senior medical officer and the regimental surgeon.

3192-3. Colonel *North.*] I understand you to say that of those 42 who were sent to you, you only passed 17?—Yes.

3194. Twenty-five of those men you discarded for any purpose; not only with reference to the Medical Board?—No; these men were enlisted specially for the medical staff. The custom at Manchester and all garrison towns is for line recruits to go to the infantry barracks for one month, and to the cavalry barracks for another; July happened to be my time, and then these men came to me for approval.

3195. Did it appear at all that these men had been brought up in hospitals or in apothecaries' shops?—No; I think there was not a single druggist among them. I asked the men from mere curiosity whether they could read and write, and so on. I had no instructions upon the subject.

3196. It appears that there are above 100 of them now at Chatham; do you not think that their time might be better employed than by setting up drill and teaching them to salute; might they not be occupied with advantage, in your opinion, in learning hospital duties?—I think so; but at the same time I think

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it is desirable that they should have some little idea of military habits and military discipline.

3197. It appears that at present they have no occupation, except that they are taught a sort of set-up drill, and to salute, because it is not known how to employ them; might they not find some occupation in making bandages, or poultices, or something of that sort, so as to make them acquainted with what they would have to do afterwards?—I have seen nothing of the working of the system, and therefore I cannot say.

3198. *Chairman.*] Have you had any private practice since you have been in the army, either at home or abroad?—Abroad I had, but at home I never have had; first, because I never wished to lay myself out for it; and secondly, because I think a medical officer has not much chance of private practice, moving about, as he does, from place to place; he becomes known just as he is leaving the place. But in the colonies, he may easily get practice; there is no rule against it.

3199. In the event of a medical officer abandoning his profession, is he not under a disadvantage when he enters a neighbourhood for the purpose of private practice, compared with a civilian?—I think the disadvantage under which he labours is, that others have got such a long start of him; the habits, too, of military officers are different; but at the same time there are old officers in the service, and others, who often prefer to receive advice from medical officers who have been in India and at other stations, rather than from civilians; there are many instances in which I have known patients prefer old military medical men to civil practitioners.

3200. Do you think that, supposing two medical men to start together, one a military medical man and the other a civilian, there would be any feeling against the military man?—I am not aware that there would be.

3201. You think that the one would stand the same chance of becoming popular as the other?—Yes, I think so; I think that the military man, having been moved about a good deal and having mixed very much with the world, would have the better chance of the two.

3202. Your attention has been called, no doubt, to the constitution of your governing body; do you think that any alteration could be made with advantage to the service?—I heard that before I entered the service Boards did not work well; but I think that a Board consisting of the three senior medical officers of the department would be efficient.

3203. Would you recommend that it should be permanent?—I would have the chief permanent; but the two others, I think, should hold office for three years; and I would recommend that the Commander-in-chief should have a voice in their selection, nomination, and removal.

3204. Colonel *North.*] Would you allow them to vote?—Yes; and I think that a majority of voices should carry the question.

3205. Sir *Henry Davie.*] Do you know how the Board that was formerly found inefficient was constituted?—I do not.

3206. You do not know whether it was composed of three senior officers or more?—I do not.

3207. Suppose the Board was constituted as you propose it should be, and that it was found to fail, would you recommend that recourse should be had again to that system?—Not if formed precisely in that manner.

3208. *Chairman.*] Do you know anything of the system of confidential reports?—My belief has been that the commanding officers of regiments make such reports through the inspecting-general to the adjutant-general at the Horse Guards; and I believe that, with regard to the medical officers proper, the senior medical officer of the station sends confidential reports to the Director-general of the Army Medical Department.

3209. Mr. *Leveson Gower.*] Would a medical officer invariably hear of it from Dr. Smith, if there were any complaints against him?—Yes.

3210. Sir *Henry Davie.*] Why do you think that the administrative power of the Medical Department would be better vested in three than in one?—Simply because there may be many questions on which the opinion of three, or more than one, would be more advantageous than the opinion of one man only; and it is possible that there being three might lessen any chance of abuse of power. I do not mean to insinuate that any abuse of power has existed, but I think it would take away all chance of it.

3211. You think there would be less chance of favouritism?—Yes; I am one of those who think that promotion ought to go by seniority, except in cases of acknowledged incompetency, when promotion would be out of the question, or in cases of very distinguished service or very great merit, in which cases I think the Commander-in-chief ought to have a voice.

3212. Why do you conceive that there would be less chance of partiality in the selection of medical officers, by three persons, instead of one, the selection of officers for the army being vested in one, the Commander-in-chief; is there any reason why there should be more partiality in the one case than the other?—I do not know that there is any reason why there should be.

3213. But you are not satisfied with the responsibility being vested in one individual?—I think there are many points in our department, which require the exercise of more judgment than is necessary for the performance simply of military duty.

3214. Colonel *North.*] Do you think that the pay and allowances to the officers of the medical department, are of such a nature as to induce men of first-rate talent to enter the service?—I think not, decidedly.

3215. You think that the pay of all ranks in the department should be increased?—I think that the pay of the four ranks I have alluded to, viz., inspector and deputy inspector, surgeon and assistant-surgeon, should be increased. I think that no assistant-surgeon should enter the service with less pay than 10*s.* a day, and have rank relative to that of a captain after five years.

3216. He ranks merely as a subaltern at present; does he not?—As a junior lieutenant; he goes after the junior lieutenants, and rises with them.

3217. You would propose that, after five years' service, he should rank as a captain?—Yes, and that his pay should be increased to 13*s.*

3218. With regard to the surgeon, what pay do you think he should have?—He should commence with 15*s.*, and so rise every five years till he got on finally to 30*s.*

3219. After what length of service do you think his pay should be 30*s.*?—After 25 years' service.

3220. Would you make any great difference between the pay of a cavalry and an infantry surgeon?—No; the only difference I would make would be, that the cavalry surgeon should be allowed forage for his horses.

3221. *Chairman.*] Do you think that the supply of body linen in the hospitals is well arranged at present?—I think the plan of each man bringing his own shirts, socks, and drawers into the hospital is a good one. In cases of emergency I think the supply is hardly sufficient; but that ought to be met by a supply from the Board of Ordnance.

3222. Do you not think it would be a great improvement if, on a soldier being brought to the hospital, his whole kit were taken from him, and if, during the time he remained in the hospital, every article he required were furnished by the hospital?—I do not see the advantage of it.

3223. Suppose a soldier to have three shirts, one at the wash, one on his back, and one clean; and supposing him to go into the hospital with diarrhœa, he would be obliged to borrow from one of his comrades, would he not, whereas if there were linen provided by the hospital he might be furnished with shirts to any extent?—I would suggest that an extra supply from the Ordnance should be allowed in order to meet such a contingency.

3224. Do you see any objection to the whole of the linen being furnished by the hospital?—No, I do not; only I have been very well satisfied with the present arrangements.

3225. *Chairman.*] Do you think that a more liberal system prevails now upon the whole than prevailed three or four years ago?—In many minor points tending to the comfort of the soldier there is a decided improvement; for instance, two or three years ago such a thing as men being wheeled about in Bath chairs at Fort Pitt, or the allowance of tobacco to men in hospital, would never have been dreamt of.

3226. In minor matters of that kind you can see that there has been an improvement?—Decidedly.

3227. Mr. *Percy.*] What is your opinion as to military compared with civil hospitals?—I am quite satisfied with the arrangements of the regimental hospitals. I believe that any medical officer can get any medical comforts or luxuries he requires to meet any exigency that may arise, if he makes a proper application.

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application. Sometimes there may be a little delay; but if he does not get what he wants at the moment he requires it, and chooses to take upon himself the responsibility, he is sure to be supported in the end.

3228. Colonel *North.*] Do you think it would be an improvement to have crockery instead of tins provided for the use of the hospitals?—Simply on the ground that there is less chance of breakage.

3229. Is not crockery very much cleaner?—If the tins require it, you can always change them at the barrack-master's store. There are monthly inspections of them.

3230. Mr. *Percy.*] Are not all those minor arrangements infinitely superior in a civil to what they are in a military hospital?—A civil hospital is on a much more liberal scale, no doubt.

3231. Sir *Henry Davie.*] Have you considered the probable additional expense to the country of raising the pay and retiring allowances of medical officers to the extent you have suggested?—No; I have never made such a calculation as I should like to bring before the Committee.

3232. Mr. *Legh.*] In point of fact, if the pay were increased, and if greater facilities were afforded for obtaining leave of absence, would there not be a sufficient inducement held out to the profession to become army surgeons?—I think so.

3233. Irrespective of financial considerations, those which you have suggested are the recommendations you are prepared to make?—Increased pay, and permission to retire earlier. At present no medical officer can retire by right until he has completed 25 years' service. I think it ought to be optional with him to retire after 20 years' service.

3234. Would you make it compulsory that they should leave the service at any age?—Yes; after the age of 60, I think that few medical officers are efficient for active service.

3235. Sir *Henry Davie.*] Do you object to examination by a Medical Board?—Yes; for this reason, if I hold a diploma from the London, Edinburgh, or Dublin College of Surgeons, I think it is a direct slur upon them to ask me to undergo another examination before an Army Board. I think that that might be met by making medical officers while in a state of probation attend a course of lectures given at Chatham.

3236. Colonel *North.*] It has been stated in evidence that certificates of having attended lectures are sometimes very easily obtained; what is your opinion upon that subject?—I do not think that that could be the case in the diploma for surgery. The case would be the same whether the party had to undergo an examination before a Medical Board or not. If I hold a diploma granted to me by the College of Surgeons in London, Edinburgh, or Dublin, I ought to be fit to be an assistant-surgeon in a regiment.

3237. Mr. *Percy*] Would that apply to a diploma from the University of St. Andrew's?—St. Andrew's is not recognised for the service.

3238. Sir *Henry Davie.*] Do you approve of a system of competition?—If there is to be an examination at all.

3239. Open competition?—Yes; competitive examination.

3240. Mr. *Legh.*] How would you reconcile that with your first opinion?—If there is to be an examination at all; but I object to an examination altogether. If it is decided at the Horse Guards that an examination shall take place, it is a different thing; in such case it ought to be competitive.

3241. Colonel *North.*] Have you to go through a public examination in order to get your diploma?—In some universities; it was not so some time ago, but in the London College, and also in Dublin, that is required.

3242. What is the process in those universities in which it is easiest acquired; what do you do?—I cannot say.

3243. Mr. *Percy.*] By what bodies are diplomas that are recognised granted?—By London, Edinburgh, and Dublin, and I believe now by Glasgow; but it is not required that you should be a graduate of any university, though it is considered advisable.

3244. Sir *Henry Davie.*] The diploma in your judgment would be sufficient evidence of competency?—I think it ought to be.

3245. What are the colleges that are recognised?—London, Edinburgh, and Dublin; and the Faculty of Physicians and Surgeons in Glasgow.

3246. Do those diplomas imply a knowledge of midwifery and other matters?—Chiefly

—Chiefly surgery. It does not follow that the candidate is sufficiently conversant with all points of midwifery, or even medicine. These are simply surgical diplomas. *W. O. Mackenzie, Esq., M.D.* 5 June 1856.

3247. Colonel *North.*] Is not a medical officer in our army required to do more than the diploma would certify him to be competent to do?—No doubt; he is, in the strict sense of the word, a general practitioner; he is an oculist, a dentist, an aurist, and everything.

3248. Then the mere production of his diploma would not prove his competency as a general practitioner?—You have only to make it imperative that he should have the degree of M.D. to secure it.

3249. Mr. *Leveson Gower.*] Do you know of any cases in which, under the present system, hardship has arisen by some officers having been selected for promotion from favouritism, while others equally competent have been passed over?—I am not able to say anything with regard to favouritism; I know that officers have been promoted, but I have no reason to know what cause has actuated the Director-general, or induced him to give them promotion.

3250. Sir *James Fergusson.*] The rule of seniority is by no means regularly followed, is it?—No.

3251. Exceptions have been made?—Yes; but for what reasons I am perfectly unaware.

3252. Mr. *Percy.*] The rule, however, is that promotion shall take place by seniority?—Yes; it cannot, however, be said strictly that it is the rule.

Sir *George Augustus Wetherall,* called in; and Examined.

3253. *Chairman.*] WILL you state the rank you at present hold?—I am Adjutant-general. Sir *G. A. Wetherall.*

3254. What are your duties as Adjutant-general with regard to the medical department of the army?—Only to control its discipline; we have nothing else to do with it. If medical aid is wanted any where we apply to the Director-general, and he sends medical officers wherever the Commander-in-chief wishes them to be sent.

3255. Do you receive reports from commanding officers from time to time with regard to the medical officers?—Yes; if they want assistance, or if they have any complaints to make of the medical officers, they are always made to the Adjutant-general.

3256. Do commanding officers ever communicate with the Director-general except through you?—I do not know; not to my knowledge.

3257. Do commanding officers make reports as to the character and conduct of the medical men in their different regiments?—Only when they have to find fault.

3258. They never mention them favourably?—Never.

3259. When you receive reports which are unfavourable to medical officers, do you communicate with them on the subject?—I always communicate with the Director-general, and with no other person. The only reports we get with reference to the conduct of medical officers is through the medium of the half-yearly reports of the Inspecting-general.

3260. According to that, can there be a report against a medical officer sent to the Horse Guards, and not communicated again to that medical officer?—We have no direct communication with them. When a complaint is made it is invariably sent immediately to Dr. Smith, who deals with it as he thinks proper, and if he recommends that the officer should be brought to a court-martial, that recommendation is acted on.

3261. On no occasion do you communicate to the commanding officer a report which may have been made unfavourable to a medical officer?—Only that the matter has been made over to the officer at the head of the Medical Department.

3262. Are you aware whether it is communicated to the medical officer?—As a matter of routine, I presume, it is always done.

3263. Do you ever send an account to the Director-general without communicating to the commanding officer that you have done so?—Never.

3264. And as far as your experience and presumption go, you believe that a communication is always made to the medical officer?—Certainly.

3265. So that no medical officer of a regiment has an unfavourable report

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made of him without being made aware of the fact that such a report has been made?—I believe not.

3266. Sir *Henry Davie.*] Is the same course pursued with regard to any other officer of the regiment if a confidential report is made which is unfavourable to him?—That depends on circumstances. No, it is not. I am not speaking of confidential reports now, I am speaking of any overt act.

3267. Do confidential reports go to the Adjutant-general?—Always.

3268. And is it the usual practice if, in those confidential reports, anything injurious to an officer is mentioned, to inform the officer so complained of that he has been reported against?—Certainly; though his commanding officer.

3269. *Chairman.*] Is that practice invariably followed?—I should think so. Ever since I have been in the office, the invariable practice has been that the commanding officer should be written to, stating what the general has said; but all such reports connected with medical officers are immediately sent to the Director-general, for him to deal with as he thinks proper.

3270. In Question No. 357, Dr. Andrew Smith is asked this: "Therefore there may be charges brought against medical officers who are perfectly guiltless, but which may stand as bars to their promotion, and which charges they may never hear of;" and he answers, "There might be such, but I do not think there are such." Could there be such, according to the system of military confidential reports?—Certainly not, I think; not so long as I have been in office. It is the invariable practice, when any unfavourable report is made of any officer, that that report is brought to the officer's notice through his commanding officer. In the case of medical officers, they are invariably sent to the Director-general.

3271. Colonel *North.*] Then there is a report sent by the superior medical officer to the Inspector-general?—We never hear of medical officers except as regards their discipline. If the general officer thinks that the hospital is not properly conducted, he puts it in his report, and that is sent to the Director-general.

3272. Mr. *Legh.* And the decision of the Director-general is without appeal, is it not?—It is without appeal, medically speaking; but if it is a matter of discipline, or a matter which makes it necessary to bring the officer to a court-martial, that must be done through the Commander-in-chief.

3273. But in all ordinary cases, the decision of the Director-general would be final?—I consider so.

3274. Sir *Henry Davie.*] Do you attach much importance to the word "confidential," as applied to one of these reports?—Certainly; it enables the Commander-in-chief to form his opinion with regard to officers when they are put forward for promotion. It is the only means the Commander-in-chief has of acquiring a knowledge of the character and capabilities of officers.

3275. Then it is useful so far as it informs him of those officers who are eligible for promotion, but it ceases to be confidential if an unfavourable report is always communicated to the party who is found fault with?—Yes.

3276. Colonel *North.*] Is it not the fact that, if a particularly strong case were brought against an officer, that would be communicated to him, but that if the colonel of the regiment were to say such and such an officer is not so zealous as he might be, that is not communicated to him?—Yes; but all those reports that are made are invariably communicated to the commanding officer of the regiment.

3277. Sir *Henry Davie.*] In the case of a very old captain in the line, who had not had much experience in horsemanship, if it was the duty of the commanding officer to report whether he was fit for promotion, would it not be his duty to state that fact?—Yes.

3278. And would the Commander-in-chief let that officer know that he would not be likely to be mounted?—No.

3279. The commanding officer, however, has to report whether the parties are fit for promotion?—Yes.

3280. And mounting a horse is not considered a *sine quâ non* for a mounted officer?—No.

3281. *Chairman.*] Do you think, from your experience, that the relative positions of medical officers and executive officers is satisfactory?—Yes, I think so; the system works very well, I think; I have never heard any objection to it my experience only goes to regimental officers; they are as much under the control of the commanding officer as any officers in the regiment.

3282. You

3282. You think that their position should not be made a more military one?—No; I do not see how it can be made a more military one than it is. The efficiency of the medical department depends more upon the Secretary of State for War than any body else. The efficiency of the medical department depends very much on the number of purveyors, and other civil auxiliaries; we know no more of the medical department than I have already stated. In short, we know nothing of it except as regards the general conduct of the officers. Their promotion depends on the Secretary of State for War. If a vacancy occurs, or any promotion is required, it is first submitted by the medical department to the Secretary of State for War; if he sees no objection to it, then the officer is recommended to the Commander-in-chief for promotion. It is possible that the Commander-in-chief may know of some objection to his promotion, but if he does not, the recommendation is returned with his approval, and the man is gazetted.

3283. We have had statements made here with regard to the propriety of medical officers sitting on courts-martial, and with regard to their relative rank and military authority. On the whole do you think that the present system works satisfactorily?—I think perfectly so; only I should be disposed to think that the establishment is not strong enough; a medical officer, for instance, can never get away from his regiment on leave of absence.

3284. Colonel *North*.] You would not have them sit on courts-martial, would you?—They do so constantly when there are no other officers to be found; on the coast of Africa, for instance.

3285. You would not give them any command on parade?—No; certainly not.

3286. Do you think it fair that the surgeon of an infantry regiment should have any thing deducted from him on account of forage?—Certainly not; he ought to keep a horse, or he is not efficient.

3287. Do you think that he ought to be allowed a servant to take care of his horse?—No; I think that his own servant might look after his horse; he is allowed a regimental servant.

3288. We have had it in evidence, that the surgeons of regiments in the Crimea were allowed forage, but no servants to take charge of their horses, and that it was perfectly impossible to get a civilian to look after a horse?—Yes, I believe it was so.

3289. And that the consequence of that was, that a surgeon in the field was placed in a situation of great difficulty?—Yes.

3290. Do you not think that in the field the whole of his time ought to be taken up with the men, instead of looking after his own affairs, and that he should be allowed a servant?—There is a great objection to two men being so employed; it takes the men away from their duty; I think that if they choose they may get civilians.

3291. It was stated by Lord De Ros, that he was unable to get one anywhere, though he offered 5 *l.* a month?—That may have been the case in the Crimea.

3292. Sir *Henry Davie*.] Do you ever grant leave of absence to regimental medical officers?—All applications for leave of absence to be granted to medical officers, are sent to the director-general, he being considered responsible for every regiment or corps having sufficient medical attendants; but leave of absence is very rarely given to medical officers, the establishment being too small.

3293. Colonel *North*.] In your opinion there should be more medical officers?—Yes, I think there should be a second assistant-surgeon at head quarters.

3294. Mr. *Leveson Gower*.] In the cavalry?—Yes.

3295. Colonel *North*.] They have to attend every mounted parade, have they not?—Yes.

3296. They are obliged to be present at every morning parade, are they not?—Yes, and so they are in the infantry; you must have a medical officer in attendance in case of accidents.

3297. Sir *Henry Davie*.] They are more liable to accidents, are they not, in the cavalry than in the infantry?—Certainly; but I have never known a regiment of infantry on parade, without a medical officer being in attendance; I am speaking of regimental parades.

3298. Colonel *North*.] In Ireland it frequently happens, does it not, that there

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there are several detachments?—Yes; I am speaking of regimental parades, when the regiment is together.

3299. You think it would be proper to have three assistant surgeons?—Yes, two at head quarters and one at depôt.

3300. *Chairman.*] You do not think that the present number of medical officers is sufficient?—I do not think they have a fair share of leave.

3301. Is that owing to their limited number?—Yes.

3302. That, of course, is a financial question?—Yes.

3303. But independently of that, you think their numbers might be increased?—Yes, but I speak more particularly with reference to that point: I think that three medical officers are quite sufficient for the medical attendance of the regiment, but then two must be always there.

3304. Mr. *Legh.*] To give them a little more facility for getting leave of absence, you think the number should be increased?—Yes, I think so.

3305. Sir *Henry Davie.*] Do you see any objection to appointing, *pro tempore*, a staff surgeon or an assistant surgeon to a regiment?—They very often are so attached; that is constantly the case in large garrisons; when the medical officer goes away, his place is supplied temporarily by a staff assistant surgeon.

3306. Mr. *Legh.*] But he is paid by the surgeon, is he not?—No.

3307. Sir *Henry Davie.*] Even with that facility, you would recommend three assistant surgeons to an infantry, and two to a cavalry regiment?—I would; they have all the followers of the regiment to attend to; the wives of the soldiers and their families. The peculiar duties of staff surgeons are, to attend the staff, the civil departments of the garrison, the commissariat, &c.

3308. *Chairman.*] Have you any further suggestions to make to the Committee?—No; I think that the medical establishment, so far as I am acquainted with it, is very well conducted; the only thing I should propose would be that the establishment should be increased in strength; I do not know that anything else is required.

3309. Would you recommend that any alteration should be made with respect to pay?—I scarcely know what their pay is; there was a project on foot some months ago, which I believe was approved of by the Secretary of State for the increase of their pay, but I fancy it died; I think that is very much needed.

3310. Sir *Henry Davie.*] It was stated in evidence at the last meeting of the Committee, that during the Peninsula war the medical department was managed by a Board, but that that Board was done away with, and found not to work well; are you aware of that?—Yes; I think that Board are quite incompatible with command or with proper management; I served a great many years in the East Indies where everything was managed by Boards; but they were always quarreling among themselves, and never doing anything.

3311. You prefer that the whole responsibility should be vested in one individual?—Yes.

3312. *Chairman.*] Do you think that the present system might be improved by the appointment at the Horse Guards of a military secretary?—No, I think not; for there is scarcely any military element connected with the service, except its discipline.

3313. Colonel *North.*] Do you think there would be any difficulty in getting from the ranks of the regiment good and respectable men to act as hospital orderlies, if they were properly paid?—No; a medical staff corps has been established which is to supply the place of hospital orderlies. We have no necessity to have men drawn from the ranks.

3314. But if the allowance made to them were good, do you think there would be any difficulty in drawing from the ranks of the regiment good and respectable men to act as hospital orderlies?—No; there never has been any difficulty in it; but they are always employed temporarily only, and are generally the comrades of the sick soldiers.

3315 Do not the soldiers themselves like to be attended by their comrades rather than by strangers?—Yes; they cease to be orderlies when the number of sick is reduced.

3316. Sir *Henry Davie.*] When you were in command, did you find any inconvenience in employing serjeants and corporals to mix medicines in hospitals, or were they so employed?—Never; the hospital serjeant is too often the compounder of medicines; I think he ought not to be allowed to do it.

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3317. You think it is scarcely safe to employ a person of that description in such a way?—Yes; I think it ought to be prohibited.

3318. Are you aware that it is done in the case of the household troops?—I do not know what their practice is.

3319. Colonel *North.*] Is it the fact, that the surgeon is obliged to certify upon his honour that he has himself compounded all the medicines, which it would be utterly impossible for him to do?—I do not know that any such certificate is required; but it is certainly contrary to the rule for a hospital serjeant to compound medicines.

3320. You do not know that the surgeons are obliged to certify upon their honour that they have done that which it is utterly impossible for them to do, namely, that they have themselves compounded all the medicines?—I do not know that they are called on to certify to that effect; I know of no such regulation.

Veneris, 13° *die Junii*, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Colonel North.
Sir James Fergusson.	Sir John Trollope.
Colonel Kingscote.	Sir Henry Davie.
Mr. Bellew.	Mr. Noel.
Mr. Peel.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

George Owen Rees, Esq., M. D., called in; and Examined.

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3321. *Chairman.*] WHAT is your rank and standing in the medical profession?—I am a Fellow of the Royal College of Physicians, and Resident Physician and Lecturer at Guy's Hospital, and one of the Examiners of the University of London.

3322. Can you state the average number of pupils in Guy's Hospital?—They vary from 200 to 300 about the hospital at a time.

3323. Do you think that the most promising and the most highly-educated of those pupils enter the army medical department?—They do not, certainly.

3324. That is your deliberate opinion, from your experience?—Certainly; it is an exception when a man of that kind goes into the army medical department.

3325. Why do not they do so?—They do not consider the remuneration sufficient, and the prospect sufficiently encouraging.

3326. Do you recommend any of your pupils to enter the army medical department?—I very often recommend them not to do so, when from particular circumstances they wish to enter it.

3327. Are you aware, from any circumstances, of the state of things in the army medical department at present?—I am, to a certain extent.

3328. Will you be so good as to state the reasons which induced you, in the instances to which you have referred, to recommend students not to enter the army?—A man may wish to go abroad for a short time for his health, and he says that he will enter the army, and that if the climate agrees with him he will go on in the army; but if I think a man a promising young man, I recommend him to stay at home, because I feel certain that he may get a living by his profession here, and that it will remunerate him much better than serving in the army.

3329. Has it ever happened to you that a man who has not taken your advice has afterwards expressed an opinion of regret or otherwise with regard to it?—I have heard men regret having entered the army.

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3330. Has that regret applied to any subject except the remuneration?—They seemed to think that they had lost time; that they should have done better had they remained at home.

3331. It has been stated before this Committee that there are three superintending ranks in the army medical department. Have you in a civil hospital officers superintending those who attend the patients as the medical officers of the hospital?—I cannot say that there is any exact superintendence. Where a man has an official appointment he has assistants under him, but they only assist him in his absence or if he requires any special aid.

3332. From what you have learnt of the arrangements in the army medical hospitals, does it appear to you that the relative positions of the medical men are not analogous to those in civil hospitals?—I think not at all. There is a position in our hospitals which might be construed into something like superintendence. We have occasionally what are called consulting physicians and surgeons, but they are especially careful not to interfere, and generally speaking they do not enter the hospitals once in eight or ten years. They keep away apparently on purpose. A physician, if he wishes to retire from an hospital, is sometimes asked to assume the title of consulting physician, and the same thing has sometimes happened with hospital surgeons; but it is a nominal affair in the London hospitals. If a consulting physician or surgeon interfered in the cases, I do not think it would be doing justice to the patients.

3333. How do you watch the younger members of your body in the hospital; what supervision is there over them?—They do not treat cases except under the directions of the physician or surgeon.

3334. To whom do you report on their conduct?—We should not report to any one except in cases of absolute misconduct, irrespective of professional delinquency; any absolute moral delinquency would be reported to the treasurer and governors of the hospital, but if they commit any fault they would be merely reported to the surgeon or physician under whom they act.

3335. You never report confidentially to the governors?—I never heard of any case.

3336. There are never accusations brought against them that they have no opportunity of refuting?—We do not expect them to know anything; they act entirely under our direction; we are teaching them; if they make a mistake it is looked upon as a misfortune. Those dressers, and men who act under us, have not passed examinations.

3337. In those large hospitals are all the medical men graduated according to a certain rank?—There are three or four surgeons, and three or four physicians, as the case may be, and each physician and each surgeon has an assistant acting under him; that is the general plan; so that you have physicians and assistant physicians, and surgeons and assistant surgeons.

3338. Do those report upon each other to the governors or committee in case of anything flagrantly wrong?—I never heard of such a thing as a report; I do not think you would get any hospital physician or surgeon in London to report upon such a subject.

3339. What diplomas or certificates are necessary for practice in private life?—To be a member of the College of Physicians, and a licentiate of the Apothecaries' Hall and a member of the College of Surgeons.

3340. Is a diploma from the London College of Surgeons sufficient to practise medicine in England?—No; a man is not a licensed practitioner of medicine if he passes the College of Surgeons only.

3341. Is a certificate of attendance on medical lectures a sufficient guarantee of actual attendance for a considerable period, and a sufficient proof of the student's knowledge of the subjects of those lectures?—Certainly not. Our examining bodies are not content to receive certificates. They always examine the man, notwithstanding his certificates, however good those certificates may be. I am speaking of the College of Physicians, the College of Surgeons, and the Apothecaries' Company.

3342. Is there any weight attached to certificates of attendance on medical lectures?—Not a great deal; practically speaking, they are not of the value that would be supposed at the first view.

3343. Would you think it necessary, for the safety of the patient, that every medical man should be examined as to his knowledge of drugs and poisons, &c., and their appearance, before being appointed to practise?—Unless a man practises

practises in a large metropolis like this, where he can always get assistance, it is certainly very valuable to him to have a knowledge of drugs; here it is not so, because he can always get his drugs purchased by competent persons; but with regard to the army, I should say that it is especially necessary to have a thorough knowledge of drugs, the army being often abroad and occasionally thrown upon its own resources. Here we can always get assistance.

3344. But London would be an exceptional case?—Quite so. To a man going abroad, that knowledge would be absolutely necessary; he ought to be a better druggist than a man practising in England.

3345. Do you think that a *viva voce*, or written examination, is sufficient without an inspection of those drugs?—At our examinations at the University of London, which we consider perhaps amongst the very best examinations existing, we always make the candidates examine the drugs and state to us whether those drugs are free from the impurities, generally speaking, with which they are sometimes contaminated.

3346. Have you any medals or prizes given to medical students who excel in particular branches of the profession?—They have in most schools, but we have not at Guy's Hospital.

3347. Do you think that a good plan?—We have given it up at Guy's Hospital, because our impression was that it was not a good plan; it induced a man, we thought, to pay too much attention to one subject; distracting him from medicine generally. He might take botany or chemistry to the neglect of other subjects. That was our special reason for giving it up.

3348. A medical man may excel in one particular branch, and still be deficient in his profession generally?—He may still acquire a thorough knowledge of it; but in some cases we have reason to think that he will be led to neglect other branches by taking up one specially as a student; we were anxious upon that point.

3349. Have you ever had communication subsequently with those whom you have recommended not to join the army?—I have occasionally; I can recollect only one instance.

3350. Do you recollect any cases in which you have heard regret expressed on account of not having entered the army?—I never heard regret expressed on that account.

3351. Have you heard regret expressed the other way?—Yes. Any man who chooses to work in private practice, if he is a man of moderate intellect, will, to a certainty, do better in a pecuniary point of view than a man can do by entering the army.

3352. Sir *John Trollope*.] Have you considered the great difficulties of medical men in obtaining private practice at the present time?—Every man who has practised in London has experienced that.

3353. I do not speak of London only, but the country also?—Yes; it is the case generally.

3354. Are not you aware that many medical men are glad to obtain practice, even in a country village, of a very unremunerative character?—Certainly; comparatively speaking, with what he might get in other localities.

3355. Are you aware that there are above 3,000 medical men at this time, employed by the Poor Law Board, in dispensing medical assistance and medicines to the poor?—It may be so.

3356. Do you know the average rate of remuneration of medical officers of unions, under the Poor Law Board?—No, I do not; I believe their incomes are not chiefly derived from that.

3357. But you are aware that they take that practice on very low terms?—Yes.

3358. Does not that arise from the great spirit of competition that exists among medical men?—It does; they are anxious to get an introduction into practice.

3359. The remuneration, in fact, is none at all in many cases, but they are out of pocket by such practice?—I believe that certainly does happen.

3360. Then I ask you to put in comparison the professional status of those gentlemen with that of an army medical officer, who has certainty of pay and promotion, according to his length of service?—I think that the prospects of a man, who even takes a union for nothing, may be infinitely superior to those of a medical officer in the army, who is immediately paid. He may even take

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that work for nothing, with the view of getting into practice, but I look upon his prospects as better, if he is a working man.

3361. Generally speaking, you are aware that the severest competition exists amongst medical men, both in town and country, to obtain practice?—Certainly; in all professions it must be so.

3362. There are a very great number of cases annually occurring of unremunerative practice?—Yes; they do not make it answer as they could wish, but they can always live. The thing must be a matter of comparison; I am speaking of the condition of a medical man in private life as compared with one in the army; I should say that it would be a very signal failure indeed, if at the end of 25 years a man could only get 200 *l.* a year, assuming the man to have worked hard.

3363. You have drawn an analogy between private practice and the army medical department, and you give the preference generally to the former; are you aware that one of the objects of this Committee is to raise the status, or rather to take into consideration, and to inforce the condition and prospects of the medical department of the army?—I do not know the exact intention of the Committee; but I believe it is with the view of improving the status of the medical department of the army.

3364. Have you ever served in any military capacity, or have you ever seen anything of military practice of surgery and medicine?—No; I have been in a military hospital, but I have never been in the service.

3365. Are you aware that the medical gentlemen connected with the army, practise all the branches of medicine and surgery?—Yes; I do not know that they practise much in the diseases of children.

3366. Are you aware that the medical officers in charge of a regiment have also the charge of the health of the women and children attached to the regiment?—I believe they have.

3367. Therefore surgery, even including midwifery, must come under their attention?—Yes, occasionally.

3368. In your practice in London, have not you met with many retired medical officers in the army who have obtained high reputation and large practice subsequently in life?—I know one or two.

3369. Were you acquainted with the late Mr. Guthrie?—I knew him.

3370. And there are others who practise in London?—There are others; there is one I know who has retired from practice who had a very remunerative practice.

3371. Are you not aware that there is no branch of the profession in which men can obtain a higher reputation or greater skill and knowledge than in the army medical practice?—No, I do not believe that that is the case; you have cited Mr. Guthrie. I believe that, had he been an hospital surgeon, with his knowledge, and talent, and industry, he would have had a much larger income and a higher position as a surgeon than he enjoyed at his death.

3372. In your opinion, is the only thing that is required to put the medical gentlemen connected with the army in the same position with those in civil life, to increase their opportunities of promotion, with the view to an early retirement?—And to make their prospects better altogether; the advantages should be extended generally.

3373. If that were done, would not the competition to enter the army amongst young medical gentlemen be greater than it is at present?—The temptation to enter the army would be greater then, undoubtedly.

3374. Mr. *Peel.*] Are you acquainted with the present rates of pay in the army?—I have been frequently told what they are; I have understood about 7*s.* 6*d.* a day is given to an assistant surgeon, and about 12*s.* to a full surgeon; then there are some deductions from that.

3375. What are the deductions?—To what they amount exactly I do not know; I believe they are for the mess and the band.

3376. Sir *Henry Davie.*] Are you aware of the examination which an officer has to go through previously to being admitted into the medical service of the army?—He undergoes an examination necessarily, I believe, at the College of Surgeons, but not necessarily before the Apothecaries Company. He then is examined by the Army Medical Board, and then he is allowed to enter the service.

3377. Are you aware whether there is any examination as to the use of medicines

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medicines as well as surgery?—I believe that is done by the Army Medical Board.

3378. Do you think it would be sufficient for an officer entering the army as an assistant-surgeon, to come armed simply with a diploma from some of the universities, and not to undergo any other examination?—I think not.

3379. Is it the fact that those diplomas do not all necessarily imply a knowledge of medicine?—They are not considered so by the examining bodies, inasmuch as we do not admit a man as a licentiate of our College of Physicians without examining him, notwithstanding that he may have his diploma from Oxford, Cambridge, Edinburgh, Dublin, or any other of the universities, as medical schools. We sometimes at our college reject men having the diplomas of those universities.

3380. Which are the universities to whose diplomas you attach importance?—We attach a certain amount of importance to most of them; not any very great amount of importance; but there are none to which we attach such a degree of importance as to induce us to receive their diplomas as a sufficient guarantee of a man's competency to practice.

Sir *Benjamin Hawes*, K. C. B., called in; and Examined.

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3381. *Chairman.*] I THINK you have been entrusted with the chief management of the Civil Hospitals since the war began?—The correspondence was originally placed under me, subject to the usual regulations of the office.

3382. And it came under your immediate cognizance?—In the outset very much so.

3383. Will you be so good as to state to the Committee the origin of those hospitals?—In the autumn of 1854, or late in the year 1854, there was a general impression that additional medical assistance was necessary to meet the state of sickness in the army, and it was thought that the most effectual aid would be given by establishing one or two civil hospitals, as circumstances afterwards should determine. Accordingly the civil hospital at Smyrna was the first established. Mr. Sidney Herbert, who personally took the greatest interest in that establishment, consulted certain medical gentlemen in London: Sir John Forbes, Mr. Arnott, Mr. Bowman, and Mr. Grainger, I think. They reported to him generally what they thought to be necessary with regard to the number of medical men, assuming the probable number of patients to come under their charge, and the remuneration which they ought to receive; and upon that report Mr. Sidney Herbert acted, and established the hospital at Smyrna.

3384. What communication was made to Dr. Andrew Smith upon the subject?—I think only general communications were made to him. I am not aware that he was consulted as to the policy of establishing a civil hospital; it was thought to be necessary in aid of the medical establishment of the army at the time.

3385. Mr. *Peel.*] Do you know whether they had been employing civil surgeons in the military hospitals at Scutari?—I think at that time no civil surgeons were employed at Scutari; subsequently they were, but, I think, not at that time.

3386. But afterwards they were employed by the medical department of the army?—Those civil surgeons who were afterwards employed, were employed undoubtedly by the medical department of the army, the head of which is Dr. Smith.

3387. Showing that the medical department of the army itself was incapable of supplying the full number of surgeons that were required?—Certainly.

3388. *Chairman.*] Was the idea entertained of giving those hospitals a military organisation?—The idea was never entertained by Mr. Sidney Herbert, nor am I aware that it was ever entertained in the War Department. The general impression of the medical gentlemen, to whom I have alluded, certainly was against placing the civil medical staff under the army medical department; they entertained strong objections to that, and those objections were thought to be valid; they were men who had been brought up in civil life, with habits unaccustomed to military discipline, and military command; and it was thought that it would be rather an unfortunate circumstance if they were placed under military medical officers; consequently the civil staff was quite independent of the army medical department.

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3389. What is the position now of the chief civil medical officer at Renkioi, with regard to the purveyor?—The purveyor in all military hospitals is bound to act under the directions of the principal medical officer, and is subject to him. The same principle holds good in the civil hospitals. The purveyor would obey any orders given by the principal medical officer, with regard to supplies of every description; I am not aware that any difficulties have arisen on that head; none have come to my knowledge.

3390. Have you any returns as to the sanitary condition of those hospitals, or the state of the patients in them?—We have from Renkioi monthly reports from Dr. Parkes, abstracts of which could be prepared if the Committee wish it; but they are not very numerous, as you are aware, because the hospital has not had a very long existence.

3391. Can you state the substance of those reports, and put them in afterwards?—I may state that, generally, they are very favourable; they are monthly reports, giving the exact number of patients, and the deaths, and the cures; matters of statistical detail.

3392. There was a Return moved for last year, and laid on the Table of the House of Commons, with regard to the mortality at Smyrna, which was anything but favourable to the hospital; was not that the case?—With regard to Smyrna, I am bound to say that that Return would lead to a very fallacious inference, if it was supposed to show either want of attention, or want of ability, or the injurious effects of the climate; because a great number of the cases sent down to Smyrna were cases in almost the last stage of disease and suffering, and deaths consequently ensued soon after landing; they were scarcely to be considered as cases that could be cured; they were subjected to humane treatment, which was about all they would admit of. It would be an erroneous conclusion to draw any inference from that Return, of either mismanagement, or the climate being unfavourable to the patients at Smyrna.

3393. Sir *John Trollope.*] Were there not some drains, or other matters, that affect the sanitary condition of the hospital there?—I think not; at first undoubtedly there were some objections taken with regard to certain drains, but they were speedily dealt with, and removed within a very short period; and subsequently the Sanitary Commissioners visited Smyrna, and a number of further improvements were carried out, and the later reports from Smyrna are of a most favourable description.

3394. Has not the hospital at Smyrna been for some time abandoned?—Not for some time; I cannot give you the exact date, but it has only been very recently given up, simply from the war having ceased, and all probable want of it being at an end.

3395. Did it not cease to be an hospital sometime before the war ceased?—Certainly not. The large hospital building (formerly the Turkish barracks) was given up in November, for the purpose of affording barrack accommodation for the Swiss Legion; not in any way on account of sanitary objections. The civil staff was reduced in numbers, and attached to the smaller building, formerly the Turkish hospital.

3396. Mr. *Peel.*] Was not the civil hospital at Smyrna retained as a general hospital some time after the Swiss legion went to Smyrna?—Certainly.

3397. And continued as such up to the last moment?—And continued as such up to the last moment; and even now some officers connected with the civil hospital are there whilst the Swiss legion remains, but only a very small staff; I believe it is little more than the purveyor and the clerk of the works; but there is a portion of the staff there even at this moment.

3398. Sir *John Trollope.*] Was not the hospital at Renkioi considered very preferable, as being in a better situation?—At the time that the site of the Smyrna Hospital was chosen Renkioi was not known. Smyrna was reported upon very favourably both by local medical practioners and by medical practioners from this country, and the reports, I think, have been borne out by the result completely, showing that Smyrna is a place where an hospital may be established with great advantage to certain classes of invalids. Afterwards, when it was determined to extend our civil hospitals, further inquiries were made for another site, and undoubtedly a better site was found at Renkioi. But that was the result of a long investigation, both by Dr. Parkes and by other medical gentlemen, who wrote home very fully upon the subject; and it was finally determined to establish an additional hospital at Renkioi.

3399. Was

3399. Was not one of the chief medical officers Dr. Wells or Mr. Wells?—He was one of the surgeons; he was not the chief of the medical officers; he was the senior surgeon at Smyrna.

3400. Was not he placed in charge of the hospital at Renkioi?—Certainly not.

3401. That gentleman was a half-pay naval surgeon?—We did not know that at the time; it was only very recently that that came to our knowledge.

3402. It is the fact, is it not?—It is the fact.

3403. Are you aware that he declined service on board two ships of war, which were offered to him, on the plea of ill health?—No; I know nothing of it whatever.

3404. Are you aware that he is connected with some insurance office at Smyrna?—I never heard of it till this moment.

3405. You did not receive any report from him as to the healthiness or unhealthiness of Smyrna Hospital?—No; that would not come from Mr. Spencer Wells, and we have received no report from him upon that subject.

3406. Mr. *Peel.*] He was not the principal medical officer at Smyrna?—Certainly not; Dr. Meyer was the principal medical officer at Smyrna, from whom we could exclusively receive reports as to the state and condition of the hospital.

3407. *Chairman.*] Has Dr. Meyer returned?—He is about to return; he is expected every day.

3408. Sir *John Trollope.*] What is the position of the civil surgeons at this present moment?—Is the War-office under engagement to pay them for any length of time?—The original agreement, I think, was to guarantee them a year's pay, and six months' gratuity.

3409. Was the amount of their pay graduated according to their rank?—I have the amount of their pay here. In the Smyrna Hospital which was established, contemplating the probable number of patients at 1,000, there was one superintendent who was to receive 2,000 *l.* a year; three physicians at two guineas a day; six assistant physicians at 25*s.* a day; five surgeons at 42*s.* a day; ten assistant surgeons at 25*s.* a day; one resident medical officer at 25*s.* a day; one head dispenser at a salary of 200*l.* a year; three dispensers at 7*s.* 6*d.* a day, and one medical secretary at 200*l.* a year.

3410. Was that the whole staff?—Yes.

3411. Employed at all the civil hospitals?—No; that applies to Smyrna; we rather reduced the staff when we established Renkioi.

3412. *Chairman.*] When did you reduce the pay?—Not the pay. The pay of the individual medical officers was the same, both at Smyrna and at Renkioi; but we reduced the number.

3413. Sir *James Fergusson.*] You stated that the Government introduced the system of civil hospitals, because they could not secure the services of a sufficient number of army medical officers. Now did the Government try to increase the number of medical officers by raising the pay at the time that emergency arose?—No, the Government did not do that. That would be a very large question quite irrespective of the establishment of civil hospitals; and it would have involved some time and some delay to consider what the pay of the medical officers should be. The necessity for doing something was urgent and immediate, and therefore we acted under the advice of that medical committee to which I have referred.

3414. Would it not have been possible to have promoted the junior medical officers in the army to higher positions in the first place, in order to fill those vacancies?—I am hardly able to answer that question. It was necessary to establish an hospital at once, and to provide it with men of competent ability, and of known professional standing; and, inasmuch as our army surgeons were closely employed, I can hardly say whether or not the army could have afforded a sufficient medical staff without great inconvenience; and if it had, then civil practitioners must have taken their places in the same way.

3415. But no attempt was made to increase the number of the medical officers of the army by increasing their pay?—Not by increasing their pay; but the number was largely increased.

3416. But the number could not be increased sufficiently, because medical men would not come forward in sufficient numbers?—You will remember that the army service is a regular service, rising by gradations; and therefore you could

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could not suddenly introduce any other than a very young class of practitioners; you could not introduce men of considerable professional standing, without placing them over the heads of those who were in the service already, which would have been felt an intolerable grievance.

3417. Mr. *Peel.*] Supposing you had promoted some of the army surgeons to those better paid situations in the civil hospitals, do you consider that it would have been for their advantage to receive during the war a higher rate of pay, and then to be placed upon half-pay, which would have been the case?—I can hardly deal with that case, because it involves a great many considerations; I do not know that they would necessarily be placed upon half pay; they might or they might not. It is a question so involved in the existing system, that at the time when the subject was considered, it was out of our power to enter largely into the subject; we had no time to consider any other question than the best way of providing for the immediate emergency. The Committee must therefore feel in this case, that what was done was done under the pressure of the urgent necessity at the time. It is not as if we had had 12 months or six months to consider what we should do.

3418. Sir *John Trollope.*] Do not you think that it was a great disappointment to the medical officers of the army to have those gentlemen so infinitely preferred to themselves in pay and appointments?—I do not; and I do not think that upon further consideration of the subject it can be so considered. Those gentlemen were drawn from their existing practice, from their homes and their employment, upon conditions which enable the Government to dispense with their services immediately, without any remuneration whatever, except the gratuity. The army medical surgeon has the prospect of increasing pay and increasing rank, and of honours, and distinctions, and a pension, and a pension also for his widow.

3419. Upon the termination of the war, will not a certain number of army medical officers be placed upon half-pay in a much more sudden way than that in which those civil surgeons are dispensed with altogether?—That is quite true; but they are liable to be called into service again whenever their services are required: and there is very little doubt that, after a certain time, they will be re-absorbed into active service.

3420. Mr. *Peel.*] Would not there necessarily have been a much larger number of army medical officers placed upon half-pay, if army surgeons had been employed in those hospitals at Smyrna and Renkioi, and other places?—Yes, I think so.

3421. Sir *Henry Davie.*] Would you not, if they had been so employed, have been obliged to increase the number of medical men in the army?—Yes.

3422. By increasing the number of medical men in the army you would of necessity have increased the number on half-pay when their services were no longer necessary?—Certainly.

3423. *Chairman.*] Do you think that men of sufficient eminence in their profession for the duty would have served under military authority?—I think, speaking from the intercourse I had at the time with many able men connected with the medical profession in England, that they would have entertained an insuperable objection to being placed under the army medical surgeons.

3424. Mr. *Peel.*] They were placed under military authority, as far as being under the authority of the military commandant?—Not exactly; they were not under the orders of the military commandant.

3425. In regard to matters of discipline, were they not under the authority of the military commandant?—Not the medical men, strictly speaking, I think. As I understand the case, it was this: the military commandant was responsible generally for the order and discipline of the hospital, but the superintendent had the whole medical control, the military commandant not in any way interfering.

3426. Was not the relation of Colonel Storks, at Smyrna, for instance, to the principal medical officer in the civil hospital there, precisely the same as it would have been if there had been an army medical officer in charge of the hospital?—I think the civil superintendent was more independent; because, certainly, an army medical superintendent would have been under the Army Medical Department, and would have been generally subject to more immediate military control than the civil superintendent was, or was intended to be. Allow me to read a short passage in the instructions issued by Lord Panmure, on March the 9th, 1855, to the superintendent of the civil hospital at Smyrna. The last

last article is to this effect: "As the whole medical charge and responsibility of the hospital, in reference to the care and treatment of the sick soldiers in the hospital, is vested in the superintendent, so the general maintenance of order and discipline among the soldiers is vested in the commandant."

3427. Does not that seem rather to confirm the view put in my question to you, namely, that the military commandant had the same powers in relation to Dr. Meyer that he would have had if there had been an army medical officer in place of Dr. Meyer?—I do not draw quite the same inference from that passage. It strikes me that it defines very distinctly the military authority and the medical authority.

3428. Colonel *North*.] The medical man, in fact, is not to interfere with the discipline of the men?—Just so.

3429. Sir *James Fergusson*.] To whom is the medical superintendent responsible; is he responsible to the commandant of the station, or to the authorities at home?—To the authorities at home.

3430. Mr. *Bellew*.] Could he have left his appointment without receiving an order or permission so to do from the military commandant?—Yes, I think he could; I think the arrangement provided for that; but then he would have lost his gratuity and all advantages of completing his agreement.

3431-38. Is there a military commandant at Renkioi?—Yes, Major Chads.

3439. Has he been long resident there?—I cannot say exactly; but I believe he has been there ever since December last, when he was transferred from Smyrna.

3440. Sir *James Fergusson*.] In answer to a former question, you said that the number of army medical officers placed on half-pay at the end of the war would have been much greater if the civil hospitals had not been established; but the reason you gave for substituting the civil hospitals was, that a sufficient number of medical officers could not be found; is there not some inconsistency between those two answers?—No; they are a very different class of men. I do not know that you might not have found young men to add to the army medical service; but you could not have found men of that weight and tried reputation which was deemed necessary when you had to establish a new hospital in an emergency.

3441. But the reason for instituting the civil hospitals was, that a sufficient number of army medical officers could not be procured?—That is to say, the army medical officers had full employment; they had as much as they possibly could do. It was thought desirable to extend the hospital accommodation, and we then resorted to civil medical practitioners to effect the object.

3442. Is not it the fact that it is easier to procure civil medical officers than army medical officers, because the rate of pay in the army is so small, that it will not command the services of such men as were required?—Again you must permit me to say that we are dealing with different classes. If you take men in practice and men of standing, you must pay them much higher than you do your military medical officers, as you take them subject to the condition of dismissing them when you have done with them; you must pay a remuneration commensurate to the advantage you so gain. Now, with regard to the army surgeons, they are young men who are put into the army at the bottom of the list; you could not put men of standing and eminence over the heads of those who are now filling the lower rank.

3443. What system was adopted to supply the medical officers of the Turkish contingent?—We resorted to civil medical practitioners entirely, in the same manner as I stated before.

3444. Mr. *Bellew*.] You stated just now that the civil hospitals were established in consequence of the suddenness of the emergency which had arisen; that statement would seem to imply that if the emergency was not so sudden, supposing the commencement of a new war, some other plan would be resorted to; have you turned your mind at all to consider what plan you would recommend?—My observation had reference to the general arrangements that were made. The Committee must consider that they were made at a moment when there was a serious and urgent necessity for some provision. With regard to any other plan, I cannot say that I have formed any decided opinion.

3445. Mr. *Peel*.] Has not the testimony with regard to the working of those civil hospitals been, without exception, favourable?—It has been, without exception, of the most favourable description possible. I cannot say that we should have anything to undo, unless we had to revise the proportion of medical

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men to patients, as the result of practical experience; but from the experience we have had, I should say that, should such an emergency arise again, we should do well to adopt the same plan.

3446. That testimony has been the testimony of military officers who have been conversant with what has been passing in those hospitals, such as that of Colonel Storks?—Certainly. Dr. Hall, writing on the 5th of March 1855, says, "I see no reason why these establishments so officered should not answer well." He goes on to say, "I think it would not be advisable to mix up civilians with military medical officers in the same establishments;" which meets another question that was put to me.

3447. Sir *John Trollope.*] May I call attention to a memorial that was presented by the surgeons of the army serving before Sebastopol, to the Secretary at War, dated "Camp before Sebastopol, August," in which one of the grievances spoken of is the establishment of those civil hospitals?—I think it was the Secretary of State's branch that decided upon that.

3448. Those gentlemen state it as a grievance that civil practitioners should have been introduced to hold some of the higher appointments which might, in the first instance, have been offered to them as the more legitimate claimants for them. Do you not think it possible that officers holding medical staff appointments, or the senior surgeons of regiments, might have been appointed to those hospitals, with promotion to staff appointments?—If I rightly interpreted the feelings and opinions of the medical gentlemen with whom I was more immediately brought into contact, when the civil hospitals were about to be established, I should say assuredly that they would have objected to military medical officers being placed above them, and that we should not have been able to form a civil hospital if we had insisted upon it.

3449. You think that the civil and the military elements would not have worked well together?—I think so. Dr. Hall, in his letter, appears to be of the same opinion.

3450. Those gentlemen state that many of those civil surgeons were junior to them both in years and in the profession, and that they were inexperienced in the habits and diseases of soldiers, and unused to maintaining discipline, and they allege that it is a grievance that those gentlemen were preferred to them?—The matter divides itself into two parts. I will deal first with the professional part. Mr. Sidney Herbert acted entirely under the advice of those gentlemen to whom I have referred in the outset. If they recommended a man to him for an appointment in a civil hospital he adopted that recommendation. With regard to maintaining discipline, the civil medical officers had nothing to do with maintaining discipline; that was in the hands of the commandant. The commandant would see that proper discipline was maintained.

3451. But the commandant could not possibly supervise the discipline of the wards of convalescents, for instance, at all times; must not that necessarily come more immediately under the notice of the surgeons in charge?—I take it that, if the surgeon found any difficulty, he would appeal to the military commandant, with a view to the maintenance of discipline, if necessary.

3452. Mr. *Peel.*] Did you ever hear that there was anything but the most perfect order in the civil hospitals?—I never heard anything to the contrary.

3453. Therefore all those anticipations were falsified by the actual result?—Assuredly I never heard of any want of power to maintain discipline; on the contrary, many instances have come to my knowledge in which the discipline was maintained by the simple expression of a wish on the part of the medical officers, and sometimes on the part of the ladies and the nurses attending upon the sick.

3454. Mr. *Bellew.*] Then may the Committee infer that, in the case of a recurrence of an emergency of that kind in the army, you would have recourse to the same line of conduct again, namely, the establishment of civil hospitals for the treatment of sick soldiers?—That, I think, is a question which must be answered with reference to all the circumstances which compel us to consider the subject; it is difficult to say what should be done in another case, when the circumstances might not be the same. But undoubtedly our past experience would be in favour of the system in aid, if necessary, of the Army Medical Department.

3455. Sir *James Fergusson.*] Supposing you had to establish extra hospitals in time of war, would you prefer to establish them under civil practitioners to putting

putting them under army surgeons, supposing you could secure a sufficient number of army surgeons?—I think it must depend entirely upon the circumstances at the time; I think that the army medical officers are a body of great experience and of great professional ability. They have shown their ability and devotion in the late war in a very marked manner. I should not wish therefore to be understood as desiring to supersede them in any way. If a civil hospital were to be established, it would be on the ground that the emergency of the case required additional aid, and that we could not get any aid so quick and so efficient as we could obtain by calling in civil medical practitioners at the moment.

3456. Colonel *North.*] With regard to the treatment of sick soldiers for fever and diseases of that sort, perhaps the civil surgeons might be equal to any military ones; but with regard to the treatment of soldiers in the field, where most of the cases arose from gun-shot wounds, and things of that sort, would it not be more likely that military medical officers would understand those cases, and treat those cases much better than any civil surgeons?—Those cases would necessarily come under the military medical officers, because these hospitals were in aid of the sick and wounded, not in the field, but those who were removed to the civil hospitals.

3457. Mr. *Peel.*] You are aware that several civil surgeons in Smyrna were allowed to go to the Crimea, and were there on the occasion of the assault upon the Redan, and were employed in attending to the soldiers wounded upon that assault, and were considered to have done their duty in a particularly skilful manner?—Certainly; I think they received the thanks of Dr. Hall for the great services which they rendered.

3458. Have you Dr. Hall's testimonial upon their leaving the Crimea?—I have; it is in a despatch from Dr. Hall to General Simpson, of September the 9th, 1855: "Of the skill and attention of the medical officers, both staff and regimental, as well as of those gentlemen who had volunteered their services from the civil hospitals at Smyrna and Renkioi, and from the general hospital at Scutari, I cannot speak too highly."

3459. Mr. *Bellew.*] You stated that one inducement to the army medical officers to enter the service was the honours and distinctions to which they look forward. Are you aware that, although the medical gentlemen in the Crimea who distinguished themselves were mentioned by the authorities under whom them were immediately acting, their names were afterwards omitted in the despatches sent home?—That is a matter which does not fall within my knowledge, nor does it fall within my province to give an opinion upon it.

3460. *Chairman.*] Will you state what was found for the soldier in the civil hospital?—I will put it in, in detail. But, generally speaking, the clothing was found; of course the food was found; his regimental clothing was taken from him, and the hospital clothing was given to him.

[*The same was delivered in, and is as follows*:]

Hospital gown Waistcoat Pair of trowsers	Of grey duffle in winter; of cotton in summer.
Flannel shirt.	
Cotton shirt.	
Nightcap.	
Socks.	
Slippers.	

3461. Sir *John Trollope.*] Was there any difference in the treatment of the soldiers with regard to clothing and allowances in the civil hospitals from that in the military hospitals, or were they treated on precisely the same footing in those respects as if they had been in the military hospitals?—On precisely the same footing.

3462. *Chairman.*] That is to say, that Scutari and Renkioi were on the same standard as to clothing and allowances?—Yes.

3463. Sir *John Trollope.*] The treatment was the same as if they had been at Balaklava?—Yes, certainly.

3464. Sir *Henry Davie.*] With regard to these civil hospitals, when the emergency which called for their establishment is over, and they are broken up, will any permanent expense be entailed upon the country for them?—None whatever.

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whatever. The agreement with the medical gentlemen provides for the termination of their services and the payment of a gratuity. When the gratuity is paid the connexion between them and the Government ceases.

3465. *Chairman.*] What power has Dr. Parkes with respect to alterations in the hospitals or repairs of the hospitals?—I do not know that he has any actual power, but there is no recommendation that Dr. Parkes would make that would not be at once attended to. If it involved any large expense, of course the subject would be referred home to be considered, and sanctioned if thought necessary.

3466. Is there any officer in a civil hospital analogous to the barrack-master in a regimental hospital or a general hospital?—There is only the purveyor, who has perhaps a rather more extended duty in a civil hospital than he would have in a military hospital.

3467. In the civil hospital, has Dr. Parkes the power of directing alterations to be made at once?—Provided the expense is not large; but if it involves any large expense, we think it necessary that it should be brought before the authorities at home for decision before the work is undertaken.

3468. Sir *Henry Davie.*] May the purveyor remonstrate against any expense incurred by the chief medical officer?—No; the purveyor is not to remonstrate; he is at once to obey the order. If he thinks it necessary to represent the circumstances to the Secretary of State, he is by the regulations at full liberty to do so; but in the meantime he must obey the orders of the principal medical officer.

3469. Then he first obeys the order, and afterwards communicates with the Secretary of State for the War Department, calling attention to the expense if it appears to him exorbitant?—If he should think fit to do so upon any financial question, he is at liberty to do so.

3470. Does he in that case communicate direct to the Secretary of State, or through the chief medical officer?—By the printed regulations he does it direct to the Secretary of State.

3471. *Chairman.*] Upon whom does he draw for the money?—Upon the commissariat officer, who is the officer that provides funds for any work that is undertaken.

3472. I understand you to say that he always answers Dr. Parkes' demands?—To any reasonable extent; no doubt any extraordinary demand would be the subject of consideration at home.

3473. That is left to the discretion of Dr. Parkes?—In some degree, no doubt.

3474. Has the British Consul at the Dardanelles had anything to do with these hospitals?—I am not aware that he has, except giving a great deal of useful information and advice. Mr. Calvert is an officer of great ability, and much respected in that part of the world; and I am quite sure that much advantage has been derived from communication with him.

3475. Has your experience, with respect to these hospitals, been sufficient to enable you to determine the proportion of medical officers to the number of patients?—I think not, because none of those civil hospitals have really come into full operation. Renkioi is not yet completed; it was originally contemplated that there should be a provision for 3,000 sick; Renkioi has never had more than 562 patients at any one time.

3476. What are the staff of orderlies in those hospitals; military men, are they?—There are both civil and military orderlies.

3477. In what proportion to the patients?—One to ten, I think, is the ordinary proportion for personal attendance on the sick.

3478. How are the civilian orderlies appointed; are they part of the hospital staff corps?—No, the hospital staff corps has been formed since. Some of them have been employed at Scutari, and at other military hospitals; at Malta; but they not have been employed in the civil hospitals.

3479. On the formation of the hospital staff corps, what were the qualifications required of the orderlies?—At first I think there was some misunderstanding; but latterly they have been required to be able to read and write well, and to present general testimonials of character; and those who have been so selected have turned out exceedingly well.

3480. Mr. *Peel.*] Was it not the case that when the civil medical staff went to Smyrna, there was a proportion of persons whose duties were intended to be to attend upon the sick, and to whom others were added who were selected in Malta and elsewhere, for the express purpose of doing the duties of orderlies in that

that civil hospital?—A power was given to obtain orderlies from Malta, in case of need.

3481. Colonel *North.*] Were the civilian orderlies paid higher than the military ones?—Yes; the military orderly receives 4 *d.* a day, in addition to his regimental pay; the civilian orderlies received from 20 *s.* to 25 *s.* a week.

3482. Do you think that one orderly is sufficient to look after ten men, to cook, to light fires, to clean the rooms, and to do all the different details of work of a regimental orderly?—I have not information enough to give an opinion.

3483. Mr. *Peel.*] Can you give us the proportion of attendants of the medical staff corps to the number of patients in the hospitals?—The medical staff corps consists of 10 companies, each of which is calculated for attendance in a hospital for 500 patients, and is composed as follows:

PURVEYOR'S DEPARTMENT.

1 Steward, to rank as serjeant-major.
4 Assistant-stewards, to rank as serjeants.
6 Issuers, to rank as privates.
2 Washermen, to rank as corporals.
1 Cook, to rank as serjeant.
4 Assistant cooks, to rank as privates.

SURGEON'S DEPARTMENT.

1 Wardmaster, to rank as colour-serjeant.
8 Assistant wardmasters, to rank as corporals.
3 Barbers, to rank as privates.
20 Orderlies of the 1st class, to rank as privates.
70 Orderlies of the 2d class, to rank as privates.

120 Total of each Company.

3484. *Chairman.*] I believe the orderlies do not include all the officers; you have cooks, laundrymen, and others in addition?—Yes.

3485. Sir *James Fergusson.*] Had the institution of the medical staff corps the approval of the medical authorities of the army?—Certainly; that is to say, of Dr. Andrew Smith.

3486. *Chairman.*] Can you put in a statement of the expense of those civil hospitals?—Yes; I think we could give you very nearly the total outlay on account of them. Annexed is the estimated annual cost of one of them, that at Renkioi.

ESTIMATED ANNUAL COST of the CIVIL STAFF at Renkioi.

	£.	s.	d.
1 Superintendent	2,000	–	–
2 Physicians, at 2 *l.* 2 *s.* per day	1,533	–	–
2 Surgeons, at - ditto - ditto	1,533	–	–
23 Assistant Surgeons, 1 *l.* 5 *s.* ditto	10,493	15	–
1 Apothecary, at 1 *l.* 5 *s.* ditto	456	5	–
1 Chief Engineer, 2 *l.* 2 *s.* ditto	766	10	–
4 Dispensers, at 7 *s.* 6 *d.* ditto	547	10	–
1 Clinical Assistant, at 10 *s.* ditto	182	10	–
1 Store Accountant	250	–	–
1 Assistant ditto	150	–	–
1 Secretary to Superintendent, at 10 *s.*	182	10	–
1 Steward	150	–	–
1 Head Cook	120	–	–
2 Assistants ditto, 30 *s.* week	155	17	6
2 Assistants ditto, 25 *s.* a week	130	9	–
1 Head Baker	120	–	–
2 Assistant Bakers, at 30 *s.* a week	155	17	6
1 Laundryman	127	15	–
45 Orderlies, 1 *l.* 5 *s.* a week	2,933	–	6
1 Lady Superintendent	200	–	–
1 Lady Sister	Nil.		
1 Sub-Matron	75	–	–
1 Storekeeper	54	12	–
1 Head Nurse, at 20 *s.* a week	52	–	–
6 Upper Nurses, at 18 *s.*	281	11	6
17 Under Nurses, at 16 *s.*	709	2	6
1 Upper Laundress, at 20 *s.*	52	–	–
1 Under ditto, at 16 *s.*	41	14	–
1 Sempstress, at 16 *s.*	41	14	–
1 Servant, at 16 *s.*	41	14	–
£.	23,537	17	6

	£.	s.	d.
Estimated cost of Staff	23,537	17	6
Additional for messing of Officers and Ladies	1,700	–	–
Ditto for Nurses and Servants	1,000	–	–
Ditto for Contingencies	1,762	2	6
TOTAL £.	28,000	–	–

Sir *B. Hawes*, K. C. B.

13 June 1856.

3487. Sir *John Trollope.*] Are the accounts closed yet?—They are not closed yet, and I hope we shall rather diminish the outlay by disposing of some of our stores; but I think we shall be able very nearly to give you the amount.

3488. *Chairman.*] What contributions to medical science do you consider that the reports from the civil hospitals will afford. Are they ample and scientific in their details?—There is one report only which is printed, and which I suppose will be circulated amongst the military medical men. That is a very long and elaborate report entering into great detail, upon which Dr. Smith has expressed a very favourable opinion. That report is by Dr. Lyons, who was appointed pathologist to the army in the East.

3489. How were the patients sent to those civil hospitals, they being all further from the scene of war than the military ones?—They were sent under the direction of the head medical officers in the Crimea.

3490. Did the head medical officers in the Crimea select the patients for Renkioi, Scutari, and Smyrna?—It was for them to say where a patient should go to, and I believe they exercised that power.

3491. Was there any power of modifying that arrangement in the Bosphorus?—I think it was a very imperfect power; the numbers that have been sent are comparatively few, as you are aware. The largest number that has been in the Smyrna Hospital, I think, does not exceed 800 at any one time, and the largest number at any one time in Renkioi was 560 odd; I do not know what the gross number may have been at Renkioi.

3492. Then the selection of patients for the civil hospitals was entirely in the hands of the military medical men?—Certainly.

3493. If, therefore, there had been any ill-feeling towards the civilian practitioners, it might have been exhibited in the selection of those cargoes of sick, or in the withholding of them?—I am unwilling to assume that there was any ill-feeling; no doubt there was a sort of collision on account of the different rates of pay which produced a little ill-feeling, but I think the feeling was unfounded, and I think if the war had gone on, we should have found the civil hospitals working very successfully.

3494. Had the War Office occasion to desire that some patients should be sent to Renkioi?—Yes, I think, if I recollect right, there was some special direction given, but the altered state of things that ensued quite prevented that being acted upon, and the large extension of hospital accommodation in the Crimea has prevented so large a number being sent to either of the civil hospitals as was originally contemplated.

3495. Sir *James Fergusson.*] Dr. Andrew Smith stated to the Committee that he thought it desirable for the good of the service that about 5,000 *l.* a year should be put at his disposal, for the purpose of buying medical necessaries for hospitals, without being obliged first to make application to the authorities in the War Department, but of course he would always render an account afterwards of the money so expended; and, in support of that statement, he referred to some difficulty he had experienced in procuring filterers for hospital use, and he put in some correspondence which he had with you upon the subject; and I find a letter from you, dated the 19th of October, in which you say: "Sir,—In acknowledging the receipt of your letter of the 13th instant," (which letter is not in the correspondence,) "transmitting bills for filtering machines supplied to the camp hospitals at Shorncliffe and Aldershot, I am directed to request that you will inform me under what authority the articles in question were supplied." Have you any objection to give the Committee an explanation of why Dr. Smith was asked for an authority relative to those filterers; and will you also have the goodness to state whether you think it would be desirable that the uncontrolled expenditure of so large a sum as 5,000 *l.* a year should be entrusted to the medical gentleman who happens to fill the position of Dr. Andrew Smith?—With regard to the particular circumstances referred to, I do not at this moment recollect them; but I really can see no necessity for placing such a sum at the disposal of the head medical officer. I think the present system of the War Department will prevent delays; and I do not see why the Secretary of State, who is responsible for the expenditure, should not, through his proper officers, exercise vigilant control over every expenditure for army services.

3496. May I ask you to lay before the Committee Dr. Smith's letter of the 13th

13th of October 1855, which is not in the correspondence before the Committee?—I will hand it in.

Sir *B. Hawes*, K. C. B.

13 June 1856.

[*The same was delivered in, and read as follows:*]

Army and Ordnance Medical Department,
13th October 1855.

Sir,

Herewith I have the honour to enclose an abstract in duplicate, and bills for filtering machines, amounting to 23 *l.* 6 *s.*, supplied to the camp hospitals at Shorncliffe and Aldershot, and to request that I may be informed in what manner the same will be paid.

I have, &c.
(signed) *A. Smith*,
Director-general.

The Deputy Secretary at War,
&c. &c. &c.

3497. Have you the power to refuse, and if you have the power do you ever refuse, any recommendations made by Dr. Andrew Smith for supplies of any kind; or have you ever refused, at the application of Dr. Andrew Smith, to allow medical officers long leave in consequence of sickness or for other reasons; or have you ever refused to comply with the rate of retirement recommended by Dr. Andrew Smith for medical officers?—In the first place, with regard to supplies recommended by Dr. Smith, I do not recollect any instance in which they have been refused; they may have been a subject of discussion, upon which there may have been conflicting opinions, but I do not recollect an instance. With regard to retiring allowances, no case occurs to me at this moment; but at the same time we should exercise the same judgment upon that recommendation as we should do in every other case of an officer retiring from the army; we should see that the retiring allowance was in conformity with the regulations and with practice.

3498. Mr. *Peel.*] With regard to leave of absence, Dr. Smith would address an application upon that subject to the Horse Guards, not to you?—Certainly.

3499. Mr. *Bellew.*] Is it from your department that the warrants regulating the diplomas which men shall present when they desire to become army medical officers issue?—"Warrant" is a technical word. Dr. Smith, I imagine, recommends to the Commander-in-chief, and the Commander-in-chief approves of the appointment.

3500. After those warrants are issued defining the necessary qualifications that an officer should have to enter the service, do you know whether Dr. Smith has any power to change the regulations as detailed in those warrants?—Dr. Smith cannot alter those warrants.

3501. Mr. *Peel.*] But in practice you have occasionally anticipated the period when an officer should be promoted under emergent circumstances, giving him local rank till he had served the proper time to enable him to have full rank?—That has been done. There have been several instances in which officers have been advanced and the Secretary of State has sanctioned that course; but a departure from the warrant can only be sanctioned, if by anybody, by the Secretary of State.

3502. Colonel *North.*] With regard to the certificate that military surgeons are obliged to sign prior to an officer being allowed to sell his commission, it is worded as follows:—"We do hereby certify to have carefully examined ——— who states he is ——— years of age, and are of opinion that he does not labour under impaired constitution threatening earlier dissolution than a person of that age, in the common course of nature, may expect." Do you know anything about that certificate?—No, I do not: it relates to an officer who desires to sell.

3503. Looking at the wording of this certificate, is not it the fact that no officer having served in the Crimea, or in the West Indies, or India, and returning home, and with an impaired constitution, would be allowed to sell out under such a certificate as this?—The case would be considered by itself as a case upon its merits. We should require a certificate from the Army Medical department, and the Secretary of State would exercise his own discretion as to whether the officer should be allowed to sell.

3504. *Chairman.*] Have you any suggestions to make to the Committee upon the subject of their inquiry?—No, I have none of a general nature to make.

Mr. *John Agnis*, called in; and Examined.

Mr. *J. Agnis.*

13 June 1856.

3505. *Chairman.*] WILL you state your present official position?—Assistant Surgeon in the 3d Light Dragoons.

3506. How long have you been in the service?—Nearly two years.

3507. What determined you to enter the army medical department?—It was shortly after the declaration of war. I wished for an opportunity of perfecting myself in the knowledge of surgery.

3508. In the expectation that the war would continue longer?—In the expectation of seeing service while it did continue.

3509. Is it your intention to continue in the service?—I think not for a permanency.

3510. Why not?—I think that the inducements to remain in the army are not equal to those which other careers in civil life have to offer to medical men.

3511. Will you state the nature of those careers?—Not including private practice, there are many public appointments, some of which are of recent institution, and some of which have been considerably extended within the last few years, which are open to a young man. One is the recent appointments of sanitary officers of health under the new Act for regulating the sanitary condition of towns. There are about 40 of those appointments in London at the present time; the best of them is about 400 *l.* a year, with liberty to practise privately; and the smallest of them is 100 *l.*; they vary between the two amounts. Another class of appointments is that of resident medical officers to lunatic asylums, which have been considerably extended in the course of the last few years by a recent Act of Parliament. There are now as many as 50 resident medical officers at asylums of that description in the country; their salaries are, in many cases, as much as 200 *l.* a year, with board and lodging; some are much better than that; some are not so good.

3512. Are there any other classes of appointments to which you would refer?—Yes; another class of appointments is that of surgeon on board the large ocean steamers, such as the Peninsular and Oriental Company's steamships.

3513. Do you know the payment to the medical officers for those appointments?—The pay is 6*l.* or 7*l.* a month, with of course board and lodging; and the pecuniary advantages are often increased by fees from passengers. Another class of appointments is that of superintending surgeon on board the Government emigration ships. Those gentlemen are usually young men, of the same average standing as those who might enter the army as assistant-surgeons; they are paid at the rate of 10 *s.* per head for all the emigrants landed in Australia. They are of course provided with food on board. They have complete charge of the vessel, and of every one on board.

3514. Colonel *North.*] Do they find the medicines?—No, the Government find the medicines and everything.

3515. They are at no expense?—At no expense. The Government also gives them 60 *l.* towards their passage home from Australia. There are also other careers open to young men of the class that would be likely to enter as assistant-surgeons in the army; there are a large number of resident appointments at infirmaries, some in London, some in large towns, and some in the country. Those are filled by young men who have just completed their studies; the salaries are in some cases 100*l.*, in some 150*l.* a year, with board and lodging as a general rule. Some are less than that; a great number are small. Another instance is, that many young gentlemen in the last few years have gone to practise in Australia in consequence of the large amount of emigration to that country; I know an instance of an assistant-surgeon of the 40th Regiment who gave up his commission when quartered there, for the purpose of entering private practice in the colony; he was a fellow-student of my own. Then there is also another class of appointments, the appointments to the East India Company's service, which absorb a great many young men, and which I think it has been put in evidence before the Committee are better paid, and considered altogether more desirable than those in the Queen's service.

3516. *Chairman.*] Will you state the course of proceeding which you adopted when you determined to enter the medical department?—I obtained a letter of introduction from a professor at the medical school where I had studied, to

Dr.

Dr. Andrew Smith. I presented it to him, and was sent to Chatham on promotion.

3517. What was your medical education before that?—I had studied between five and six years in London; I had also studied in Paris for a short time.

3518. How long were you at Paris?—I was in Paris for two or three months.

3519. Do you consider that there are advantages in studying in Paris over those in England?—There was increased facility for dissection, and for practising the operations of surgery on the dead body. The advantage is very great indeed in that particular; it is very considerably cheaper, and the opportunities are much greater than those afforded in London.

3520. How much do you think your medical education cost you?—I cannot answer that question very accurately; I think it is fair to take the cost of medical education in London at about 200 *l.* a year, including fees for lectures; the payment for subjects for dissection and books, and fees to the examining bodies on taking one's diploma or degree, and including also board and lodging.

3521. Had you any competitive examination during your medical education?—Yes; the examination for the office of house surgeon, which I held at University College Hospital, is a competitive one, and partly a practical one.

3522. Will you state what length of time you remained at Chatham?—I was at Chatham only six weeks.

3523. What supervision was there at Chatham?—There was the supervision of the principal medical officer, who had charge of the whole of the arrangements of the hospital; the hospital was divided into a medical and a surgical division; each of those was in charge of a staff surgeon of the first class, assisted by a staff surgeon of the second class; then in charge of each assistant was a medical candidate of similar standing to myself, who prescribed for the patients, subject to the veto of the staff surgeon of the first class in charge; he applied the dressings and bandages, and did all small operations of that sort; the staff surgeon visited the wards every day, and approved of or corrected the treatment of the medical candidate, as he thought fit.

3524. What was your examination on entering the Army Medical Department?—A general one; rudimentary; similar to that to which I had previously been subjected at the College of Surgeons and at Apothecaries' Hall, in some particulars.

3525. In what particulars did it vary?—I was asked one or two questions concerning tropical diseases, such as tropical fever and dysentery.

3526. Was it entirely *viva voce*?—It was not *viva voce* at all; it was on paper.

3527. Had you any drugs shown to you for examination?—None.

3528. Had you any subject shown to you for dissection?—None whatever.

3529. What was the amount of your required attendance in the hospital at Chatham?—Every candidate had to attend the hospital at nine o'clock, and he must remain in his ward from nine till eleven; from eleven till one he must still remain within the hospital walls, but not necessarily in the ward under his care; he again visited the patients sometimes in the evening between seven and nine.

3530. Was that all?—That was all his professional duty.

3531. What supervision was there over you, except in hospital hours?—I am not aware of any.

3532. There was none?—A far as I know, none.

3533. Were you required to attend any lectures at Chatham?—None at all; there were no lectures to attend.

3534. Under what circumstances did you leave Chatham?—I was appointed to the office of assistant-surgeon in the regiment, which I now hold.

3535. Sir *Henry Davie.*] Were you appointed at once to the cavalry?—Yes.

3536. Colonel *North.*] Was any deduction made from your pay for your forage?—Yes, 1*s.* 5*d.* a day; at the rate of 8½*d.* per day for a horse.

3537. What pay do you receive?—Eight shillings and sixpence a day; 1*s.* more than that in the infantry.

3538. But with that deduction for forage it is only 7*s.*?—Yes.

3539. *Chairman.*] What other deductions are there?—There is mess fund, band fund, and income tax.

Mr. *J. Agnis.*

13 June 1856.

3540. Can you give the Committee a statement of the deductions, and of your professional income and expenditure?—Yes; the pay of an assistant surgeon in the cavalry amounts to 155 *l.* 2 *s.* per annum. The compulsory expenses are as follows: Mess fund, eight days' pay, 3 *l.* 8 *s.*; band fund, 12 days' pay, 5 *l.* 2 *s.*; forage for two horses, at 8½ *d.* per horse per day, 25 *l.* 10 *s.*; income tax, 9 *l.*; servant's wages, at 2 *s.* 6 *d.* a week, that is, a servant provided from the ranks, 6 *l.* 10 *s.*; washing at 1 *l.* 5 *s.* per month (that is a regulated charge), 15 *l.*

3541. Sir *Henry Davie.*] Have you included the outfit?—No, nor the purchase of horses; then I put the expense of living at the mess on the lowest possible estimate, at 114 *l.* per annum.

3542. Mr. *Peel.*] What is it daily?—I am taking the charges in my own regiment: dinner, 3 *s.* 6 *d.* a day; breakfast, 1 *s.* 6 *d.*; then taking the average of the wine account, which is divided amongst all the officers equally, about 1 *s.* 6 *d.*; then incidental expenses of other kinds, private dress, and so on, I have not put down.

3543. *Chairman.*] What do you make the whole of what you have put down amount to?—It is about 178 *l.*

3544. Your pay being how much?—£. 155.

3545. Sir *James Fergusson.*] So that you could not possibly live upon your pay in a cavalry regiment?—No.

3546. Your servant waits at mess occasionally?—Yes.

3547. And you have to clothe him?—Yes.

3548. Sir *John Trollope.*] You have made a deduction for two horses' forage; are you required as a cavalry assistant-surgeon to keep two horses?—You can be required to keep two; the regulation allows you forage for two; the colonel can compel you to keep two, or he may allow you to keep one only, as he pleases.

3549. Colonel *North.*] Is the same deduction made from your pay whether you keep one or two?—No; if you only keep one you are only charged for one.

3550. Is it generally the practice of assistant-surgeons to keep two horses?—I do not know.

3551. Is it your practice?—It is my practice.

3552. *Chairman.*] What are the duties of the assistant-surgeon?—The assistant-surgeon is generally with a detachment, and he generally has the entire medical and surgical charge of the detachment.

3553. How many detachments have you to look after?—Only one; only the detachment where I am stationed.

3554. Yours is at Hampton Court?—Yes; and the other at Kensington Gate; but the detachments may be 50 miles apart.

3555. Have you had any leave since you joined?—Only short leave from the colonel of a week or 10 days at a time.

3556. Sir *Henry Davie.*] Between returns?—Between returns.

3557. No general leave?—No general leave.

3558. Mr. *Bellew.*] Are you of opinion that if the inducements to assistant-surgeons in the army to remain in the service were increased, the pay and other inducements in the higher ranks of the service are sufficient to induce men of fair abilities to remain in the army?—I have not been long enough in the service, nor do I know enough of the pay of the higher ranks, to be able to give an opinion as to the higher ranks; but I am quite certain that the pay of an assistant-surgeon is not sufficient to induce men to remain.

3559. Sir *John Trollope.*] Have you considered the relative position of assistant-surgeons in the infantry as compared with those in the cavalry?—I have no experience in the infantry, and no knowledge of their position; I have done duty in an infantry regiment myself, for a month or five weeks, during the pressure when there was no assistant-surgeon; that is all I know about it.

3560. Are you aware whether there is any preference on the part of medical gentlemen to enter the infantry rather than the cavalry?—I am not aware of any advantages in the infantry over the cavalry. I think it is a matter of taste.

3561. Are the expenses less?—I presume they are less. It is a matter of common report that they are less.

3562. Are not the appointments in the cavalry with which you are required to furnish yourself much more costly than in the infantry?—The infantry is less expensive. Of course in the infantry there is no outlay for horses.

3563. Or for horse appointments?—Or for horse appointments.

3564. Sir *James Fergusson.*] To what leave are you entitled?—To no leave as a matter of right; you occasionally obtain short leave from the colonel or the commanding officer as a matter of courtesy or favour on his part.

3565. But it would be impossible for you to obtain leave when you are on detachment, as you are now?—No. It would be necessary to make arrangements with a civil practitioner to see any case of injury or sickness that might occur during my absence.

3566. Colonel *North.*] And you would pay him?—Yes.

3567. Do you find any difficulty in getting respectable men out of the ranks for hospital orderlies?—It has never fallen to my lot to have to select one; but I should say that, with regard to our own regimental hospital, it would be difficult to find better men than the hospital serjeant and his underlings for that duty.

3568. What number have you in proportion to the patients?—I have none at the present moment at Hampton Court. I am speaking of the hospital at head-quarters.

3569. If you have a sick man at Hampton Court do you send him to head-quarters?—If he is slightly ill, and able to do part of his duty, such as attending the stables, I keep him out there and I attend him and order him medicine; if he is seriously ill, I send him in to head-quarters, but my detachment is an exceptional case in consequence of its being so near to head-quarters. Most detachments are 30 or 40 miles away, and then the assistant-surgeon opens an hospital, and makes all his arrangements just as the surgeon does at head-quarters.

3570. Sir *Henry Davie.*] I understood you to say, that if it had not been for the prospect of war you think you would not have entered the military service at all?—I should not have had an opportunity; I should have had no means of communicating with the Director-general.

3571. But in the early part of your evidence you stated, that in consequence of the war you were induced to enter the service?—I can hardly tell what I might have done, had it not been for those circumstances. I entered the army immediately upon the completion of my professional studies; in fact, I gave up an appointment which I was then holding in a London hospital in order to enter it, and therefore I had hardly had time to think of what I should do.

3572. With respect to the East India Company's service, to which you referred, are you aware that the examination for entering the East India Company's service is now purely competitive?—Yes, I am aware of it.

3573. Do you consider that that is likely to command a higher class of men for that service than for our service?—Certainly; I think the higher the standard of examination, the better informed the class of men is likely to be.

3574. Do you consider that the standard for the Queen's service is sufficiently high?—I scarcely feel competent to give an opinion upon that; I may mention one circumstance in connexion with the question put to me about the East India Company's service. On examining the list of Fellows of the College of Surgeons, I find that there are eight in the East India Company's service to three in our own, that being the highest surgical diploma that the College can give.

John Wallen Halahan, Esq., M. D., called in; and Examined.

3575. *Chairman.*] YOU belong to the Medical Department of the Ordnance?—I do; I am Deputy Inspector.

3576. Is the Ordnance medical department now under Dr. Andrew Smith?—It is.

3577. How long has it been so?—Nearly two years.

3578. Will you state the differences in the arrangements now?—I do not know them exactly, for I do not think that Dr. Smith has ultimately settled them. It was originally intended, as I understood from Dr. Smith, to do away with the rank of senior surgeon entirely.

 3579. Will

J. W. Halahan, Esq., M. D.

13 June 1856.

3579. Will you state what the arrangements were previously to your being joined to Dr. Andrew Smith's department?—Then we were under an inspector-general of our own, who had the whole control.

3580. By whom was he appointed?—By the Board of Ordnance.

3581. What was your system of service at foreign and colonial stations?—We reported always to the head of our own department.

3582. Had you a particular period of service on foreign and colonial stations?—Three years.

3583. And then you were removed?—Yes.

3584. Where were you removed to?—Always home.

3585. You never remained away more than three years and the time occupied in the passage?—I was longer than three years; but that was the general term.

3586. Was it dependent upon the discretion of the Director-general?—It would depend upon circumstances. Sometimes they had not any one to send, and then we would be kept a few months longer.

3587. Was the term ever shortened?—No; it was understood to be three years.

3588. Was there a rotation of stations after home?—No; a medical officer when he came home was put at the bottom of the roster, and when a station became vacant, whoever was at the top of the roster, sent there.

3589. Was that the invariable practice?—Invariable; a very fair roster was always kept.

3590. Had you a system of confidential reports to your head medical officer?—No, we had none; for, generally speaking, we had only one medical officer of ours at a station; and consequently, except we reported on ourselves we had no one to report on.

3591. The system of confidential reports did not exist in the Ordnance medical department?—No.

3592. How were you supplied with drugs?—From Apothecaries' Hall, in London.

3593. Did that arrangement pass through Dr. Smith's hands, or was it immediately between the Inspector-general of the Ordnance medical department and Apothecaries' Hall?—Prior to Dr. Smith becoming the head of both departments they were supplied by an order from our own inspector.

3594. Totally distinct from Dr. Smith?—Yes; now the Director-general controls it all.

3595. What was the examination for candidates entering?—He must be a member of the College of Surgeons of either London, Edinburgh, or Dublin; then he passed an examination at our Board of our own medical officers, consisting of the Inspector-general, the Deputy Inspector-general, and the surgeons of the divisions.

3596. Sir *Henry Davie.*] Was the promotion entirely by seniority?—Entirely.

3597. Mr. *Bellew.*] He must have a diploma from either London, Edinburgh, or Dublin?—That was the regulation; he must be a member of either of the three universities.

3598. Sir *Henry Davie.*] You stated that promotion was entirely by seniority; was merit recognised in no way?—It could not be.

3599. Was the going to particular stations purely a matter of rotation, so that it never could be held out as a reward to any medical officer to go to a better rather than to an inferior medical station?—No; I never knew that done; as we came to the top of the list we got our order to the first vacant station.

3600. So that whether an officer was a particularly efficient one or the contrary, the one got on just as well as the other?—Yes.

3601. Colonel *North.*] Could there be exchanges?—We could exchange; but Sir John Webb would never allow us to make a second exchange to the same place.

3602. *Chairman.*] There are now four or five senior surgeons in the ordnance corps; have they been amalgamated with the army surgeons?—I understood that they were to be amalgamated with the staff surgeons of the first class.

3603. Do you know why they have not been?—No.

3604. What

3604. What duty do they do in your department?—There is only one at Woolwich; the others are abroad. There is one at Bermuda; he does the duty of a regimental surgeon. There is one at Dover, and there is one at Gibraltar.

3605. Is it viewed as a hardship by the medical officers of the Ordnance corps that they have been so long in getting promotion?—We have always felt it a hardship that we do not get our promotion in the same ratio as in the line.

3606. Colonel *Kingscote.*] What ranks have you; have you inspectors, and surgeons, and assistant-surgeons?—We have only one director, one deputy inspector, six senior surgeons, and a surgeon and two assistant-surgeons to each battalion.

3607. Mr. *Bellew.*] Are you aware whether for candidates for the army medical department certificates coming from the Faculty of Physicians and Surgeons at Glasgow, or from other corporate bodies legally entitled to grant a diploma in surgery, not coming from either London, Dublin, or Edinburgh, were held to be sufficient?—In former days those were sufficient.

3608. Are you aware whether such certificates are allowed now?—I am not.

3609. *Chairman.*] What length of time was there between your grades of promotion?—I was 18¼ years assistant-surgeon; I was upwards of 16 years a surgeon, and 11 years a senior surgeon. Now I have been upwards of two years deputy-inspector.

3610. Was it necessary that there should have been so long an interval?—Yes. I got my promotion fairly all but one step.

3611. Colonel *North.*] How did you go as compared with the line?—I am senior by years to all of them; I am senior to Dr. Smith.

3612. Then the amalgamation of the two departments is an advantageous plan for your department?—I should say it is an advantage to our department.

3613. *Chairman.*] Have you anything to state with respect to the difference which exists between the Ordnance Department under its own head, and under Dr. Andrew Smith?—I could not make any statement as to that just now, because we have not got into fair working of the rule yet; although we are nominally so, we are not in reality so, because the regulations are only coming out now, and the alterations in our forms are only going on now.

3614. Then have you been living under the old forms for the last two years with a new head?—Yes; the new system could not be carried into effect at once.

3615. Has your system of roster been going on according to the old plan the last two years?—No; now anyone can be promoted from the artillery into the line, and from the line into the artillery.

3616. Colonel *North.*] Are you on full pay or half pay?—Full pay.

3617. Do you look after soldiers of the line at the present moment?—If there be no surgeons of the line at Woolwich, where I am stationed, I have the professional charge of the whole.

3618. Which you would not have had before?—No, I would not; they would have had a line surgeon.

3619. Sir *Henry Davie.*] Was the pay of the assistant-surgeons and surgeons of the artillery exactly the same as that of the line?—Yes.

3620. *Chairman.*] You have always had female nurses in your hospitals?—Always.

3621. How do you find that plan work?—Very well.

3622. What proportion have you to the patients?—One to 15.

3623. Have you any male orderlies?—We have men employed under the steward; but when we want, in particular cases, any one to attend on a man very ill, we always get one on application at the barracks, from the battalion to which the sick man belongs.

3624. What is the pay of your nurses?—One shilling a day, with an allowance of coals and candles; that is the female nurses.

3625. And lodging?—Sometimes they get a room in the hospital; but we have no families admitted.

3626. Have they any rations?—No rations.

3627. Have you to change those nurses often?—Very seldom.

3628. Colonel *North.*] Are they generally soldiers' wives?—Widows, generally speaking; I always appointed a soldier's widow if she was equally good with another woman. I give the preference to the widow of a soldier.

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3629. You say that lodging is only occasionally given?—If they are single they get part of a room: two women in a room. In the case of some of the small rooms, at the back of the hospital, one woman gets it to herself.

3630. Do not they get any rations?—No; it was proposed some time ago to hire nurses, the same as you would servants, and to have a table for them, and dormitories, the same as in the civil hospitals.

3631. Have you regular cooks in the hospital?—We have three men employed as cooks always; the hospital at Woolwich is a very large establishment, with generally from 400 to 500 sick in it.

3632. *Chairman.*] Who dispenses the medicines in your hospital?—We have four dispensers under the assistant apothecary; and then we have the apothecary over all. The dispenser is generally a professional man that enlisted; for instance, I have three such men now.

3633. Upon foreign colonial stations do your serjeants ever dispense medicines?—No, it is not the duty of the hospital serjeant; we have always a surgeon.

3634. Who is supposed to dispense himself?—Yes.

3635. Colonel *Kingscote.*] I understand you to say that those dispensers at Woolwich enlisted in the artillery had been professional men before?—They were educated for the profession.

3636. Did you enlist them on purpose for it?—No, we found them in the regiment.

3637. Colonel *North.*] How do they rank?—As gunners.

3638. Sir *James Fergusson.*] What pay do you give them?—They have 1 *s.* a day besides their regimental pay, and a room, and coals and candles.

3639. Have you any difficulty in finding men in the ranks whom you are able to employ in that way after a little instruction?—No, none at all.

Lunæ, 16° *die Junii*, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Mr. Noel.
Sir James Fergusson.	Colonel North.
Mr. Percy.	Sir John Trollope.
Mr. Bellew.	Sir Henry Davie.
Colonel Kingscote.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

His Royal Highness the *Duke of Cambridge*, K. G.; Examined.

H. R. H. *Duke of Cambridge*, K. G.

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3640. *Chairman.*] HAS your Royal Highness had an opportunity of looking over the evidence which you gave before the Sebastopol Committee, with reference to the Medical Department of the Army?—I have.

3641. Is there anything stated in that evidence which you wish at all to modify?—No, nothing.

3642. Your Royal Highness there bore very high testimony to the good conduct of the men when in hospital?—Certainly, nothing could be better than their conduct was.

3643. You referred to the absence of complaints on their part, and to their great endurance and patience under suffering?—Yes; too much could not be said in their praise.

3644. Your Royal Highness also bore testimony to the great exertions and philanthropy of the medical officers generally?—Yes; I had every reason to be well satisfied with the great exertions of the medical officers.

3645. Has your Royal Highness any reason to believe that the mortality which occurred among the troops was in any degree to be attributed to neglect on the part of the medical officers?—Certainly not.

3646. You

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3646. You think that it originated in causes over which they had no control?—Quite so.

3647. Your Royal Highness's attention was probably called to the relative positions of the medical and executive officers?—Yes, but not more so in the Crimea than at any other time; I have been often in command, and have seen the working of the system. Probably I saw more of it during peace than in war. In war everybody is so occupied that those relative positions are not so observable as they are in a time of peace.

3648. From the opportunities of observation which your Royal Highness has had, both in times of war and peace, are there any suggestions which you would desire to make to the Committee with regard to any changes that you think might with advantage be made in those departments?—The only change I would suggest would be, that after a certain length of service the surgeon of a regiment should have the rank of major, instead of that of captain. At present they take the rank of captain, and I think that after a certain length of service, perhaps six or eight years, the surgeon of a regiment might take the rank of major with advantage.

3649. Is your Royal Highness of opinion that the Medical Department of the Army should be made more a military body than it is at present?—No, certainly not.

3650. Suggestions have been made to the Committee that it would be desirable to make it more of a military and less of a civil body; I understand your Royal Highness to say, that such a suggestion would not meet your approval?—I should say certainly not; but I should like to know in what respect it is proposed that they should be made more a military than a civil body.

3651. Colonel *North*.] What is the opinion of your Royal Highness as to the propriety of their sitting as members of courts of inquiry, or do you think they should be considered more as witnesses?—I think it is far better that they should be considered as witnesses. I think that the rule of the service which prevails now, that they never should sit as presidents of boards, is a good rule.

3652. *Chairman*.] It has been stated before this Committee that it is the intention of the War Office, or that there is some idea entertained of introducing civilian dispensers into hospitals; is your Royal Highness aware of the arrangements at present existing in the hospitals of the Household troops?—We have nothing of that sort in hospitals of the Household troops. The medicines are, I believe, dispensed by the hospital serjeants, under the superintendence of the surgeon of the regiment.

3653. Does your Royal Highness see anything to object to in that arrangement?—No; on the contrary, I think it is a very good system.

3654. Does your Royal Highness consider that the introduction of civilian dispensers would be satisfactory?—No; I think it would be a very unfortunate system to introduce.

3655. Colonel *North*.] More especially if those dispensers are to have rank as officers?—Although I cannot speak from experience, because it never was the case when I was in command, I confess it appears to me that nothing could be more objectionable than such an arrangement.

3656. Mr. *Bellew*.] Is your Royal Highness of opinion that there are always to be found in the ranks men who might be promoted to be hospital serjeants, and who would make good dispensers?—Yes; but I think that if any man showed a capacity for it, or a desire to enter into that portion of the profession, there might be great facilities afforded for giving him such instruction as would make him invaluable. I will explain what I mean. There is a system now adopted with reference to schoolmaster serjeants; that system is this, as I understand it, that if any young man in the ranks wishes to become a schoolmaster, he volunteers for that special service; he is then sent to Chelsea, which, I believe, is considered the principal training school; he there goes through a course of training, and is then sent back as an efficient schoolmaster for a regiment. I believe it has been usual to change the regiments, and that if a man has come from one regiment he has been sent to another. I do not see, however, why that should be necessary, or why he should not be sent back to the regiment in which he originally enlisted. I think that the same system might be pursued with reference to hospital serjeants; if a man wished to qualify himself to perform the duties of a hospital serjeant, he might be sent to

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a central training school, where he might be retained for three or six months, or for such a period as would be necessary to give him a thorough knowledge of all that is necessary to enable him properly to dispense medicines, and then he might return either to his own regiment or to any other in the service.

3657. Colonel *North*.] Your Royal Highness is aware probably that surgeons very naturally find fault with the certificate which they are obliged to sign, that they have individually mixed all the medicines which they have prescribed, their doing which is a physical impossibility?—Yes, I am sure it is so; and I think it is exceedingly objectionable to call upon a man to sign a certificate that he has done that which it is impossible for him to do.

3658. Mr. *Bellew*.] If these men were attached in the mode which has been proposed to the regiments, is not your Royal Highness of opinion that expense would be entailed upon the country unnecessarily, and that it would also be prejudicial to the discipline of the regiment if there were no power to send them back to the ranks in case of misconduct?—I would extend to dispensers what I said just now as to schoolmasters. I would consider it as a civil branch to some extent. My opinion is, that if you were to select men in the mode I suggest, and make some of them hospital serjeants, and some orderlies, you might get up a very efficient medical staff corps. I do not think that if that system were pursued, it would entail more expense upon the country, and it would be attended with this advantage, that you would not have so many men out of the ranks. I am sure it is very desirable to keep the regiments as full as possible; at present, we may on paper appear to have more men in the ranks than we really have.

3659. Is not your Royal Highness of opinion that the better plan is to select the men from the regiments, filling up their places when they are withdrawn, so that the orderlies would have all the habits of disciplined soldiers?—I think so, decidedly.

3660. So that, in case of misconduct, a man might be sent back to the ranks again?—Yes.

3661. *Chairman*.] Has your Royal Highness had any practical experience with reference to the present hospital staff corps and its organisation?—No; but from what I have heard and read about it, I confess that I do not think that it can work well.

3662. When your Royal Highness was in Corfu, did many medical reports pass through your hands?—Merely the ordinary reports which every general officer makes when he makes his half-yearly inspection of a regiment.

3663. Does your Royal Highness remember the number of staff-surgeons that there were there?—No, but we always had a considerable number. There were several islands, and several detachments, and we could not furnish them all with surgeons from the regiment, and therefore we were obliged to have assistant-surgeons from the staff to do the duty.

3664. Was there any direct communication between your Royal Highness and the Director-general at home?—No.

3665. With whom did your Royal Highness communicate?—Through the principal medical officer; I must observe, that I was only Colonel on the staff at Corfu; Lord Seaton was in command there; if there was any direct communication, it would be from the General commanding in Chief; I do not know whether there was any communication between the General commanding in Chief in the Ionian Islands, and the Director-general.

3666. Was there a sufficiency of medical officers there?—Yes.

3667. But you would not give the same answer with reference to the Crimea?—If you mean to ask me whether each regiment had a sufficient number, I should say certainly not. I think that every regiment ought to have one surgeon and two assistant-surgeons in time of peace, and one surgeon and three assistant-surgeons in time of war, if in the field.

3668. As far as the experience of your Royal Highness goes, do you think that the medical officers of the army have sufficient facilities afforded them for obtaining leave of absence?—Certainly not.

3669. Does your Royal Highness think it desirable that they should have leave of absence, as well for private affairs, and on account of the state of their health, as for the purpose of pursuing scientific studies?—Most decidedly.

3670. Sir *Henry Davie*.] Do you think that a cavalry regiment requires as many medical officers as a regiment of infantry?—No; I think that one surgeon,

geon, and one assistant-surgeon, would be sufficient for the strength of an ordinary cavalry regiment in time of peace.

3671. Mr. *Bellew.*] Does your Royal Highness think that communications with regard, for instance, to proposed alterations in hospitals, or any other proposed alterations, should be made through the local military authority, or directly to the Director-general, without consulting the local military authority?—I think it would be very objectionable if communications with regard to any alterations that were proposed did not go through the local military authority on the spot.

3672. *Chairman.*] Do you think that in the Crimea the relative positions of the purveyor and medical officers was satisfactory?—I always understood that it was so undefined that great inconvenience resulted from it, the purveyor being more or less under the War Office, and the Medical Department being entirely under the Director-general.

3673. The experience which your Royal Highness had in the late war would incline you to think, would it not, that there should be a more clearly-defined division between their relative positions?—Decidedly. I think that a great many of the delays and inconveniences which occurred in the Crimea arose from the fact of the purveyor and the medical officers clashing, in consequence of each of them having a different head to look to.

3674. Have you turned your attention at all to the present organisation of the department of the Director-general of the Army Medical Department?—I understand that there is a Director-general who is supreme, and a certain number of staff-surgeons and deputy inspectors attached to his office to work out the details. There are also certain Boards formed of these medical officers, who send in their reports to the Director-general, and his decision upon them is final.

3675. Do you think that a return to the former system of a Board would be an improvement upon that?—No; I object to all Boards; I think that where there is one authority, and one responsible head, the duty is always better performed.

3676. Your Royal Highness probably is aware that the question of promotion, except with regard to regimental surgeons, rests entirely with the Director-general?—Under the authority of the Commander-in-chief.

3677. But the evidence which has been given before this Committee has shown that the exercise of that authority is merely nominal?—I think it ought to be more than nominal; I think that if that is so, it would be well that the Commander-in-chief's authority should be more shown than it is at this moment. As I understand the question, it is this: that, supposing a medical officer to be promoted out of his turn, it might appear to be an act of favouritism on the part of the chief authority of the Medical Department. I think that that would be obviated if, in cases of that sort, the Director-general were to explain to the Commander-in-chief most fully why he had promoted one man over the heads of others, and that the final decision should rest with the Commander-in-chief.

3678. In Question No. 357, Dr. Andrew Smith is asked this question: "Therefore there may be charges brought against medical officers who are perfectly guiltless, but which may stand as bars to their promotion, and which charges they may never hear of?" and he answers, "There might be such, but I do not think there are such." Does your Royal Highness consider that it would be an improvement if confidential reports with regard to medical men were placed on the same footing as confidential reports with regard to military officers?—Most decidedly; I think that if a man is reported against for such neglect of duty as would bar his promotion, he ought to be informed of it; I think that no man ought to be put in that position without being informed of it.

3679. Sir *James Fergusson.*] Does your Royal Highness think that seniority should be the principle of promotion in the Medical Department of the army?—I think it would be well that that should be the rule, but at the same time I should be very sorry if exceptions to that rule were not sometimes made, though I think that wherever an exception is made, a strong case ought to be made out to justify it; and if the Commander-in-chief approves of it, I think it ought to be, and that it would be, in fact, satisfactory to the medical officers of the army.

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3680. You think that in no case promotion should be made without the sanction of the Commander-in-chief?—I think it is undesirable. I should be very anxious not to do away with the power of giving promotion where a strong case is made out, though I think that that power ought only to be made use of under very special circumstances.

3681. Sir *John Trollope*.] Can your Royal Highness suggest any mode by which particular merit could be rewarded if the principle of promotion by seniority were strictly adhered to?—I think that where any medical officer has shown a great amount of capacity, both medically and in organising his department, he should be, if possible, promoted, even if out of his turn; I think that that in itself would be a very good reward.

3682. Do you think that selecting him for a better station, instead of an inferior one, would be considered a sufficient recompense for any distinguished service he might have performed?—No doubt; but at the same time I would prefer that the question of good or bad stations should not be considered; the service is the service, and a man must go where he is ordered to go. I think it would be a bad principle to act on to send a man to a bad station because he is less efficient than another; I do not think it would answer.

3683. Your Royal Highness has heard, no doubt, that there has been a proposition to place the Army Medical Board under fresh regulations by introducing civilians?—Yes, I have heard so.

3684. Do you approve of that?—I disapprove of it highly.

3685. Would not the medical officers of the army be competent themselves to form such a Board?—Yes; and I should think that the medical officers of the army would consider it a sort of insult to them if it were to be supposed that a sufficient number of them could not be found competent to form such a Board as that which has been proposed without the introduction of civilians.

3686. *Chairman*.] Did your Royal Highness find that the medical officers abroad knew anything of the nature of the climate or the country?—A certain number of staff-surgeons and deputy-inspectors were sent out before the army went to the East.

3687. And had the officers of the brigade the advantage of their reports?—The officer in charge of my division was one of the officers who had been sent out, Dr. Linton.

3688. Did you ever see their reports?—No.

3689. Mr. *Bellew*.] It has been stated in evidence that when a regiment of cavalry is detached a great deal of work is thrown on the surgeon; does your Royal Highness think that the assistant-surgeon ought always to be at head-quarters?—Yes; and I think it is a great mistake detaching assistant-surgeons so often as they are with very small detachments. I think that the duties might easily be performed by civilian practitioners on the spot; those duties are very light; you never send any but efficient men with detachments, and, except in the case of an epidemic, there are seldom more than one or two sick; and, therefore, in that case I think the services of the surgeons are thrown away; I think they are much better at head-quarters.

3690. *Chairman*.] Is your Royal Highness aware that at Scutari, and at Chichester also, everything is found for soldiers in hospital?—I understand so.

3691. Do you think that that system would be well adapted for regimental hospitals?—Not when the men are on service, certainly; for the amount of stores that would have to be carried would be so great, that no army could carry them.

3692. Would you approve of that system in general hospitals?—Certainly; but I should object to it in the Crimea, if the army is to move.

3693. Would you object to it in regimental hospitals in a time of peace?—Not for the same reason, certainly; but I always think it is objectionable to do that in a time of peace which you would not do in a time of war. I think that in all general hospitals that system ought to be adopted.

3694. So as to put soldiers on the same footing as sailors?—Decidedly.

3695. Has your Royal Highness formed any opinion on the subject of the earlier retirement of medical officers, the propriety of which has been pressed upon this Committee?—I think they might be allowed to retire earlier than they do; at present they may retire after 25 years' service; I do not see why they should not be allowed to retire after they have served 20 years.

3696. Do you think that service in hospitals abroad should be counted longer than

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than service at home?—I think that if that could be arranged without any great inconvenience, it would be an advantage. There is one thing which I would suggest with reference to medical officers, which I think operates very hardly upon them: I was asked just now whether I thought they had sufficient leave of absence; my answer was no; but connected with that subject, I should say there is another hardship that they are subjected to; if they are on a detachment, and they take leave of absence for private affairs, they are obliged themselves to make arrangements to find a civil practitioner to replace them, which I consider to be a very great hardship upon the medical officers of the army. I think that they ought to have their fair share of leave without being obliged to find or pay for a civil practitioner to replace them.

3697. Mr. *Noel.*] In point of fact, if in a cavalry regiment you only have one assistant-surgeon, it is hardly possible for the surgeon to obtain leave of absence at all?—No; as I said before, I never would detach the assistant-surgeon; I would always keep the surgeon and assistant-surgeon at head-quarters, and let a civil practitioner, to be paid by the country, perform the duties required for the detachments; there is no reason why, every three or six months, either the surgeon or the assistant-surgeon of the regiment should not be sent to inspect the detachments, and to see whether everything is going on satisfactorily or not.

3698. Sir *John Trollope.*] You would never have head-quarters left without the surgeon and an assistant-surgeon?—Certainly not.

3699. Do you consider the present pay of the Army Medical Department is, upon the whole, sufficient?—I think that the assistant-surgeons are not sufficiently paid.

3700. An earlier retirement, your Royal Highness is aware, would involve an increased pay?—Yes; of the two, I should think that a higher rate of pay would be better than an earlier retirement. If it were a matter of choice between the two, I would rather they had a higher rate of pay than an earlier retirement; that is, if you cannot combine the two things.

3701. Your Royal Highness, from your experience, is prepared to say that, in your opinion, such an increase of expenditure as would be necessary to carry out the views you have suggested would not be thrown away?—Certainly not; my impression is, that if every regiment in the army had had two assistant-surgeons during the time of peace, there would have been, when the war broke out, and when the additional assistant-surgeon was given, an abundance of medical officers when we first went out to the East, and the want of them arose from there being only one assistant-surgeon to every regiment not on foreign service at the time.

3702. Had your Royal Highness occasion, during the period of your service in the East, to report favourably of the conduct of any of the medical officers?—There was an assistant-surgeon attached to the staff who behaved very well at the battle of Inkermann, and I reported it to Lord Raglan; they all behaved very well, but the conduct of this one assistant-surgeon happened to be brought under my notice on that one occasion.

3703. Did it come subsequently to the knowledge of your Royal Highness that surgeons or assistant-surgeons so favourably mentioned by you were not reported home in the general despatches?—He was reported home in that case; but there certainly were occasions when they were not so reported, when I think they ought to have been.

3704. Would not that be the subject of great dissatisfaction?—I know that it was so.

3705. Mr. *Bellew.*] Do you think that soldiers can be treated as well in civil as in military hospitals?—Certainly not, because a soldier, whether in hospital or elsewhere, must be kept under discipline, and in a civil hospital there is no discipline, at least not such discipline as is necessary in the profession to which a soldier belongs.

3706. Unless a man is accustomed to the habits of soldiers, he cannot easily detect malingering and imposition?—Certainly not.

3707. *Chairman.*] Does your Royal Highness think that the appointment of civilians to the heads of civil hospitals was a hardship upon the army medical officers?—I always thought that it was a hardship upon them, because I think that there were many medical officers in the army who were perfectly well qualified to take charge of those hospitals as civilian surgeons. I have reason

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to believe that the civilian surgeons performed their duties most admirably, but at the same time I must observe that there was immense pressure at that moment, and it is quite possible that it would have been very difficult to have organised a hospital with a sufficient number of medical officers of the army.

3708. Colonel *North*.] It has been stated in the course of the evidence given before this Committee that we have no lunatic asylum for soldiers, but that lunatic soldiers are sent to different county asylums, and so on; is your Royal Highness of opinion that it would be advantageous if there were some general establishment or asylum to which insane soldiers might be sent?—I should say so, decidedly.

3709. You are aware that there have been two alterations made in the service, and that two new classes of men have been introduced, namely, the hospital staff corps and dispensers, the latter class having recently been introduced into one or two regiments; it is with reference to that latter class that I wish to ask whether, in the opinion of your Royal Highness, there would be any difficulty in training serjeants and orderlies to dispense medicines, so as to extend the system at present adopted among the Household troops throughout the rest of the army?—I see no difficulty whatever in it, if that is done which I suggested before, and which I should be glad to repeat. I would have no civil dispensers at all, and I would have a medical staff corps not composed as it is at present, but drawn from the various regiments of the army, who should be instructed for the special duties of a hospital at some central station, such as Chatham, or the new hospital, when formed, at Southampton or elsewhere. After a certain amount of training there, I would have them sent back to the army, some as serjeants and others as privates, and I would have the whole dispensing of medicines in the army done, under the supervision, of course, of the surgeons or assistant-surgeons, by the hospital serjeant of the regiment, so educated.

3710. Instead of spending the money among civilian dispensers, you think it might be better spent in the shape of increased pay to men entrusted with such an important duty?—Certainly.

3711. Probably your Royal Highness is of opinion, that in a country like this, where enlistment is voluntary, any boon of that kind is valuable?—Most valuable.

3712. Mr. *Bellew*.] Does not your Royal Highness think that the pay of an hospital serjeant would be too large if he got more than the colour-serjeant of a company of infantry, or a troop serjeant-major in the cavalry?—No; I would give him the pay of a quartermaster-serjeant, for this reason: if you establish a system such as that which I have explained, a man has only to look to that special portion of the service; he will not be promoted further, and therefore you must give him a very liberal allowance to induce him to turn his attention to that special subject; an hospital serjeant now finds other serjeants put over his head, and then he gets dissatisfied, and asks to be relieved from his duty because he wants to be promoted. If he returned to the ranks he might be an officer, but an hospital serjeant, such as I allude to, would have nothing of that sort to look forward to, and therefore I think you ought to give him additional pay in order to make up for the loss which would otherwise result from his occupying such a position.

3713. Is your Royal Highness aware that there is now established in the army a class of dispensers of medicines holding the rank and pay of officers?—Yes; I think that a person placed in that position would not know to whom he belonged, or with whom he had to associate; there are some regiments which might take him up; he might be a young man with superior capabilities, and such a person might get on very well; but he might be a disagreeable person, whose habits did not suit the officers, and the result would be that he would be left to his own resources, and would not know with whom to associate. I think that putting a man in a position in which he would not know whether he were an officer or not, is very objectionable.

3714. Your Royal Highness is no doubt aware that many of these gentlemen were selected from chemists' and druggists' shops, and elsewhere, in this town?—Yes; I should think that some of them would find themselves in very different circumstances from those in which they expected to be when they commenced their career.

3715. *Chairman*.] One witness has stated that the introduction of this civilian

civilian element into military hospitals would increase the difficulty of preserving discipline; what is your Royal Highness's opinion upon that subject?—I should presume that dispensers would have nothing to do with discipline.

3716. The position of those men has not been very distinctly defined before the Committee, but my wish is to ascertain from your Royal Highness whether, in your opinion, the duties performed by them might not be advantageously discharged by an increased pay being given to members of the military profession?—I have no hesitation in saying that, in my opinion, the appointment of those dispensers, to whom your question refers, as it has been explained to me, though I have never seen the working of the system, is very objectionable. I object to them *in toto*, and can see no reason why, if proper arrangements are made, and if due instruction is given to them, the hospital serjeants of regiments should not dispense the medicines quite as well as any dispenser you might appoint taken out of chemists' shops; that is my decided opinion.

3717. Colonel *North.*] And, in point of fact, that is practically done?—Yes, it is practically done; it is admitted in the hospital of the Guards, though not in the hospitals of the Line; but I have every reason to believe that in almost every regiment of the service it is done; and what is more, I do not believe that the surgeons and assistant-surgeons could perform the duty themselves when there is any pressure upon them; and the consequence is that you oblige a man to sign a statement which is not consistent with the fact, that he has dispensed all the medicines himself. I object to a man being called on to sign any document which is not consistent with facts.

3718. *Chairman.*] One witness has suggested the appointment of a military secretary; does your Royal Highness think that that would be efficacious?—Before giving an opinion upon that point, I should wish to know what his duties are to be.

3719. Lord De Ros is asked, in Question No. 2625, "Is it your Lordship's opinion that the present system is the best that could be adopted?" "I think, as an abstract question, that the least unwieldy Board, and the one that would work best, would be a chief with two assistants; very much the same thing as was described just now with respect to the medical naval officers. I think there should be always a military person attached to it; it appears to me that a field officer of experience would be of great value to a directing Board, on account of his knowledge of the discipline and habits of soldiers."—"Would you have the two assistants civilians, or army medical men?" "I think they should be next in rank to the principal officer."—"Do you think they should be appointed by the Director-general?" "I think that the Commander-in-chief ought to have a voice in their appointment to make it a satisfactory Board."—"And should he have a voice also in their removal?" "I think so."—"You would not give the Director-general the power which he at present has of appointing and displacing them?" "No, I do not think that that would be a very advisable constitution for a Board."?—I differ entirely from that evidence, because I object *in toto* to the Board.

3720. Colonel *North.*] Lord De Ros mentioned it also in his answer to Question No. 2637; I asked him whether he thought they should have a vote, so as to be able to out-vote the Director-general or head of the Board, and he said No, they were to be there more as his advisers?—Then I again state, what I said originally, that if the Medical Director-general is well supported with staff-surgeons under him, who can form small Boards on various subjects, such as is the case now, I think it would be much better that there should be a Director-general with such Boards, looking to him as their head, than having a regular Board to settle promotion, and so on.

3721. *Chairman.*] What opinion did your Royal Highness form with reference to the Ambulance Corps in the East?—My opinion of the original one was, that it was a most complete failure.

3722. For what reason?—Because they sent out nothing but old broken-down and drunken men, who the moment they arrived were found drunk all about the streets of Varna. I do not believe that any work was done by them at all; most of them died from drink, and the few that were left performed their duties in the most unsatisfactory manner possible.

3723. Does your Royal Highness think that the French army was better supplied with means of conveyance for the sick than our army?—Yes; we had no means of conveyance at all; whereas the French were quite prepared.

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3724. Sir *James Fergusson.*] Does your Royal Highness approve of the divisional system of French hospitals, or do you think that our own system of regimental hospitals is superior?—I think that the system of our regimental hospitals is very good, but I think that a small divisional staff ought always to be kept up, and I think that it ought to be part of the organisation of every army. I think it is right to have a divisional arrangement, because you can expand it in time of war. I think that one of the great evils when we went out first was, that we had nothing but regimental arrangements, which were all very good in their way, but no divisional arrangements; and when we attempted to have divisional arrangements, it was a long time before we could get them into working order; that applies, however, to every department, and not to the medical department alone.

3725. Colonel *North.*] It has appeared in evidence, that, when civil surgeons are employed in the country, in cavalry regiments, they do not attend the mounted parades, and therefore, that if a severe accident should occur when they are on parade, there is no medical officer on the spot; does not that make it desirable that there should be a second assistant-surgeon for a cavalry regiment?—Certainly. There is no doubt that it is always better, if you can find them available, to have an assistant-surgeon with every body of troops; but as we had so many detachments of regiments, and as there was only one surgeon and an assistant-surgeon, it constantly happened that the assistant-surgeon went with one troop, while, perhaps, three had none. I see no reason why, if those three troops could do without an assistant-surgeon, the fourth could not. I do not deny, that, if you have the means, it is desirable to have a medical officer with every troop, but I do not think that that is so necessary as many other improvements that might be made in the medical department. A civil surgeon only performs the medical part of the duties, and is under no military law. You cannot order him to attend parades, because he is not a soldier; you can require him, by paying him, to attend to the sick, but you cannot require him to attend any parades, or to perform any military duties.

3726. *Chairman.*] Is your Royal Highness satisfied with the present system of medical examination of recruits?— No, I certainly am not altogether satisfied with it. I had reason during the time of my command in Ireland to report batches of recruits who had been passed, but who, in my opinion, were quite unfit for the service.

3727. Does your Royal Highness consider that that was the fault of the particular officer employed, or of the system generally?—I think that to some extent it was the fault of the particular officer, but the officer was backed by the authorities, and I got the worst of it. He certainly got a reprimand, I believe, for having passed men who had been complained of, and he was cautioned to be more careful for the future, but he was not dealt with as in my opinion he ought to have been, considering the style of men he had sent. It was a very strong case; it was in the 71st Regiment; that was in a time of peace. A large body of recruits came over; I believe they had been passed at Glasgow; I do not know the name of the officer, but I know I made a strong representation on the subject. I went down myself to inspect the men, and the staff surgeon of the district also inspected them, and he agreed with me in opinion with regard to them, and we made a report upon the subject; but there was an order that those men should be retained, and all that was done was, that the surgeon was desired to be more cautious for the future. That, I think, was not sufficient; I think he ought to have been removed.

3728. In that case there was no power of appeal?—No; and I think that is a great mistake. I think that in a case of that sort a general officer ought to have more power than he has; by which I mean that his representations should receive greater attention.

3729. Mr. *Bellew.*] In case of the general misconduct of a surgeon or assistant-surgeon; I do not mean medical but military misconduct; does your Royal Highness think that the medical local authorities ought to be allowed to deal with him directly, or do you think that the present system of reporting him to the medical authorities is sufficient?—I think that the medical department can take no notice of any misconduct, unless it comes through the local military authority. I think that the local military authority is the one that ought to be attended to in such a case; of course it must then go to the Director-general, because he must have cognizance of what is going on, and

no

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no doubt he would have to be consulted before the Commander-in-chief or any military authority could take any further steps; but I think it ought to originate with the chief military officer of the station, and that his opinion ought to be backed as much as possible.

3730. Without mentioning names, has it ever come under the notice of your Royal Highness that a case of the kind to which I have alluded, when reported by the military authorities has not been afterwards dealt with by the superior medical authorities?—No, I cannot say I recollect an instance of that kind; it is just possible that allusion may be made to a case that happened in Dublin, but in that case the officer was brought to a court-martial, and it was the court-martial who decided in his favour. That case happened within my jurisdiction; the medical officer was there brought to a court-martial in consequence of my report, and he was afterwards, I believe, removed from the regiment; he was brought to a court-martial and acquitted; whether or not I think the court-martial was right in acquitting him I do not say.

3731. *Chairman.*] Is your Royal Highness of opinion that the conduct of the army medical officers, during the late war, was such as to entitle any suggestions coming from them to consideration on the part of the Government?—Most decidedly; many of them are persons who have had great experience, and are very capable, and therefore I think that Government ought to listen to any suggestions coming from them, taking its own course after hearing what they have stated.

3732. Mr. *Percy.*] Is your Royal Highness prepared to favour the Committee with any suggestions respecting general hospitals at home?—I think it is very desirable that there should be a great general hospital; I think it is necessary in an army such as ours, because I conceive that large numbers of invalides coming home from a foreign station cannot be better taken care of than they would be in a great general hospital. Many of them come home to be discharged, but it is impossible to discharge them in consequence of the state of their health, therefore I think it is essential that there should be a large general hospital at home for such purposes; and I think it might be made very available for the purpose I have before stated, of forming a good staff medical corps, such as I have proposed, from the ranks of the army.

3733. Sir *John Trollope.*] Is your Royal Highness of opinion that a general hospital of the kind to which you allude should afford accommodation for officers?—To a certain extent.

3734. Are you aware of the great hardships that many officers landed in England from the late scene of war have had to undergo, from being landed in a wounded state, and being obliged to find their own medical aid and lodging, with very imperfect means of doing so?—Decidedly; that I know to have been the case with regard to many officers who had no means to procure that medical advice which was essential to them in the state in which they were when they returned home.

3735. Is your Royal Highness aware of the superior advantages which officers in the navy enjoy in that respect?—Yes; and I think that officers in the army ought to have the same advantage.

3736. Mr. *Percy.*] Does your Royal Highness consider that hospital stoppages should be remitted in cases of *bonâ fide* sickness or wounds received in action?—I think that is a very difficult question to deal with; there is no doubt that in a time of war it is very desirable, and I believe that, in point of fact, it is done at this moment; but in a time of peace it is an excessively difficult question, because a man who remains long in the hospital has so large a sum of money in hand when he comes out, that it is detrimental to him, besides which there are men who get diseased through their own fault, and I think it is desirable that such men should be made to pay the expense they put the country to; I think it is a very difficult thing to lay down a rule upon the subject, or to alter the existing rule, though I believe that, in point of fact, since the war there have been no hospital stoppages in the East, or if there have been, they have been very light.

3737. Would it not be an encouragement to men to shuffle?—I think you would have a great deal of malingering.

3738. Mr. *Bellew.*] Would your Royal Highness make any difference between the case of married and single men?—I think it would be very difficult to do

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so, because I do not see why a married man should not malinger quite as much as a single man.

3739. Colonel *North.*] Does your Royal Highness think that the price of rations ought to regulate the amount of the stoppages, so that a man in hospital should not be charged a high price when those out of hospital were getting their rations at a cheap rate?—I think that is a difficult question to give a decided opinion upon off-hand.

3740. Mr. *Noel.*] Does your Royal Highness think there ought to be any deduction made from the pay of a surgeon for forage?—No; I think it is a very hard case on a surgeon that a deduction should be made for forage. He is obliged to keep his horses, and if he does not, he in point of fact transgresses. I was very particular in requiring that every officer had his due number of horses in the cavalry. In many regiments it has been too much the custom to grant indulgencies in that respect. In order to save expense to officers, they have not been required in some cases to keep the number of horses required by the regulations, although they received extra pay for it. I think there ought to be no stoppages for forage, but then I think that every officer ought to have the number of horses he is ordered by regulation to keep.

3741. Colonel *North.*] It appears in evidence that, during the war, the surgeons of regiments were allowed forage for their horses, but that no men could be procured to take care of them; is it not the fact, that in the Crimea, it was found impossible to procure civilian servants to attend to them?—That was one of the greatest hardships that happened to medical officers in the East; I have seen surgeons and assistant-surgeons taking their horses down to water. When I have met them, I have said "What are you doing?" And they have told me they were going to take their horses to water. I have said, "Why do you not send your servant?" And they have replied that they had no servant. In such cases, although it was not strictly in accordance with orders, I took it upon myself in my division, if it was properly and clearly proved to me that a surgeon or an assistant-surgeon could not get a civilian servant, to allow him a servant. I was not authorised to do so; but I felt that if I did not, the man was perfectly useless as a medical officer, for he had enough to do to look after himself and his horse, and consequently had not sufficient time to attend upon the sick. I therefore considered that in such cases, I was doing a service to the army by allowing him to have a servant, although I object, and do always very much object to a military servant being taken from the ranks, if it can by possibility be avoided.

3742. Colonel *North.*] With regard to wounded officers arriving from the seat of war, especially junior officers, whose pay is very limited, does not your Royal Highness think it desirable that in their state of comparative destitution, and when they are unable to purchase those necessaries which a sick man requires, some allowance should be made to them, or that lodgings should be provided for them until they are reported sufficiently well to return to their homes?—Decidedly; I think that if you have not the means, which I think it is very desirable you should have, of putting them up in hospitals, it is but justice to them, if they are incapacited from taking care of themselves, and if they require an expenditure of money to restore them to health, that they should be allowed lodging money until they are sufficiently recovered to be able to take care of themselves, and to join their friends. I think that nothing is so cruel as to leave an officer to the tender mercies of his soldier servant.

3743. After a certain number of years medical officers of the army are, at present, entitled to half-pay, but no length of service entitles them to full pay; does your Royal Highness think that they might, after a certain length of service, be allowed to retire on full pay?—It would be a great boon to them, and I see no reason why they should not be entitled to it, under certain restrictions, as much as other officers in the army.

3744. *Chairman.*] Has your Royal Highness any other suggestions that you wish to make to the Committee?—No; I am not sure that what I said about the medical staff corps was quite understood. What I meant to say was this, that I do not approve of the organisation of the medical staff corps, such as I understand it to be, at present; but I think that a medical staff corps would be very valuable if the men forming it were taken out of the ranks of the army, going through a course of instruction such as I have suggested, and then being returned as hospital serjeants, and orderlies under the hospital serjeants. I think also

also that the general hospitals should be entirely attended by such men. Although I condemn the medical staff corps as at present constituted, I do not at all condemn a medical staff corps such as I have described; but, on the contrary, I think it would be very desirable to have such a corps. I am not sure whether I have sufficiently explained my views upon the subject of the promotion of medical officers of the army. I think that promotion should be made, as far as possible, by senoirity, although in special cases, I think, there should be a selection made; but when a selection is made, I think, that very strong grounds should be given for it, and that the ultimate decision should rest with the Commander-in-chief, so as to prevent all idea of favouritism. I do not at all mean to say that any favouritism has been shown; but I am quite sure that if any such impression should exist, the way to obviate it would be by letting the case be made out very clearly to the Commander-in-chief, who should ultimately decide whether or not it was one which would justify promotion.

3745. Colonel *North.*] It appears in evidence that in the first division of the medical staff corps, very little trouble was taken in selecting the men, for in August 1855, 993 men enlisted into it, out of which number 524 were considered ineligible, and it was not even required that the men should be able to read and write. Has your Royal Highness any observation to make upon that subject?—I think that is not the way to form an efficient corps. I would add, that if any young men wish to volunteer for such a service, without going into the army, I do not see any reason why a certain number who are duly qualified should not be allowed to enlist, with a view of going at once into the medical staff corps. I would take as many as I could out of the ranks of the army, because I think it would be a boon to the army, but I would not exclude men who desired to enter the service with a view of going into that corps.

3746. But I understand your Royal Highness to be of opinion, that under all circumstances, those to be enrolled in this corps should be attested as soldiers, and should be subject to military discipline?—Unquestionably; that I think should be the foundation of the whole plan.

3747. To regimental military discipline?—Yes. I hold that any man who is not subject to regimental discipline, is of no use to the army, even the medical portion of it.

3748. Sir *Henry Davie.*] As the corps to which your Royal Highness has now adverted would be formed of volunteers from different regiments and civilians, do you think that the maximum number should be fixed?—Yes, I think it would be well to have a fixed establishment, the expenses of which should be submitted with the estimates.

3749. With 140 or 150 battalions, if there were numerous volunteers from every regiment, that would amount to a considerable force; would it not?—I should propose that those who were considered by the surgeon of the regiment, and the commanding officer conjointly, the most eligible for the duty, should be selected. I do not apprehend that there would be any difficulty in confining it to a certain number of men.

3750. Would your Royal Highness keep those men who were selected on the strength of their batallions, or would you strike them off?—I would let them go for a certain probation, say three or six months, and if at the end of that time they were found to be qualified to perform the duties required of them, I should then strike them off from the strength of their regiments, and fill up their places with other men; and if they were found not likely to become qualified, I should send them back to their regiments as duty men, by which means I should form an efficient corps, and keep the regiment with its full complement of men.

3751. Colonel *Kingscote.*] Would your Royal Highness give to those men facilities for returning to the ranks if they wished to do so?—If a man did not like the change, or found it did not suit him, I would allow him to return to the ranks of his regiment.

3752. Colonel *North.*] Do you think that those men ought to receive extra pay?—Yes; I think it is desirable that there should be two rates of pay, so as to hold out to the men that if they behave well they would be promoted to the first class, and then again to the rank of serjeant; by that means you would be able to maintain discipline. If a man in the first class misconducted himself in any way, you could put him back into the second class; if he were a serjeant

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you would bring him to a court-martial, and if the charge was proved against him he would return to the ranks as a private, and if he afterwards conducted himself well he would rise again.

3753. Mr. *Percy.*] Do you conceive that if a person educated behind the counter of a chemist and druggist's shop is put into the same position as to rank and pay as an assistant-surgeon, the necessary effect of that must be to degrade the position of the assistant-surgeons?—Yes; I think that is a very objectionable arrangement; I think that the assistant-surgeons would not like it. It appears to me to be extremely objectionable, and I cannot say too much against such a system.

3754. *Chairman.*] Has your Royal Highness any other suggestion to offer to the Committee with regard to the subject of this investigation?—No; I am not aware of any.

Corporal-Major *Tomlinson*, called in; and Examined.

Corporal-major *Tomlinson.*

3755. *Chairman.*] WHAT position do you occupy in your regiment?—Hospital Serjeant-major.

3756. How long have you been in that position?—Ten years.

3757. In what regiment?—The 2d Life Guards.

3758. What are your duties in the hospital?—To attend upon the sick and administer medicines to them; to make up the medicines and to look after their bedding.

3759. Do you make up the prescriptions yourself?—Yes.

3760. How many doctors' handwritings have you to know in order to enable you to make up those prescriptions?—Only the surgeon and assistant-surgeon's.

3761. Have there been any mistakes made in dispensing medicines since you have been in your office?—None.

3762. Are the medicines kept under lock and key?—No; they are kept in the surgery; I have charge of it; I lock it at night.

3763. There is some one generally in the room, is there?—Yes.

3764. Is the door always left open?—It is always shut, except when I am there.

3765. So that there is always somebody in charge of the surgery, or the medicines are under lock and key?—Yes.

3766. What training had you before you began to make up prescriptions?—I had served my time to a chemist and druggist before I entered the service.

3767. In the event of your leaving that situation, is there any one in the regiment who would be able at once to succeed you?—There is not any one who, at the present time, understands the nature of medicines; but it is not difficult to make a person competent to dispense medicines in a short time.

3768. Is there any one who assists you?—No, there is not.

3769. Did you learn in the regiment how to dispense medicines before you began to do so, or had you any practice previously as a civilian?—I was apprenticed to a chemist and druggist in my youthful days.

3770. What would happen in the regiment if you were to be taken suddenly ill, or obliged to go away?—The assistant-surgeons would have to make up their medicines, unless they had a serjeant they could trust to do it; they must have a serjeant there, at any rate.

3771. Sir *James Fergusson.*] And he would have to be instructed by the assistant-surgeon?—Yes.

3772. Do you consider that an intelligent serjeant could easily acquire the necessary knowledge from the assistant-surgeon?—An intelligent serjeant ought to do so.

3773. Are the prescriptions which you make up written in Latin or in English?—Latin; it is more easy to make up the medicines if the prescriptions are written in Latin, because the bottles are all labelled in Latin.

3774. *Chairman.*] All you have to do is to compare the prescriptions in Latin with the labels on the bottles?—Yes.

3775. Sir *James Fergusson.*] What is your pay as hospital serjeant?—Sixpence in addition to my regimental pay.

3776. How much is that?—Three shillings and one penny farthing. I got an additional 6 *d.* about two years ago.

3777. Do

3777. Do you get a corporal-major's pay, and 6 *d.* in addition?—Yes; that is in the Queen's regulations, after seven years' service; it used to be after ten years.

3778. Colonel *North.*] Does your having served in the hospital make any difference as to your getting a pension?—Not at all; all serjeants are alike in that respect. Serjeants and serjeants-major are the same, except regimental serjeants-major and quartermaster-serjeants.

3779. Sir *John Trollope.*] Have you access to all the medicines in the surgery?—Yes, except the poisons; those are under lock and key, and the key is kept by the assistant-surgeon, or the surgeon in command.

3780. Mr. *Percy.*] What is the course of education in a druggist's shop for a dispenser?—You must have received a good education, and have a knowledge of Latin also.

3781. Sir *James Fergusson.*] Did you receive your education in a druggist's shop?—No; I received my education previous to that; my father gave it me. I knew Latin and Greek.

3782. Mr. *Percy.*] But that is not usually the case with dispensers in chemists' shops, is it?—I should say so, decidedly.

3783. How soon after you had entered the shop as an appentice were you allowed to dispense?—I could dispense medicines after I had been there 12 months accurately from physicians' prescriptions.

3784. Is there more difficulty in dispensing from physicians' prescriptions than in dispensing as you do now?—Most decidedly, because there is a variety of physicians' prescriptions which you have to dispense, and you have to read so many different handwritings.

3785. And different medicines?—Yes.

3786. Whereas in your surgery you only have to read the writing of two persons?—That is all.

3787. Did you lose any pay or advantage by going to the hospital?—No, nor did I gain for a twelvemonth. I was lance corporal when I first went there, and when I was made full corporal, I got additional pay.

3788. If you were discharged at the end of your term of service, would you be in the same position in point of pension as if you remained in the ranks as a serjeant?—Just the same; I should get no more pension. I did not receive any benefit from the hospital for seven years, and then I got an additional sixpence.

3789. How many have you under you in the hospital?—There is only one orderly.

3790. And how many sick have you at present?—I have 18 in the hospital now.

3791. Is the nurse a woman or a man?—A woman; she is my wife.

3792. Is she always retained as nurse?—She is always retained as nurse; and she cooks for the men, and does anything that may be required.

3793. Do you find that one orderly, with her assistant, is sufficient?—The orderly is principally occupied in cleaning the wards, and in attending to the sick.

3794. Is he able to attend properly to 18 sick soldiers?—Yes, he can manage it very well.

3795. If you had 20 men sick, would you have another orderly to attend upon them?—Yes; we have an extra orderly for any number of sick over 10, if we require it

3796. Sir *Henry Davie.*] Do you know the usual dose that is prescribed by medical men of each particular medicine that is in the hospital; I suppose there is some particular dose that is usually given of each kind of medicine?—I do not take notice of that; I make up the prescriptions exactly as I am ordered by the medical officer.

3797. You never administer medicine without an order from the medical officer, I presume?—Never.

3798. *Chairman.*] And you have never found any evil consequence to result from the system that has been pursued?—No.

3799. Did you hear of any such cases having occurred before you entered the service?—No.

3800. Who was your predecessor?—A person named Rossville.

3801. Did he learn his duty in the regiment?—Yes.

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3802. Sir *James Fergusson.*] Do you make up the diet rolls?—Yes.

3803. Mr. *Beliew.*] Are you personally acquainted with any of the hospital serjeants in any other regiments?—None at all.

3804. Mr. *Percy.*] Did you volunteer for the duty, or were you appointed to the duty?—It was known by the medical officers that I had served my time to a chemist and druggist, and I was asked if I would go.

3805. You went as a volunteer?—Yes.

Serjeant *Thomas Inkster*, called in; and Examined.

Serjeant *Thomas Inkster.*

3806. DID you go out with the army to the East?—Yes.

3807. What position did you hold at Varna?—I was hospital serjeant.

3808. Did you dispense there?—Yes; I made up the prescriptions.

3809. How many handwritings had you to know?—As many as seven or eight since I went out.

3810. Did you find any difficulty in it?—None whatever.

3811. All you had to do was to compare the writing on the bottles with that in the prescriptions?—Simply that.

3812. Was there any case in which a regimental serjeant or orderly fell ill?—During the summer of 1855 there was in one regiment.

3813. And what was the course adopted in that case?—They applied to our surgery; we were lying close to them.

3814. What regiment was that?—The Coldstream Guards.

3815. Their dispensing serjeant fell ill, did he?—Yes.

3816. And you were able to supply the vacancy thus created?—I had two corporals at that time who were qualified.

3817. How were they qualified?—By having been employed in the hospital.

3818. And one of those you could safely recommend to the Coldstreams?—Yes.

3819. Did any evil consequences arise in that case?—None whatever.

3820. Do you think, as far as your experience enables you to judge, that the system of dispensing in your hospital was a good one?—I think it answered remarkably well.

3821. How did you learn that system?—In a hospital in London; I went there to gain experience, and to receive instruction.

3822. Learning of some man who was there before you?—Yes.

3823. How long did it take you to learn before you were duly qualified?—I was there two months; but I was employed as hospital serjeant before I went to the Crimea.

3824. Colonel *North.*] Were you in any chemist's shop before you went into the service?—No.

3825. Sir *James Fergusson.*] How were you off for orderlies in the East?—Generally pretty well.

3826. You had no difficulty in getting men to do the work of orderlies well?—No; we always had plenty of men who volunteered.

3827. *Chairman.*] Would you say that soldiers prefer to be nursed by their comrades, or by civilians?—By their comrades.

3828. You left from ill-health, did you not?—Yes.

3829. Did you continue to perform the duties of a dispensing serjeant till you left?—Yes.

3830. Sir *John Trollope.*] Are you in the hospital now?—Yes; a battalion is going into the country soon, and I am going with them.

3831. Are you still hospital serjeant there?—No.

3832. You are going to perform the same duty in the country that you did in the Crimea?—Yes.

3833. Mr. *Percy.*] Are the prescriptions which you make up written in Latin?—Yes.

3834. Sir *James Fergusson.*] The appointment is sought after, is it not, so that there is always some one willing to become a hospital serjeant?—Yes; there is no difficulty in it.

3835. Sir *John Trollope.*] Do you see any reason why a man who can read and write well, and who has ordinary intelligence, should not, after a certain length of training, become a good hospital serjeant?—None whatever.

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3836. In your opinion, what length of training qualifies a man to perform the duty?—From two to three months at the outside.

3837. Have you ever found any cases of young men who have enlisted who have been in druggists' shops, or acquainted with chemical matters?—I have a few; about two cases only, I think.

3838. And have they been employed in your hospital?—We had one employed when I left.

3839. Had he been so brought up?—Yes.

3840. Does it require that kind of education to qualify a man to be a dispenser of medicine in your hospitals?—No.

3841. *Chairman.*] Shall you have an orderly under you in the country for the purpose of training him to perform your duties?—No, not for the purpose of training him precisely to perform my duties; I shall have a corporal under me.

3842. And will you train him to dispense?—Yes.

3843. So that in case of sickness happening to you, you could rely on him to do the duty?—Yes.

3844. Is that, as far as you know, the system that is pursued in your regiment?—Yes.

3845. Mr. *Percy.*] Does the assistant-surgeon ever dispense?—Not generally; it is done under his superintendence.

3846. *Chairman.*] And you think that, on the whole, that plan worked well abroad?—Perfectly so, in my regiment.

3847. Sir *James Fergusson.*] Have you ever had any fault found with your dispensing?—No.

3848. Has any mistake ever occurred?—I never heard of any.

3849. Mr. *Percy.*] If any has occurred, it has never been reported?—No.

3850. Mr. *Bellew.*] Are you personally acquainted with many other hospital serjeants?—No, I am not, except of two regiments, the Grenadier Guards and the Coldstream Guards; I was acquainted with them in the East.

3851. Have you ever known any mistakes made by hospital serjeants in making up medicines?—Never.

3852. You never knew any accident happen from making up wrong medicines?—I never heard of any.

Charles Frederick Maunder, Esq., called in; and Examined.

C. F. Maunder, Esq.

3853. *Chairman.*] WILL you state, if you please, the circumstances under which you arranged to go to the civil hospital at Renkioi?—I was recommended by the professors of the Edinburgh Infirmary, and also Guy's Hospital, to Sir James Clarke, who on this recommendation gave me the appointment.

3854. Sir James Clarke concluded the arrangement, did he not?—Yes.

3855. What were the papers which you had to sign?—There were no papers for me to sign at all.

3856. Was it merely a verbal agreement?—A verbal agreement with Sir James Clarke, and then I received a sort of commission from the War Office, signed by Mr. Hawes.

3857. Have you it here?—No; I have it at Guy's Hospital.

3858. Will you furnish us with a copy of it?—Yes.

3859. It related to pecuniary arrangements?—Yes; I received two papers; one was lost at head-quarters in the Crimea; I sent it there, and it was lost in the Adjutant-general's Office. I have the commission in my possession.

3860. Have you a copy of it?—No.

3861. What is the paper that you have now?—It simply states that I was appointed to the civil hospitals in the East.

3862. Had you two papers to sign, then?—No; they were sent to me signed by Mr. Hawes.

3863. What document have you to show your appointment?—Simply one paper.

3864. Did you sign no agreement with the War Office?—No.

3865. Was that the case generally with the medical officers?—Yes.

3866. Had you an interview with Sir James Clarke?—Yes.

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3867. Subsequently you received a paper from the War Office?—Yes, I received two papers.

3868. Subsequently to your interview with Sir James Clarke?—I had an interview with Dr. Simpson and Dr. Christison, and Mr. Hilton, who recommended me to Sir James Clarke, and upon that recommendation I received the appointment.

3869. Mr. *Percy*.] Did you sign no paper, binding you to serve for a certain period?—No, none whatever.

3870. Therefore you were not bound to serve?—No; the arrangement was, we were to serve for 12 months; and if we did so, we were to receive a gratuity of half a year's pay.

3871. *Chairman*.] Did you sign nothing?—I signed nothing.

3872. Then there is no agreement binding at all upon you?—No.

3873. Sir *James Fergusson*.] Would any increase in the pay of an assistant-surgeon have tempted you to take such a position in the army?—No.

3874. *Chairman*.] Was it proposed to you to serve under a military principal medical officer?—No.

3875. Do you think there would have been a difficulty in that?—I should not have objected.

3876. What was your position with reference to Dr. Parkes?—He was the superintendent at the Renkioi Hospital

3877. Were you to be subordinate to him?—The paper I received simply said that I was appointed assistant-surgeon to the Renkioi Hospital. I had previously understood from Sir James Clarke that we were to have the sole charge of a ward of 50 beds, and that we were to be under no control as regards the patients.

3878. Did you imagine that your dismissal was in the power of Dr. Parkes when you went out?—No.

3879. What was your idea as to the consequences of a report from him of misconduct?—I should apprehend that it would be sufficient to dismiss me; but a report must be sent home to the Government first.

3880. I understand you to say that you received your instructions by word of mouth, and not in any written paper?—Yes.

3881. Was that the case with regard to other gentlemen who were appointed?—Yes. I saw some paper in Edinburgh from Mr. Peel before I came up to London, which said that we were to have 25 *s*. a day, and captains' allowances, and so on.

3882. You had a written recommendation from certain gentlemen, and then an interview with Sir James Clarke; and subsequently you received, as I understand you, two papers from the War Office, neither of which you were called on to sign, and one of which was lost in the Crimea?—Yes.

3883. That is an official history of your appointment?—Yes.

3884. Is there any dissatisfaction existing now among the civilian surgeons of that hospital in consequence of some misunderstanding which has arisen?—Not that I know of.

3885. Sir *John Trollope*.] When did you come away?—Five weeks since.

3886. Was the whole of the staff broken up then?—No; I was the first to leave.

3887. Did you leave with leave?—I had leave from Dr. Parkes.

3888. Were your services no longer required?—No; they were not required any longer; the hospital was about to be broken up.

3889. *Chairman*.] What number of patients passed through that hospital, do you know?—I am not prepared to say.

3890. Mr. *Percy*.] Had you ever as many as 50 beds in your ward?—There were 50 beds in each ward, and some of them were filled.

3891. Had you 50 patients at any one time?—No; I had not a ward for more than a month at a time at Renkioi.

3892. *Chairman*.] Under what understanding did you volunteer for the Crimea?—Dr. Parkes gave me permission to do so, and I went and offered my services to Dr. Hall, and they were accepted.

3893. Had you any written instrument of agreement then?—No.

3894. Sir *John Trollope*.] Have any of the civilian surgeons in the East been taken into employment as assistant-surgeons or otherwise in the army?—I am not aware of it.

3895. Sir *James Fergusson.*] It would be a great sacrifice of pay, would it not, if that were to be done?—Yes.

3896. Mr. *Bellew.*] What were your pay and allowances while you were serving in the hospital at Renkioi?—Twenty-five shillings a day, and board and lodging.

3897. What did your board consist of; military rations?—We were allowed three meals a day; everything was provided for us.

3898. *Chairman.*] When did you go to Renkioi?—In July; I left England last May, and some of us remained at Scutari for some time, because the hospital was not ready for us.

3899. What was the largest number of patients that you had at any one time?—Between 600 and 700.

3900. What was the largest number in your ward?—I never had the ward for any time. I went to the Crimea in September, and before that no patients had been received at Renkioi, and after I returned there were no patients for me to have.

3901. They were all gone home?—They were distributed in wards, under the care of some of my colleagues.

3902. What was the capacity of your hospital?—It was made ready to receive about 1,200 patients.

3903. What did you do with the convalescents?—They were sent on to Abydos.

3904. Had you a commandant at Renkioi?—Yes.

3905. When did he come?—I cannot tell when he came; it was while I was in the Crimea.

3906. When did you come back to Renkioi?—At Christmas; the 20th or the 22d of December.

3907. Sir *John Trollope.*] Were you professionally employed when you went to the Crimea?—Yes.

3908. Were you placed in the hospital or in the field?—At the general hospital in the field.

3909. In huts, was it not?—Yes.

3910. Had you charge of any portion of the hospital?—Yes, two wards.

3911. Containing what number of men?—Fourteen beds each.

3912. Is that the only service you have had since you have been out in the East?—No; I have had occasional patients at Renkioi; and I have also been in charge of a guard of 30 men at Renkioi.

3913. Those were men in good health, I suppose?—Yes; when patients were sent out, they were also put upon the guard, and if any of them were ill, they were sent to me. I also had charge of the orderlies and artisans

3914. *Chairman.*] Were they civilian orderlies?—Not all; some were military orderlies.

3915. Sir *John Trollope.*] Had you any difficulties with the civilian orderlies with regard to their discipline?—No.

3916. *Chairman.*] How did the sick soldiers behave?—Very well; I was quite pleased with them as patients.

3917. What did you think of the behaviour of the patients in the Crimea?—I was very well pleased with them; they were exceedingly attentive and grateful for all that was done for them.

3918. And were they patient under suffering?—Quite so.

3919. Is your opinion of the patience of the army a high one?—Yes.

3920. Mr. *Noel.*] Can you inform the Committee whether Dr. Parkes was ever an assistant-surgeon in the army himself?—I think he was in the Indian army.

3921. Mr. *Bellew.*] You have stated that your pay was 25*s.* a day, with board and diet; what other grades in the Medical Department were there superior to you?—The consulting surgeon and consulting physicians, and Dr. Parkes.

3922. Are you aware of how many doctors the whole civilian staff consisted in the hospitals of Smyrna and Renkioi?—No; I think it was 26 at Renkioi; but as to Smyrna, I know nothing.

3923. There was the surgeon over you, and above him there was Dr. Parkes?—Yes.

3924. Do you know what Dr. Parkes's pay was?—I have heard that it was 2,000*l.* a year; but I could not say with certainty.

3925. And board and lodging?—Yes.

 3926. What

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3926. What was the pay of the surgeon?—Two guineas a day.

3927. And board and lodging?—Yes.

3928. Sir *John Trollope.*] Had you, as chief surgeon at Renkioi, Mr. Spencer Wells?—Yes.

3929. Are you aware that he was a half-pay surgeon in the navy?—I understood that he had been an assistant-surgeon.

3930. Did he hold one of the civilian appointments as a medical officer at Renkioi Hospital?—Yes.

3931. Belonging himself at the same time to another branch of the public service?—I am not aware.

3932. But he had been in the navy?—Yes.

3933. And very recently?—He had been in private practice in London for some years.

3934. And had he been in the navy since that time?—I am not aware that he had.

3935. Do you know now whether he is on the half-pay list of the navy?—I do not know.

3936. Is he still at Renkioi?—Yes.

3937. Is he the chief surgeon there?—Yes.

3938. Mr. *Bellew.*] Did the surgeon, as well as Dr. Parkes, go out with the agreement that they were to receive half-a-year's pay when they were dismissed from their duties at Renkioi?—There was only one full surgeon, Mr. Wells.

3939. All the others considered themselves as assistant-surgeons?—Yes; I believe that Mr. Wells was to receive half-a-year's gratuity.

3940. Are you aware what gratuity Dr. Parkes was to receive?—No, not at all; I was in the Crimea, so that I do not know what occurred at Renkioi.

3941. How did you find civilian surgeons get on with army surgeons?—Very well indeed; they were exceedingly kind and attentive to me when I was in the Crimea.

3942. And you are able to speak favourably of them as a class?—Yes.

3943. You were not there when they were so severely worked, were you?—No.

3944. Were you in the front hospital?—Yes.

3945. What is your opinion of Dr. Mowatt?—I was much pleased with him.

3946. Do you think the men usually prefer a regimental to a general hospital?—I have never asked them.

3947. Were you at the Genoese hospital?—No, in the general hospital in the camp.

3948. But never in the Genoese?—No.

3949. Were you ever in the St. George?—Simply on a visit.

3950. But not practising?—No.

3951. Mr. *Bellew.*] You said just now that you would not have been induced to enter the army as assistant-surgeon; why not?—I have other objects in view; I do not like the army under any circumstances; I think they are badly paid, to begin with.

3952. *Chairman.*] You went more for the sake of experience?—For the sake of experience solely.

3953. Had you any experience of the French hospitals?—Yes; I visited the French hospitals at Pera, occasionally.

3954. Did you visit them in front?—No.

3955. Do you not think that the arrangements in the French hospitals were far superior to ours?—No; they were very dirty.

3956. What time was that?—In June last year.

3957. That accounts, does it not, for the great mortality which has occurred this year?—Yes, to a certain extent.

3958. Had you many operations to perform in the front?—Yes.

3959. By whom are the operations performed?—By the surgeon generally; but if there is great pressure, then by the assistant-surgeon also.

3960. But the surgeon is often an elderly man, is he not?—Yes; but he is quite competent to perform operations, and I suppose he would consider that he was more competent than an assistant-surgeon.

3961. Is it not considered in private hospitals that a man is not competent to perform operations after he is of a certain age?—Perhaps not; but as long as he can hold the knife, I think he is disposed to operate.

Veneris, 20° die Junii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Colonel Kingscote.
Mr. Bellew.	Mr. Noel.
Colonel Boldero.	Colonel North.
Sir James Fergusson.	Mr. Peel.
Sir Henry Davie.	Mr. Percy.
Sir John Hanmer.	Sir John Trollope.

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

The Right Hon. The *Earl of Cardigan*, attending by permission of the House of Lords; Examined.

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3962. *Chairman.*] YOUR Lordship has had considerable experience as a regimental officer?—I commanded a regiment for 18 years.

3963. During that time the relative positions of the medical and the executive officers, of course, came frequently under your Lordship's consideration?—Very much.

3964. Have you any alteration to suggest in their relative positions?—There have been suggestions as to making the medical body of the army a more completely military body, with respect to sitting on courts martial; what is your Lordship's opinion upon that subject?—I should be decidedly against it; I think it most objectionable and most unnecessary; when there are plenty of other officers, why medical officers should sit on courts martial I cannot possibly understand.

3965. From your experience, you think that no change is necessary in the relative positions?—None whatever. If I may be allowed, I will state, that the only objection which I know of to the relative positions of the commanding officers of regiments and the Medical Department is, that unless the commanding officer of a regiment asserts his authority in the most positive way, I consider the Medical Department to be much too independent at present of commanding officers; and I could point out inconveniences which have often occurred during the many years that I commanded a regiment; and also upon service in the Crimea I could give you one or two instances.

3966. The Committee will be much obliged to your Lordship if you will give those instances?—For instance, I will at once show you the inconvenience to which a surgeon or surgeons could put a regiment, or a brigade, or a division of cavalry, on service. I will tell you first of all what my rule was during the whole time that I commanded a regiment, which I have before said was 18 years, and which I believe to be the rule of the service if carried out; but it is difficult to carry it out; it is this, that men should be either sick or fit for duty; but that is not the system adopted by many surgeons. The plan that they would adopt is, in addition to those who are either sick or fit for duty, to have a vast number of men excused from duty, and to put them under the head of convalescent, idling about the barrack-yard, and throwing their duty upon the other men of the regiment. Of course the extent to which that is carried would depend very much upon the inclination and disposition of the surgeon. The whole of that I believe to be contrary to the rules of the service. I will give you an instance of it. At Yanibazar in the Crimea, two years ago, during the months of June, July, and August, I commanded the Light Cavalry Brigade, and a troop of horse artillery in advance of the army about 40 miles, close by Shumla; therefore of course I was in independent command. The system was there introduced of a vast number of men, besides the men in hospitals, being allowed to be exempt from duty upon the plea of their not being quite well. What their diseases were of course was not inquired into, but they were put down under the head of convalescent, and there were a vast number of these men every day. The consequence was, of course, that the brigade never could be got out mounted for any early drill in the cool of the morning, because vast numbers of these men reported themselves to

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the regimental medical officers, and obtained leave to stay at home. I spoke seriously upon this subject to Dr. M'Donald, who was the chief staff surgeon of the brigade, a remarkably agreeable, and a very intelligent, and a very attentive medical officer, and he told me that my view of it was quite correct; that either the surgeons were obliged either to take men into hospital, and consider them sick, or they ought to be fit for all their duties, but that they had no right to excuse a vast number of men from duty upon what might be very slight grounds; he supported me in my view of the case, spoke to the surgeons upon the subject, and the habit was discontinued.

3967. Were these convalescent men doing duty as orderlies?—No, they were the men of the different regiments of the brigade.

3968. Sir *John Trollope*.] Were they at the time put under the hospital stoppages, or were they receiving their pay?—They were receiving their pay, and doing nothing in the camp.

3969. Then the system was calculated to encourage idleness and malingering in the troops?—Of course it was; and the number of men so excused would depend entirely upon the disposition and inclination of the medical officer. For instance, one medical officer might be very rigid and scrupulous, and say, no man shall be absent from his duty who is able to perform it; and another might be very lax in his views, and allow a great many men to be absent. The consequence is, that you would have a number of men in a brigade or a division idling about the camp and doing nothing.

3970. Had it not the effect of dismounting a great many horses, and rendering them unfit for service by having no riders?—It threw those horses upon the men's comrades; the horses were left in from field duty, and thrown upon their comrades to dress them.

3971. Sir *Henry Davie*.] Have you any reason for supposing that these men could have done duty, or that any of them could have done regular duty?—I have not the slightest doubt about it; they could have performed those operations in the camp at Yanibazar as well as in regimental barracks in this country; I am perfectly certain that if that system was permitted, a vast number of men would be from duty who would have no right to be so.

3972. Sir *John Trollope*.] After your remonstrating, you had a fewer number of men probably who were so excused from duty?—They were none of them excused afterwards, because Dr. M'Donald, the chief staff officer, supported my view of the case, and stopped it.

3973. Then, in fact, afterwards men were either confined to hospital or at their duty?—Men were afterwards either at duty or sick.

3974. Sir *Henry Davie*.] Did that improvement lead to there being a greater number of effective men?—No doubt it did.

3975. Mr. *Percy*.] Do you think, then, that a state of convalescence should not be recognised?—No; neither in barracks nor in camp. I should keep the men, for instance, in camp, in the tents; and of course, as they became convalescent, they would have an extra period of time for air and exercise than if they are seriously ill; but it should be either one thing or the other; they should either be in hospital or fit for duty; that is my decided opinion.

3976. Is it not very disadvantageous to keep a man in an hospital after he is in a state of convalescence?—No; a well-regulated hospital (and all our hospitals are well-regulated hospitals) is just as healthy, and the wards are just as comfortable, and the ward, which becomes the man's room, is less crowded than a troop-room or a company's room, and therefore quite as healthy, if not more healthy; and the men in hospital can be allowed to have any quantity of air and exercise that the surgeon chooses to give them.

3977. *Chairman*.] Is there any other illustration which you wish to give regarding the relative positions of the medical and executive officers?—No; I have no particular view of my own to give; if you put any question to me I will answer it.

3978. You stated that you thought there should be no change, and that the medical body should not have more military power than they have at present; in short, that the medical men should not be made a more military body?—Do you mean a more independent body?

3979. Yes.—Certainly.

3980. Colonel *Boldero*.] Do you think that the commanding officers have not the power and authority over the medical body which they ought to have?—I think

I think they have now, if the commanding officers choose to insist upon it. I mean to say that I would not have it diminished in any way.

3981. Sir *Henry Davie*.] With regard to the military position of the medical officers, would you recommend their having any military command at any time. For example, a surgeon ranks as a captain in choice of quarters?—He does.

3982. Would you allow him to command a parade if he happened to have the senior choice of quarters?—Decidedly not; the thing is perfectly absurd; what can a military medical officer know about drill and parade? It is impossible.

3983. Then again, supposing it is necessary that he should sit upon a court martial, which may be necessary occasionally, would you give him any position beyond his rank; how would you place him upon the court martial?—It is a thing which I never before heard of; I did not know until I read matters connected with this inquiry, that a medical officer had ever sat upon a court martial.

3984. Colonel *Kingscote*.] Does your Lordship think that the relative position of the army medical officers and of the other officers of the regiment works at present satisfactorily and for the good of the regiment?—Perfectly.

3985. Mr. *Bellew*.] Your Lordship stated that unless the colonel of the regiment exerted to the full the authority vested in him, you thought that any diminution of that power would be injurious to the service?—Most injurious.

3986. Does your Lordship think that if the Medical Department was in a great measure emancipated from the immediate military authority of its commanding officers, it would work in a manner highly injurious to the service and to the discipline of the army?—Most injuriously; I do not think it would be possible then for a commanding officer, with an ill-disposed surgeon, (and I am afraid, amongst surgeons, there must be every now and then one of that description, as in every other rank and class of life; I am afraid human nature is not perfect), to carry on the discipline of his regiment. You might get a very objectionable surgeon in a regiment, and it appears to me that he might subvert the authority of the commanding officer. I would exemplify it in this way: we will suppose a civilian to be put as the medical officer of a regiment, and not at all under the authority of the commanding officer of that regiment, I consider that, if that civilian, not under military authority, chose to set himself up against his commanding officer and to oppose him, he might almost prevent the commanding officer of that regiment having any parade at all.

3987. Colonel *Kingscote*.] Your Lordship thinks that the commanding officer of the regiment should have supreme military control over every person in or attached to the regiment?—If he has not, I consider that it is impossible to carry on the command of the regiment.

3988. Mr. *Bellew*.] It has been mooted, I do not know whether upon very good authority, that an hospital staff corps is to be established, and that men coming from a staff corps would be attached to regiments in order to serve as hospital orderlies, and to perform other duties in conjunction with the hospital, and that those men, if misbehaving or becoming ill, would not be under the direct authority of the colonels of the regiments, but would either be sent back to the corps from which they came, or would be, I suppose, placed in confinement until they could be sent back to the corps; does your Lordship think that an arrangement of that kind would conduce to the good of the service?—It would be destruction to the welfare of the service and of every regiment.

3989. Does your Lordship think that, in case those men were misbehaved or ill, their place would have to be supplied by men taken from the ranks of the regiment, thereby weakening the regiment?—Certainly; that would be for the time being, I suppose, until they were replaced.

3990. *Chairman*.] Has your Lordship had an opportunity of looking over the evidence which you gave before the Sebastopol Committee last year?—Yes.

3991. There are some parts of that evidence which more especially relate to the subject of the inquiry of this Committee, namely, the medical parts; do you see any reason to change or modify the opinions which you then expressed?—Not at all.

3992. Did you find the supply of medicines generally adequate throughout the campaign?—Very inadequate, from the first moment that we landed at Varna.

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3993. How was your attention first called to that inadequate supply?—I was constantly spoken to by the surgeons themselves, and also by the brigade-major, who said that there was great difficulty from the want of medicine. It was reported to me particularly at Yanibazar, in the month of July 1854, where there was a great deal of sickness, and there were daily deaths in the brigade. We lost 32 men in the month, 10 of whom died of cholera, and the others of fevers and other complaints.

3994. Did you take any steps to procure medicines?—Yes. The surgeons were in such a situation with regard to medicines, and there was such a total want of medicines, that being in constant correspondence privately with Lord Raglan, the Commander-in-chief of the army, I wrote to Lord Raglan a most pressing letter, requesting that he would send for the chief of the Medical Department at Varna, and that he would represent to him that the medical officers of the brigade under my command were very ill supplied with medicines, and had no medical comforts of any description. I got an immediate answer from Lord Raglan, to say that he had sent to the chief of the Medical Department, and that a large stock of medicines and medical comforts had been immediately sent out on mules to Yanibazar, to the brigade. I think I might also state to the Committee that I had great difficulties to contend with in this matter; for although the surgeons of the regiments constantly came to me, and freely communicated with me as to the deficiency of the medicines, yet, when they found that I was going to take this thing up, and communicate with the Commander-in-chief of the army, a totally different view of the case seemed to come over them, and they appeared to me to be very much alarmed at the probable or possible displeasure of the head of the Medical Department, and I was particularly requested not to name any one of these surgeons, or to represent in any strong language that they had made these representations to me. In short, it appeared to me that there was a great terror of the head of the Medical Department. The consequence was that I had to manage this matter by writing a private letter to Lord Raglan; and I requested Lord Raglan to send for the head of the Medical Department, and to say that there was a deficiency of medicine; but I did not attach blame to anybody, and I so managed it that we got the medicines, and the thing passed off without anything else being said. Certainly, when I was about to make that representation to Lord Raglan, there seemed to me to be a great deal of apprehension amongst the medical officers that they would get themselves into difficulties by making a representation which might reflect upon the head of the Medical Department.

3995. Did they represent themselves as having forwarded memorials to their own superior medical officers?—One or two of them said that they had done so, and the others said that it had not been done generally. However, the grand object was, that no blame was to be thrown upon the head of the Medical Department, and therefore I made no observation which would reflect upon him, and the matter was settled quietly by the medicines being sent out. I had a very great difficulty about it. I was at first requested by the medical officers not to make any representation at all. I said, "Oh, that is impossible; you have represented to me that you have not got medicines; there is great unhealthiness in the camp, the men are dying, and do you mean to say, that on account of any feeling with respect to the Medical Department, or anything else, I am to refrain from letting Lord Raglan know that there is not a sufficient quantity of medicines for the cure of the men?"

3996. Sir *John Trollope*.] By "the head of the Medical Department," did they mean the head of the Medical Department out on service?—Out on service.

3997. No reference was made to home?—Not the slightest.

3998. Mr. *Percy*.] Did they state that there was a deficiency of medicines generally, or of any particular sort?—Of every sort of medicines. Till these mules came out, laden by Lord Raglan's order, there were no medical comforts of any description.

3999. *Chairman*.] There were insufficient medicines, and a total absence of medical comforts, till you wrote that letter to Lord Raglan?—They had scarcely medicine enough to deal with the complaints of the men until I wrote to Lord Raglan upon the subject.

4000. Mr. *Percy*.] At Varna?—From Yanibazar to Varna. I have got Lord Raglan's reply now.

4001. *Chairman*.] Can you remember what interval occurred between the date

date of your writing the private letter, which you have mentioned, and the arrival of the additional medicines and medical comforts?—They were sent off instantly; they arrived at Yanibazar, I should say, three days after I wrote my letter, the distance being 40 or 50 miles.

4002. Do you know where these medicines and medical comforts were?—At Varna.

4003. Did the medical officers tell your Lordship what answers they had received to their applications?—I never broached the subject with them. I found it a very delicate question, and having got the medicines, I let the subject drop

4004. Mr. *Percy*.] Who was the head of the medical staff at the time you allude to at Varna?—I will not be positive, but my belief is that it was Dr. Hall.

4005. Mr. *Bellew*.] Did it strike your Lordship that it was Dr. Hall or the the head of the Medical Department in England that these gentlemen seemed to be afraid of?—Not the Medical Department in England. I think no reference was made to that. It was known to everybody, to the surgeons and to myself, that there were plenty of medicines out there with the army in some quarter or other, but they had not been sent out to the surgeons belonging to the brigade which I commanded.

4006. Sir *John Trollope*.] Did you receive the necessary medical comforts as well as the medicines?—A great supply of medical comforts was sent out.

4007. Did you receive sufficient for you at Yanibazar?—Yes, certainly.

4008. *Chairman*.] So far as you know, there is in existence no official correspondence complaining of the inadequacy of the supply of medical stores at a time when there was an absolute want of them?—At a time when there was an absolute want of them there was no official correspondence.

4009. Had you reason to complain of the want of medicines after that period in the Crimea?—I am not aware; I do not think I ever heard of any want of medicines afterwards in the Crimea.

4010. Colonel *Boldero*.] Do you know what reason the Medical Department assigned for not issuing these medical stores?—No, I never ascertained any reasons. Having written to Lord Raglan, and obtained the medicines and the medical comforts for the brigade under my command, I let the matter drop.

4011. Sir *Henry Davie*.] There having been an abundant supply at Varna, you do not attach any blame, I presume, to the Home authorities?—Not in that instance, certainly.

4012. They had furnished supplies, but those supplies were not served out to the troops, if I understand you?—I know nothing more of the case than that. I never heard any more of the details in any way.

4013. *Chairman*.] Your object was to obtain the medicines without annoying anybody?—My object was to obtain the medicines. As I have mentioned before, the medical officers seemed to be very much alarmed lest they should be brought into collision with the head of their department, and therefore I refrained from making any official representations. I made representations privately to Lord Raglan, and then let the matter drop.

4014. Were your troops well supplied with medical officers?—Certainly, I should say at Yanibazar there were plenty; there were four regiments of cavalry and a troop of horse artillery, and each regiment had two surgeons, and there were two staff surgeons.

4015. And that you think was sufficient?—That was not in actual warfare; it was not before the enemy; it was in Bulgaria, previously to the landing in the Crimea.

4016. In the Crimea, had you a sufficient number of medical officers?—I should say that in the Crimea the number of medical officers was not sufficient; when we got into active service in the field, in the first place, the medical officers dropped off themselves from disease, and one or two of them died.

4017. And their places were not supplied with sufficient rapidity?—They were not supplied readily at all; I scarcely think their places were supplied, at least for many weeks afterwards.

4018. Mr. *Noel*.] Does your Lordship think there is a sufficient number of medical officers attached to a cavalry regiment at the present time?—Yes, I think so, at the present time. Taking the strength of the regiments as they

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were before the war commenced, namely, 360 non-commissioned officers and rank and file, I think that two surgeons are quite sufficient.

4019. Colonel *Kingscote*.] Would your Lordship always keep the assistant-surgeon at head-quarters?—No; I do not see the advantage of that; I think, that the fact of the assistant-surgeon remaining at head-quarters, or going to out-quarters, should depend very much upon the strength of the detachment. I would not send an assistant-surgeon out with 30 men, but I would send an assistant-surgeon out with a very strong squadron.

4020. Are you speaking of at home or in the field?—At home.

4021. Mr. *Noel*.] With regard to leave of absence, would it not make it very difficult, the medical officer ever being away from head-quarters on leave of absence?—I do not see the difficulty about medical officers having leave of absence. I think they always get pretty much what they wish.

4022. Do you think there is sufficient opportunity for a medical officer at this moment to obtain leave of absence?—I think so. They got a month or five weeks at a time, and during that time, if there was no military medical officer in the neighbourhood, they were allowed to employ a civil medical officer.

4023. Mr. *Bellew*.] Does your Lordship approve of a military medical officer having to pay a civil medical officer in his absence?—I think that is hard and unfair.

4024. Your Lordship said, I think, in the early part of your evidence, that you did not approve of the present system of convalescents?—Yes.

4025. In the case of very slight complaints, for instance, in the case of saddle sores, to troops, would you confine that class of disease strictly to hospital?—I think that any man who suffered from riding, if the injuries were so slight as not to make him go to hospital, ought to go out with the troop.

4026. Colonel *North*.] As the cavalry regiments are now increased, would you increase the number of assistant-surgeons?—Of course; you require more medical advice. If the strength of each regiment is to be raised from 360 to 420, 430, 440, or 450, of course you will require more medical assistance; then I think two assistant-surgeons and a chief surgeon will be requisite, and most expedient.

4027. Mr. *Noel*.] That is to say, that if a cavalry regiment were made up to its present strength, you would recommend the appointment of another assistant-surgeon to that regiment?—Yes, with the present strength of men.

4028. *Chairman*.] Do you think that a surgeon ought always to be on parade in a cavalry regiment?—I think always; certainly during field days.

4029. Sir *Henry Davie*.] Mounted parade?—Mounted parade.

4030. Colonel *Boldero*.] We have it in evidence that many of the medical officers of the army in the Crimea were placed in great difficulties for want of civil servants; did any case of that kind come under your observation?—No. The regimental medical officers had bât men.

4031. But was it the case with respect to the staff surgeons?—It was never brought under my observation in any way; but the regimental medical officers had bât men.

4032. One staff surgeon was seen taking down his horse to water; he was asked what he was doing, and he mentioned what he was doing, and that the reason was that he could not get a civil servant; he immediately had a soldier given to him?—Yes.

4033. Colonel *North*.] That was an infantry surgeon?—Yes.

4034. Colonel *Boldero*.] But in the cavalry a man was provided?—I never heard any complaint of it.

4035. *Chairman*.] Did you hear whether in the Crimea the relative positions of the purveyor and the medical officers were satisfactory?—I heard statements made about the difficulties which there were between the medical department and the purveyor; but I must say that I have no recollection of ever having seen a purveyor in my life. I do not know who the purveyors were, and I do not think I ever saw a purveyor in my life; nor did I, until we got to the Crimea, ever hear of them. I heard of purveyors there, and yet I never heard what they did. In Bulgaria, when I had the independent command there of a brigade, with the horse artillery, at Yanibazar, there was no purveyor.

4036. Merely a commissariat?—No such man ever appeared as a purveyor in the brigade under my command in Bulgaria. I never heard of a man called a purveyor, and I never saw one in my life.

4037. Mr.

4037. Mr. *Peel.*] Was there any difficulty in consequence in obtaining hospital and medical stores?—The hospital medical stores had to be sent from head-quarters, from Varna.

4038. But they were provided, notwithstanding there was no surveyor?—There was such a deficiency that, as I have mentioned, I had to write to Lord Raglan on the subject, and then they were sent out from head-quarters.

4039. *Chairman.*] There is a proposition at present under consideration, for appointing civilian dispensers of medicines to regiments; does your Lordship think that that would be satisfactory to the military medical men?—I should consider it most objectionable that there should be a civilian employed in any military establishment connected with the command of a regiment.

4040. Colonel *North.*] These dispensers are at this moment with the rank of officers; 10 or 12 of them are appointed to regiments; not as assistant-surgeons; it is a sort of person between the assistant-surgeon and the hospital serjeant; probably they were not in existence when you were in the Crimea?—I never heard of them until within the last day or two.

4041. Mr. *Peel.*] By "civilian dispensers" are merely meant persons who have learnt their art while civilians?—Yes.

4042. After they have joined the army, they are as much a part of the army as others?—Yes.

4043. Colonel *North.*] Are you of opinion that such a class of officers is desirable?—I cannot conceive anything more useless or more objectionable; and I feel perfectly satisfied beforehand, that if those gentlemen are appointed to those situations with the rank of ensign, or with the rank of cornet in a cavalry regiment, they will no more give out the medicines than the assistant-surgeons will at present. The certain consequence will be, that they will hold those appointments, and that there will be some subordinate person there who will be employed to give out those medicines; because at present the surgeons are required to do it, but they do not do it.

4044. Mr. *Peel.*] Setting aside the question of rank, do not you think it is a great advantage to have a person who understands his art to make up the prescriptions of the doctors, and to dispense the medicines?—I think that any soldier or non-commissioned officer might be taught to do it in a short time quite as well as a civilian.

4045. *Chairman.*] As the plan is now in existence in the Household troops?—Yes.

4046. Colonel *Boldero.*] Your Lordship commanded a cavalry regiment for many years; did you ever meet with any difficulty with regard to finding a well-educated non-commissioned officer to be sent to the hospital as a serjeant?—I have never found any difficulty whatever.

4047. Have you heard of any difficulties in other cavalry regiments?—I never heard any mentioned in my life.

4048. *Chairman.*] Is it practically the case that the serjeants now do dispense the medicines in some cases?—Certainly.

4049. Mr. *Peel.*] Do not the assistant-surgeons in the more difficult cases make up their own medicines?—It is impossible for me to say that the assistant-surgeons do not mix up the medicines, because some of them may do so. One is never present to see it. It is generally understood that they do not do so, but that the medicines are mixed up by the hospital serjeant.

4050. Sir *Henry Davie.*] Is your Lordship aware that there is an order to the effect that surgeons and assistant-surgeons should mix up the medicines?—I am perfectly aware of that, and that they sign a certificate to that effect.

4051. Still they do not do it?—I have always understood that they do not.

4052. Mr. *Percy.*] But do not they superintend the mixing up of the medicines to a certain extent?—I should doubt the personal superintendence very much.

4053. Mr. *Peel.*] Do you think that it would be safe to sanction medicines being made up by non-commissioned officers, and men taken from the ranks?—Perfectly safe, because I am not aware that any inconvenience has ever arisen from it.

4054. Mr. *Noel.*] It is practically the case now, in many of the regiments in the Guards, that the medicines are made up by non-commissioned officers without any serious results occurring?—Yes; we will take the cavalry. Although the surgeons or the assistant-surgeons sign a document stating that they dis-

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pense the medicines, that they give them out, it is generally understood that they do not do so; those medicines have always been given out by a non-commissioned officer who has been appointed to the situation of hospital serjeant.

4055. Mr. *Peel.*] Must not that direction have been issued upon the idea that there was a risk in leaving medicines to be made up by these hospital serjeants and other persons; what could have been the origin of that order?—I conclude that the origin of that order was, that it was considered that the medical officer himself ought, properly speaking, to take the trouble to issue these medicines in the same way that it is the rule of the service that all officers should pay their men; but that is a duty which is not at all acted up to; it is the rule of the service that men should never be paid by anybody but by the officers; but that is not the case; it is done by the non-commissioned officers in nine regiments out of ten.

4056. Mr. *Percy.*] Knowing the characters of the men, is it not a very great advantage that you should be able to select a person in whom you can place confidence?—Knowing the characters of the men of your regiment, I think it is a very great advantage that you should be able to select a man of good character, and so on, to fill the situation in the hospital, with better pay, and greater comforts than other men have; there being probably a number of educated men in every regiment you can select; men in whom you can feel perfect confidence.

4057. *Chairman.*] You would probably say, that the soldiers would rather on the whole be nursed by their comrades, as they know them?—Decidedly.

4058. Colonel *Kingscote.*] And it is an advantage to the service to hold out these encouragements to men in the regiment?—Decidedly. The fact is that the hospital serjeantcy is a point to which a man who has conducted himself well, looks as a sort of retirement.

4059. Mr. *Bellew.*] His Royal Highness the Duke of Cambridge gave us a sketch of a plan which he thought advisable, that of sending intelligent recruits and inteiligent non-commissioned officers to a general hospital to be established somewhere, for the instruction of these people as hospital serjeants and hospital orderlies, and that afterwards these same men would return to their regiment, and have all the sympathies which one soldier of a regiment has with another; would your Lordship approve of a plan of that kind?—Yes, very much. I think there is no objection to the plan, and I think that it would be very expedient that that sort of school of instruction should be established in the event of a war, or when there was any probability of a war; but I cannot think that it would be necessary in a time of peace, when each regiment has got two surgeons, that any school of that sort should be established; because it appears to me that the regimental surgeon and the assistant-surgeon are perfectly capable in a short time of teaching any non-commissioned officer his duty in the way of dispensing medicines.

4060. But your Lordship would esteem that plan much less objectionable, and better for the service than the plan of attaching men to regiments from a staff corps in a great measure independent of those regiments?—Decidedly; it is very preferable, indeed.

4061. Colonel *Kingscote.*] Does your Lordship think that the assistant-surgeons of cavalry receive pay enough?—I do not know anything about their pay.

4062. Colonel *Boldero.*] I hold in my hand the evidence of a young assistant-surgeon in the Dragoons, given to us the other day. This question was asked him, "Can you give the Committee a statement of the deductions, and of your professional income and expenditure?—Yes; the pay of an assistant-surgeon in the cavalry amounts to 155*l.* 2*s.* per annum. The compulsory expenses are as follows: Mess fund, eight days' pay, 3*l.* 8*s.*; band fund, twelve days' pay, 5*l.* 2*s.*; forage for two horses, at 8½*d.* per horse per day, 25*l.* 10*s.*; income-tax, 9*l.*; servant's wages, at 2*s.* 6*d.* a week, (that is, a servant provided from the ranks), 6*l.* 10*s.*; washing, at 1*l.* 5*s.* per month (that is a regulated charge), 15*l.*" Can you confirm that statement?—I have not a doubt that those are the deductions. I am not certain about the precise items.

4063. Do not you think that it is a very difficult position to place a young man in, as assistant-surgeon in the cavalry, when he is subject to all these deductions from the pay which he now receives?—Certainly; but still I do not know that it is more unfair or more hard upon an assistant-surgeon than it is upon all the

other

other ranks of the army, because they all have the same. An officer's pay will scarcely provide his uniform, or very little more.

4064. Are not these expenses much heavier in the cavalry than they would be in the infantry, in the same rank of assistant-surgeon; the difference of pay, I believe, is only 1 *s.* a day; in the cavalry an assistant-surgeon, I believe, has 1 *s.* a day more than an infantry assistant-surgeon?—The 25 *l.* seems to be a large sum for forage. I suppose in the infantry an assistant-surgeon would only have one horse and in the cavalry two; therefore that would be reduced one-half.

4065. *Chairman.*] He has not any horse?—Then that takes off 25 *l.* at once.

4066. Mr. *Peel.*] But do you consider the comparative pay of a medical officer fair and reasonable relatively to the pay of officers in other ranks?—I do not know that it is not so.

4067. Colonel *Boldero.*] I suppose you cannot give us the origin of the stoppage of 8½ *d.* a day for forage?—No; I have no knowledge of it whatever.

4068. An assistant-surgeon of cavalry, I suppose, is entitled to two horses?—Certainly.

4069. If he finds that he can do his duty with one horse, is he ever compelled to keep two?—That is an answer I can scarcely give you; I certainly never should insist upon it myself; in other regiments it may be ordered. I have no recollection of any case of the sort.

4070. Still the power exists in a commanding officer of cavalry to make an assistant-surgeon keep two horses?—Yes, but I should not think that here, on home service, it is at all likely that a commanding officer would interfere to make an assistant-surgeon keep two horses.

4071. Mr. *Noel.*] The pay of an assistant-surgeon is 7 *s.* 6 *d.* a day; taking into consideration all these deductions, do you not think that it is rather small, or would your Lordship think it sufficient?—I think the deductions are very severe and unfair; I think it is very unfair to make an assistant-surgeon pay for the forage of his horse or horses.

4072. Mr. *Bellew.*] Would you not suppose that in the case of an assistant-surgeon entering the army, who must have spent a large portion of time upon his previous education, and whose mental acquirements are supposed to be of an order, in his own department, superior to those of the ordinary run of men, if the remuneration held out to men of that kind in the junior ranks of the army were raised, it would induce a better class of men to enter our service, so far as medical acquirements go?—In answer to that question, I must say that I think that the class of men whom we get are quite sufficiently good; we do not require any better class of assistant-surgeons or surgeons; and although the pay which they may receive may be called small, and may be very unsatisfactory to them, I still think that the pay of the whole army may be classed in the same light; there is no doubt that the officers of the army are underpaid.

4073. *Chairman.*] Do you think that the present system of medical examination of recruits is satisfactory on the whole?—No; I think that it constantly happens that very defective men are passed in different quarters by the staff-surgeons, and other surgeons employed; and when once passed, no representation made has ever any effect at all; you never can get rid of these men.

4074. What remedy would you suggest, that representation should be more effectual?—That representation should be more effectual, and that when cases of that sort are represented, either an officer or officers should be appointed to inspect and report; and if a medical officer has so far transgressed as to pass these defective men, it is not for me to say what course should be taken; at any rate, he ought to be very severely reprimanded.

4075. But your objection is that the decision of this staff officer is final?—The decision of the staff officer is in most cases final; to get rid of a man who has been passed, and is defective, is the most difficult thing in the world.

4076. Colonel *Kingscote.*] Do not you think that the service would be benefited by the commanding officer and the surgeon of the regiment having the power to hold a board on a recruit when he joins a cavalry regiment, to see that he is fit?—I think that that would be very agreeable, but I could scarcely recommend it.

4077. *Chairman.*] At present, in the navy, everything is found for the sailor in hospital, and at present in the general hospitals abroad everything is found also; doses your Lordship consider that a good plan; I mean as regards body linen and clothes, as well as bedding, blankets, and hospital furniture?—No; I think

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think that is not desirable; I think it much better that a man should retain his own clothes of every description in hospital, except the outward garment which he wears; a kind of hospital gown.

4078. If you think so as regards general hospitals, I suppose you would think it still more applicable in the case of regimental hospitals. His Royal Highness the Duke of Cambridge drew a distinction between the regimental and the general hospital; and he thought that the plan which was adopted in the naval hospital at Haslar would be good for a general hospital, but not for a regimental one?—There could be no objection to it in a general hospital, but I do not think it would be desirable in a regimental hospital.

4079. Have you turned your attention to the present arrangements for the government of the medical officers in the army, namely, as respects the director-generalship, and the arrangements which are made in his department; has that come under your consideration at all?—No; not at all.

4080. You have not formed an opinion whether a Board would be preferable, or whether you would leave it still in the hands of one person as at present?—I should certainly say that a Board would be more fair.

4081. Mr. *Peel.*] In what respects would that be?—Because the decision of a Board is the decision of five or of seven people.

4082. Decisions upon what class of questions would you refer to a Board?—I understand the question to refer to the one subject of promotion.

4083. And stations?—Yes. It appears to me that a Board would be more fair.

4084. In the case of combatant officers of the army not belonging to the medical staff, such questions are decided by one individual; questions of their promotion are decided at the Horse Guards, upon the authority of one individual?—Yes, it is so; still the Horse Guards, you may say, is a sort of Board, because there the promotion passes through the previous investigation of the military secretary, and is regulated according to a particular form. I do not mean to say that there is any postive objection to the senior medical officer having at his disposal the dispensation of promotion, and so forth; but still it certainly strikes me, that a promotion of that description would be more fairly distributed by a Board of officers, or at the recommendation of a Board of officers. I myself think that it ought to be at the recommendation of a Board of officers, and that the promotion ought to be given by the Commander-in-Chief.

4085. Is that not the case that the promotion is given by the Commander-in-Chief upon the recommendation of the medical department of the army?—I conclude it is. I have not sufficiently studied the thing to know whether every case goes before the Commander-in-Chief. I have understood that every case of promotion in the medical department does not go before the Commander-in-Chief, but that the promotion is carried out by the head of the medical department independently.

4086. Sir *Henry Davie.*] Is your Lordship aware, that during the Peninsular war the affairs of the medical department of the army were managed by a Board, and that that was done away with, it being found not to work satisfactorily?—I am not aware of that.

4087. We have had that in evidence?—I never heard of it.

4088. Sir *John Trollope.*] With regard to a Board, do you not think it would be more satisfactory to the higher branches of the medical service that the stations to which they were appointed should come before a Board, rather than depending upon the will of an individual?—I certainly think so.

4089. Mr. *Peel.*] But you are not aware that the present practice is for the medical department of the army to submit an officer's name before promotion to the Horse Guards, and for the Horse Guards to approve or disapprove, as they may think fit?—It is certainly a subject which I have not studied or considered. But even upon being asked the question now, on the spur of the moment, I think I could almost take upon myself to say, that I would venture to assert that those recommendations are a mere matter of form, and that, unless in some very extraordinary case, which would not arise once in many years, no selection or no objection is ever made by the Commander-in-Chief here; therefore it is a mere matter of form, and therefore the promotion of the medical department is really vested in the hands of the head of the medical department.

4090. Sir *John Trollope.*] And also the stations to which they are to be appointed?—Yes.

4091. Do you not think that it would be fair as regards the higher classes of the

the medical department, namely, staff officers, first and second class surgeons, and hospital inspectors, that a roster of their stations should be kept, and that they should be taken in strict rule of turn, and not by selection?—I think there should be a strict rule of turn, unless there is any objection to a gentleman on account of some neglect of duty, or anything of that sort; and I think it would be better that even that should be decided by a Board.

4092. Mr. *Peel.*] If you concur in a single military authority deciding upon the promotion of combatant officers, and other officers of that description, what objection do you see to the head of the medical department deciding upon the case of officers of his own profession?—Because it strikes me that it is wheel within wheel. I can only answer the question in that way. Everything connected with the army ought to be, in my opinion, decided by one individual, and that is the Commander-in-Chief; but here you have an individual at the head of the army who decides upon everything connected with the army, except the medical department, where everything is decided upon by the head of that department.

4093. Not formally but virtually, perhaps?—Virtually.

4094. But it is competent for the military authority in this country, under the form which is pursued, to exercise a real authority if he pleases?—I do not think that he would ever do it, or ever act in any way, except in conformity to the opinion and the advice of the chief medical officer of the army.

4095. Is it not natural that he should defer to such an opinion?—Certainly; and I will state that I know of no instance which I would refer to where I think that anything unfair or wrong has been done; I beg to observe that. But still I do think that, upon a general view of the case, the opinion of a Board would be more fair. I know of no case of unfairness, and of no case of injustice, which has ever come to my knowledge; that I distinctly state.

4096. *Chairman.*] Is your Lordship aware, that under the existing medical military system confidential reports are made by principal medical officers of medical officers under them; that those confidential reports may contain charges against these medical officers which act as bars to their promotion, and they are never told to the individuals accused?—I am not aware of that circumstance. If those confidential reports are made, which are justifiably a bar to a man's promotion, I certainly think that there would be an additional reason for the decision of a Board of officers, it being much more fair than the decision of any one individual.

4097. This system of confidential reports is, in your opinion, an additional reason for a Board instead of an individual?—Certainly.

4098. The question of orderlies has come a great deal before this Committee, and there has been stated to be a difficulty between medical men and commanding officers on account of the diminution of the strength of the army by the number of men employed as hospital orderlies; I dare say that matter was brought before your attention in the East; you did find that an inconvenience?—I cannot say that; I do not think that there ever was a considerable number; I have no knowledge of any considerable number having been so employed.

4099. There is a plan now in operation for using an hospital staff corps instead of soldiers; has your Lordship's attention been called to that?—It has not.

4100. Do you think that, under any circumstances, it might be made available?—No; I think it is much better that the hospital orderlies should be soldiers; and that in regiments they should belong to the regiments to which the patients belong.

4101. Colonel *North.*] This corps are all enlisted men?—Yes; but they do not belong to the same regiments.

4102. Mr. *Peel.*] Do you not think that in general hospitals it is an advantage to be able to liberate the soldier-orderlies by substituting men specially trained to the treatment?—I think in general hospitals, where the men are all mixed up, it would be advisable.

4103. Are you aware whether this hospital staff corps is intended for any other hospital service than attendance in a general hospital?—I am not aware.

4104. Colonel *Boldero.*] We have the opinion of several officers capable of giving it, of the way in which the medical department in the Crimea performed their services; I should like to elicit your Lordship's opinion upon that point?—My opinion is, that they performed their services, as far as I know, with very great zeal, and very great attention.

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4105. *Chairman.*] We have it also in evidence before this Committee, from medical men, that the soldiers themselves evinced great fortitude and patience in the hospital; would your Lordship confirm that?—I have heard so; but I have no particular knowledge of the fact; I have no doubt of it; our soldiers always do.

4106. Colonel *Kingscote.*] Would your Lordship like to put in that letter which you spoke of as receiving from Lord Raglan, in answer to your application about the medical stores?—It is a private letter.

4107. *Chairman.*] Has your Lordship any suggestion to offer to this Committee with regard to the Order of Reference, and the subject under our investigation?—No. I understand the main point is to consider the question, whether civilians should be employed in the regimental hospitals, and whether, after having passed their education as medical men, they should receive the rank of ensign or cornet, and serve in the regiments in the capacity of dispensers of medicines.

4108. These men would be chiefly the dispensers of medicine in chemists' and druggists' shops; your Lordship has pronounced a strong opinion against that proposition?—Are they to have the rank of ensign?

4108*. Yes, that is the proposal?——

4109. Colonel *North.*] In fact, they have it at this moment?—They have.

4110. Mr. *Peel.*] This is a question which has only been incidentally raised in the course of the inquiry of this Committee; the subject of the inquiry of this Committee was to consider whether any improvement could be made in the status and pay of the Medical Department of the army?—I have no other opinion to offer, except this, that in the event of a war breaking out, there ought to be a much larger number of medical officers sent out to serve with the army, and a much larger supply of medical stores.

4111. Then if one result of having dispensers of medicines was to liberate a second assistant-surgeon from the regiments so as to be available for general service with the army in the field, you would consider that an advantage?—No, I would not consider it an advantage, because I cannot understand that, in a great nation like this, we cannot find plenty of people to undertake the situation of surgeons, principal surgeons, surgeons, or assistant-surgeons, or dispensers of medicines, or everything else. It does not appear to me that the one class interferes with the other in any way whatsoever.

4112. At the commencement of the late war a difficulty was experienced?—Having that before our eyes, the object would be to prevent that difficulty for the future, by having a sufficient amount of medical men properly educated.

4113. If that could be most efficiently done by means of the appointment of these dispensers of medicine, would your Lordship's views be met?—Yes; but I do not think that by the plan which is going to be tried it will be effected.

4114. Mr. *Percy.*] Does your Lordship consider that the dispenser ought to be put in the position of an assistant-surgeon; do you think that a man without any medical education at all should be placed in the position of a man who has received a medical education?—Certainly not, and it is less desirable still that he should be placed in the rank and situation of an officer; because with whom is he to live, and what is to become of him?

4115. Sir *John Trollope.*] Would not another difficulty arise, that these men would by degrees claim to be promoted to be assistant-surgeons, an office for which they are evidently unqualified by their education or status in any way. I presume you are of opinion that they never could or ought to rise beyond the situation of dispenser?—Never.

4116. And yet if these men had discharged their duties diligently, they would be making perpetual claims to have some further promotion, which they never could get, or ought not to get?—Certainly; I cannot understand what the difficulty is of having an increased number of assistant-surgeons.

4117. *Chairman.*] The difficulty is only a financial one?—May I ask whether these chemists, and so on, are to have ensign's pay?

Colonel *North.*] Seven and sixpence.

4118. *Chairman.*] Your Lordship thinks that whatever inconveniences may exist in the present system would be increased by such a plan as that which is now suggested?—I think so, certainly.

4119. Mr. *Peel.*] Has your Lordship any knowledge of this plan, except what you

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you have collected from the questions which have been put to you in this room?—And except from what I have read upon the subject, none.

4120. Colonel *Boldero*.] It appears that the Medical Department of the army have no full pay retirement; do you think that it would be for the benefit of the service, as well as beneficial to the gentlemen themselves, if after 25 or 30 years' service they were allowed to retire upon full pay?—Are they not allowed now to retire on full pay after any service?

4121. They get half-pay, but they are not allowed to retire, as every other branch of the service is, upon full pay, after a given period?—Of course it would be very advantageous to them, but I cannot say that I could give my opinion in the recommendation of it, because if one is to begin to recommend about the increase of pay, there is no saying where it will end.

4122. Do you not think that, after 25 or 30 years' service of a medical man in various colonies, his constitution has been so entirely worn out that it would be for the benefit of the army at large if he were allowed that retirement, which he would take advantage of, but as he cannot get it he remains as long as his health and strength will allow him?—I do not see, upon the question being put to me, that a medical officer would have any greater claim to those advantages than any other officer.

[*Certain documents were delivered in by Dr. Andrew Smith.*] *Vide* Appendix.

Sir *John Liddell*, M.D., C.B., called in; and Examined.

Sir *John Liddell*, M.D., C.B.

4123. *Chairman*.] WHAT is your present office?—Director-general of the Medical Department of the Navy.

4124. How long have you been Director-general?—Fourteen months.

4125. How many ranks have you in the Naval Medical Department?—Four.

4126. What are they?—Inspector of hospitals, deputy-inspector of hospitals, surgeon, and assistant-surgeon.

4127. What interval is there between the promotion to each of those ranks?—It is quite uncertain; there is no definite period.

4128. Does it rest with you?—It partly rests upon my recommendation; not entirely with me.

4129. You recommend to the Board of Admiralty?—Yes.

4130. Are your recommendations ever refused?—Yes, sometimes.

4131. Often?—No, not often. I merely recommend; the Board of Admiralty promote.

4132. Have you ever received any official communication from the Board of Admiralty, stating that, in consequence of distinguished services, they thought it desirable to promote a certain individual?—They call upon me to state my opinion of those services frequently.

4133. Then the suggestion, with regard to promotion, sometimes originates with the Board?—Yes.

4134. And they call upon you to state circumstances?—Yes.

4135. What would those circumstances be?—Meritorious medical services either in war or during sickness.

4136. How do you know the services and character of the naval medical men?—Principally by personal knowledge, by their own journals, and also by the statements of the officers of the ship, and by the professional examinations at my office.

4137. Have you any naval medical men reporting one upon another?—It would be the duty of an inspector of hospitals to report upon the conduct of the surgeons of his fleet. We have inspectors of hospitals, who have the principal medical charge of fleets, and it would be the duty of an inspector of hospitals to report upon the conduct of the junior medical officers under his direction.

4138. Where are those inspectors stationed?—There is only one now in the Black Sea. There was one also in the Baltic.

4139. Are those reports confidential?—No.

4140. If there was any complaint against a naval medical officer, would you communicate the subject of that complaint to him?—No.

4141. Then they are confidential?—So far.

4142. Do you possess now in your office statements with regard to the

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character and attainments and conduct of naval medical men, which you do not show to them?—Yes.

4143. Would those act as bars to their promotion, or as reasons against their promotion?—Yes, if unfavourable, they would to a certain extent be a bar to their promotion.

4144. But at all events they are never communicated?—They are never sent to them, unless there was anything for them to explain as to their conduct.

4145. Have you in no single case ever sent such a communication?—I do not think I ever have; the only case which has occurred to me, was that of a surgeon being tried the other day by a court-martial, and all his documents were sent to him along with his journal.

4146. But a trial by a court-martial has no reference to a confidential report?—I am speaking of the only instance in which I have ever been called upon to return any report or certificate of their services.

4147. Have you any reason to know whether the medical officers in a ship are aware that they have unfavourable reports made of them?—No.

4148. You think they are not?—I do not know that I have had any case of an unfavourable report of a medical officer by an inspector. It would depend upon circumstances whether we should call upon him to explain his conduct.

4149. Have you in the records of your office any such case?—That I cannot answer; none has occurred I think since I have been there.

4150. Who was your predecessor?—Sir William Burnett.

4151. Has he left no records?—I have no doubt there are records, if any such case ever occurred.

4152. It is not a new system?—No; we have a perfect record of all that has taken place.

4153. Have you at all changed the system?—No.

4154. The organization of the service is precisely that which Sir William Burnett left?—Yes.

4155. Have you any rule at all as to the period elapsing between the different grades of promotion?—None.

4156. What is the shortest interval which you have known?—An assistant-surgeon cannot be promoted to be a surgeon until he has served three years as assistant, and a surgeon cannot be promoted to be deputy-inspector until he has served four.

1457. That is seven?—Yes, seven. Then there is no limited period from a deputy-inspector to be inspector; he may be made an inspector the next day; indeed, there have been instances of the rank of deputy-inspector having been passed over altogether.

4158. What is the pay of the different ranks?—An assistant-surgeon's pay, when he enters the service, is 8*s.* 1*d.* a day; a surgeon's pay, on his first promotion, is 11*s.* a day, and it goes on up to 10 years, when it is 14*s.*, and it stops there till he has served 20 years, then it is 18*s.* a day, and there the rise ceases.

4159. At what period do you allow retirement?—Unconditionally, after 25 and 30 years' service.

4160. Is there any compulsory retirement?—Yes. No surgeon is employed afloat after he has attained the age of 60; and no deputy-inspector, after he has attained the age of 65; and no inspector, after he has attained the age of 70; those are compulsory.

4161. At what pereiod of life do young men generally enter the navy?—We require them to be 20, and from that to 26 years of age.

4162. What examination have they?—They are required to produce certificates of attendance on certain classes during three years, and then they are examined by me or by a board of medical officers at the Admiralty, testing their qualifications.

4163. Is the examination entirely *vivâ voce*, or is there a written examination?—Both; they are given medical questions to describe, and are examined *vivâ voce*.

4164. Do you exhibit drugs before them?—No.

4165. Do you try them at all in dissecting operations?—No; but we take the certificates as to their attendance on dissections and operations.

4166. From what hospitals or colleges do you take certificates?—From every established college in England, Scotland, or Ireland.

4167. Sir

4167. Sir *James Fergusson.*] Do you take them from Glasgow?—Yes.

4168. *Chairman.*] Do you take them from foreign hospitals?—No.

4169. Have you any difficulty in finding a supply of medical students?—Yes, there has been a great difficulty lately; but they are flowing in more rapidly now.

4170. During what period was there a difficulty?—During the late war.

4171. Not that the supply was smaller, but the demand larger?—The supply was smaller.

4172. To what reason do you attribute that?—There was a prejudice against the service; there was a great deal written upon it in the public prints, and there was a difficulty also from there being a more limited number studying medicine.

4173. Sir *John Trollope.*] Have the medical officers of the navy any allowances beyond their bare pay. Under any circumstances are they found in victualling or messing?—On board ship they are victualled, not messed.

4174. Entirely free of charge?—Entirely free of charge; they have merely the ship's provisions; their rations are the same as those of the seamen.

4175. You are aware that, under all circumstances, military medical officers are compelled to find their own provisions?—Yes.

4176. Then a medical officer of the lowest grade in the navy has higher pay than in the army, and also under some circumstances, when on board ship, he has victuals?—In all cases he has victuals, but not in all cases higher pay; on the contrary, he has less, during a certain period of his service.

4177. Do not the assistant-surgeons in the navy receive higher pay than the assistant-surgeons in the army?—On their first appointment they do; but it is only 13*d.* a day more; but when they become surgeons they have less, because a surgeon in the army can obtain 1 *l.* 3 *s.* 8 *d.*, and the highest pay afloat for a surgeon in the navy is 18*s.*

4178. Are the surgeons and assistant-surgeons who are employed in your hospitals chosen from the body generally?—Yes.

4179. They are entirely medical naval officers employed at those hospitals?—Entirely.

4180. Have you ever had the civil element mixed up at all in your service?—Never.

4181. Mr. *Noel.*] Do you say that retirement is compulsory after 30 years' service?—After 30 years' service as a surgeon he has leave to retire, but is compelled when 60 years of age.

4182. Do they then retire on full pay or half-pay?—They have a retirement pay, after 30 years, of 15 *s.* a day; after 25, of 13 *s.* a day.

4183. *Chairman.*] What number of medical men have you to a three-decker?—One surgeon and three assistants should be the number.

4184. Will you give the numbers for the smaller ships?—A three-decker in all probability has about 1,000 men, and there are one surgeon and two or three assistants; a two-decker, with about 800 men, has one surgeon and two assistants; a large frigate has the same; 500 I think is her complement; then a smaller frigate has one surgeon and one assistant, and a brig or sloop the same; sloops of war have between 100 and 165 men. We always appoint an assistant if we can, in addition to the surgeon, to all classes of ships except the smallest, such as cutters, and there we have an assistant-surgeon.

4185. Colonel *Boldero.*] Is it a fact that the higher branches in your service have less pay than in the army?—Yes.

4186. The assistant-surgeons have had their pay recently increased?—Yes, on their first admission.

4187. That has only been in the last twelvemonth?—About the last year and a half.

4188. Do you think that the increase had anything to do with the paucity of candidates which you had?—No, I do not think that pay had anything to do with the difficulty of obtaining assistant-surgeons; it arose entirely from the position assigned them on board ship.

4189. Mr. *Percy.*] Are steam-ships classed in the same manner?—Yes; it depends upon the crew.

4190. Not upon the class of vessel, but upon the number of the crew?—Yes.

4191. *Chairman.*] And that is a satisfactory arrangement, you think?—I think so.

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4192. Do you find the number of accidents greater in a steam-ship than in a sailing vessel?—No.

4193. Smaller?—I do not think it makes much difference; the sickness, perhaps, is greater in steam-vessels than in sailing vessels, particularly in warm climates.

4194. That sickness includes the stokers?—Yes.

4195. How are your medical men supplied with drugs?—They are supplied from Apothecaries' Hall, on demands by me.

4196. When a ship is commissioned?—Yes.

4197. Are there supplies at Malta and Gibraltar?—At all our foreign establishments there are large supplies, but at Gibraltar there is no naval medical depôt.

4198. Which are served out upon the requisition of the medical officer?—Yes; the storekeepers are required to keep up their supply of medicine according to the number of ships on the station, after a regular scale.

4199. Who is in charge of those stores at Malta?—Dr. Munro, the medical storekeeper.

4200. Are there medical storekeepers at all the stations of the British fleet?—Yes.

4201. Are those medical storekeepers obliged to supply medicines on the requisition of the chief medical officer?—Yes.

4202. On the arrival of a fleet in the harbour of Malta, would the medical man of each ship make his requisition, or must they go through the senior medical officer of the fleet?—It goes direct to the hospital.

4203. He has the power of requisition?—Yes.

4204. Is that ever cut down?—Never; there is a regular scale of medicines; of course, in an extraordinary instance, there may be an addition; but it is very much confined to that scale, which is found sufficient on ordinary occasions.

4205. The medical officer on board the ship would be able to procure a supply on his own responsibility?—He must state his reasons before he demands extra medicines, which is only done in extraordinary cases.

4206. In the event of an epidemic breaking out?—There would be then no limit to the quantity of medicine which he would get immediately, without going through anybody.

4207. Then, in fact, the medical storekeeper has no power to refuse the requisition?—None.

4208. Or to supply a cheaper medicine instead of a dearer one?—In no case is he permitted to get cheap medicines; in the ordinary service the medical officer would not be allowed a larger quantity of medicine than the scale permits.

4209. We have had a statement here regarding the articles found for sailors at Haslar Hospital; is the same arrangement in existence at Malta?—The same arrangement exists throughout the whole of our naval hospitals.

4210. And throughout the fleet?—Yes, the system is uniform.

4211. Colonel *Boldero*.] Are the qualifications of the candidates for your service higher or lower than in the army?—I think they are very much the same.

4212. Mr. *Noel*.] Does your promotion always go by seniority?—Partly by seniority and partly by selection.

4213. From assistant-surgeon to surgeon?—Yes. If there is a case of equal merit the senior will get it in preference.

4214. Sir *John Trollope*.] Is that matter at your disposal entirely?—No, it is merely at my recommendation.

4215. You recommend it to the Board of Admiralty?—Yes.

4216. Sir *Henry Davie*.] Are no promotions made without your recommendation?—Seldom; there are instances in which the Admiralty promote without reference to me.

4217. Sir *John Trollope*.] Do you select all the medical officers for particular services, and appoint them to ships about to sail on foreign service?—Yes, I am called upon to select, but the Admiralty appoint.

4218. They are invariably selected by yourself?—Invariably.

4219. *Chairman*.] Do you remove men from one ship to another?—Yes, I recommend their removal.

4220. Have they the power of exchange?—Yes, but it must be sanctioned.

4221. Is that frequent?—Not very.

4222. Is it uniformly conceded on your part when they wish it?—No, there must be some reason shown. If two officers wish to exchange their ships and there is no reason against the change, it is always permitted.

4223. In whose hands are the appointments to Haslar?—The Admiralty.

4224. On your recommendation?—Yes.

4225. Have you ever been refused in recommending a naval surgeon to Haslar?—Never to Haslar.

4226. Mr. *Percy*.] How do you arrange about the leave?—There is considerable leave allowed every year; six weeks is considered the period.

4227. On foreign stations?—In our establishments abroad they are allowed to come home on a considerable period of leave.

4228. Do you then send out another officer?—No; the duty is performed by the next officer.

4229. That would reduce the number in the ship?—I am only speaking of a naval establishment on shore; it scarcely ever happens in the case of a ship. If there was any special reason for an officer wishing to have leave, another would be sent out to take his place. The chief officer in command has not the power or giving him leave to come home, unless under special circumstances.

4230. When a ship is discharged, does the medical officer get leave as a matter of course?—Not at all as a matter of course. If the ship is paid off, he is put on half-pay, or he may be appointed to another ship.

4231. *Chairman*.] The appointment rests with the Admiralty, on your recommendation?—Yes, generally.

4232. It may be immediate?—it may be immediate.

4233. You may transfer him without his coming ashore?—Yes, he may be transferred.

4234. Is that generally the case?—It is very seldom that we have occasion, when another ship is commissioned, to take him; but there is no objection to it, if thought proper.

4235. When a ship is put out of commission, may you transfer him to another ship?—Yes, he may be appointed immediately

4236. Do you ever do that without leave having been given to the medical officer in the interim?—Yes.

4237. You have been obliged to do so in the late war?—Yes.

4238. Is that an exceptional case?—Yes. We generally give him a period of leave for recreation when coming from abroad, but the wants of the service lately have been so pressing that it has been done in many instances without leave at all.

4239. Have you any period of probation before the medical officers go afloat?—They are called acting assistant-surgeons for the first 12 months.

4240. Where do they remain then?—They are the same as if they were confirmed, with this distinction, that the Admiralty may dismiss them at the end of 12 months, if their conduct unfits them for the naval service.

4241. The young army surgeons have a probationary period at Chatham; have you any similar system in the navy?—No. We sometimes send them to a naval hospital for a period, but we generally prefer sending them to a ship at once.

4242. Do you send them alone?—No.

4243. To a large ship generally?—Yes. If we can manage it, we generally have an old assistant, or two old assistants, with a junior, attached to a ship.

4244. Sir *John Trollope*.] Then, in fact, your appointment becomes a direct one, and not a probationary one, in most instances?—It is only probationary for the first 12 months in the case of an assistant-surgeon; all the others are fixed.

4245. When there are numbers of these young gentlemen first appointed, have you employment for them at home at naval hospitals?—Yes.

4246. What other hospitals have you besides Haslar?—Plymouth, Chatham, Woolwich, Deal, Yarmouth, and Haulbowline; and at the different foreign stations.

4247. Do not you think that unless their services were immediately required, it would be a good thing to send them to those hospitals to test their capabilities for the service?—We have done so, but I think it much better to send them to sea at once. There is nothing peculiar in the duty at our naval hospitals different from that of other hospitals to which they have been accustomed.

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4248. Still, after sending a young gentleman of that sort afloat, should you feel yourself justified in dispensing with his services?—Yes; at the end of 12 months. A certificate is required, and if he has discharged his duties satisfactorily, he is then put upon the establishment of the navy, from the time he may have entered the service.

4249. Are the surgeons or assistant-surgeons under very strict rules on board ship, with regard to their reports to the captain of the ship?—Yes; they present their sick lists every morning.

4250. They report daily?—Yes; a written statement of the number of people on the sick list is given to the captain every morning.

4251. You have no system of stoppages from the pay of sick men, I think?—None, from seamen in service.

4252. The whole amount of their pay is accounted for to the men whether they are sick or at their duty?—Yes.

4253. Colonel *Boldero.*] Marines and all?—Marines who come from ships. Those at head-quarters have stoppages the same as in the army; but every marine coming to a home naval hospital from a ship has the full 28 days' pay, at the end of which it is stopped, but a seaman's pay goes on until he is invalided. This does not apply to a foreign hospital, where no stoppage of pay is made.

4254. Are the marine hospitals under your charge?—Yes.

4255. At Chatham and Woolwich?—Yes.

4256. Supposing that a line-of-battle ship is paid off to-morrow, with a surgeon and assistant surgeon, how long do they remain on half-pay?—Just now, not above a month or two.

4257. Your officers never remain abroad more than three or four years, do they?—That is the usual period for a ship's commission.

4258. Do you think that that is an advantage to them?—I think so.

4259. It gives them an opportunity of seeing different climes, and being made acquainted with diseases in different parts of the world?—I think it a very great advantage.

4260. Mr. *Noel.*] Have you a roster for service?—No.

4261. It is discretionary with you to re-appoint the same officers when a ship is paid off, leaving others on half-pay?—Yes; I recommend; it is very difficult keep a roster in the navy.

4262. *Chairman.*] Do the commanding officers of vessels report to you on the conduct of their medical men?—They would report to the Admiralty in special cases, but certificates of service are sent to me by medical officers, periodically, signed by their commanding officers.

4263. Which report would probably be referred to you?—Yes, it would be sent to me.

4264. For opinion?—For record more than opinion.

4265. If there was an unfavourable report it would be sent to you?—Some reports upon medical officers sent to the Admiralty are sent to me for record, but not for opinion.

4266. Sir *John Trollope.*] How should you deal with a case of this kind, where an unfavourable report upon a medical officer was sent to you, but not sufficient to bring him to a court-martial; should you employ that officer again, or would he remain upon the retired list?—If he was totally disqualified for a situation, I should recommend him to be placed on permanent half-pay, and we have many such cases.

4267. For causes which you think sufficient to prevent their employment?—Yes; either mental or bodily incapacity for the duties of the office.

4268. *Chairman.*] In a three-decker, does the surgeon report to you officially on the conduct of the two assistant-surgeons under him?—He is required to give a certificate to those persons at the end of the year. The assistant as well as the surgeon has to keep a report of the treatment he adopts on board ship, and at the end of the year the surgeon is required to furnish a certificate to his assistant, and if he had any ground of complaint against him, it would be sent to me.

4269. The granting of a certificate would be a proof that he had no ground of complaint against him?—Yes; he transmits the certificate himself.

4270. Can you hand in to the Committee the form of that certificate?—I can.

[*The same was delivered in, and is as follows:*]

Sir *John Liddell*, M.D., C.B.

20 June 1856.

CIRCULAR, No 241.

Admiralty, 10 March 1856.

(*Certificate of the Service, Conduct, and Character of all Ranks of Officers.*)

WITH the view of establishing one description of certificate for general use in Her Majesty's service, my Lords Commissioners of the Admiralty are pleased to direct that the under-mentioned form of the service, conduct, and character of all ranks of officers shall henceforth be adopted.

Dated

THIS IS TO CERTIFY that Mr.
has served as on board Her Majesty's
under my command, from the day of 18
to the day of 18 during which period he has conducted
himself*

Captain,
H. M. S.

* Here the Captain is to insert in his own handwriting the conduct of the officer, including the fact of his sobriety, if deserving of it.

By Command of their Lordships.

R. Osborne.

To all Commanders-in-Chief, Captains, Commanders, and Commanding Officers of Her Majesty's Ships and Vessels.

THIS IS TO CERTIFY that Mr. served as assistant-surgeon on board this ship from the to the date hereof, during which time he has conducted himself according to the general printed instructions. He is furnished with the usual set of surgical instruments, which are complete and in good order,

Given under my hand, on board H. M. S. this 185 .

4271. Have you any good-service pensions?—None.

4272. Do you think that that would be desirable?—Very; it is the only corps, I believe, that has not.

4273. Colonel *Boldero.*] Are the pensions for your widows upon a proper basis?—The scale has been improved; but it is not yet equal to the army.

4274. *Chairman.*] What are the most lucrative situations in your department next to your own?—Inspectors of hospitals.

4275. They are all paid the same?—Yes; their pay increases by service. Their first pay is about 575*l.* year, and it then advances after five years to two guineas a day.

4276. Their pay has no reference to the part of the world they are in?—None whatever.

4277. Mr. *Percy.*] How many inspectors of hospitals are there altogether?—Six in active service. There are two at Haslar, and two deputy-inspectors; that is the largest hospital. There is one inspector at Plymouth, and one deputy-inspector.

4278. *Chairman.*] What are the arrangements for entrance to your Naval Lunatic Asylum at Haslar?—The conditions are that the men must belong to the navy, and be mad.

4279. Are they kept there always?—Yes.

4280. Do you ever send a lunatic sailor to his county asylum, or pass him to his parish?—Never.

4281. Is every sailor who becomes a lunatic in the service of Her Majesty taken into that hospital?—Every one.

4282. And kept there till he dies?—Yes, or recovers.

4283. Sir *John Hanmer.*] Does he often recover?—Occasionally; not very often; as often as in other lunatic asylums; it is a rare thing.

4284. I thought that they recovered quickly, if they were sent soon?—Those

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who have had their madness brought on by intemperance frequently recover; but they are always suspicious characters afterwards.

4285. *Chairman.*] What are the arrangements as to officers?—In the same way. All officers in the navy are admitted to Haslar.

4286. Colonel *Boldero.*] Without charge?—No. Those sent from ships, from full pay, are admitted without charge for 12 months, and then 1 *s.* 6 *d.* a day is deducted from their half-pay for the expense of their provisions; those who come from half-pay have the same deduction made from the date of admission, the residue of half-pay being paid to their families.

4287. Sir *John Trollope.*] Are you speaking of officers in the Lunatic department?—Yes.

4288. You also receive officers for medical treatment?—Yes; they are all under the same circumstances. A certain proportion of officers on half-pay can be admitted to the naval hospitals, on paying a small sum for provisions. If sent from a ship they pay nothing.

4289. What is the number, altogether, which you can accommodate?—About 1,000 at Haslar.

4290. And how many quarters have you for officers?—I think about 100.

4291. *Chairman.*] What are your present numbers?—Somewhere about 600, including the Lunatic Asylum.

4292. How many are in the Lunatic Asylum?—About 130.

4293. Mr. *Percy.*] You have a hospital at Deal?—Yes.

4294. Have you any patients there?—Yes.

4295. How many?—Twenty. We had 100. We have no seamen at Yarmouth.

4296. Is that given up?—No, we still hold it; we are holding it for the army.

4297. *Chairman.*] What is the system of medical inspection in your department of recruits who join the naval service; you have an inspection of a sailor?—Yes.

4298. What is it?—As to his bodily fitness.

4299. By whom is it?—The surgeon of the ship.

4300. Is his decision final?—Yes. If there was any dispute about it, the case might be referred to me. On the admission of a seaman into the navy, the surgeon's decision is final as to his bodily fitness.

4301. Then has the commanding officer of the ship any power to reject a man whom the surgeon has approved?—Yes. He might be bodily qualified and yet morally become disqualified.

4302. As far as regards bodily qualifications, could the captain say, "This man is not strong enough," and could the medical officer say, "He is"?—Yes.

4303. And then the commanding officer's decision would overrule that of the medical officer?—Yes.

4304. Colonel *Boldero.*] Does that often happen?—Not very often; I think it often happens the other way, that the captain admits and the surgeon rejects.

4305. Mr. *Percy.*] On board ship, who are employed to make up medicines?—On board ship the assistant-surgeon makes up the medicines; there is a separate man as a dispensary assistant at naval hospitals.

4306. Mr. *Bellew.*] What rank has he?—None, I think.

4307. Sir *John Trollope.*] Is he a civilian?—Yes.

4308. *Chairman.*] What arrangements are there for hospital orderlies or nurses on board ship?—There are two men called sick-baymen; there are none established in small vessels; and in the event of sickness occuring, they get assistance from the crew.

4309. With the consent of the captain commanding?—Yes.

4310. Colonel *Boldero.*] Are they not chiefly marines?—No, chiefly the messmates of the sick.

4311. And all the servants are marines?—No.

Lunæ, 23° die Junii, 1856.

MEMBERS PRESENT.

Mr. Stafford.	Sir Henry Davie.
Mr. Bellew.	Mr. Percy.
Sir John Trollope.	Mr. Noel.
Colonel Kingscote.	Mr. Peel.
Colonel Boldero.	Sir James Fergusson.
Colonel North.	

AUGUSTUS STAFFORD, Esq., IN THE CHAIR.

Major-General Sir *Richard Airey*, K.C.B., Quartermaster-General, called in; and Examined.

Major-General Sir *R. Airey*, K.C.B.

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4312. *Chairman.*] WILL you state your present position in the army?—I am at present Quartermaster-General to the Forces.

4313. Will you state what services you have seen in the army; have you been always on the staff, or sometimes regimentally employed?—I was educated at the junior department of the Royal Military College, from whence I obtained my commission, by passing through the examinations, without purchase; and I was subsequently at the senior department of the Royal Military College, and obtained a first-class certificate. I have been through all the regimental ranks, serving with them regimentally.

4314. Colonel *Kingscote.*] How long did you command a regiment?—I commanded a regiment continuously from 1835 to 1847, twelve years. I was seven or eight years, at least, of that on foreign service. I commanded a regiment on different foreign stations. I was five years military secretary to a Commander-in-Chief abroad. I have been Assistant Adjutant-general, and Assistant Quartermaster-general at the Horse Guards; I was Military Secretary at the Horse Guards. I commanded a Brigade and a Division in the Field with the army in the East. I was Quartermaster-general to the army in the East; and finally, my present appointment of Quartermaster-general to the Forces.

4315. During that period of long and varied service, your attention has probably been called frequently to the present state of the military medical department?—Certainly.

4316. Do you think that the relative position of the military medical officers is at present satisfactory, or would you wish that the medical body should be made a purely military one?—I am decidedly against the introduction of any civil element in our military organisation.

4317. Do you think that medical officers should ever have any military command?—Most certainly not.

4318. You think they have, as a body, military authority sufficient?—Quite so.

4319. Do you think it is desirable that military medical officers should sit, according to their rank, upon courts-martial, and upon courts of inquiry?—I think that no medical officer ought to sit upon a court-martial. If we admit that it is inexpedient that medical officers should exercise military attributes independently of their medical profession, I think it necessarily follows that it is inexpedient that they should be put on courts-martial, because, of course, they are not acquainted with military details and discipline, the habits of soldiers, and so forth.

4320. Sir *Henry Davie.*] Your answer would go to this: that upon no occasion whatever should they be eligible to sit upon courts-martial?—Certainly it would be better not.

4321. But are there not cases in which it is absolutely necessary, from the want of other officers, to put medical officers upon courts-martial?—I have never myself known a medical officer put upon a court-martial, and I should think it very inexpedient that he should be. The fact is, it is done for the purpose of obtaining a quorum, but it is not with any view to have the advantage of his

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opinion; he must be influenced entirely by the opinion of others. It is provided for in the Mutiny Act, in cases beyond the seas, and under particular circumstances of mutiny on board ship, and so forth.

4322. *Chairman.*] Do you think it would be advisable that in courts of inquiry, military boards, and things of that sort, the medical officers should be called to attend more as witnesses than as members of the court?—Generally speaking, I should say, Yes; but I have no objection to medical officers sitting on Boards which are frequently required upon matters on which their opinion may be very useful. We have them continually sitting on Boards to examine ships, to examine localities for encampment, and to examine into questions that arise in camp where a medical opinion is very desirable.

4323. Sir *Henry Davie.*] We have it in evidence that they sit upon Boards for the examination of meat that may be submitted to them, and one of their grievances, as I understand it, is, that they have not their proper position defined upon those Boards; that they are put at the bottom of the list, though, in fact, they are senior in rank, and perhaps in choice of quarters to the officers that sit above them; do you think that it would be better that, instead of being members of such a Board, they should be examined as witnesses before it?—There are a great many instances in which the opinion of a medical officer would be very valuable as a member of the Board. Rank might easily be defined.

4324. *Chairman.*] Do you think, as far as your own observation goes, that it has been too difficult for medical officers to obtain leave of absence?—Yes; I think that that difficulty does exist, and it would be very desirable if it could, to a certaint extent, be removed; but it is very difficult. I do not know that in the whole course of my own practice I have ever received an application for leave of absence from a surgeon which could not be granted; I do not know whether it is that surgeons of regiments make the regiment more their home, and establish themselves completely there; but it has been a rare thing with me for officers of the medical department to ask for leave of absence.

4325. Colonel *North.*] What they complain of is, that when a surgeon does get leave of absence, he is obliged to pay out of his own pocket a civilian who does the duty for him in his absence; do you think that is a hardship?—I think that is a hardship.

4326. Sir *John Trollope.*] Is it the fact that the surgeons do not ask for leave, being well aware that it cannot be granted unless they recompense some person for doing the duty?—They may be influenced by that; a paymaster is under the same category; he is obliged to provide for his deputy in the same way.

4327. In the case of a paymaster, cannot an officer of the regiment do his duties in his absence?—Yes; but he is paid by the paymaster.

4328. Supposing another person is willing to undertake the duties during the time, is there a power in the commanding officer to give him permission to do so?—No; he must go to the Secretary-at-War. The Paymaster is entirely the Secretary-at-War's officer; his securities are lodged with the Secretary-at-War; therefore he must have the sanction of the Secretary-at-War also for deputing the person who is to do the duty for him.

4329. *Chairman.*] Do you think that the system of hospital orderlies is satisfactory at present?—No. In the first place, I do not think there are enough of them; in regiments it is very frequently a question of discussion between the surgeon and the commanding officer, to get either enough orderlies, or particular orderlies; a commanding officer, anxious for the appearance of his regiment, and so forth, is reluctant to give a man who is selected by the surgeon; he is also desirous of not giving more than he can possibly help; he is desirous of keeping his ranks as full as possible.

4330. Are you aware of the number that had leave of absence from the army in the East as orderlies at one time?—No, I am not, at present, because it was not within my department as Quartermaster-general; it is a detail that I can obtain very easily; I suppose that those that were employed one way or the other in the hospitals, and for the sick, must have amounted to 3,000 or 4,000 men.

4331. What remedy would you suggest?—I should propose having a corps in order to supply them, which corps should be drawn from the ranks of the army; I would send men from the regiment up to the regimental hospital to be trained for a certain time, till they got a certificate from the surgeon, that they would answer for the hospital corps, and having obtained that certificate, after trial,

trial, I should then replace them in the ranks by enlistment; but I should never wish to see the orderlies part of the effective strength of the regiment.

4332. Would you make every hospital orderly enter the army as a soldier first?—Yes.

4333. What would be the length of time you would require him to serve as a soldier before he became an hospital orderly?—I should just let him go through all his primary instruction as a young soldier for a matter of three months, and at the expiration of that time, if he chose to volunteer for this corps, he might be passed into the hospital for training; and if his intelligence, his education, and his steadiness proved to be such that the surgeon of the regiment chose to certify subsequently to the commanding officer that he was fit to be retained for the hospital corps, then the commanding officer would be entitled to enlist another man in his place.

4334. Sir *Henry Davie.*] Suppose he was to misconduct himself in the hospital; would you restore him to the ranks as a private soldier?—Yes, that would be the tie upon him; he would enlist for general service, with the advantage of being transferred to the hospital corps.

4335. *Chairman.*] You would make the pay of the hospital orderlies superior to that of the privates, so as to make it an object of attraction?—Certainly; he would have very important duties to carry out.

4336. You would make it entirely a military body?—Entirely a military corps.

4337. Mr. *Bellew.*] Are we to understand that, although this corps would not be on the strength of the regiment, yet they would be under the discipline, and perfectly under the control of the colonel of the regiment?—Certainly.

4338. Sir *Henry Davie.*] The number of orderlies varies in a regiment according to the number of the sick?—The number of orderlies varies in a regiment according to the number of the sick. Generally speaking, in common cases, there is one orderly for every 10 men; but the nature of the disorders which may be prevalent at the station, and the state of the hospital, and various other circumstances, sometimes render it absolutely necessary to increase it. I myself in Ireland had to increase them very much indeed; and in Canada, during the cholera, they were exceedingly increased also.

4339. You would have a certain number of those men attached to every regiment that goes on service, to be employed more or less according as circumstances required?—If this corps was established, I should have a certain fixed number attached to each regiment; and in the event of any extraordinary prevalence of disease that required an additional number, then additional ones might be recruited again from the ranks if the central general depôt could not afford to send additional orderlies.

4340. Sir *John Trollope.*] Would you still continue the body called the Medical Staff Corps?—Yes, I should make these detachments to regiments a component part of it.

4341. It is your opinion that those men and all others attached to the army should be under military discipline, and subject to the Mutiny Act?—Most Certainly.

4342. Have you had any opportunity of seeing any other body that have not been soldiers attached to the army in the East?—We got a few men when the army was on the *plateau* before Sebastopol.

4343. Are you alluding to the Army Works Corps?—No; some Croatian labourers; foreigners.

4344. Had you much difficulty with them?—The great difficulty was the language.

4345. Was their discipline insufficient also?—We had not much trouble with their discipline, because they did not drink; they never got drunk; but a great many of them disliked touching a Christian.

4346. They were Moslems, then?—Yes, they were Turks; Croatians.

4347. Had you charge at Varna of the Ambulance Corps?—No; I was not Quartermaster-general at Varna. I got the remnant of the Ambulance Corps after I was in the Crimea.

4348. Were those pensioners subject to military discipline?—Yes.

4349. But had you great difficulties with them?—They were a positive incumbrance; they were worse than useless.

4350. *Chairman.*] They were a complete failure?—They were. In my own instance,

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instance, when I was commanding the Light Division in Bulgaria, on the point of marching I had to send in to head quarters a great many sick from the corps, and I had to send to head quarters for ambulance waggons. In one instance the sick were obliged to get out themselves, and drive the waggon, and put the drunken drivers inside; and in another instance, after waiting for a very long time, till about eight or nine o'clock at night, I was obliged to send a picquet of the 23d regiment to meet them, and to bring them in, because they were reported to me to be lying drunk at the side of the road two or three miles off; and when the officer of the picket came up to them, he found those fellows all drunk, and the horses grazing by the side of the road, not running away, the thing was too heavy and cumbersome for that. That was the state of the corps.

4351. Mr. *Percy.*] Were those Croatians?—No; they were Englishmen—pensioners.

4352. *Chairman.*] Is that a fair specimen of the conduct of the whole body?—I think quite so. After I got to the Crimea, I am not sure that I ever visited a tent of the Ambulance Corps in which I did not find those pensioners drunk; besides which, the whole thing in principle was exceedingly faulty. You select a strong-armed nurse to carry a child; but these pensioners were old, weakly men, who had the greatest difficulty in carrying themselves, and they could be of no use to the wounded men; they had not strength to assist them.

4353. Sir *John Trollope.*] Was it altogether a very ill-selected and injudiciously chosen body?—Yes, in principle, it was ill contrived in every respect.

4354. Would it have been possible, in your judgment, to have obtained better men from the general body of pensioners?—I imagine they selected the best they could. The fact is this, by the time a soldier is eligible for a pension, he is pretty well worn out.

4355. *Chairman.*] Were the medical arrangements in the East upon the whole satisfactory?—No; they were a constant subject of complaint and difficulty.

4356. In what way?—There was a great want of organisation; there was a deficiency of medicines, and there was a great difficulty in obtaining medical comforts, and great want of ease in the working of details.

4357. Sir *Henry Davie.*] Up to what period are you speaking of?—All through the Bulgarian campaign. I think the army suffered as much during the great heats, and from the cholera during their descent into Bulgaria, as they did in the Crimea, on that score.

4358. Sir *John Trollope.*] Did you find that deficiency of medicines and medical stores at that time in Bulgaria?—Very much. I was in command of the advanced part of the army, the light division; we had been quartered at Devno, in the first instance; then we got the cholera, and we were obliged to make a sudden move, and we went to a place a few miles off, called Monastir, about twenty-five miles from Varna, and there we were in great difficulty.

4359. Were the medical stores that you had landed regimentally with the regiment, or was there a depôt for them at Varna?—There was a depôt for them at Varna, and every regiment had its own supply on arrival with it, and every division had a limited supply with the purveyor.

4360. Had the regiments with them more than their panniers?—Only their panniers.

4361. How many panniers had each regiment?—Only one pair of panniers.

4362. A mule load?—A mule load.

4363. The contents of those panniers are exceedingly small?—Yes; but they are sufficient for ordinary occasions; they are sufficient when we have a depôt close by to replenish them; but we suffered greatly from the difficulty of transport, and the difficulty of replenishing those panniers when they became exhausted.

4364. Was that the case at Devno and at Monastir?—It was.

4365. The depôt being at Varna, and the regiments having only their panniers with them?—Yes; and having only those pack ponies, there was such a want of transport, that on our making a requisition at Varna we were obliged to send in those pack-ponies with the panniers to be filled; but the difficulty then was solely from want of transport, not deficiency of medicine.

4366. How many days' march was it there and back?—It was 35 miles. In that weather it was sometimes three days before we got the medicines which we wanted.

4367. Sir *James Fergusson.*] Did that difficulty occur with the divisions at Aladeen?—Yes.

4368. *Chairman.*]

4368. *Chairman.*] Did you make any official remonstrances upon the subject?—Yes.

4369. To whom?—They were made to the military secretary.

4370. Can you state of what nature they were?—Just stating that a requisition had been sent in for medicines on such a day, and that we had been so many days without them.

4371. You stated that the medical men had applied, and applied in vain?—Yes.

4372. And that you did on the recommendation of the medical officer himself?—Yes, the principal medical officer of my own division.

4373. Do you know the interval between his first application for medicines, and his stating to you that his application has been unsuccessful?—He made his representation to me directly he found that the medicines applied for had not arrived.

4374. Sir *John Trollope.*] Are you aware of the dates of the arrival of the medicines at Scutari that were consigned under the direction of the director-general?—No, I cannot speak to that at this moment.

4375. Was not it the fact that they were consigned to Scutari, not direct to Varna?—I have no knowledge of that; that did not come under my notice.

4376. Did there come under your notice the great length of time that elapsed between the first consignment of the medicines, and their arrival for the relief of the army?—No; all that I knew was the great difficulty of obtaining medicines. I was not in a position to know these details.

4377. And that the army was kept short of supplies?—Always short.

4378. Was that the case after you landed in the Crimea?—Yes.

4379. For what length of time?—I should say till the spring of 1855.

4380. Then after you had gone through the miseries of the campaign of 1854-55, you began to be better supplied with medicines?—Yes.

4381. Throughout the whole of that most disastrous winter the army was short of medicines?—Yes.

4382. And of medical comforts also?—Yes.

4383. *Chairman.*] Do you blame the medical men at all for that?—Certainly not in the least.

4384. You are satisfied that they were energetic in making applications for medicines and medical comforts?—Certainly, extremely so.

4385. Sir *John Trollope.*] Then the blame must rest with the authorities at home in not sending out sufficient supplies?—I think very often a vessel arrived which had had her cargo put on board in such a hurry that there was great difficulty in knowing what was on board the ship.

4386. Mr. *Peel.*] Was there an equal deficiency at Scutari as in the Crimea?—I do not know at Scutari; I was not at Scutari.

4387. Sir *James Fergusson.*] Was it not the custom in the early part of the campaign to cut down the requisitions that were sent in by the regimental officers?—Yes; it was frequently understood that the requisitions could not be complied with in full.

4388. Was it not said that it was the custom of the superior medical officers, when a requisition was sent in, to cross out a portion of it?—It frequently happened that we did not receive the requisition in full.

4389. But that was not necessarily on account of the shortness of the supply?—I only suppose it was from the want of medicines.

4390. *Chairman.*] You never heard a complaint of a requisition being cut down?—Not for the sake of cutting it down; but I always imagined that it was because they were short of supplies.

4391. Sir *Henry Davie.*] Is not it possible that there may have been a sufficient supply of things at Varna and at Sebastopol, and that still there may have been great difficulty in getting them to the front?—We suffered from want of transport all through the whole war.

4392. *Chairman.*] Was it your opinion that the medical men throughout exerted themselves as much as they could?—Most particularly; I do not think it is possible that there could have been a more energetic, anxious, or active class of men in the world than they were.

4393. You think from their conduct, that any representations they have to make should be treated with respect?—Certainly.

4394. Mr. *Bellew.*] We have understood that it is proposed to attach to each

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regiment men belonging to the hospital staff corps, and that in case of illness, incompetency, or misconduct, they would be sent back to that staff corps, and not into the ranks as the present hospital orderlies are; do you think that such an arrangement would tend to the good of the service?—No; I think that it would be more beneficial that they should be sent back into the ranks.

4395. Sir *James Fergusson.*] You are opposed to men being employed as orderlies who are not disciplined as soldiers?—I think every hospital orderly ought to go through the gradation of a soldier, and that he should be ready to turn out from the hospital in case of misconduct, and take his place at once in the ranks.

4396. *Chairman.*] There is a plan of introducing into the army, as dispensers, people who have been educated at druggists' shops; has that come under your attention?—Yes; I have considered the subject.

4397. What is your opinion of it?—I have no objection to it provided they are attested, and come in as soldiers.

4398. *Chairman.*] What rank?—I should give them non-commissioned officers, first class.

4399. You would let them commence with that?—I think their advancement must be by years' service, and by rate of pay; I do not think they ought to have any advancement of rank unless you make them first and second class; it is not a class that I would bring forward as commissioned officers; I would let them come in the classification of non-commissioned officers, and give them an increase of pay after seven, ten, fifteen, and twenty years' service.

4400. Mr. *Noel.*] You do not approve of their coming in as commissioned officers in the first instance?—No; I am opposed to their being commissioned officers at all.

4401. Mr. *Bellew.*] Do you think that the duty could be performed by non-commissioned officers taken from the regiments?—Equally well.

4402. *Chairman.*] Are you aware of the system at present existing in the hospitals of the household troops?—Yes.

4403. Do you think that that works well?—Yes.

4404. Do you see any difficulty in the extension of that system to the rest of the army?—None.

4405. Would it, in your opinion, be better to give any boons that are to be given, to soldiers than to civilians?—Certainly.

4406. Mr. *Bellew.*] Are you aware that there is at present in some regiments, a class called Medical Dispensers, a class of gentlemen who have the rank and pay of assistant-surgeon, but who have been taken from large apothecaries' shops in London; and that it is proposed that those gentlemen should hold commissions, and should have the privilege, if they choose to avail themselves of it, of dining at the mess?—I am opposed to that.

4407. Do you find that that exists in the service?—No, I do not know any regiment where that exists, and it must be a very recent thing.

4408. *Chairman.*] Have you had much experience of the system of organisation amongst the purveyors?—I was in constant communication with the principal purveyor of the army and with the purveyors of divisions.

4409. Do you think that his position, with reference to the medical officers, is a satisfactory arrangement?—I never heard any complaint.

4410. Did you find them clash?—No.

4411. You think that the arrangement was sufficiently definite for the working of both departments?—I think so; I never found any interruption or difficulty about it.

4412. Do you know anything of the French hospitals?—Yes.

4413. Do you think that they were upon the whole, better or worse, or equal to ours?—What we suffered from was want of hands; but our regimental system is certainly very superior indeed to theirs. General Lamoricière frequently spoke to me with great admiration of ours.

4414. You mean the system of regimental hospitals wherever it is practicable?—Yes.

4415. You think that is superior to the system of general hospitals?—Very much.

4416. Will you state why?—The hospital surgeon and assistant-surgeons, and the hospital serjeants and regimental orderlies are all identified with, and are actually men of the regiment. They consider it as their home, and when a man

of

of the regiment is ill, they regard him as one of themselves, and he is attended to under that feeling. The whole thing is very different, and much more delicate and careful than the attendance is in a general hospital.

4417. You find that a soldier would rather be in his own regimental hospital than in a general hospital?—Always; I have frequently seen soldiers in the general hospital, when I went round to pay them visits; and if you asked them if they wanted anything, they said, "Get me back to my own hospital, sir, and to my own doctor."

4418. It was not that there was any inattention on the part of the doctor of the general hospital?—No, it was only that there was a sort of home feeling attached to lying with his own comrades, and under his own medical men.

4419. Sir *James Fergusson.*] Do you recommend the system of divisional hospitals in addition to regimental hospitals?—In some instances you must have a divisional hospital in order to put away your superabundant sick.

4420. Do you think that a divisional hospital is preferable to a general one?—I think so.

4421. *Chairman.*] Did you ever hear any expression from French officers with regard to the comparative merits of the two systems?—Frequently; I was in the habit of mixing very much with French officers; I was in constant correspondence with all the superior officers, and through them very much with the others. It is an extraordinary thing that the French always spoke of our medical arrangements in terms of great admiration; they saw that we were short-handed; they saw perfectly well what pinched; but with regard to the system they admired it very much.

4422. You do not now speak of the head organization at home, but of the hospital system as exhibited in the army?—In the army.

4423. They saw that its imperfect working was owing to our being short-handed, and not to any vicious system?—Yes.

4424. Colonel *Boldero.*] Did the position of the French medical department, as regards pay and rank, come under your notice?—No; I am not acquainted with it.

4425. You do not know what their relative rank and pay is, as compared with the rest of the army?—No.

4426. *Chairman.*] Do you think that there are any features in the French system which we could adopt into our own, and improve it thereby?—The only thing that I thought was superior to our arrangement was the conveyance of the sick; but that has since been remedied. When we first took the field, we had really no decent spring carriage for conveying the sick or wounded men; we had no *cacolets*; we had no *litières*; and we had no men accustomed to animals to lead them or to drive them. Now, when we have a man who has got a gun-shot wound through his thigh-bone, or anything that affects him very much, his ease and comfort, and almost his life depends very much upon the way in which a man leads the mule that is carrying him upon the *litière*, or the *cacolet*; our men know nothing about leading those animals; they were incumbered with the care of their own things, which, if they had lost sight of they would probably never have seen again. The man probably had never led an animal in his life before, and he held him up by his head and never let him pick his way, and the poor men suffered very much indeed.

4427. Sir *Henry Davie.*] After the Alma, did the men suffer very much for want of conveyance?—After the Alma the wounded men were carried almost entirely upon stretchers by the seamen; it was not above a mile and a half or two miles from the beach; they were carried upon litters. We had no *cacolets* at the Alma; when we did obtain *cacolets* we were obliged to borrow them from the French.

4428. From the nature of the Crimean campaign the wounded had never to be carried any great distance?—They were carried sometimes a good way from the front to Balaklava. For the second division, in the way they were compelled to go round after the Russians took up their position on the heights, it must have been eight or nine miles.

4429. If the army had had to take the field in the Crimea after the 8th of September, I presume it was then provided with everything that was necessary?—Yes; I suppose we had 8,000 or 10,000 animals of transport.

4430. Mr. *Bellew.*] Do you know what rank the head of the French medical department holds?—I think he is a brigadier-general, the same as ours.

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4431. Did the question ever come under your consideration with regard to the army medical department, whether it would be desirable to place it under an officer of high rank?—Yes, I am quite for giving medical officers relative rank with officers of the army; I think there would be no objection in doing that; they would each work within their own sphere; it would be quite understood by the medical department that their rank was merely relative, and that they had nothing to do with the military command.

4432. You think that would be acceptable to the medical officers themselves?—Certainly.

4433. And of advantage to the army?—Yes. In my own opinion I should carry it to the utmost extent, and give them honour and promotion, and everything else.

4434. *Chairman.*] With regard to the pay of the medical officers, do you think that is sufficient at present?—No, I think not, particularly of the junior ranks. I think the pay ought to be such as to induce a man to adopt the military line instead of being only either driven to it, or taking it as a boy, thinking that he shall become half a soldier by it. I think the pay of the medical branch of the profession ought to be such as not to make him, when he is in quarters, look to a civil practitioner with a sort of envy on account of the difference in their relative positions; perhaps their ability being equal on both sides.

4435. Do you think that that is the case now?—I do believe that that is the case. I have seen a man in a town like Northampton in the receipt of two or three or more thousands a year, and the surgeon of a regiment, an equally well qualified man, receiving his 15*s.* a day, or whatever the pay of a surgeon is.

4436. Mr. *Percy.*] Has not he opportunities of private practice?—He has opportunities of private practice, but there is a great deal of feeling about that in the profession. I have known many medical officers in the army who attended private patients, but they would not take any fees. There is a little feeling about it; and also, if a man takes to private practice, he necessarily to a certain extent may be supposed to neglect his military practice.

4437. Sir *John Trollope.*] Is there any general order upon the subject of private practice?—I am not aware.

4438. Is it understood that an army surgeon is allowed to take private practice?—I am not aware; I do not think he is precluded from it.

4439. Is not it sometimes the case that an army surgeon, without engaging in private practice, is called in by his professional brethren to give an opinion in particular cases?—Very frequently.

4440. In those cases have you ever known them take remuneration for so doing?—I never have.

4441. They have given their services as a matter of professional interest?—Yes; and also they feel it a sort of compliment, independently of philanthropic feeling.

4442. Are you aware that army surgeons labour under considerable difficulty in that respect, as compared with their brethren in the East India Company's service?—Yes.

4443. And therefore the Company's service is much more sought after?—It is much preferred. In fact, in the case of a medical man of any character, his fortune is made if he goes to India.

4444. There is consequently great interest made to obtain appointments in the East India Company's service, and now they have become objects of severe competition?—Yes.

4445. The East India Company is receiving applicants with the highest testimonials of character and qualifications?—Yes.

4446. Does not that tend rather to repress the competition for army medical appointments in the Queen's service?—Certainly.

4447. Do you think it exceedingly desirable that the army medical profession should be put on a higher status if possible, so as to enable them to compete with their more fortunate brethren in the East India Company's service?—Certainly. I think nothing could be more unwise than lowering the medical military profession to such an extent that it is not sought after as the primary one.

4448. Do not you think it would be of advantage to the army, as well as to the public generally, that higher scientific attainments should be sought after in the appointment of army surgeons?—Certainly.

4449. *Chairman.*] Do you think that the proportion of medical men is sufficient

cient to each regiment?—I think a regiment of infantry requires a surgeon, and two assistant-surgeons with the service companies, and an assistant-surgeon with its reserve, whatever that may be.

4450. And how many for the cavalry?—For the cavalry one assistant-surgeon less.

4451. Do you think it desirable that a surgeon or assistant-surgeon should be always in attendance with the cavalry on mounted parade?—Certainly; whenever the men are mounted, there ought to be a surgeon.

4452. Mr. *Bellew.*] When you say, "For the cavalry one assistant-surgeon less," you mean that the cavalry ought to have one surgeon, and two assistant-surgeons?—Yes.

4453. Would that be sufficient to provide for detachments?—I should say that in these times, when cavalry are so much detached, it would be impossible to put a medical officer with every detachment. It ought to be the duty of one medical officer to be continually going round, and visiting those detachments of the army under civil practitioners. Because I have seen myself continually that when a company of infantry, or a troop of cavalry, is detached to out-quarters, and a civil practitioner is induced to come and attend them, he is allowed a very small sum for his attendance; I forget what it is, $1\frac{1}{2}d$ a man above 50, or something of that sort. He just views it as so much additional money to his regular practice, and his visiting the detachment of men is a very secondary part of his avocations. If he is a man whose opinion is really of value, it is very difficult for him to attend to it at all, with his calls elsewhere all over the country. Therefore, it generally comes into the hands of a young man who goes at certain times, and makes a cursory visit, but pays very little attention to the men. And when they are visited by the regimental surgeon, he generally finds it necessary to move the sick men into the regimental hospital.

4454. Colonel *North.*] Before the breaking out of the war, was not great inconvenience found from there being so few medical officers attached, only one surgeon, and one assistant-surgeon to each regiment?—We had two assistant-surgeons in the infantry. There were a surgeon and an assistant-surgeon with the service companies, and an assistant-surgeon with the depôt; and upon the breaking out of the war one assistant-surgeon was added to every regiment.

4455. *Chairman.*] Do you think that the appointment of civilians to be the heads of the civil hospitals was a hardship upon the army medical officers?—It was a subject of constant animadversion by the military surgeons.

4456. As far as you are able to judge, were those animadversions well founded?—Those gentlemen, of course, had left their own practice, which might have been very lucrative and very advantageous; and it was absolutely necessary to give them a high rate of salary; but that rate of salary was so out of comparison with the regimental pay of military medical men, that they could not help looking at it with a certain feeling of invidiousness.

4457. You mean that the complaint was not only that their pay was so excessive as compared with their own, but that the circumstance of the head presidency of those hospitals being given to civilians, prevented the army medical men from having an opportunity of distinguishing themselves?—Precisely. Besides that, there was a degree of ease in the working of details given to the civil hospitals which never was extended to the military hospitals.

4458. Was more confidence placed in the medical men?—I do not know whether more confidence, but they were selected from a body of men who were more or less considered as volunteers, and the country was grateful to them for accepting those situations; but there was a remarkable difference in the positions of the civil medical gentlemen as compared with the heads of the military hospitals; they got an adequate salary; they got very good lodgings; they got three meals a day, and wine, and everything that could be desired.

4459. Mr. *Bellew.*] Are you aware that the heads of the Renkioi Hospital and of the Smyrna Hospital were respectively, the one an assistant-surgeon in the army, and the other an assistant-surgeon in the navy?—Yes, I heard that.

4460. *Chairman.*] Have you any communication with the medical department officially?—Yes.

4461. Will you state what the nature of that communication is?—For instance, the army is now expected from the Crimea, and there will be a considerable influx of sick. The Director-general represents to me that he will require

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additional accommodation for that influx of sick, which I represent to the Minister for War.

4462. Colonel *North.*] It appears that we have no lunatic asylum for soldiers; that they are sent to county asylums and to different places; do you think it would be advisable to have lunatic asylums purely for the army?—Yes; it would be only what is right.

4463. *Chairman.*] To put them on the same footing with the navy?—Yes.

4464. Colonel *Boldero.*] Perhaps, now that the war is over, you will get back your establishment at Yarmouth, so as to avoid putting the country to any unnecessary expense?—Yes; if the navy are ready to give it up.

4465. You are building hospitals in two or three parts of England?—Yes.

4466. Will they embrace accommodation for lunatics or not?—I have not heard that.

4467. *Chairman.*] You do not intend to continue the casemate at Fort Pitt for the reception of lunatics?—No, I believe not. But those are questions upon which the Medical Department are better informed.

4468. Do you think that the relative positions of the Medical Department and of the War Office are satisfactory?—I think now they are. The relations between them are much more direct than they formerly were; and I have not individually seen any inconvenience from the working of the system at present.

4469. Has your attention been called to the organisation of the Medical Department?—Yes.

4470. Do you think it would be desirable to substitute a Board for the present office of Director-general?—No. I think the working of the department was impeded by the constitution of Boards.

4471. You think that was because the principle of a Board was bad, and not merely because the Board was not well constituted?—No; I think experience has shown that the principle of a Board is a false principle.

4472. There has been a suggestion made that the Director-general should have a military secretary, an officer of some rank; do you think that that would be a good plan?—I think it very possible that it would be an assistance to him.

4473. Will you state in what way?—Such an officer would be perfectly conversant with all military details, and he would be able to advise the Director-general, and he often would not only simplify matters, but render some correspondence unnecessary.

4474. Would you have him nominated by the Director-general?—Certainly.

4475. And dismissible by him?—Yes; if he either found him incompetent, or found that he did not answer. I think a great deal of harm arises from an officer being forced into confidence or juxta-position with a superior officer totally differing from him in his views. He must be a sort of *alter ego* of his chief.

4476. Mr. *Percy.*] Did I rightly understand you to say that the head of the hospital at Smyrna was a retired officer in the army?—I have heard that both of those officers were retired officers in the army or navy.

4477. Do you know the name of the officer at Smyrna?—No; they did not come under me at all; they were entirely under the Minister for War.

4478. Was not Dr. Myer the head of the hospital at Smyrna?—I never had any communication with him.

4479. You are not aware that Dr. Myer had never been in the army or navy?—No. What I stated was merely the conversation of the medical officers in the camp; it was a sore subject; they were continually drawing comparisons between themselves and the civilians.

4480. Mr. *Bellew.*] Those establishments were a sore subject with them altogether?—Always.

4481. Mr. *Percy.*] You said that you thought that the status of the army medical officers should be raised; in what manner would you propose to do that?—I think that their rank might be positively defined, and the pay might be increased, and the period of service necessary to retirement might be shortened.

4482. Mr. *Bellew.*] Do you think that 21 years of service would not be too short a period of service, considering that those medical men have to fit themselves for their profession, and cannot enter so young as other officers?—No, I think not. If 30 years' service is required for retirement on full pay, I think that is very long service. Many a man is induced to hold on the last four or five

five years, merely to get a high rate of pension, when perhaps he feels himself that he is failing physically and mentally; and it is very disadvantageous to the service.

4483. *Chairman.*] You are aware of the great difference between confidential military reports and confidential medical reports?—I never heard of the confidential medical reports.

4484. When reports are made against executive military officers, are they always informed of them?—What is called the confidential report is given to the general officer who inspects the regiment; that report is sent up to the head quarters, to the Adjutant-general at the Horse Guards; and when any officer is mentioned, either in approval or disapproval, communication is made to the commanding officer of the regiment.

4485. Is it in the discretion of the commanding officer of a regiment to communicate the matter to the officer in question?—It is quite within his discretion. I should think that no officer would be mentioned detrimentally in an officer's confidential report without his telling him, "I shall be obliged to make a remark with regard to you, you have been so neglectful of your duty."

4486. Mr. *Bellew.*] Do you think it would be possible that the promotion of a regimental officer should be stopped by his being mentioned in a confidential report without that officer being aware of the fact?—I do not think it would be possible.

4487. *Chairman.*] In Question 357, the Director-general is asked, "There may be charges brought against medical officers who are perfectly guiltless, but which may stand as bars to their promotion, and which charges they may never hear of?" He says, "There might be such, but I do not think there are such." Do you think that could be the case among regimental officers?—No; that is not the case among regimental officers. When I was Assistant Adjutant-general at the Horse Guards, it was my province to cull the substance of those confidential reports, and to bring them before the notice of the Duke of Wellington; reports either in favour of a particular officer, or against a particular officer. Upon receiving that information, he always said, "Communicate with the commanding officer of that officer." It constantly happened. I have seen instances in my own regiment where, in consequence, an officer was called upon to be more attentive to his duties in future, or, on the contrary, approbation was expressed.

4488. Colonel *Boldero.*] With regard to stoppages from soldiers in hospital, do you think that a distinction should be made between a married man and an unmarried one?—No; I am opposed to making any difference between married men and single men.

4489. If a man has a wife and five or six children, and the husband comes home from the Crimea severely wounded, and goes into the hospital at Chatham, the wife having to maintain the children, would not you make a distinction in his favour?—It is very hard, certainly; but if we do otherwise, we are blowing hot and cold, because we do everything we can to dissuade the soldier from marrying; and therefore the more you add to his comfort as a married man in any way you are removing obstacles or giving facilities for his doing that which you wish him to avoid.

4490. Suppose he is a man who has married with the consent of his commanding officer; would you make a distinction in that case in his favour?—No, I should not make any distinction; a soldier must take the penalty with his action, whatever it may be; but I am opposed to the system of hospital stoppages altogether; I think they are far too high.

4491. If the stoppage is confined to the rations alone, would that be sufficient?—I think that would be quite sufficient, and a more wholesome principle.

4492. Mr. *Bellew.*] And the amount of the stoppage would be influenced by the price of the ration at the soldier's quarters?—We have got over that difficulty by paying a certain sum every day; I think that is the best plan.

4493. Sir *Henry Davie.*] Do you think that the doing away with the stoppages might not have the effect of making an idle soldier sometimes rather desirous of going into the hospital without sufficient reason for it?—No; I think that is rather an ungenerous principle to act upon; I think the medical officer of the regiment ought to be able to distinguish between a suffering man and a malingerer; after all, if even one or two escape, that is better than drawing the cord too tight; soldiers look forward so little, that I do not think this question

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affects them much; if a soldier is a malingerer, it is to shirk his duty, to get rid of his parades and his duty.

4494. Sir *James Fergusson.*] Do you think that five years would be too short as the maximum of an assistant-surgeon's service before his promotion?—No, I do not think so; I think five years very fair.

4495. Do you think it is too long a period for the minimum of the service for promotion?—Yes.

4496. Colonel *North.*] It appears that the medical officers in the Crimean army were allowed forage for their horses, but were not allowed men to look after them; and not being able to get any civil servants, they were obliged in some instances even to take their horses to water themselves; do you not think that if they are allowed to keep horses, they should also have bâtmen, the same as others?—I recollect quite well how that originated; we had the greatest difficulty in getting the number of men up for the war, and it was decided that we could not afford to take men out of the ranks, and to give them as servants to all the medical department; it was agreed that they must find their own servants.

4497. Sir *John Trollope.*] And you made them an allowance for that purpose?—Yes, subsequently.

4498. What was that allowance?—One shilling and sixpence a day, I think, at first; afterwards it was increased to 3*s.*, and it extended to other classes, because the clergymen that were attached to the army were in a most desperate state; they had no servants at all; they did everything for themselves; they watered their horses, they washed their own clothes, and cooked for themselves, and did everything else; they were compelled to do it, because the ranks of the army were so thin, that we could not afford to give them men. We were fighting for our own existence, and every musket was of value.

4499. Sir *James Fergusson.*] Had the regimental officers the usual number of bâtmen allowed?—Not always.

4500. Mr. *Percy.*] Do you consider that a surgeon should have the relative rank of field officers, after a certain number of years' service?—Yes.

4501. And that they should participate in honours from which they are now excluded?—Yes.

4502. *Chairman.*] It has been stated in evidence before the Committee, that at the naval hospital at Haslar everything is found for the sick, including body linen, clothes, as well as bed furniture, and eating and drinking utensils; do you think it desirable that the soldier should be put on a similar footing in the regimental and general hospitals?—I think it very desirable that there should be complete hospital suits, and that everything belonging to the soldier should be withdrawn; all his own clothes should be withdrawn, and he should be supplied with a complete hospital suit, and in the meantime his regimental clothing should be put in perfect order for him against he goes out, and then be delivered over to him.

4503. Colonel *Kingscote.*] Would you extend that to regimental hospitals?—Yes.

4504. Do you think that system could be carried on, on foreign service?—No, it is only in permanent hospitals that this is applicable.

4505. Mr. *Percy.*] Do you approve of the hospital stoppages from men wounded in action?—No; I think that all men who are laid up in hospital by the accidents of war, ought to be there free.

4506. Colonel *North.*] Do you think it is desirable that in the new hospitals about to be built there should be officers' quarters for those who are obliged to take advantage of them, in consequence of returning home sick and wounded?—Yes.

4507. And do you think that upon all occasions medicines should be supplied to soldiers and officers free of all expense, no matter what the expense of the medicine may be?—Certainly.

4508. *Chairman.*] Do you think it desirable that military surgeons and assistant-surgeons should be mentioned favourably in general despatches?—Yes; I think if a medical officer behaves meritoriously it is due to him that he should be mentioned. A medical officer sometimes is compelled to be under fire, and just as much in danger of his life as anybody else, and frequently has the power of being of very great service to the soldiers; and I think it is only due to those officers that they should have the advantage of it.

4509. Sir *John Trollope.*] Are you aware that in the Crimean campaign, when the medical officers' names were mentioned more than once by the divisional officers in command of the army, their names were subsequently omitted in the despatches sent home?—Yes, I believe they were.

4510. Are you aware under what circumstances that was done?—It was merely because that had not hitherto been the practice. It was considered sufficient to bring them under the notice of the Commander-in-chief.

4511. It was considered that the recommendation of the divisional officer was to the commander of the forces there, and not to the authorities at home?—Yes.

4512. It was not done in any with a view to depreciate or put them in the back-ground?—Not in the least. It was merely that it was considered to be according to form.

4513. Sir *Henry Davie.*] How would you propose to reward medical officers mentioned in general orders for meritorious services?—Generally, that is all that is required; that sort of distinction becomes a testimonial for future promotion.

4514. According to the present system of promotion, entirely by seniority, would there be any means by decoration, or in any other way, to reward those officers?—Yes; I see no objection to decorating medical officers of certain ranks; they should be of certain ranks, because if you make the thing very common, you depreciate its value.

4515. No officer in our service can receive the Bath under the rank of a field officer?—No.

4516. According to that, a surgeon would not be eligible for the Bath, ranking only as a captain?—No, not if he only ranks as a captain; but the senior surgeon of the regiment ranks as a major.

4517. *Chairman.*] Do you think that the present system of the examination of recruits is as satisfactory as can be?—Yes; I should say, from what I have seen myself, that it is so; of course it depends upon whether it is an attentive medical officer or not, but the examination which I have seen has been generally perfectly satisfactory; I have certainly seen instances where men have been sent in from the recruiting districts who have afterwards not been passed by their own regimental surgeon; but those are singular exceptions.

4518. Colonel *North.*] You had numerous opportunities, both in Bulgaria and in the Crimea, of seeing the state in which officers often left the army in impaired and shattered health; now this certificate has been brought under our consideration, which is obliged to be signed by two medical officers upon an officer wishing to sell out: "We do hereby certify to have carefully examined such an officer, who states he is so many years of age, and are of opinion that he does not labour under impaired constitution, threatening earlier dissolution than a person of that age in the common course of nature may expect." Do you think that that is a certificate which a medical officer should be called upon to sign in such cases?—That certificate is a protection for the War Office, which has the money, to protect it against men selling out upon their death-beds.

4519. But is not it hard to call upon a military medical officer to sign such a paper?—I think they perfectly understand what it means, that the officer really is not upon his death-bed. I am afraid it is a necessary check.

4520. *Chairman.*] Do you think that advancement in the army medical department should be strictly by seniority?—No; I think it ought to be very much by selection.

4521. Sir *James Fergusson.*] Would you allow the Director-general to use his own discretion in the selection, or would you have him confer with the Commander-in-chief in all cases?—He should confer with the Commander-in-chief. Of course the Director-general would give his reasons as to the qualifications of the person: but I think everything of that sort should be subject to the Commander-in-chief.

4522. Sir *John Trollope.*] But if it be by selection, would you leave it, for instance, to an individual like the Director-general?—Yes, if that individual has such qualifications, and is a man of such character, as to be fit to be placed in that position, I think you may entrust him with that discretion.

4523. Would it not place the Director-general in an invidious position with regard to the officers in the department generally?—Whenever the principle of selection is adopted, that difficulty always arises.

 4524. Would

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4524. Would it not be more palatable to the service if the selection were made by a Board rather than by an individual?—I do not know that it would.

4525. At all events there would be a division of responsibility; would it not be more agreeable to the profession to have their claims considered by a Board rather than by an individual?—I think, individually, I should rather look to one head than to three.

4526. Sir *Henry Davie.*] Are not the officers in the army entirely dependent upon one individual for promotion?—They are dependent entirely upon one individual, the Commander-in-chief.

4527. Do you think that that fact creates any dissatisfaction in the army generally?—No, I do not.

4528. Sir *John Trollope.*] But it is not often done by selection in the army?—Promotion is not by selection, but the appointments are. All the appointments to commands are by selection.

4529. Sir *Henry Davie.*] And all staff appointments?—All staff appointments are by selection.

4530. Do not those necessarily lead to promotion?—No, they do not necessarily lead to promotion.

4531. If an officer with the rank of Lieutenant-Colonel is put upon the staff abroad or at home, does not he necessarily get his rank of full Colonel at the end of three years?—He does; but then he gets his rank also as commanding his regiment; it is the same thing.

4532. But those would be purely cases of selection?—Yes.

4533. *Chairman.*] Have you any suggestion to offer to the Committee with regard to the subject-matter of our inquiry?—No, nothing beyond the desirableness of establishing an hospital corps, in all its ramifications and branches, very perfectly, and particularly an ambulance corps for the transport of the sick.

4534. On the same military principles?—On the same military principles.

4535. Mr. *Percy.*] Are you aware whether anything of the kind is in contemplation?—No, I do not know.

4536. Mr. *Bellew.*] Would you have a regimental ambulance corps of a certain number?—If you had a regular ambulance corps, a detachment of that corps would be attached to each division, and then distributed and divided amongst the regiments and brigades composing the division, so that any one part detached would go off complete, and have within itself the means of conveying its own sick and wounded men. That would be a question of organization.

4537. You would put those men in the ambulance corps on the same footing as the attendants in the hospital, under military discipline?—Yes, but they would get an increased rate of pay, because men employed in that way would have very important and critical duties to perform. We had many of those ambulance-corps men killed at the siege of Sebastopol. They have to pass under fire. Then I would recommend the establishment of a military lunatic asylum, and the officers being taken into military hospitals.

4538. *Chairman.*] That would be on the same footing as the navy?—Yes.

4539 Mr. *Percy.*] Have you anything to suggest with regard to the supply of medicines in the field?—No, nothing; but there should be no sort of limitation to hospital comforts. That has been the great difficulty hitherto; a regimental surgeon was afraid of incurring any responsibility, or acting at all upon his own responsibility with regard to hospital comforts. I know when I was commanding a division, the senior medical officer was afraid of buying a fowl in the village; at least he was afraid of putting it into his account.

4540. Mr. *Bellew.*] That arose from the orders of the superior officer?—Yes. They are too strict; the economical principle is stretched too far.

4541. Sir *John Trollope.*] Do not you think it would be very advisable for regimental medical officers, in certain cases, to have some power given to them to obtain necessary medical comforts on their own responsibility; for example, in the case of the army in the East, were there not many occasions on which things could have been procured in the bazaars in Constantinople, which they could not get through the purveyor?—Yes, constantly; but that difficulty has been all removed; ultimately the regimental medical officer might have purchased anything that he liked.

4542. *Chairman.*] But that was not till after a good deal of sickness and mortality?—Yes; it was not so originally.

Andrew Smith, Esq., M. D., called in; and further Examined.

4543. Mr. *Peel.*] YOU propose to add something to the information you have already given to the Committee?—Yes; I wish to make a few observations on certain points.

4544. Have you read the evidence that has been given by other witnesses that have been examined since you were examined?—I have.

4545. Does it occur to you that you could give information to the Committee that would throw light upon the matters that are contained in that evidence?—My attention has been simply directed to it with a view to my answers. I think there are certain points that I did not answer sufficiently fully to enable the Committee to form a correct appreciation of the state of certain points.

4546. *Chairman.*] Are the omissions which you wish to supply omissions as to matters of fact or matters of opinion?—As to matters of fact, not matters of opinion.

4547. You are aware that the resolution of the Committee is, that any further evidence on your part be confined strictly to matters of fact?—Yes; I am going to speak to matters of fact. First, with regard to promotion. Promotion, I stated, was regulated partly by seniority and partly by selection. In that respect I stated quite rightly, but I did not branch out into certain modifications that affect particularly seniority. Seniority acts in two ways. First, seniority is applied in some cases to the whole department. In other instances seniority operates specially on a special station or in a special command abroad. For instance, if a staff surgeon of the first class wishes to retire from the service, having completed 30 years, his vacancy would require to be filled up. In that case regard would be had to the whole body of surgeons everywhere, and the surgeon to succeed him would be the one that was senior, wherever he might be.

4548. Would it have reference to colonial stations as well as to home stations?—Yes. Then the second kind of seniority, local seniority, has reference purely to home stations or foreign commands. When a death vacancy arises in a command, the senior officer of the grade immediately below gets the promotion in that case without any reference to the general seniority of the service. In that way it occasionally happens that a very junior surgeon is made staff surgeon of the first class when there are a great many senior surgeons serving elsewhere; and that is one point which is frequently complained of, in respect of which I have been accused of not having acted fairly. I act upon the existing regulations. I have no power to alter those regulations.

4549. Where are those regulations?—They are regulations that have been communicated from time to time in letters, and which have been acted upon for the last 40 years.

4550. Are they all drawn up in a code?—No.

4551. Have you them in a volume?—No.

4552. Are they in manuscript?—They are in letters extending over 40 years. I am so well acquainted with them, that I never have occasion to refer to the letters.

4553. You speak of those arrangements as being matters of rule; can you put the Committee in possession of those rules in any codified form?—I do not know that I could. I know that many of those arrangements were made by the late Duke of York and Sir James M'Grigor, at the time he assumed the superintendence of the medical department of the army, and others have appeared in letters. This has been the generally understood practice of the service ever since I knew the service, which is 40 years.

4554. In the memorial of the assistant-surgeons in the Crimea they state that promotion appears at the present time to be conducted on no definite plan, and not to be regulated as it should be by the consideration of merits, seniority, or service in the field. Now you state that there are rules for your guidance as to the promotion of medical men, but that those rules have never been seen by those medical men themselves?—No; I do not think that any medical officer in the department has seen the rules, because the rules do not exist as a code. The rules existed during the time that Sir James M'Grigor was the head of the department. I learnt them from my practice with Sir James M'Grigor. I was with him five years, and I have followed them continuously ever since.

 4555. Therefore,

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4555. Therefore, in answer to this memorial, you state that there are rules, but that you are not able to show the gentlemen who signed this memorial those rules in print, so as to enable them to judge whether they are followed or not?—No, certainly not.

4556. Colonel *Boldero.*] You have acted by the practice of the service more than the rules of the service?—By what has been practised and acknowledged as the rules of the service in reference to promotions in the medical department.

4557. But your roster is of no value if you deviate from the roster just as you like; do you keep a roster of the names of the officers who are unemployed?—We have none unemployed.

4558. Do you keep a roster of the names of the officers who are employed?—Yes.

4559. Suppose a vacancy occurs at the Cape of Good Hope station, the first on the list would like to go there?—Yes.

4560. But you may take the fifth?—I may take the fifth, provided it was not a death vacancy; if it is a death vacancy, I must take the senior in the command, whether he is the fifth, or the tenth, or the twentieth.

4561. You are aware that before the Ordnance Medical Department was amalgamated with your own, there was an inspector stationed at Woolwich, who kept a roster of every medical officer belonging to the Artillery; accordingly on that roster they knew exactly how they all stood; and if a vacancy occurred anywhere, the senior was invariably sent; was not that the case?—It was, for going on service abroad. It is the same in the Medical Department in the army. The man longest at home, unless in special cases, where the longest at home cannot well be dispensed with, is invariably ordered. At the present moment, for instance, there are eight or ten medical officers at home; they have been a considerable time at home; and, in anticipation of the arrival of the medical officers from the Crimea, I have warned all those eight men to be ready for foreign service; and I shall send them according to the length of time that each has been at home, so that the one that has been longest at home will go first, and the one that has been next longest, next, and so on, till they are exhausted. The roster is invariably observed, but it is a roster kept of men's service at home.

4562. *Chairman.*] Have you completely organised the arrangements for the consolidation of the Ordnance Medical Department with your own?—They were arranged about three or four months ago.

4563. We had a witness on the 13th of June, who stated that they were not finally arranged; how do you explain that?—I read that answer, but I did not understand it. I think that he alluded to this, that when the two bodies were to be amalgamated, the medical officers of the Ordnance objected to be liable to be promoted into the Line—they wished to continue serving in the Artillery; and there was for a long time a doubt about that, until those out in the Crimea saw that they were suffering very much, and that they were not obtaining promotion, while many men in the Line, juniors to them, were obtaining promotion. Still they stood out for having the Artillery considered a separate corps; but at last they have applied to be considered on the same footing as medical officers of the Line, and to be promoted either in the Artillery or the Line, according as the case might be. Since that they have been treated in every respect similarly to the officers of the Line.

4564. When the War Office and the Ordnance Office were consolidated, was not it found that the medical officers of the Ordnance protested against being merged in that office?—They did; and that created a difficulty.

4565. Subsequently they have seen reason to change their opinion?—Certainly. They found that they did not get promotion so quickly as the medical officers of the Line, and therefore they gave up the right they had acquired, and wished to be considered on the same footing as the officers of the Line; and lately they have been considered as on the same footing as officers of the Line.

4566. That came before you as an official communication from them?—Yes.

4567. Have you that?—I have various letters.

4568. Have you any distinct document embodying that wish?—No; the only document is the first, when they raised the objection. The question was put to me whether there would be any difficulty in carrying out their proposition; my reply was, that I saw no difficulty at all; that they would only have promotion in

in a small circle, instead of having promotion in a large one; I stated that I saw no difficulty in it, and their wish was conceded to them, to be regarded as medical officers purely of the artillery, and entitled to promotion only when vacancies occurred in the artillery medical department; as I said before, subsequently to that, they found the disadvantage of this system, and they have from time to time applied to have it changed; and when a complete amalgamation took place about three or four months ago with Sir Hugh Ross, we drew up an establishment of medical officers for the artillery, and it was then understood that the artillery medical officers would be regarded as on the same footing as the line medical officers, and that promotion would be given without any reference to that particular branch.

4569. Have you any further point that you wish to bring before the Committee with reference to promotion?—Yes. There are certain things with reference to promotion which are spoken of as hardships which are not hardships at all. There are certain positions in which medical officers place themselves that put a bar to their further promotion. Those positions I know have been spoken of as unfair, and officers have said that they have been passed over. I have been told of instances of their having been passed over after they had agreed that by taking that position they were not to expect further promotion. I wish the Committee to understand that that is the case with cavalry surgeons. Cavalry surgeons have, as compared with infantry surgeons, a sinecure of it. They have always home service, at least generally, with the exception of three or four regiments that occasionally are in India. And it was considered a hardship that those cavalry surgeons should serve perhaps 24 or 25 years comfortably at home, taking the usual advantages of promotion, when promotion came to their turn by seniority, with men who had been serving at Hong Kong and other bad parts of our colonies. They were in consequence required, before they took the appointment of a cavalry surgeon, to say that if they obtained it, they would not exact further promotion; that I wish the Committee to understand. Then there is another point which sometimes interferes with the promotion of officers. A staff surgeon of the first class is at home on sick leave; a vacancy occurs for a deputy-inspector; if the staff surgeon is, at the time that the vacancy occurs, sick, and unequal to immediately commence upon his new duties, he is, by the Regulations, passed over, and must continue to be passed over until his health is so restored that he can enter upon his new duties. I have always considered that a hardship, and a great one, because a man may have contracted this disease while serving in a bad climate. This was represented 12 months ago by myself to the War Office, and I suggested that though it would not be desirable to promote the man at the time when he was sick, because probably the situation he was to take would require the officer immediately to proceed on duty; but I suggested that when he had recovered, and was able to resume his duties, as soon as an opportunity occurred, and a vacancy arose which would enable him to be promoted, his commission should be antedated. The Minister of War approved of that, and that has removed one of the greatest inconveniences and grievances, I think, that has affected military medical officers in the way of promotions.

4570. What is the next point you wish to mention?—With regard to selections I would say, that within the last four or five days I have gone over the whole of the promotions that have taken place since I have been at the head of the department, and I find that I have exercised to a very small degree the power of selection, and that when I have exercised it, it was in very strong cases. There is one point, however, I must mention. There are some officers that I have gone habitually over, some three or four cases, for I felt that I was bound to do that. There were such statements against those individuals that I could not consistently with my duty to the public service have acted otherwise. Those gentlemen have not brought forward any complaint here; at least as far as I know they have not; and therefore I should be sorry myself to allude to them. I can only say, that if any complaints are made against me for partiality on any point, I am prepared at once to meet the case.

4571. Sir *John Trollope.*] Are those gentlemen aware that you have reported against them?— I have not reported against them.

4572. Have you ever felt it your duty when accusations have been made against a gentleman, either publicly or privately, to acquaint that gentleman that you have had such an accusation made against him?—Yes; I think every gentleman who has considered that he has been injured by me, if he came to

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me, and asked why it was, I never hesitated in making him aware that I had unfavourable reports affecting him, though I did not mention the individual officer who had unfavourably reported him; but I have given him an opportunity of knowing where he was at the time, so that he might, if he chose, follow it out, and find out who the officer was.

4573. You stated that there have been only three or four such cases?—I think there are four, as far as I can charge my memory.

4574. Are those cases founded upon private *ex-parte* reports made to you?—They are founded partly upon confidential reports, and partly upon my own observation of them as to some few of them. I had an opportunity while I was principal medical officer myself, of observing conduct which I considered to be censurable. Therefore, my judgment is founded upon those two circumstances, confidential reports, and my own knowledge of individual officers.

4575. Have you in every case made a strict inquiry into the truth of the allegations against those persons?—I have, if I had the least doubt. But if the principal medical officer at a station, a man of standing and rank in the department, writes to me that the man is ignorant, that the man has evinced an almost total want of knowledge of his profession, I do not know that I should write to him again, and say, "Are you sure of that?" because I do not feel that a principal medical officer can be fairly treated in that way by asking him, in fact, "Have you told me the truth?" I take for granted that the principal medical officer, who is a man of long standing in the service, and who knows what he is doing in making those reports, namely, that he is condemning a man, perhaps, to serve on for life with the rank that he has, is careful in justly reporting the case.

4576. Then you act entirely upon the reports of others, not upon any personal observation of your own?—As far as personal observation of my own goes, I do act upon it, and I have had great opportunities of observation. There are very few officers in the medical department of the army that I do not know personally; I have had an opportunity of judging of them personally, but I am not inclined always to trust to my own observation; I would rather be supported by the observations of others, because I might by accident have formed an erroneous opinion.

4577. Colonel *North*.] Supposing a medical officer is reported to you as being either grossly negligent or ignorant of his profession, we understand from your former evidence that you have not the power of doing more than placing the officer on half-pay, except by the sentence of a court-martial (which of course would not be for want of medical knowledge); in such a case would it not be well that you should have the power of getting rid of an officer of that description altogether, instead of incumbering the country with his half-pay?—It would be an advantage; but it would be a dangerous power to give, unless his incompetency were fully verified by a medical board. There have been instances where men have been brought forward for carelessness and for incompetency before courts-martial; and in one case the man was acquitted; but the moral evidence was so strong, and the medical reports in reference to him were so strong, that I felt it was my bounden duty to persevere, and in that case the officer was placed upon half-pay; that was all that could be done.

4578. Colonel *Boldero*.] Do not you think that any man so condemned would prefer having a court of inquiry, or a court-martial upon him, rather than live under that stigma for the rest of his life?—I do not know; it would depend upon the man himself whether he was conscious that he was deficient.

4579. Would you refuse him a court of inquiry if he demanded it?—Decidedly not; I have no idea of refusing anything of the kind.

4580. *Chairman*.] Then why do you continue the system of confidential reports?—Because it is necessary to obtain information as to the conduct of officers, who at certain times might have been very good men, and at other times may have become very bad ones. It would not be advantageous to the service, and it would not be creditable to the department to advance such men. The question would naturally enough be asked, "Why have you promoted such a man, who has been guilty from day to day of doing such and such things?" My reply to that would necessarily be, if I had no confidential reports, "I was not aware of it. If I had been made aware of it I would not have done it." Therefore, although the confidential reports may not be the most agreeable means

means of getting information, and perhaps not the most satisfactory, still they are a necessary evil that must be tolerated.

4581. But you could get reports, though they should not be confidential reports?—There are a good many things connected with a man's character which it is not desirable should appear as ordinary documents in the office, where every clerk in the office would have an opportunity of knowing what A. said of B. Confidential reports, after all, are nothing more nor less than documents separated from the general view of the world, but in the office to be referred to—one person having them and keeping them.

4582. Mr. *Bellew.*] You are conversant with the annals of your office?—I am.

4583. How long has it been the case that promotions in the army have rested in the hands of the principal medical officer, the head of your department?—I believe always. The head of the department is simply an instrument to bring such and such persons before the Commander-in-chief as persons that he thinks ought to be promoted.

4584. Has it ever happened that you have recommended a man for promotion to the Commander-in-chief whom the Commander-in-chief has refused to promote?—No; I know of no case.

4585. Are you aware of any cases of that kind that occurred in the time of your predecessor?—No, I am not aware. The Commander-in-chief may have asked a question with reference to a man's promotion. I think there was a question, about 12 years ago, when I was not the head of the department. A young officer was recommended to be made a staff surgeon of the first class, a most meritorious man; but at the same time, in order to make him, it was necessary to go over some other very meritorious men, which the Director-general, I recollect, mentioned. A question was raised about it, whether, as the Director-general admitted that this gentleman, if he was to be promoted, would have to be placed over the heads of a great number of very meritorious men, it would be wise to do it or not; and it was agreed between the Commander-in-chief and the Director-general that, in that case it had, perhaps, better not be done.

4586. That is the only instance that you recollect of the Commander-in-chief not having adopted a promotion recommended by the Director-general?—That is the only case.

4587. You have stated that you have yourself very seldom had occasion to perform the unpleasant duty of passing over men; does it appear from the annals of your office that during the time of your predecessor a greater number were passed over than you have found it your duty to pass over?—I suspect very strongly that the men whom I have passed over, with the exception of one, had previously been passed over by my predecessor.

4588. Had a greater number of cases of promotion by selection instead of seniority occurred in the time of your predecessor (so far as you are aware) than have occurred in your own time?—I dare not venture an opinion upon that. In my time the number of cases of pure selection have been very few. I ought to make this remark, however, that many of what may be called cases of selection in my case, were not really and properly cases of selection. When the war broke out many persons may say that the Director-general selected this man and that man, all of whom were junior to himself (that is, the person complaining); now it is not fair to speak of these as cases of selection. I got an order from the Commander-in-chief to furnish immediately a medical staff to accompany the army to the East, and I was compelled, without any reference to seniority, to take the men that were at hand. I could not send for one man from the Cape of Good Hope, and for another to the Mauritius, and for another to Canada, all of whom were much senior to the men whom I was compelled immediately to recommend for advancement.

4589. Sir *John Trollope.*] Did not you send for the principal medical officer for service in the Crimea all the way to India?—I did; that was a selection.

4590. You dispossessed an officer, who went out with the army, of his command as head of the Medical department with the army, and you brought another from India to supersede him?—Because the one that went out was not eligible on the ground of rank.

4591. You say that you sometimes were compelled to select a junior officer and pass over the heads of seniors, because the junior was at hand; but here

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you brought an officer from India to supersede one who was on the spot?—I selected Dr. Burrell from the rank of staff surgeon, to make him a Deputy Inspector of Hospitals; but the rule of the service required that it should be an Inspector-general of Hospitals to be placed at the head of the Medical department of the army in the East. Dr. Burrell was recommended by me to be promoted to the rank of Deputy Inspector-general; if he had been a Deputy Inspector-general at the time, I could then have selected him, and submitted him to the Commander-in-chief as a very fit man to be appointed Inspector-general; but I could not select him to those two separate steps within a few days of each other.

4592. Your objection to Dr. Burrell taking the medical command was, that he was only a Deputy Inspector of Hospitals; but you considered him competent, in point of medical and surgical skill and knowledge?—In the first place, the whole service would have felt themselves seriously aggrieved; it would have prevented a general promotion throughout the service, which necessarily occurred by an officer being put at the head who was then made an Inspector-general. The practice of the service had always been for such a charge to be held by an Inspector-general; and if anything had gone wrong, and I had left Dr. Burrell in charge of the army, the universal complaint would have been, "What could you expect? you left a Deputy Inspector-general in charge of such an army, contrary to the practice of the service." I was bound according to the practice of the service to put an Inspector-general with an army of that size.

4593. You are alluding to rank, not to medical acquirements?—Yes.

4594. In fact, is not Dr. Burrell of nearly the same standing in the army as Dr. Hall?—I believe they entered the same day.

4595. And their medical acquirements are also probably nearly equal?—I selected Dr. Hall at the time because I thought that Dr. Hall was the best man for the appointment; and if I had to do it again to-morrow, I would conscientiously re-select him.

4596. Wherever he might be stationed?—Wherever he might be stationed. That does not matter when you want a person for a special duty.

4597. Mr. *Noel.*] Was Dr. Hall the senior Deputy Inspector-general?—He was the senior Deputy Inspector-general; and therefore he was the man that ought to have been selected, unless I had ground for saying that he was not competent for the duty.

4598. Mr. *Bellew.*] Just now you said that you were tolerably conversant with the annals of your office; are there any memoranda in existence of the promotions that took place in the Medical department in your predecessor's time?—No, nothing but letters.

4599. Are there any records that you can lay before the Committee?—No, none, except successive letters, extending over a period of 35 years, which it would be impossible to collect together within a month.

4600. Sir *John Trollope.*] You stated that you gave general instructions to the medical officers; is there any code of instructions issued to medical officers?—There are instructions to medical officers, which I put in at the commencement of my evidence; a small volume.

4601. Was that your own compilation, or was it done by your predecessor?—It is of many years' standing; before I entered the service.

4602. Are you aware of the date of it?—I suspect the date upon it will be according to the date of the edition; the present is a reprint.

4603. Are there instructions issued to the medical officers from your office when the army takes the field?—There are instructions in letters from me, but nothing in the way of printed instructions.

4604. No printed or lithographed instructions?—None.

4605. Were there none sent out with regard to the powers of the Medical department in the field when the army was in the East?—None; I have no power to give instructions to that effect; no military authority has any right to recognise my instructions.

4606. Then if the army had been moved from the Crimea (as it was reported was likely to be the case) the medical officer of division would have had no instructions how to proceed with regard to moving the medical stores, and matters of that kind?—He would have his instructions from the head of the Medical department on the spot.

4607. No instructions of that sort were sent by you?—No, I could not interfere

fere in such a matter; I might assume the power if I chose, but policy would not allow me to assume that power.

4608. It should be done by the principal medical officer on the spot? —Yes.

4609. Are you aware that no such instructions were issued, and that the greatest inconvenience arose in the army, when it quitted Bulgaria, on that account?—There were printed instructions issued, and a high authority in this country considered them the very best code of instructions he ever saw, and he authorised me to present his compliments to Dr. Hall, and to say that he was delighted with the views he took, and with the manner in which he communicated his instructions to the medical officers of the service.

4610. Were those instructions drawn up by Dr. Hall?—Those instructions were drawn up by Dr. Hall, and printed and circulated.

4611. *Chairman.*] Have you a copy of them in England, and can you put it in?—I think I have one remaining.

4612. Sir *John Trollope.*] Can you say whether this is a true statement of the case, that if the army had been ordered to remove to Asia, as was reported, at the beginning of the year, no medical officer of any division would have known what amount of stores he could take, and no regimental surgeon would have known what amount of stores, beyond the two panniers, he could have to transport with him on the march?—I do not think that I can give an opinion upon it, because it is purely a military matter. The military authorities regulate the quantity of stores which can be taken.

4613. Are you aware that it is matter of fact that the whole time since the last winter (this is speaking of the army in the Crimea) has been occupied in meeting pressing necessities, and not in organising plans for future conduct with regard to the Medical department?—Decidedly not; I do not know that as a fact; I should say the reverse. There have been constantly Boards sitting and recommending what was necessary for the army to meet the difficulties that that army had or might have to experience; and I have been constantly writing and asking for information from Dr. Hall, with reference to what he thought would be the best things to be done in prospective.

4614. Have you any returns of the stores that have been sent to the East, and can you put them in?—They were all put in before the Sebastopol Committee. They are all printed in the Report of that Committee.

4615. Are you aware of the dates when the first ships with stores and medical comforts arrived in the East?—No, I cannot charge my memory with that.

4616. Are you aware that none arrived between May and September in the year 1854?—They must have arrived in the East between these periods, because I was sending out constantly medicines and medical comforts.

4617. Let me call your attention to Appendix, No. 8, of the Report of the Committee on the Army before Sebastopol, page 462, where it states that the two first ships arrived on the 27th of May at Scutari, and that no other ships with medical stores and comforts arrived till the 20th of September in the same year? —Probably they went to Varna.

4618. Mr. *Peel.*] What is the next subject that you wish to bring before the Committee?—The next subject is the employing of enlisted soldiers to compound and dispense medicines. When I entered the service in 1815, and for a long period subsequently, that was to a certain extent the practice; but from time to time misfortunes arose, medicines were mistaken; one medicine was given for another medicine, and various very serious consequences resulted, which led, about 1846, to a total prohibition of the employment of serjeants and other men who had formerly been in the habit of compounding and dispensing medicines.

4619. *Chairman.*] Is that the Order which is before you?—Yes. There was a case of a man losing his life through a mistake of that kind in the West Indies; and the late Duke of Wellington then insisted upon putting an entire stop to the practice, and brought out this circular letter, which was sent to every medical officer. Since that time it has been understood, and I am bound to believe that it is acted upon, that the medical officers themselves (though I know they are much averse to doing it) have compounded the medicines. I will hand in the circular.

[*The same was delivered in, and is as follows:*]

A. Smith, Esq., M. D.

23 June 1856.

Army Medical Department,
31 January 1846.

Sir,

With reference to the eighth page of the Regulations for the Management of Army Hospitals, dated War Office, 1845, and more particularly to the paragraph prohibiting the delegation of medical duties to serjeants and orderlies, the neglect of which prohibition has been brought under the notice of his Grace the Commander-in-chief, and investigation by a court of inquiry having discovered that in one instance there is reason to believe fatal effects had ensued from such neglect, I have in consequence been commanded to call the attention of every medical officer to the subject, and to declare that every future case of disobedience in this respect will immediately be sent to trial before a general court-martial.

The superintending medical officer on each station has been ordered to report the name of any medical officer who shall have permitted an hospital serjeant or orderly to prepare medicines, dress wounds or ulcers, apply bandages, or be employed in any professional duty whatever.

In your annual return of sick, you will state whether the order in question has been complied with in every instance; the superintending medical officers having been directed whenever on their inspection visits they discover an act of disobedience of this nature, to report the same to the commanding officer of the regiment, and likewise to the general officer in command, as well as to me.

I have, &c.

Director General.

N.B.—The receipt of this circular to be acknowledged.

4620. Those men, of whom you spoke, that mixed the medicines with such disastrous results, were uneducated men?—They were uneducated men, except so far, that they were educated by the surgeon of the regiment. They had a sort of half-way knowledge of Latin terms. They used to make up the medicines; and it sometimes happened that they gave a wrong medicine; a poisonous medicine. I do not know that I could exactly state all that happened. In other instances they have given medicine of a harmless nature for the treatment of a disease, when another medicine had been prescribed that was adapted for that disease, and evil consequences have resulted from that, so far that the patient did not recover. He did not reap the advantage he would have done had the proper medicine been given. I am aware of a number of cases of a very serious description that have arisen from the practice. I have known a case of a man being ordered to give sulphur ointment, and he gave cantharides ointment, the sulphur ointment being intended for a certain cutaneous disease. The person who got it rubbed the body over with that cantharides ointment, which is a blistering ointment, and the person died. It was a woman.

4621. How long ago was that?—It was at Windsor, about 14 or 15 years ago. There was a case at Chatham lately; a man employed in the capacity of a surgery man, a soldier, a man who was supposed to know medicines pretty well, unfortunately did something that led to the death of a man at Chatham.

4622. Was not there an inquest upon that occasion?—There was.

4623. And a trial?—Yes.

4624. Was the military surgeon found guilty?—The military surgeon was acquitted, as a matter of course, because he had nothing to do with it. It was a corporal.

4625. Mr. *Bellew*.] You said that you were bound to believe that at present the surgeons and assistant-surgeons of the army compound the medicines themselves; by saying that you are "bound to believe" it, do you mean to say that you take it as a matter of course, or that you really do believe that they do so; because we have had it stated in evidence here that they do not do so?—I do not think you have had it stated in evidence by any medical man that he does not do so. I heard Lord Cardigan state it the other day; but as every medical officer certifies on his annual Return, which is required by the letter of the Duke of Wellington, that he has delegated no professional duties to any non-commissioned officer or soldier of his regiment, but that he has done the duties himself, I am bound to believe, unless I know to the contrary, that he has delegated none. I must take a gentleman's word.

4626. Sir *James Fergusson*.] Has it not been stated to you that it is practically impossible?—I cannot admit that it is practically impossible, because I have done it myself when I was a junior officer in the department.

4627. Mr. *Bellew*.] You told us, just now, that it was not the practice, when you entered the service, for the surgeons to compound their own medicines?—

It

It was an understood thing that the medical officer was to do so, but still they were permitted to employ the hospital serjeant to do it.

4628. Have you done it for any continued length of time when you were a regimental officer?—Yes.

4629. You were a regimental assistant-surgeon?—I was.

4630. For how long a period?—I was in the 98th Regiment for not very long; but I also was in other regiments, and I always did it.

4631. As a regimental surgeon, did you do it, or did you delegate that duty to your assistant-surgeon?—I never delegated duties; the assistant-surgeon made up his own medicines, and I made up mine.

4632. Sir *John Trollope*.] How long were you surgeon to a regiment?—I was about seven months acting surgeon of the 49th.

4633. When you state that you were acting surgeon, do you mean that you were assistant-surgeon?—I was acting surgeon in charge of the 49th about seven months; and then I was about eight or nine months in the same position with the Cape Mounted Rifles, as acting surgeon.

4634. Were you ever a regimental surgeon at all?—I was never a regimental surgeon.

4635. Did you pass from being an assistant-surgeon to being a Deputy-inspector of Hospitals or staff surgeon?—Staff surgeon; a thing not at all uncommon.

4636. Is it not uncommon now?—Yes; it is not allowed now; it is a different grade; formerly a staff surgeon and a regimental surgeon were the same rank, but now a staff surgeon is a grade above; and there is no staff surgeon, such as existed at the time when I was made staff surgeon.

4637. At the time that you were made staff surgeon, was there any rank between assistant-surgeon and staff surgeon?—I was made assistant staff surgeon.

4638. You never served as actually surgeon of a regiment?—Not as regimental surgeon.

4639. Were you attached to a regiment with this office?—Yes. I mentioned two instances; the Cape Mounted Rifles and the 49th Regiment.

4640. Had you been 21 years an assistant-surgeon before you were promoted at all?—I had before I was made staff surgeon.

4641. Colonel *North*.] If I rightly understand the objection you have to serjeants compounding medicines it is this, that they would accurately compound what the surgeon gave them, but that if the surgeon by any accident, being in a hurry or in a flurry, made a mistake, the serjeant would not discover it?—That is a second objection which I want to raise.

4642. *Chairman*.] Do you say that that has taken place?—Yes; I will mention another case which occurred to myself; when I was thoughtless enough, on one occasion, when I was very young in the service, to prescribe some extract of colocynth pills; two. I desired the hospital serjeant, being in a hurry myself, to make up two five-grain pills of extract of colocynth, with some addition to them; I believe some calomel; I took for granted that he did the thing correctly; instead, however, of extract of colocynth, he made up two five-grain pills of extract of opium, which were sent to the house to be used; I happened to be rather late at the house that evening, fortunately; each of the persons for whom a pill was intended, took one, and they would have been dead in a short time if I had not been there to adopt the proper measures to keep them alive.

4643. Had that man had any training in the hospital?—He had just had the usual training, the medical officer instructing him.

4644. Are you aware that this practice of the hospital serjeant dispensing the medicine exists in the regiments of the Household troops?—I cannot speak with reference to the Household troops beyond what I have seen in the evidence taken before the Committee.

4645. Mr. *Percy*.] Do not such mistakes occur in civil practice?—I believe they occasionally occur, but the object is to find out the system that will afford the least chance of their occurring; a medical man in a hurry occasionally may write an ounce of some medicine instead of a drachm; if that goes to an apothecary's shop in London, the error is seen immediately, and no mischief ensues; and the kind of men that we have now in the service would at once see that that was wrong, and communicate immediately with the medical officer, and would not make up the prescription; but a serjeant or a private, who is not sufficiently aware of the doses of medicines, would make up the prescription as it stands, and the consequence would be that a man very likely would be killed.

A. Smith, Esq., M. D.

23 June 1856.

4646. Sir *James Fergusson.*] Do not the mistakes that occasionally occur, generally occur from the mistakes of dispensers in apothecaries' shops?—No; I think they are more generally from the mistake of the medical man writing in a hurry, and putting, for example, an ounce instead of a drachm.

4647. Have you not seen in the public papers frequently reports of cases in which poisons have been given by mistake in apothecaries' shops?—I have seen sometimes cases; but looking at the immense quantity of medicine that is dispensed day by day, I think such cases are very infrequent. Then I wish to state that I am aware of many other instances of cases of the kind having occurred. There was a case of a surgeon of the 88th Regiment in Corfu; at a time when he was labouring under severe dysentery, the assistant-surgeon prescribed for him an ounce of castor oil, which was the proper remedy under the circumstances of the case; it was sent to the hospital, and the hospital serjeant mistook the prescription for balsam of copaiba, and sent up balsam of copaiba, the last thing likely to be advantageous to the man, and the man died in the course of two days. I do not mean to say that he died entirely in consequence of this wrong medicine, but certainly he would have had a better chance of living if he had got the castor oil instead of the balsam of copaiba. I will mention one or two other cases, because I think it important; indeed, my conscience compels me to mention these matters; and having once done so, whatever measures may be adopted, I shall feel that I am not responsible. There was a case at Chatham: when I was the principal medical officer, I went into the surgery to see whether the surgery-man was not dispensing medicines; I placed myself by the fireplace, the surgery-man's back was to me; an orderly came in, who did not observe me standing there, and he went up to him with a paper in his hand; he gave him the paper, and the man took some medicine and measured it, and put it into a gallipot, and the orderly took it away in his hand. As soon as he had gone, I moved away from the fireplace and took the bottle to see what he had done, and I found that he had given sulphuric acid, pure oil of vitriol, instead of diluted sulphuric acid; I went out immediately after the man and took away the medicine. There is another case within my recollection, which occurred, I think, at Canterbury: A man had been ordered half-an-ounce of diluted sulphuric acid, and instead of that he was given pure sulphuric acid; he swallowed it, and sloughing took place in the inside of the mouth, and gullet and stomach, and the man eventually died. Now those are cases which have come within my own knowledge, and therefore I am particularly afraid of trusting men who are not first of all tolerably good Latin scholars; and secondly, men whose minds have not, when young, been directed to the preparation of medicines, and fully impressed with the danger of certain drugs, and particularly with reference to over-doses.

4648. *Chairman.*] What is the next subject upon which you wish to observe?—I observed in the evidence given some time ago by Captain Bunbury, that it is stated that there were no non-commissioned officers in the Medical Staff Corps. There are 147 non-commissioned officers in the Medical Staff Corps. I gave in last Friday a statement showing its constitution. I presume that Captain Bunbury made some mistake in that respect. I am held responsible for the constitution of that corps, not Captain Bunbury; therefore it must be assumed that I know the constitution of that corps as well as Captain Bunbury.

4649. Sir *John Trollope.*] Was the corps organised on your recommendation? It was.

4650. And you considered it a creation of your own?—It is a corps that was suggested by myself, but organised by the superior authorities at the Horse Guards, aided and assisted by my opinion.

4651. You recommended it in the first instance?—I recommended it from the commencement of the war. The first thing I thought of was to have a corps of that kind, because I was aware that we would never otherwise get sufficient attendance for the hospitals in the East.

4652. Did you recommend also the ambulance corps that went to Bulgaria?—No; I recommended a corps; but the ambulance corps that went out was in opposition to my view, namely, of pensioners.

4653. Do you know who organised it?—I believe the War Office and Colonel Tulloch.

4654. Colonel *Boldero.*] The anecdotes which you have told us respecting the mixing of medicine were spread over a great many years?—Yes.

4655. Can you give the date of the earliest?—The earliest was a case that occurred to myself. That would be in 1822.

4656. Is not the education of medical military officers greatly improved now, as compared with what it was when you entered the service?—No; I think they were as well educated at that time as they are now.

4657. Was the test of qualification for commissions as severe as it is now?—No, there were not so many requirements made at that time; but the substantial education, namely, the professional education, was as good then.

4658. Are not the non-commissioned officers of the army better educated now than they were when you first entered the service?—I do not think so.

4659. Colonel *North*.] You are aware of the certificate which is required to be signed by a medical officer before an officer can sell out: "We do hereby certify to have carefully examined ———, who states he is —— years of age, and are of opinion that he does not labour under impaired constitution, threatening earlier dissolution than a person of that age in the common course of nature may expect." How is it possible for a military medical officer to sign such a certificate with regard to a man who has returned home in ruined health from the Crimea?—He would not sign it in a case where death was imminent, or where there was fair reason to believe that death would occur within a very short period of time; it is only to prevent a man putting off selling out till the very last moment, when a few days are likely to conclude the officer's existence. The medical officer would not sign in such a case; he would state that he was labouring under such and such symptoms, which gave every reason to believe that in a very few days his end must arrive, and the officer would not then be allowed to sell out.

4660. Take the case of a young man whose constitution has been ruined by exposure in the trenches; could the medical officer sign the certificate in such a case as that?—If there was not a fair prospect within a few months of his being restored to perfect health, it would be necessary to introduce that as a comment into the certificate.

4661. *Chairman*.] Have you put in any additional papers with regard to Dr. Lawson?—I have put in the first order, removing Dr. Lawson from Balaklava; the second, attaching him to the second division of the army; and the third, ordering him to proceed to Scutari for duty.

John Jackson, called in; and Examined.

4662. *Chairman*.] WHAT position do you hold now?—Dispenser at Millbank.

4663. What position did you hold in the army formerly?—I was 21 years in the Grenadiers.

4664. What position did you hold in the Grenadiers?—Fifteen years as dispenser in the Military Hospital.

4665. How did you learn the system of dispensing?—Partly as a non-commissioned officer, from a man who had been there 15 years previously, partly from the surgeon, and partly through my own self-teaching.

4666. How many handwritings had you to be familiar with?—There were seven different surgeons at times.

4667. You had to be familiar with seven different handwritings?—Yes.

4668. Did any serious mistakes happen in consequence of the system pursued there?—Not one: I never knew a mistake happen all the years I was there.

4669. Was there a considerable amount of sickness sometimes there?—Yes; on the average, sometimes 120 a day.

4670. Did you train your successor to perform the same duty?—I have trained six in my time; they never made the least mistake in doing the duty out of town; but one man, who had been in a chemist's shop about seven years, was of no use for doing that duty: he was a regular muff; he would stand at the counter with a towel in his hand, and play with his fingers, but as to the working part, he was of no use; others who had been regularly disciplined men managed the duty very well, and very satisfactorily.

4671. You have left the army now?—Yes.

4672. But you still have a kind of feeling towards your old profession?—Yes, I have.

4673. Would you be prepared to say that you think that the system in the Grenadier

John Jackson.

23 June 1856.

Grenadier Guards' hospital could be introduced into the rest of the service?—Yes, I think it could.

4674. From your experience, do you think that any difficulties would be likely to occur?—No; no more than with private practitioners; no more than with having civilians.

4675. Mr. *Percy.*] Were those prescriptions written in Latin?—All in Latin.

4676. Mr. *Bellew.*] Did you know Latin?—I was five years under a clergyman of the Church of England before I entered the army, but I was not an educated man.

4677. *Chairman.*] You compared the words in the prescriptions with the words on the bottles?—Yes; and I found out the grains and weights; it was quite simple.

4678. You can conscientiously state to this Committee that no inconvenience arose?—I can.

4679. Mr. *Percy.*] Were the directions written in Latin on the bottles as well as in the prescriptions?—No; the directions for the patient were in English.

4680. They were always written in English?—Yes.

4681. Colonel *North.*] Are you the only dispenser at Millbank?—Yes.

4682. Colonel *Boldero.*] Were all the poisonous drugs locked up, and not accessible to you?—No, I had access to everything; but those things were kept by themselves. All deadly poisons were kept in a small cupboard, so that they were not liable to be taken down by mistake; because any man might do that, even a qualified man, just as much as anybody else, from not thinking.

4683. Sir *Henry Davie.*] You never went about with the battalions?—No; I used always to teach others who had to go out of town. During my 15 years I taught six.

APPENDIX.

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APPENDIX.

Appendix, No. 1.

CORRESPONDENCE relating to Medical Comforts for the Army in the East.

Sir, Horse Guards, 2 November 1854.

IN acknowledging the receipt of your letter of the 31st ultimo, enclosing a further requisition for medical comforts for the army in the East, I am directed by the General Commanding-in-Chief to transmit to you the accompanying copy of a letter from the Comptroller for Transport Services, stating that the articles required will be sent by the earliest opportunity, and that those applied for by you on the 12th ultimo, will be forwarded by the "Robert Lowe" steamer, and suggesting whether, on any future occasion, it would not be desirable that all medical comforts required should be purchased under your immediate authority, the Admiralty being apprised when they are ready for shipment, so that conveyance may be provided for them.

I have, &c.
(signed) *C. Yorke.*

The Director-General,
Army and Ordnance Medical Department.

(Immediate.)

Sir, Admiralty, 1 November 1856.

WITH reference to your letter of this day's date, I beg to acquaint you, for the information of the General Commanding-in-Chief, that the medical comforts for the army in the East demanded in Dr. Smith's requisition of the 12th ultimo, will be forwarded in the "Robert Lowe" steamer, which is expected to leave the river for Constantinople in a few days, and that the articles now demanded will be sent by the earliest opportunity. With a view of saving time on any future occasion, I beg to request to be informed whether it would not be desirable that the required articles should be purchased by Dr. Smith, or under his immediate authority, this department being apprised when and where the same may be ready for shipment, in order that conveyance may be provided for them.

I have, &c.
(signed) *J. Grant.*

The Military Secretary.

(Pressing.)

Sir, War Office, 5 February 1855.

I AM directed to acquaint you that the Lords Commissioners of Her Majesty's Treasury have approved of the appointment of Mr. Bridget to be a clerk in your office, for the purpose of superintendence of the purchase and the shipment of medical stores, for the use of the several military hospitals at home and abroad, and that for the performance of these duties he will be allowed a salary, commencing at 250 *l.*, and rising annually by 15 *l.* a year to 350 *l.* per annum.

I am, &c.
(signed) *B. Hawes.*

The Director-General,
Army Medical Department.

CORRESPONDENCE relating to a Memorial from the Medical Officers of the Army serving in the East.

Sir, War Department, 22 September 1855.

I AM directed by Lord Panmure to transmit herewith, in original, a memorial from the medical officers of the army serving in the East, and to request you will return it with such observations as may occur to you, for the information and guidance of Lord Panmure.

I enclose also a copy of the despatch addressed by his Lordship to General Simpson.

I am, &c.
(signed) *F. Peel.*

The Director-General,
Army and Ordnance Medical Department.

Appendix, No. 1.

Sir, War Department, 13 September 1855.

I HAVE the honour to acknowledge the receipt of your despatch of the 14th August last, enclosing a memorial from the surgeons serving with the forces under your command.

The subject of this memorial shall meet with my most attentive consideration; but that consideration will be given entirely irrespective of the recent employment of civil medical practitioners for army duties, as I must point out that there can arise no fair ground of complaint on the part of the surgeons of the army from the employment of civilians, at a moment of great emergency, at higher rates of pay than those established for army surgeons, because I am quite sure that the army medical officers who have signed this memorial cannot fail to observe, that the civilian medical gentlemen will derive no advantage of half-pay for themselves, or of pensions for their widows, by accepting this duty, while they must admit that, as these gentlemen have for the most part been induced to leave their private practice to afford their aid to our army in the field, they are fairly entitled to a higher rate of remuneration while employed, without prospective advantages, than those who belong to the army professionally, and have secured to them the right to retire upon liberal rates of half-pay, as a life annuity for themselves after prescribed periods of service, and of securing pensions to their widows.

I have, &c.
(signed) *Panmure.*

To General Simpson.

Army and Ordnance Medical Department,
29 October 1855.

Sir,

WITH reference to your letter of the 22d ultimo, transmitting to me a memorial from the medical officers of the army in the East, and requesting, in returning it, that I would furnish you with such observations as may occur to me, I have the honour to submit certain memoranda for the information and consideration of the Minister for War.

The subject involved in the document herewith returned I felt was one of a comprehensive nature, and not to be treated hastily; I therefore resolved to consult the views of certain officers of the department, whom I might see in the course of a few weeks, and obtain from them such information as they might be able to afford me. This course, which I thought it necessary under circumstances to adopt, is the only excuse I can offer for having so long delayed to reply to your communication.

I have, &c.
(signed) *A. Smith,*
Director-General.

F. Peel, Esq., M. P.,
&c. &c. &c.
War Department.

CORRESPONDENCE relating to the Professional Branch of the Army Medical Department Office.

(Immediate.)

Army and Ordnance Medical Department,
6 December 1856.

Sir,

I HAVE the honour to acknowledge the receipt of your letter of the 16th ultimo, adverting to mine of the 7th, and requesting me to submit, for the consideration of Lord Panmure, such alterations and additions in the professional branch of the Army Medical Department Office, as may appear to me likely to prove beneficial.

In reply, I beg to report for his Lordship's information, that I am of opinion the professional staff of this office should, during the continuance of the war, consist of:

2 Inspectors-General of Hospitals.
1 Staff Surgeon of the 1st Class.
3 Staff Surgeons of the 2d Class.
1 Staff Assistant-Surgeon.

The duties required to be performed are very numerous, and many of them highly important, therefore they cannot be efficiently discharged by a lesser number of officers, without at least an amount of over-exertion calculated to disadvantageously affect in various ways those required to perform them.

The present staff (1 Deputy Inspector-General of Hospitals, 1 Staff Surgeon 1st Class, and 1 Staff Surgeon 2d Class,) is quite inadequate to the many and increasing wants of the service; in fact, more than the above three officers, which were allowed in time of peace, are now required for the efficient discharge of the duties connected with the examination of the many sick and wounded officers arriving from the army, &c. and for keeping in anything like a satisfactory state the medical affairs of the many regiments of militia.

Under these circumstances I trust the augmentation proposed will not be considered an unreasonable one, and if it be sanctioned, I shall take immediate steps to obtain the officers, and complete the various Boards now in operation, but which at present cannot be regarded

regarded as in a satisfactory state, merely from a want of the number of officers necessary to render them otherwise.

Four Boards are required at this office, namely, one for the examination of sick and wounded officers, a second for the supervision and management of the Purveying Department, a third for the same duties in regard to medicines, surgical instruments, and surgical appliances, and a fourth for medical statistics.

For these Boards six of the officers only will be available; hence each will have to take a part in two of the Boards, the seventh officer, one of the Inspectors-general, will be constantly required to assist the Director-general in the general duties of the department.

I have, &c.

The Under Secretary of State for War,
&c. &c. &c.
War Department, Whitehall Gardens.

(signed) *A. Smith*,
Director-General.

Sir, War Department, 14 December 1855.

I AM directed by Lord Panmure to acknowledge the receipt of your communication of the 6th instant, recommending the allowance of certain extra assistance to the Director-general of the Army Medical Department, and in reply, I am to acquaint you, that his Lordship sanctions the appointment of the following officers for such purpose:

2 Deputy Inspectors-General of Hospitals.
1 Staff Surgeon 1st Class.
3 Staff Surgeons 2d Class.
1 Staff Assistant-Surgeon.

These appointments must be made upon the clear understanding that the staff of the department will be liable to reduction at the termination of the war.

His Lordship does not, however, perceive the necessity of appointing two Inspectors-general of Hospitals.

I am, &c.

Dr. A. Smith.

(signed) *G. C. Mundy.*

FORM of Application of Candidates for Employment in the Medical Department of the Army.

Recommended by_____

Christian and Surname at full length.

I_____

_____ years of age, in _____ last, a candidate for employment in the Medical Department of the army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted.

I declare that I am unmarried, and that I labour under no mental nor constitutional disease, nor *any imperfection* or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate.

(*Signature*)_____

I have pursued the undermentioned course of study, of which I am ready to produce the vouchers for registry, and also a certificate of my age; namely—

I possess certificates of regular attendance at the undermentioned hospitals, and courses of lectures for the number of months stated:—

The	Hospital or Infirmary for	months.
The	Hospital for Mental Derangement for	months.
The	Hospital for Diseases of the Eye for	months.
The	Lying-in-Hospital for	months.

Appendix, No. 1.

Stating the Number of Lectures in each Course.

Lectures.	Professors' Names.	Place.	Period in Months.
Anatomy, by - - -			
Practical anatomy, by - (*stating the number of subjects dissected*)			
Surgery, by - - -			
Clinical Surgery, by - -			
Military Surgery, by -			
Physiology, by - -			
Practice of Medicine, or General Pathology, by -			
Clinical Lectures on the Practice of Physic, by -			
Midwifery, by - - -			
Practical Midwifery, by -			
Chemistry, by - - -			
Practical Chemistry, by -			
Botany, by - - -			
Materia Medica, by - -			
Practical Pharmacy, by -			
or an Apprenticeship -			
Forensic Medicine, by -			
Morbid Anatomy and Pathology, by - -			
Natural History, by - -			
Natural Philosophy, by -			
Logic, by - - -			
Mathematics, by - -			
Comparative Anatomy -			

The Dates of Graduations and the Universities or Colleges are to be stated.

I have the Degree of A.M. or A.B. from the _____

I have the Degree of M.D. from the _____

I have a Diploma for Surgery from the _____

(*Signature at full length*) _____

(*Date*) _____

(*Place of Residence*) _____

Memoranda.

1st. In selecting from among the candidates for the Medical Department of the Army, a preference is given to those who can fill up all the blanks in the preceding pages, by having the acquirements therein stated. The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a diploma in surgery, and who cannot produce the following testimonials:

18	Months'	attendance at an hospital of celebrity, where the average number of in-patients is not less than 100.
12	„	Anatomy.
12	„	Practical Anatomy.
6	„	Physiology.
12	„	Surgery (or what is preferred) six months' surgery, and six months' military surgery.
8	„	Clinical Surgery, a complete course of two or three lectures during the week.
12	„	Practice of Physic, or six months' practice of physic, and six of general pathology.
8	„	Clinical lectures on ditto, the same as required in surgery.
12	„	Chemistry.
6	„	Practical Chemistry.
3	„	Botany.
3	„	Materia Medica.
3	„	Practical Pharmacy, or Apprenticeship.
3	„	Natural History.
3	„	Midwifery.
3	„	Practical Midwifery.
1	Course	Natural Philosophy.
1	Course	Logic.

2d. The candidate must be unmarried, not beyond 25 years of age, nor under 21 years.

3d. Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

4th. The greater the attainments of the candidates the more eligible will they subsequently be deemed for promotion; as selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements, than to mere seniority.

5th. Although the British schools are specified, it is to be understood that candidates who have received a regular medical education in approved foreign universities or schools will be admitted to examination.

6th. With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lecturers for each branch of medical science.

7th. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a Board of Medical Officers.

8th. Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at this office for examination and registry at least one week before the candidate appears for examination, likewise certificates of moral conduct and character, one of them by the parochial minister if possible. Baptismal certificates are required at the same time, and if the parish register cannot be resorted to, an affidavit from one of the parents, or some near relative who can attest the fact, will be accepted.

9th. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil.

Appendix, No. 1.

10th. Certificates of lectures and attendance must be from physicians or surgeons of the recognised colleges or medical schools of the United Kingdom, or of foreign universities.

11th. All candidates for medical appointments are required to be conversant with Cullen's Nosology.

Note.—All communications to be prepaid; or if not, to be forwarded, addressed *outside* to "The Right Honourable the Secretary at War," with the words, "Army Medical Department," at the left hand corner,—*This half sheet is not to be torn off.*

Army and Ordnance Medical Department, February 1855.

DUTIES of Army Medical Officers.

The surgeon is to make a daily report of the sick to the commanding officer, who will make a weekly report to the officer commanding the brigade or district.

Regimental hospitals are under the immediate direction of their respective surgeons, subject to the general instructions and superintendence of the Director-general of the Army Medical Department, and the officer acting under his orders. It is the duty of inspectors of hospitals, and of such other officers of the medical staff as may be ordered on this duty, to visit the regimental hospitals from time to time, to observe whether the hospital regulations are strictly adhered to, to inquire whether any causes of complaint exist among the patients, and to submit to the generals commanding districts, and to the Director-general of the Army Medical Department, such local observations as they conceive may tend to the benefit of the sick.

In every barrack and garrison the Board of Ordnance will provide accommodation for the sick, in the proportion of one-tenth of the number of effectives; but when a regiment is in camp or cantonments, it is the business of the surgeon to procure an airy and commodious hospital, taking care that it is amply supplied with wholesome water.

In camp, a tent will be allowed, which is to be pitched upon the most dry spot of ground in the vicinity of the regimental hospital, to which it is granted as an aid, but must not, except in cases of absolute necessity, be itself considered as the hospital.

The responsibility for the order, regularity, and cleanliness of the regimental hospital, for the diet and care of the patients, and for the general conduct and economy of the whole establishment, rests entirely with the surgeon.

The surgeon is to be consulted in the selection of the serjeant to be appointed to assist him in the hospital; and it will tend materially to the benefit of the sick that this non-commissioned officer, and the orderly-men acting in the hospital, shall be considered as being in a permanent situation, and not liable to be removed, except in case of misbehaviour.

A guard is to be constantly furnished to the hospital, and the surgeon is to signify to the commanding officer of the regiment the particular orders which he wishes to be given to the non-commissioned officer commanding it, and to the sentries.

When a soldier is sent into the hospital, his arms and accoutrements are, if possible, to be left with his troop, or company, and in no instance is he to take his ammunition with him to the hospital.

It is very desirable that in every regimental hospital there should be an apartment appropriated to convalescents, whose diet and mode of living are to remain under the direction of the surgeon, and who are themselves to be, in every respect, subject to the hospital regulations.

Convalescents on coming out of the hospital are not to be put on duty till the surgeon certifies to the adjutant that they are perfectly recovered, for which purpose the surgeon, or assistant-surgeon, is daily to make a particular inspection of these men at morning parade, to prevent any remaining longer exempted from duty than the state of their health renders absolutely necessary. On a march, when circumstances will permit, the packs of such convalescents as have not yet received certificates of their being fit for duty, should be carried for them.

The surgeon, or assistant-surgeon, is to attend all field days, and invariably at target-practice.

In cantonments and barracks the quarters of the surgeon are to be near the hospital, and the assistant-surgeon's tent is to be pitched in its vicinity when a regiment is in camp.

Regimental surgeons are to take under their care any non-commissioned officers or soldiers of the Royal Artillery, or of other regiments, or seamen, or marines (upon the commanding officer's authority for so doing being obtained), who being absent from the ship, or corps to which they belong, from there being no general hospital in the neighbourhood, or from other unavoidable circumstances, are under the necessity of applying to them for relief and assistance. In these cases the regimental paymaster is to repay to the surgeon the expense incurred, on the certificate thereof being signed by him, and countersigned by the commanding officer, and the agent of the regiment in whose hospital he has been received; the signature of the commanding officer of the latter is, in this instance, to be deemed a sufficient authority.

On

On foreign stations, all sick soldiers of the Artillery, Engineers, Royal Military Artificers, and other Ordnance military corps, sailors of the Royal Navy, Royal Marines, and such persons belonging to the civil branch of the Ordnance and Naval Service, such as storekeepers, clerks, artificers, labourers, &c., as may be considered by the general or other officer in command to be entitled to military medical attendance and medicines, are to be admitted into general and regimental hospitals (or attended in their quarters, according to their situations), and supplied with diet, medicines, wine, porter, and all other allowances and necessaries; and whether in hospitals or attended in out-quarters, are to be treated precisely in the same manner, and be subjected to the same regulations and control, as the sick officers, non-commissioned officers, and privates of the other parts of the army, and the same stoppages are to be made from their pay, both in regard to hospital charges and rations, the application of which is to be governed by the same regulations.

The regulations, dated 31 August 1838, issued by the Secretary-at-War, for the management of regimental hospitals, are considered as general orders; and all generals commanding districts, and officers commanding brigades, regiments, and depôts, are enjoined to give them full effect, and by their authority to enforce the strictest observance of them, within their respective commands.

Any soldier who is guilty of assuming, while he is in a military hospital, any other name than the one by which he is known in his regiment, is to be tried by a court-martial for the offence, which can have no other object but fraud and imposition on the public. This order is to be posted up in the wards of all military hospitals.

The surgeon, or assistant surgeon, is in every instance when practicable, to be present at the execution of the wills of soldiers in hospital, and is to affix a declaration to such wills, stating whether the parties were in a fit state of mind at the time to execute the same. Whenever a will, not containing such a declaration, shall be transmitted to the War-office, the commanding officer is to annex thereto an explanation of the circumstances, and to withhold all payments at the regiment arising thereon until the decision of the Secretary at War be notified.

Leave of Absence.

Officers in command of regiments are to be very circumspect in recommending leave of absence for the regimental medical officers. The application for leave of absence for a medical officer can be proper only in one of the following instances, viz.: That the regiment being assembled in one or two quarters, and being healthy, the attendance of one of the medical officers can, for a time, be dispensed with; or that the indulgence of leave of absence to any particular medical officer is an object of most material importance to his private concerns, or to the state of his health. Previously, however, to any regimental medical officer being allowed to receive leave of absence, the inspector, or senior officer of the Hospital Department in the district, or at the station where the regiment may be serving, is to certify that the state of the regiment will admit of his being absent without inconvenience to the corps, or additional expense to the public.

In instances wherein medical officers belonging to regiments abroad, and being in Great Britain or Ireland, have occasion to apply for leave of absence, their applications are to be addressed to the Director-general of the Army Medical Department, by whom, if approved, they are to be furnished with a memorandum or certificate, to enable them to forward their applications through the colonels of their regiments (when it may be practicable) to the Adjutant-general, for the consideration of the Commander-in-Chief.

When an officer has occasion to apply to a medical officer for a certificate of the state of his health, wounds, &c., in order to enable him to apply, through the prescribed channel, for leave of absence, the form of medical certificate subjoined is to be made use of, in which the medical officer is to state fully the nature of the disease, wound, &c., and the period during which the officer has suffered under its effects. He is also to state candidly and explicitly his opinion as to the period which will probably elapse before such officer will be able to resume his military duties, if his regiment is at home, or to embark for foreign service if his regiment is abroad. When there is no reason to expect a recovery, or when the prospect of recovery is distant and uncertain, it must be so stated.

Duties on board Ship.

The surgeon, or assistant surgeon, is to examine the men at morning parade, and to observe whether there be any appearance of disease in any of them.

The sick are to be separated from those in health as much as possible; upon the first appearance of any acute infectious disorder, the signal is to be made to the hospital ship, and the diseased man removed to her.

The articles (lemon juice and sugar) are placed under the charge of the medical officer on board, who, on his arrival at his destination, is to account for the same, through the senior medical officer at the station, to the Director-general of the Army Medical Department.

It is the duty of the medical officers to guard the men, when they get into a hot climate, against costiveness; and, as upon the first arrival of the transports in the West Indies a great number of canoes usually come off with fruit, plantains, &c., generally very green and bad, the soldiers are not to be allowed to buy such trash, and are only to be supplied with such fruit and vegetables as the medical officer on board may deem proper.

Appendix, No. 1.

Passage in India Ships.

The sick are to be attended by the surgeon of the ship, to whom an allowance is made on that account by the Company, and who is authorised to procure from the captain's table and stock, fresh provisions, wine, and other comforts, on the commanding officers countersigning such application to the commander of the ship. This, however, is not to prevent the surgeon or assistants of the regiment from giving a general superintendence to their men.

Barracks.

Whenever it may be expedient to destroy bedding which may have been used by men infected with any contagious disorder, the medical officer is to represent the circumstance to the commanding officer on the spot, who is to report to the general officer commanding, in order that a Board may be assembled for the purpose of determining the propriety of destroying the articles. The Board is to consist of one field officer, two medical officers, one of whom, when convenient, is to be of the medical staff, and the barrack-master.

The individuals tendering (for canteens) are required to produce samples of the spirituous and other liquors, &c., to be retailed by them, that it may be ascertained by a Board of Survey, consisting of a regimental officer not under the rank of captain, a medical officer, and the barrack-master, that the articles are good and proper for the troops.

Promotion and Exchange.

No regimental officer, being under orders to join his regiment or battalion on foreign service, or to embark with a corps destined for foreign service, shall be permitted to exchange into another regiment, except such exchange be certified by a military medical officer. In these medical certificates it must be clearly stated, whether the cause of the officer's inability has or has not arisen subsequently to his having been placed under orders to join his regiment.

INTERIOR ECONOMY OF A REGIMENT.

Medical Aid.

Officers commanding detachments not having any medical officer attached to them are immediately, on arrival at their stations, to inquire whether there are any means of obtaining medical assistance from a medical staff officer in the vicinity; it is only in cases where such aid cannot be obtained that they are justified in having recourse to the practitioners of the country, of which a special report is immediately to be made to the officer commanding the regiment, who will transmit the same to the Director-general of the Army Medical Department.

Officers belonging to the Medical or Commissariat Departments are not permitted to employ soldiers as their servants.

Recruiting Service.

The orders of the Director-general, dated the 30th July 1830, contain ample instructions for the guidance of medical officers in the examination of recruits, and the general orders and schedules issued from time to time from the Recruiting Department give the necessary details respecting the age and height prescribed for recruits, and the levy money allowed.

The following course is to be followed with respect to recruits who may be rejected for surgical, medical, or constitutional causes, on joining regiments or depôts, from recruiting districts or subdivisions:—

1. A report of the case, accompanied by a descriptive return, showing the cause of objection, where enlisted, and the names of the military and medical officers by whom intermediately approved, is to be made to the officer commanding the district or garrison, or to the adjutant-general (Recruiting Department) should the regiment or depôt be quartered in a station not included in any military district, who will immediately order a medical Board for the examination of the recruit.

2. Should the Board consider the recruit fit for service, the proceedings are to be transmitted direct to the commanding officer of the corps to which he belongs, by whom the recruit is forthwith to be finally approved.

3. But should the recruit be found unfit, the Board is to state whether, in their opinion, the cause of inability has arisen from any accident or disorder that may have occurred to him, subsequently to his being intermediately approved, and the proceedings are then to be transmitted to the adjutant-general, or to the deputy adjutant-general in Dublin, if the corps is serving in Ireland. If, in the opinion of the Board, the cause of objection has arisen from recent accident or disease, an immediate decision will be come to on the case; but, on the contrary, if it is considered likely to have existed at the period of his enlistment, the district surgeon will then be called upon to explain the circumstance of his having passed a recruit deemed ineligible for the service by a medical Board, in order to enable the Commander-in-chief to come to a decision, which, in either case, will be communicated to the regiment or depôt concerned.

4. When

4. When the regiment or depôt is stationed in a situation where a medical Board cannot conveniently be assembled, the report and descriptive return, as above stated, are to be transmitted by the officer commanding the district, regiment, or depôt, as the case may be, to the adjutant-general, or deputy adjutant-general in Dublin, together with the opinion of the regimental medical officer, as to the period from which the cause of disability is likely to have existed, in order that the case may be submitted to the Director-general of the Army Medical Department, upon receiving whose opinion the Commander-in-chief's decision as to the final disposal of the recruit will be duly notified.

Discharges.

In filling up the discharges of soldiers who are disabled for further service, commanding officers are to take particular care that the nature and origin of their disability be distinctly stated in the medical certificate, whether,—

1. In consequence of service, or on duty, or by the service, specifying the particular act of duty.
2. While in the service by constitution or accident.
3. By misconduct or design.

It is incumbent upon officers in command, upon medical officers, and upon all others concerned, to give the strictest attention to the preparation of the documents herein prescribed, for the accuracy of which, in every respect, they will be held personally responsible. Serious evils have, in some instances, resulted to the public, as well as to individuals, from the careless and incorrect manner in which the regimental records have been kept, and discharges filled up.

Courts Martial.

Courts martial, before passing sentence of solitary confinement, hard labour, or other punishment, are to ascertain, in reference to the state of health of the prisoner, that the sentence can be duly carried into effect; with this view a certificate from a medical officer is to be required by the court and attached to the proceedings.

Sentences of corporal punishment are to be inflicted in the presence of the surgeon, or of the assistant surgeon, in case of any other indispensable duty preventing the attendance of the surgeon; and are not to be carried into effect on Sundays, except in cases of evident necessity.

The infliction of corporal punishment a second time under one and the same sentence, is illegal. The culprit is therefore to be considered as having expiated his offence when he shall have undergone, at one time, as much of the corporal punishment to which he has been sentenced, as in the opinion of the medical officer in attendance he has been able to bear.

The punishment of marking a deserter with the letter D. (in terms of the eleventh clause of the Mutiny Act), is to be inflicted on the parade in presence of the men, and under the personal superintendence of a medical officer. The operation is to be performed with an instrument recommended for that purpose, a pattern of which is lodged in the office of military Boards, and the punishment is to be inflicted in the cavalry by the trumpet-major, and in the infantry by the drum-major or bugle-major, who are to be instructed by the regimental medical officers how to apply the instrument properly, but effectually, as well as the substance, whether ink or gunpowder, with which the mark is to be coloured. Other persons are to be instructed in the proper application of the instrument, so as to be able to inflict the punishment effectually, in the absence of the non-commissioned officers above alluded to, from sickness, or other unavoidable cause.

Service and Depôt Companies.

In the selection of men to complete the service companies, and more especially those stationed in tropical climates, attention is to be paid to the age and constitution of the individuals, so that the draft may consist as far as possible of the oldest and most seasoned recruits, and therefore best qualified to bear the effects of a change of climate. The opinion of the medical officer is, of course, to be consulted in the selection.

Deserters.

When a deserter, not belonging to the regiment, and not serving in another regiment, is apprehended by, or surrenders himself to, a party of soldiers, he is to be forthwith taken before a magistrate, to be committed to some public prison, and the description return prescribed by the Mutiny Act is to be transmitted to the Secretary at War by the magistrate by whom such deserter shall have been committed. He is also to be examined by a medical officer, whose opinion as to his fitness for military service is to be annexed to the report which is transmitted to the Secretary at War. If unfit for service, the cause of unfitness is to be specified in the medical report.

Duties in Camp.

Whenever detachments are composed of 200 men or upwards, a surgeon or assistant surgeon is to be sent from the corps of the officer who commands. On particular duties, the attendance of a surgeon or assistant surgeon may be requisite with smaller detachments. Detachments of cavalry of 50 or upwards are to be attended by a farrier.

Appendix, No. 1.

Embarkation of Troops.

On the arrival of a vessel for the reception of troops, the general or other officer commanding at the station is to cause such inspection to be made by the staff and medical officers under his command, as may satisfy him that the vessel is in every respect fitted for the accommodation of the number of officers and men to be embarked, and that proper and sufficient stores are provided for their use. He is to require from the senior medical officer at the station an inspection report of the state of the ship, stores, &c., under the following heads, viz. :—

1. Name or number of the ship.
2. Tonnage.
3. Numbers of officers and men for whom provision and accommodation are made.
4. Height between decks.
5. Supplies and state of the ship's water.
   „ „ of the provisions.
   „ „ of the medical comforts.
   „ „ of the bedding.
6. Means of fumigation.
7. Means of ventilation.
8. State of the well, and of the orlop deck, or betwixt decks.

Previously to embarkation, a strict examination is to be made of those men who are ordered for service, in order to ascertain if they be likely to continue effective in the climates for which they are destined.

No men with active tubercular disease in existence are to be allowed to embark for any station. In the warmer climates consumption is more speedily brought to a fatal termination; in the colder climates the complaint is not arrested; and in both, inefficiency will be the result.

This remark applies to either very old or very young soldiers. If, however, young soldiers, with only a predisposition to the complaint existing, or young men of even delicate frame, and whose constitutions are not sufficiently formed, shall be embarked in the hopes that a mild climate may improve their health and stamina, much care is to be had in not over-drilling these men, more especially in full marching order; the weight and drag on the shoulders and chest are more than such are equal with impunity to bear.

No men with active or chronic diseases of the bowels are to be allowed to embark. Old soldiers are liable to diarrhœa, often with structural disease of minor consequence; all such cases are almost certain of being aggravated by a sea voyage and a warm climate, and are liable to become in a short time inefficient soldiers.

Men with chronic diseases of the eyes, chronic ulcers, and asthmatic complaints and rheumatism, especially old soldiers, are very objectionable for foreign service.

The general or other officers commanding on stations abroad, are to require reports similar to those herein prescribed to be made to them whenever troops or invalids are to embark on board of vessels from any port within their commands. The inspecting medical officers are to forward copies of the reports to the Director-general of the Army Medical Department.

Disembarkation of Troops.

On the arrival of troops in any port for disembarkation, the general or other officer commanding is to order the vessels to be immediately visited, and the men inspected by an intelligent field officer, attended by a competent medical officer, from whose report he will ascertain the actual state of the men and ship, what casualties have occurred on the passage, and whether the ship has been properly found, and the men supplied with accommodation and provisions, according to Regulation.

Officers returning from Foreign Service.

Medical officers returning from foreign stations are to report their arrival, the authority under which they return, &c., to the Director-general of the Army Medical Department, as well as to the adjutant-general and to the colonels of their respective regiments.

Riding Establishment.

In order to prevent any men being sent to the riding establishment, who, from weakness of constitution, or other cause, may not be fit for the duty of the riding school, the necessary medical inquiry is to be made into their fitness previous to their being detached on this duty, and on the back of the descriptive returns, accompanying detachments to the riding establishment, the medical officer is to certify to the following effect, viz. :—

"I certify that the non-commissioned officers and men of the detachment about to proceed to the riding establishment have been examined by me; that they are of good constitution, free from any injury or affection likely to become worse from riding; and that they are in every respect in good health."

(signed)

The

The Medical Department is at present considered as a civil branch of the service, and the medical officers of the different grades are given relative rank in the army only. The ranks are as follows :—

Medical Department.

Inspector-general, as brigadier-general.
Deputy inspector-general, as lieutenant-colonel.
Staff surgeon, first class, as major.
Regimental surgeon and staff surgeon, second class, as captain.
Apothecary, as captain, but junior of that rank.
Assistant surgeon, as lieutenant.
Deputy purveyor, as lieutenant.
Medical clerk on the establishment, as ensign.

Appendix, No. 2.

(No. 1.)

LETTER from Dr. *Hall*, Principal Medical Officer, *Crimea*, to the Director-General, relative to the Assistant Surgeons' Memorial.

Sir, Before Sebastopol, 31 July 1855.

I HAVE the honour to submit for your consideration, and transmission to the Minister-at-War, should you deem it proper, the enclosed memorial from the assistant-surgeons of the army serving in the Crimea, praying for an amelioration of their condition, and certain advantages in point of rank and retirement.

Memorial from Assistant Surgeons, Crimean Army.

The recent employment from civil life of men of their own standing in the profession, and not of superior qualifications, has given rise to a good deal of dissatisfaction amongst the assistant-surgeons, as they naturally contrast their own small pittance with the liberal scale of pay on which their brethren, from civil life, are placed.

I have, &c.
(signed) *J. Hall*,
Inspector-general of Hospitals.

(No. 2.)

MEMORIAL from the Assistant Surgeons in the *Crimea*, enclosed in Dr. *Hall*'s Letter; dated 31 July 1855.

To the Right Honourable the Lord *Panmure*, K. T., Secretary of State for the War Department.

The Memorial of the Assistant Surgeons of Her Majesty's Army serving in the *Crimea*,

Humbly showeth,

THAT your Lordship's memorialists have seen with much concern, during the progress of this campaign, that whilst the exertions of medical officers, individually, have been recognised, as leaving nothing to be desired, the working of the medical department, as a whole, has not proved altogether satisfactory; and understanding, that in consequence, a re-organisation of the medical department of the army is in contemplation, take this occasion to represent for your Lordship's consideration,

That the present rank and emoluments of assistant-surgeons are not of a character, apart from other considerations, to retain in the department medical men of talent and proficiency, to whom is open the prospect of higher remuneration as practitioners in civil life. Having in a great majority of instances no means, other than those afforded by the practice of their profession, medical men hesitate to enter a service, in which, however honourable and desirable in many respects, the small remuneration allowed them is notoriously insufficient for maintaining their proper standing, or enabling them to associate on terms of equality with their brother officers.

That whilst the assistant-surgeon, having first arrived at the age of 21, must have also undergone a long and expensive course of professional study, previous to assuming the subaltern rank allotted him, one wholly unworthy of the dignity of the profession to which he belongs, the executive officer may, without any special preliminary education, join the army at a very early age, and within the short period of two years attain a rank for which a medical officer can become eligible only after a lengthened period of service.

That the much more rapid promotion of executive than of medical officers during time of war, implies also an undeservedly low estimate of the exertions of the latter, who

Appendix, No. 2.

share the dangers of battle, privation, and climate, and are exposed to additional risk of life from constant intercourse with the wounded and diseased, but, unlike their fellows, reap from their services, however distinguished, neither advantage nor reward, in consequence of the long period of service enjoined by the "Regulations" before promotion.

That promotion appears at the present time to be conducted on no definite plan, and is not regulated, as it should, by consideration of merit, seniority, or service in the field.

That the ill-defined nature of the duties of assistant-surgeons is not only open to objection, but their being required to combine the functions of dispenser, dresser, and clerk, with those of physician and surgeon, is incompatible with, and unworthy of, their true position.

That under ordinary circumstances medical officers are denied the leave of absence desirable for professional improvement and other purposes.

That the period assigned for the retirement of medical officers is unnecessarily prolonged, exceeding that of other officers actually by one-fourth, and virtually by one-half.

That your Lordship's memorialists cannot but express their regret that the augmentation of the army should have failed to accelerate promotion in the medical department alone, in consequence of the introduction of civil practitioners to the posts of authority and emolument thus created, to fill which your Lordship's memorialists humbly consider the permanently appointed members of the department not only better entitled, but, from their knowledge of the peculiarities of military practice, even more competent; and believe the adjustment of the various causes of objection, above detailed, could not fail at all times to attach to the regular channel of the department a sufficiently large number of the most highly-gifted and accomplished of the profession to render, in any future emergency, all extraneous aid unnecessary.

Your Lordship's memorialists therefore humbly pray,

That the pay and rank of assistant-surgeons be increased.

That five years be the maximum, instead of, as at present, the minimum service required for promotion, and that the substantial recognition of service in the field, so liberally bestowed on military officers, be extended to assistant-surgeons whose services are not less onerous or deserving.

That the professional experience gained in so wide a field of observation as that afforded to those who have served in this campaign, and which no length of home service could have supplied, be duly considered in the regulation of promotion.

That medical officers be relieved from the duties of dispenser, dresser, and clerk, and that competent persons be appointed to discharge these functions.

That the leave of absence hitherto restricted to medical officers during time of peace be allowed them on proper occasions.

That the length of time occupied in preliminary education, amounting in most instances to not less than five years, be taken into account in regulating the period of service required of medical officers previous to retirement, and your memorialists will ever pray, &c.

Cavalry.

4th R. Irish D. Guards.
5th D. Guards.
6th D. G. C.
1st Dragoons (sd.) *Henry Sherlock.*
2d N. B. Dragoons (sd.) *C. Clark Rutherford,* M.R.C.S.E.
4th Light Dragoons.
6th Dragoons, Inniskillen.
8th Hussars.
10th Hussars.
11th Hussars (sd.) *M. C. Ancell.*
12th Lancers (sd.) *G. A. Turnbull.*
Ditto - (sd.) *D. C. Wodsworth.*
13th Light Dragoons (sd.) *L. Armstong,* M.D., M.R.C.S.E.
17th Lancers.

First Division.

Grenadier Guards (sd.) *Henry J. Laurence.* / *C. Reade.*
Coldstream Guards (sd.) *T. L. Rogers.*
Scotch Fusileer Guards (sd.) *Fred. Robinson.* / *George Perry.*
42d Regiment (sd.) *Alexander Maclean.*
71st Regiment (sd.) *John Moor MacNeece.*
72d Regiment (sd.) *D. J. Doherty.* / *E. H. Roberts.*
79th Regiment (sd.) *J. N. Bell,* M.D. / *E. L. Lundy.*
93d Regiment (sd.) *William H. Pollard,* B.A.

SECOND DIVISION.

2d Bri., 1st Troop (sd.) *Thos. Knox Birnie*, Assistant-surgeon.
3d Regiment (sd.) *Thos. Teevan.*
30th Regiment (sd.) *David Milroy*, M. D.
31st Regiment (sd.) *T. J. Atkinson.*, *J. Meane*, Assistant-surgeon.
41st Regiment.
47th Regiment (sd.) *William A. White*, M. D., *S. A. Cusack.*, *Henry Grange.*
49th Regiment (sd.) *James Hannan.*, *W. M. Calder.*
55th Regiment (sd.) *J. M'H. Cowan*, M. B., *W. J. Rendell*, M. R. C. S. E., L. S. A.
62d Regiment (sd.) *J. E. Young.*, *Henry L. Randell.*
95th Regiment (sd.) *R. Ferguson.*, *G. M. Swinhoe.*

THIRD DIVISION.

1st Bri., 1st Foot (sd.) *William Dumbreck.*, *R. Atkinson.*, *A. Reid.*
4th Regiment (sd.) *James Ekin*, M. B., *John L. Erskine*, M. D.
9th Regiment (sd.) *J. C. Ovens.*, *R. W. Meadows.*, *J. C. Johnston.*
14th Regiment (sd.) *T. M. Bleckley*, A. B., M. B., T. C. D., *W. H. Price.*
18th Regiment (sd.) *E. C. Ryall.*, *John Roy Philip.*, *Andrew Semple.*
28th Regiment (sd.) *W. H. Brice*, A. B., T. C. D., *C. G. Irwin*, A. B., T. C. D., *J. F. Stewart*, M. D.
38th Regiment (sd.) *D. W. Lawlor.*, *J. H. Lewis.*, *W. Y. Jeeves.*
39th Regiment (sd.) *John H. Ross*, A. M., M. B., *G. W. Sparke.*
44th Regiment (sd.) *Richard L. Butler.*, *John Johnson.*
50th Regiment (sd.) *E. G. Noot.*, *G. F. Davis.*, *William Bradshaw.*

FOURTH DIVISION.

13th Regiment.
17th Regiment (sd.) *W. M. Gibant.*, *L. G. Hooper.*
20th Regiment (sd.) *R. W. Carter.*, *R. Wolseley.*
21st Regiment (sd.) *John H. West.*, *James H. Patrickson.*
46th Regiment (sd.) *C. C. Dempster.*, *R. R. Scott.*, *John Duffin.*
48th Regiment (sd.) *P. M'Dermott*, M. B., A. B.
57th Regiment (sd.) *T. C. Brady.*
63d Regiment (sd.) *W. W. Mills*, L. R. C. S. I., *F. O'Dell.*
68th Regiment (sd.) *C. Y. Kellett.*, *A. P. M. Corbett*, M. D.
1st Bri. Rifle Brigade (sd.) *J. J. P. Williams.*, *F. de Chaumont.*, *Joseph Longheed.*

Appendix, No. 2.

LIGHT DIVISION.

7th Regiment (sd.)	*T. E. Hall*, B.A., M.R.C.S. *T. Sheehy*, M.D.
19th Regiment (sd.)	*W. M. Webb.* *S. J. Bayfield.*
23d Regiment (sd.)	*Davis Wood.*
33d Regiment (sd.)	*John Ogilvy.* *T. Clark.* *J. V. Seddall.*
34th Regiment (sd.)	*R. J. Worthington.* *W. Haward.* *E. M. Wrench.*
77th Regiment (sd.)	*R. G. Burton.* *O. B. Miller.* *A. Humfrey.*
88th Regiment (sd.)	*T. R. Williams.* *W. Harris.* *R. W. Meade.*
90th Regiment (sd.)	*R. W. Jackson.* *D. A. Reid.* *C. R. Nelson.*
Rifle Brigade (sd.)	*J. L. Brown.* *J. B. C. Reade.* *G. Young* (60th Rifles).
97th Regiment (sd.)	*E. M. Sinclair.* *J. A. Porter.* *A. Bryson.*

ARTILLERY.

(signed) *William Haughton*, M.B.
Essex Bowen.
S. Roch.
J. H. Hearn.

MEDICAL STAFF.

(signed) *J. P. Street*, M.D.
R. N. Chapple.
A. J. Mackay, M.D.
J. C. Smith.
A. T. Longhurst.
S. Stacy Skipton, M.D.
D. Cullen.
J. Creasy.
A. Hawkins.
P. H. Watson, M.D.
T. Mines.

(No. 3.)

LETTER from the Director-General to Dr. *Hall*, Principal Medical Officer, *Crimea*, relative to the Assistant Surgeons' Memorial.

(15440—26-L.)

Army and Ordnance Medical Department,
17 August 1855.

Sir,

I HAVE the honour to acknowledge the receipt of your letter of the 31st ultimo, forwarding, for my consideration and transmission to the Minister-at-War, a memorial from certain assistant-surgeons of the army serving in the Crimea, praying for an amelioration of their condition, and certain advantage in point of rank and retirement.

In returning the enclosure, I regret to have to inform you that it is not in my power to forward it for the consideration of Lord Panmure, as it contains at least one statement which I do not admit to be correct. The statement is as follows:

"That promotion appears at the present time to be conducted on no definite plan, and is not regulated as it should be by consideration of merit, seniority, or services in the field."

Independently of this reason, I also consider the document one I could not with propriety forward to Lord Panmure, as it purports to be suggestions for the improvement of the department, simply by a body of assistant-surgeons, by far the majority of whom can scarcely be supposed yet to thoroughly know the working of the present system, or what would be the effects of what they propose.

I have, &c.
(signed) *A. Smith*,
Director-General.

Appendix, No. 3.

CORRESPONDENCE referred to in the Second Examination of Dr. *A. Smith.*

(No. 1.)

My dear Burrell,

A force of 10,000 is about to leave this for Malta, so that you will soon find yourself a man of more importance than you perhaps think yourself at present, because there is no medical officer with the force senior to you; therefore if it is disembarked, you will as a matter of course assume the superior medical charge, and if it is not, but be ordered to proceed at once to the Eastward, you will have to embark and accompany it as principal medical officer. So many doubts exist at present that no definite step will be taken in reference to the principal medical officer till it be ascertained that Malta will not be the furthest point the expeditionary troops will reach; if I receive a letter from you saying you have sailed for Constantinople I will then recommend you for a step of promotion, which I have arranged will be at once granted. Appendix, No. 3.

If you leave Malta you must put the senior regimental surgeon in charge of the department until I can supply a staff-surgeon for the station. A purveyor is to accompany the force as well as a purveyor's clerk. I am wavering about Ward. I greatly wish to recommend him, still I fear he will not, on account of his age, be equal to the duty. I really feel perplexed. I wish you would give me your opinion on the point overland, and as soon as possible; if you feel he will be all you want, I will know how to act; perhaps I may have to decide before I hear from you; I hope not. Each regiment will have three active medical officers, and you will besides have three staff-surgeons, first class, Dumbreck, Linton, and Mitchell; three staff-surgeons, second class, Matthew, Reade from Corfu, and a third not yet fixed; also six good staff assistant-surgeons for hospital duty, and one assistant-surgeon to take charge of stores, making 13, exclusive of yourself; more will be furnished if wanted. I wish you to try and ascertain, as soon as possible, what we may expect in the shape of disease, as the staff will not be sufficient if much is to be feared.

I suppose the country beyond Constantinople is swampy, and therefore we will have intermittent and remittent fevers. I see in the papers the troops in the field are suffering from typhus, erysipelas, and hospital gangrene. I will trust to your getting all you can in reference to sickness from persons you may find in Malta, and letting me hear from you with all possible despatch. Your letter may cause me to adopt some additional measures. I send you a list of the medicines and instruments which will be embarked on the 20th, and if you wish anything not ordered to be sent, note them. I am afraid you will not be able to read this, as I write in such haste, being overwhelmed with work.

Yours, &c.

13 February 1854. (signed) *A. Smith.*

(No. 2.)

My dear Burrell,

You will by this post receive an official for yourself, and one for Mr. Ward, whom I congratulate. You will also, soon after the post reaches Malta, be informed by General Ferguson that you must be ready to leave with the first part of the expeditionary force which proceeds onwards to Constantinople. Of course you will make all arrangements, and take every necessary step to assume the duties of principal medical officer of the army under command of Lord Raglan. Your task will be no easy one, but I feel satisfied you will execute your duties with judgment and energy. I am about recommending you for the rank of Deputy Inspector-general of Hospitals. It is expected the force will shortly be increased; then also will there be an increase of medical staff, and the charge will become that of an inspector-general. You will shortly have lists of the medicines, instruments, surgical materials, hospital stores, medical comforts, &c., which are being embarked under charge of Mr. Jenner, purveyor's clerk. Have you any person you would wish to take as your own clerk? If you have not, I must send you one. Let me know immediately.

The staff will be—

Staff-surgeons, 1st Class:
- Dr. Dumbreck,
- „ Linton,
- „ Mitchell,
- „ Alexander, 20th Regiment,
- „ Tice,

Assistant-Surgeons,
- Mr. Matthew, 2d Class.
- „ Reade, Corfu.
- „ Marlow.

Appendix, No. 3.

Assistant-Surgeons,

Mr. Meikleham.
„ Anderson.
„ Brown, 94.
„ Smith, &c.

In the course of a few days I will be able to write you more in detail. At present I scarcely know whether I am standing on my head or my feet. You never saw such a bustle, and such energy to get everything ready for the expedition. Let me hear from you as soon as possible; and while matters are progressing take every opportunity of giving me a line.

Yours, &c.
22 February 1854. (signed) *A. Smith.*

(No. 3.)

My dear Burrell,

I HOPE you are getting ready to leave with the 1st Division for the land of the Turks. I suppose you will soon have the first quota in Malta. Many other regiments are about to embark, so that I expect the force ere long will consist of 25,000 men, and will be considered entitled to an inspector-general. Hall has been ordered to join immediately, as he is the first deputy inspector-general for promotion. No doubt you and he will get on well. You will be second; and I suppose the deputy inspector-general of the First Division, which I hear will be under General Brown, the second senior; at least so far as we yet know here. A very large medical staff will be supplied, so that there will be no want of doctors. An additional supply of medicines, surgical instruments and materials, hospital stores, medical comforts, &c., are being got ready, and will soon be sent on. If you think of anything you could wish to have which is not in list, write me. Nothing will be refused which is likely to be useful. I am expecting daily to hear from you in reply to my first letter.

Yours, &c.
2 March 1854. (signed) *A. Smith.*

(No. 4.)

Left London 24 March 1854.

My dear Burrell,

Now that the force has been increased, and I am not able, as you will easily understand, to give you two steps at once so as to keep you supreme; I write this to say I am prepared to send you an order to proceed to Bombay if you desire it; if you do not, you will of course be a deputy inspector-general, senior to the other three, and second in command. I am very anxious to know your wishes in that respect, so you must not lose a moment in replying. I hope the offer I now make you, whether you accept it or not, will prove to you that I am not heedless of your interests and feeling.

We are hourly expecting the reply to the ultimatum, and if it be what everybody expects it will be, you will soon find yourself reinforced by some 80 or 100 staff medical officers; you will, for a time at least, have a heavy charge. General Brown leaves to-day, and intends taking Alexander with him to Turkey; tell A. that he must, on landing, ascertain what houses may be got for hospital accommodation, what situations are the most healthy, and what kind of water is obtained for drinking and culinary purposes. I will be glad to hear from him as soon as he has completed his inquiries. Mrs. Smith unites with me in kind regards to Mrs. B.

I am, &c.,
(signed) *A. Smith.*

I fear you will find yourself short of bedding for sick.

(signed) *A. S.*

(No. 5.)

Left London 31 March 1854.

My dear Burrell,

I FEEL determined not to act, as I fear you have done; I am convinced were the public to judge between you, I, and the service, I would be pronounced as having acted fairly and kindly to you, but I have some doubt if it would consider you to have acted generously to me. You ought to be aware, if you are not, that it is not in my power to have you made an inspector-general, and further that I dare not consistently with the practice of the service, leave an army of 30,000 men under the medical charge of a deputy inspector-general; I

feel

feel convinced you will, when the ebullition is over, see that I have rendered you every possible justice, more especially when you receive my letter, which was despatched a few days ago, *viâ* Marseilles. If, however, you cannot come to this conclusion, I shall not resist your wish, but shall at once recommend that you be permitted to retire; only I will not be able to attempt that till you give over charge to the inspector-general, or the deputy inspector-general, viz., Dr. Dumbreck.

If I could bring myself to wish you any misfortune, it would be that you should have my duties to perform for only six months; they are bitter enough, and you have not failed to add to the cup of bitterness; however, I forgive all who have caused me what I regard unmerited pain, and in return for such, wish them every comfort and happiness.

I am, &c.,
(signed) *A. Smith.*

It is now 9 o'clock P. M. of the 28th March, just nine hours since I received your letter, and my disappointment has not yet abated, nor has the pain which the treatment I have experienced in the slightest degree diminished; I hope both will be less acute after a sleep.

You are of course aware that Dr. Hall is the senior of the deputy inspectors-general, and therefore the first for promotion, unless he can be regarded as disqualified. Do you recollect where Robertson was serving when he was promoted to Gibraltar?

Army and Ordnance Medical Department,
20 February 1854.

Sir,

IT having been decided that a medical staff shall accompany the force intended for service in Turkey, I have to request you will be prepared to receive from the Lieutenant-general, commanding in Malta, an order to join that force as principal medical officer.

If the troops disembark or land for a time at Malta, you will make arrangements so as to leave with the first vessels which proceed, in order that you may reach Constantinople as soon as any part of the force, and so be enabled to provide for the wants of the division you yourself accompany, as well as those of the corps which may follow; that is, provided the whole force do not depart at the same time.

A purveyor and a purveyor's clerk have been appointed, and as the former is with you at Malta, you will, as a matter of course, carry him along with you to be employed as may be necessary when the troops reach their destination. The clerk, a very active able man, is at present being employed here, and will leave as soon as all the stores, &c. have been embarked, and he has received the necessary information in reference to them; he has been instructed in his duties by Mr. Pratt.

I enclose for your information a copy of a letter I have addressed to the Military Secretary in reference to your appointment.

I have, &c.
(signed) *A. Smith,*
Director-General.

Dr. Burrell, P. M. O., &c. &c. &c.,
Malta.

(Immediate.)

Army and Ordnance Medical Department,
18 February 1854.

Sir,

I HAVE the honour to submit that Dr. Burrell, staff-surgeon of the first class, and now serving at Malta, be approved as principal medical officer for the expeditionary force about to proceed up the Mediterranean, and that Lieutenant-general Ferguson, commanding the troops at Malta, be informed of this arrangement, and desired to direct Dr. Burrell to accompany the first body of troops which may be sent from Malta for Constantinople, or in the event of no troops landing at Malta, that he (Dr. Burrell) shall otherwise proceed to join the force, and on arrival he will report himself to Lord Raglan, or the general commanding.

I have, &c.
(signed) *A. Smith,*
Director-General.

The Military Secretary, &c. &c. &c.,
Horse Guards.

P. M. O.'s Office, Malta,
16 March 1854.

Sir,

YOUR official letter of 18th February to the Military Secretary, in which my name is submitted as "principal medical officer for the expeditionary force about to proceed up the Mediterranean," led me to believe that under any augmentation I should be considered competent to the medical charge of that army. Finding, however, by your communication received this day, that I am to be superseded, not only by an officer of the same standing as myself, and who has had a large share of the rewards of the department, but that he is to be brought from India to reap the fruits of a quarter of the world which others have confi-

Appendix, No. 3.

dently looked forward to as their right, I beg to decline the small recompense, now intended, for many years of zealous, and, I flatter myself, useful service.

In consequence of the above change in your arrangements, I have the honour to request you will immediately submit my name to the Right honourable the Secretary-at-War for retirement from the service in my present rank, agreeable to the conditions of the War Office Warrant, applicable to officers of my standing, and trust it will be convenient to you to relieve me from my present charge without delay.

I have, &c.
(signed) *W. H. Burrell*, M. D.,
Staff Surgeon, 1st Class,
P. M. O.

Dr. A. Smith,
Director-General,
A. and O. Medical Department.

Army and Ordnance Medical Department,
31 March 1854.

Sir,

In acknowledging the receipt of your letter of the 16th inst., relative to the appointment of Dr. Hall as principal medical officer of the expeditionary army proceeding to Turkey, and requesting in consequence that you may be recommended for retirement upon half-pay, and relieved from your present charge, I have to express my regret that you should feel so dissatisfied at my having simply observed the usual practice of the service. If I do not receive another letter from you making a different request, I will on your reporting to me that you have given over charge to Dr. Hall, if you find him at Constantinople on your arrival, or to Deputy Inspector-general Dr. Dumbreck, in the event of Dr. Hall not being there, take measures to secure for you the retirement you appear to desire.

I have, &c.
(signed) *A. Smith*,
Director-General.

Dr. Burrell,
Deputy Inspector-General of Hospitals,
&c. &c. &c.

Army and Ordnance Medical Department,
15 April 1854.

Sir,

Agreeably with the wish expressed in your official letter, under date 16 March last, and your private one of the 1st inst., I have the honour to inform you that I have recommended that your promotion to the rank of Deputy Inspector-general of Hospitals be cancelled, and that you be permitted to retire upon half-pay as a staff-surgeon of the first class.

Should this communication reach you at Malta, it will not be necessary for you to proceed to Gallipoli, as a Deputy Inspector-general of Hospitals will start this evening for that station, travelling *viâ* Trieste.

Staff Surgeon of the First Class, Dr. Armstrong, has been ordered to succeed you at Malta, and the moment he arrives and takes overcharge, you may leave for this country.

In conclusion, I sincerely regret that you have compelled me to find you the opportunity of thus retiring from the service. I wish you had acted otherwise.

I have, &c.
(signed) *A. Smith*,
Director-General.

Dr. Burrell,
Deputy Inspector-General,
&c. &c. &c.
Malta.

Army and Ordnance Medical Department,
13 May 1854.

Sir,

It is with pain I have felt myself compelled this day to request the General Commanding-in-chief to authorise Lord Raglan to relieve you from duty with the army in Turkey, and appoint Deputy Inspector-general, Dr. Dumbreck, principal medical officer, provided Dr. Hall shall not have arrived from India.

I deeply lament that you should have constrained me to resort to such a proceeding, and what I even more regret is, that your own injunction to me should have left me no alternative but to have your promotion cancelled, and permission given you to retire upon half-pay.

I have, &c.
(signed) *A. Smith*,
Director-General.

Dr. Burrell,
Staff Surgeon 1st Class, with Lord Raglan's Army.

Appendix, No. 3.

Army and Ordnance Medical Department,
12 June 1854.

Sir,

In reply to your letter from Marseilles, dated 8th instant, I have the honour to inform you it is not indispensable for you to repair to London. You have only to report to me your arrival at Boulogne in order that I may be able to give effect to your wishes.

As I did not keep copies of the private letters I addressed to you in reference to my intentions towards yourself, and other matters, I will feel greatly obliged if you will either supply me with copies, or permit me to have the originals for the time necessary to admit of copies being made.

I have, &c.

W. H. Burrell, Esq., M. D.,
Staff Surgeon, &c. &c. &c.

(signed) *A. Smith*,
Director-General.

Army and Ordnance Medical Department,
25 July 1854.

Sir,

With reference to your letter of the 16th March last, wherein your request that I will immediately submit your name to the Right Honourable the Secretary-at-War for retirement from the service in your present rank, I have the honour to inform you, that on the 17th April last I communicated, though with reluctance, your wish to the General Commanding-in-chief, and I have now to inform you that his Lordship has no objection to your being placed upon half-pay from the 24th June 1854 inclusive, at the rate of 17*s.* per. day.

Having already more than once expressed to you the regret I experienced in consideration of the course you had thought proper to adopt, I need not repeat it on the occasion of announcing to you, that your request of the 16th March last has been complied with, and that I feel the Army Medical Department will in consequence be deprived of the services of a most able and efficient medical officer.

I have, &c.

Dr. W. H. Burrell,
Staff Surgeon, &c. &c. &c.

(signed) *A. Smith*,
Director-General.

War Office, 19 October 1855.

Sir,

In acknowledging the receipt of your letter of the 13th instant, transmitting bills for filtering machines supplied to the camp hospitals at Shorncliffe and Aldershott, I am directed to request that you will inform me under what authority the articles in question were supplied.

I have, &c.

The Director-General,
Army Medical Department.

(signed) *B. Hawes.*

(Correct copy.) *H. P.*

Army and Ordnance Medical Department,
24 October 1855.

Sir,

In reply to your letter of the 19th instant, desiring to be informed under what authority certain filtering machines were supplied to the camp hospitals at Shorncliffe and Aldershott, I have the honour to state that I had no authority to purchase them beyond what I have for months possessed, namely, to buy whatever I considered absolutely necessary.

The articles were wanted for immediate use, and when they could not be obtained so immediately, by having recourse to the ordinary methods of supply

I may here state that this authority, I conceive, I have from what passed in conversation between the Duke of Newcastle, Mr. Herbert, and myself on various occasions, and which authority I have hitherto exercised to a considerable extent; on some of the occasions to which I refer I think you were present.

I have, &c.

(signed) *A. Smith*,
Director-General.

The Deputy Secretary-at-War,
&c. &c. &c.

(Correct copy.) *H. P.*

Appendix, No. 3.

Sir, War Office, 3 November 1855.

I AM directed to acquaint you that Sir John Kirkland has been authorised to pay to Messrs. Lipscombe & Co., 93, Regent-street, the sum of Twenty-three pounds Six shillings (23 *l.* 6 *s.*) for filters supplied to the camps at Aldershott and Shorncliffe, and that the Secretary-at-War approves of your ordering at all times the purchase of such things as you may consider necessary.

The bill is returned herewith.

I have, &c.,
(signed) *B. Hawes.*

The Director-General
Army Medical Department.

(Correct Copy, *H. P.*)

Appendix, No. 4.

Appendix, No. 4.

2.

Sir, Army Medical Department, 26 April 1856.

I HAVE the honour to forward, for the consideration of the Minister for War, the enclosed Memorial of the Army Medical Officers serving in the Crimea; together with a copy of a letter from Sir J. Hall, K.C.B., Inspector-general of Hospitals, giving cover to it.

I feel, as I expressed in my letter of the 29th October last, and in the documents which accompanied it, that the Army Medical Officers have a fair claim to what they solicit.

During the first year of the war, they had to encounter many difficulties and to contend with great disadvantages; but in proportion as those were removed, and moderate facilities afforded them, so did their efficiency increase; and now the medical arrangements are all that any state can desire, and, I do not hesitate to assert, superior to any that have ever been witnessed, either in the British army or in that of any other country.

I state this deliberately, in the perfect conviction that I am not affirming more than I can prove. Hence, I assume, it will not be considered unnatural that I should earnestly entreat the powerful support of his Lordship in behalf of the prayer of the memorialists.

I have, &c.
(signed) *A. Smith*,
Director-General.

The Under Secretary of State for War,
&c. &c. &c.
War Department, Whitehall Gardens.

Petition of Medical Officers to Her Most Gracious Majesty.

Sir, Head Quarters, Camp, Crimea, 12 April 1856.

THE medical officers of this army have addressed a humble petition to Her Majesty, praying that She will be graciously pleased to cause the warrant for improving the status and pay of the officers of the Medical Department of the Army, which was approved and recommended by the Minister of State for War, and disallowed by the Lords Commissioners of the Treasury, to be reconsidered by their Lordships.

Of the provisions of this warrant I am personally in utter ignorance, and know not whether it has been wholly, or only in part, rejected by the Lords Commissioners of the Treasury; but to you, who must be better informed on the subject, I forward the enclosed, knowing well, from the energetic manner in which you have already exerted yourself for the good of the department, that what is proper and expedient in the matter will be efficiently carried out by you.

Though I am ignorant of the provisions of the warrant for benefiting the medical officers of the army, I cannot plead the same to their laborious and unwearied exertions; and I am happy in having an opportunity of bearing testimony to their merit, which I can very fairly and conscientiously do, having witnessed, without a single day's interruption, their labours for the last year and three-quarters.

I have, &c.
(signed) *John Hall*,
Inspector-General of Hospitals.

Dr. Andrew Smith,
Director-General Army Medical Department.

A MEMORIAL from the undersigned ARMY MEDICAL OFFICERS serving with the British Army in the East, to the QUEEN'S Most Gracious MAJESTY.

Humbly sheweth,

THAT some months ago a large number of their body respectfully submitted to the consideration of Your Majesty's Secretary of State for War certain points, with respect to their pay and status, in which they conceived that they laboured under disadvantages which it was desirable to remove.

Your memorialists with satisfaction received the assurance that Your Majesty's Secretary of State for War, and the Director-general of Your Majesty's Army Medical Department, were impressed with a conviction that it was desirable to make the army surgeons' condition better than it had hitherto been, and it was announced to Your Majesty's Commons that a warrant,

a warrant, having in view the amelioration referred to, had been sent from the War Office, recommended by Your Majesty's Secretary of State for War, to Your Majesty's Treasury.

Your memorialists have since learned with regret that notwithstanding that statement, publicly and officially made, the Commons were informed by Your Majesty's responsible Minister of Finance, just before the conclusion of peace, that Your Majesty's Treasury had not thought it consistent with their duty to accede to its adoption.

Your memorialists therefore beg to submit for Your Majesty's gracious consideration,

That Your Majesty be graciously pleased to cause further inquiry to be made into their alleged grievances, with a view, if found just, to their being redressed.

And they venture to express a hope, that the reports which have been furnished to Your Majesty respecting the manner in which your memorialists have performed their professional duties throughout the trying period of the late war, may have been such as to induce Your Majesty to lend a favourable ear to their respectful appeal and memorial.

And your memorialists will, as in duty bound, ever pray.

Camp, Sevastopol, 11 April 1856.

Highland Division.

T. G. Logan, Deputy Inspector-general of Hospitals.
Robert Smith, 1st Staff Surgeon.

W. C. Seaman, M. D., Surgeon, 72d Highlanders.
Edmund H. Roberts, Assistant Surgeon, 72d Highlanders.
Theodore William Rutter, M. D., Assistant Surgeon, 72d Highlanders.

R. B. Smyth, Assistant Surgeon, 1st Royals.
Angus J. Mackay, M. D., Assistant Surgeon, 2d Battalion, Royal Regiment.
Thomas Knox Birnie, Assistant Surgeon, Royal Regiment.

Thomas Parr, Staff Surgeon, 2d C., in medical charge 2d Battalion, 1st Royal Regiment.
Robert Atkinson, Assistant Surgeon, Royal Regiment.
Charles B. Hearn, Surgeon, Royal Regiment.
Alexander Reid, Staff Assistant Surgeon.

Archibald William P. Pinkerton, M. D., Staff Assistant Surgeon.

T. M. Sunter, S. S., 2d Class.
William Alexander Mackinnon, Assistant Surgeon, 42d Royal Highlanders.
Alexander Maclean, Assistant Surgeon, 42d Royal Highlanders.

T. G. Scot, M. D., Surgeon, 79th Highlanders.
James N. Bell, M. D., Assistant Surgeon, 79th Highlanders.
Andrew K. Drysdale, Assistant Surgeon, 79th Highlanders.
Edward Menzies, 2d C. S. Surgeon.

S. B. Roe, M. D., 92d Highlanders.

James M. Beatty, S. A. S.
William Munro, M. D., Surgeon, 93d Highlanders.
Robert Menzies, Assistant Surgeon, 93d Highlanders.
W. H. Pollard, Assistant Surgeon, 93d Highlanders.
J. Snelden Furlong, M. D., Surgeon, 42d Royal Highlanders.
Alfred Hooper, Assistant Surgeon, 42d Royal Highlanders.

Light Division.

T. Alexander, Inspector-general.

Ed. J. Burton, M. D., S. S. First Class.
J. Fraser, M. D., Surgeon, Second Battalion Rifle Brigade.
John B. C. Reade, Assistant Surgeon, Second Battalion Rifles.
Geo. H. Finlay, Assistant Surgeon, Second Battalion Rifles.
J. L. Brown, Assistant Surgeon, Rifle Brigade.

T. Moorhead, M. D., Surgeon, 7th Royal Fusiliers.
T. Egerton Hall, B. A., Assistant Surgeon, Royal Fusiliers.
Charles Ricketts, Assistant Surgeon, Royal Fusiliers.
Thomas Sheehy, M. D., Royal Fusiliers.

W. M. Muir, M. D., Surgeon, 33d Regiment.
John Ogilvy, M. B., Assistant Surgeon, 33d Regiment.
Thomas Clark, Assistant Surgeon, 33d Regiment.
J. Vernon Seddall, M. D., Assistant Surgeon, 33d Regiment.

W. Godfrey Watt, Surgeon, 23d R. W. Fusiliers.
Henry T. Sylvester, M. D., Assistant Surgeon, 23d Fusiliers.

Appendix, No. 4.

Charles Frederick Morris, Assistant Surgeon, 23d R. W. Fusiliers.
T. S. Hollingsworth, Staff Assistant Surgeon, attached to 23d R. W. Fusiliers.

Thomas Longmore, Surgeon, 19th Regiment.
W. Marshall Webb, Assistant Surgeon, 19th Regiment.
Exham Long Hiffernan, Assistant Surgeon, 19th Regiment.
Sam. J. Bayfield, Assistant Surgeon, 19th Regiment.

John Dunlop, M. D., Surgeon, 88th Regiment.
T. R. Williams, M. B., Assistant Surgeon, 88th Regiment.
William Harris, Assistant Surgeon, 88th Regiment.
R. W. Meade, Assistant Surgeon, 88th Regiment.

E. J. Franklyn, Surgeon, 77th Regiment.
R. G. Burton, M. D., Assistant Surgeon, 77th Regiment.
W. T. Paliologus, Assistant Surgeon, 77th Regiment.
Thomas Stawell Barry, Assistant Surgeon, attached to 77th Regiment.

Robert W. Jackson, Assistant Surgeon, 90th L. I.
Douglas Arthur Reid, M. D., Assistant Surgeon, 90th L. I.
Charles Robert Nelson, Assistant Surgeon, 90th L. I.

P. H. E. Cross, Surgeon, 97th Regiment.
J. H. Porter, Assistant Surgeon, 97th Regiment.
Edward M. Sinclair, M. D., Assistant Surgeon, 97th Regiment.
Allen Bryson, M. D., Assistant Surgeon, 97th Regiment.

R. J. Worthington, Assistant Surgeon, 34th Foot.
W. Haward, Assistant Surgeon, 34th Foot.
E. M. Wrench, Assistant Surgeon, 34th Foot.

Grahame Young, Assistant Surgeon, 60th Rifles.
Alfred M. Tippetts, S. A. S.

J. Ewing, Staff Surgeon, 2d Class.
George Baly, Staff Assistant Surgeon.
George Peacocke, M. D., Staff Assistant Surgeon.
Cyrus O'Daniell, Assistant Surgeon, attached to R. A.

First Division.

J. E. Williams, Deputy Inspector-general of Hospitals.
William Sall, M. D., Staff Surgeon, First Class.
J. Skelton, Battalion Surgeon, Coldstream Guards.
George E. Blenkins, Surgeon, Grenadier Guards.
Robert Thornton, Surgeon, 9th Regiment.
W. T. Hoskin, Surgeon, 31st Regiment.
D. P. Barry, Surgeon, 13th Light Infantry.
William Deeble, Surgeon, 56th Regiment.

Henry J. H. Lawrence, Assistant Surgeon, Grenadier Guards.
Constantine Read, Assistant Surgeon, Grenadier Guards.
Frederick Gust Hamilton, Assistant Surgeon, Grenadier Guards.
A. G. Elkington, Assistant Surgeon, Scots Fusilier Guards.
Francis B. Baker, Assistant Surgeon, Scots Fusilier Guards.
George Perry, Assistant Surgeon, Scots Fusilier Guards.
Charles Moore Jessop, Staff Assistant Surgeon.

T. L. Rogers, Assistant Surgeon, Coldstream Guards.
F. Bowen, M. D., Assistant Surgeon, Coldstream Guards.
John Wyatt, Assistant Surgeon, Coldstream Guards.
W. Grantt, Assistant Surgeon, 31st Regiment.
Thomas J. Atkinson, Assistant Surgeon, 21st Regiment.
J. Meane, Staff Assistant Surgeon.
Robert Henry Beale, Staff Assistant Surgeon.
William Brown, M. D., Assistant Surgeon, 13th Light Infantry.
John N. Shipton, Staff Assistant Surgeon.
P. N. Jackson, Assistant Surgeon, 13th Light Infantry.
Robert Turner, Acting Assistant Surgeon.
F. W. Knox, Assistant Surgeon, 56th Regiment.
D. Campbell Taylor, M. D., Assistant Surgeon, 56th Regiment.
S. S. Skipton, M. D., Assistant Surgeon, 56th Regiment.

Medical Officers of the Second Division.

Medical Staff.

Francis Reynolds, Staff Surgeon, 2d Class.
John H. Robotham, Staff Assistant Surgeon.

Royal

Royal Artillery.

G. P. M. Woodward, M. D., Assistant Surgeon.
Thomas Wyly, B. A., Acting Assistant Surgeon.

3d Buffs.

J. Burke, Surgeon, the Buffs.
Thomas Teevan, Assistant Surgeon, the Buffs.
Theo. Dolan, Assistant Surgeon.

30th Regiment.

R. R. Dowse, Surgeon, 30th Regiment.
Bradford Stiles, Staff Assistant Surgeon, Attached.
William R. Brock, Acting Assistant Surgeon, Attached.

41st Regiment.

J. E. Scott, M. D., Surgeon, 41st Regiment.
Frederick T. Abbott, Assistant Surgeon, 41st Regiment.
A. D. Gulland, Assistant Surgeon, 41st Regiment.
R. Hungerford, Assistant Surgeon, 41st Regiment.

47th Regiment.

William Walter Weld, Surgeon, 47th Regiment.
William Alexander White, M. D., Assistant Surgeon, 47th Regiment.
Henry Grange, Assistant Surgeon, 47th Regiment.

49th Regiment.

J. H. Bews, Surgeon, 49th Regiment.
James Hannan, Assistant Surgeon, 49th Regiment.
John Adrien, Assistant Surgeon, 49th Regiment.
William Menzies Calder, Assistant Surgeon, 49th Regiment.

55th Regiment.

Ethelbert H. Blake, M. D., Surgeon, 55th Regiment.
W. J. Rendell, Assistant Surgeon.
J. Folliott, Acting Assistant Surgeon, Attached to Head Quarters, Second Division.

62d Regiment.

Dudley Hanley, M. D., Surgeon, 62d Regiment.
J. E. Young, M. D., Assistant Surgeon, 62d Regiment.
Sydney Alder, Assistant Surgeon, 62d Regiment.
H. J. Randell, Assistant Surgeon, 62d Regiment.

95th Regiment.

Stanhope H. Fasson, M. D., Surgeon, 95th Regiment.
Robert Ferguson, Assistant Surgeon, 95th Regiment.
Jno. Clarke, Assistant Surgeon, 95th Regiment.
G. M. Swinhoe, Assistant Surgeon, 95th Regiment.

Third Division, and General Hospital in Camp.

J. R. Taylor, Deputy Inspector-general.
J. Mouat, Deputy Inspector-general.
Geo. G. Robertson, M. D., 1st Class Staff Surgeon.
R. V. De Lisle, Surgeon, 4th K. O. Regiment.
James Ekin, M. B., Assistant Surgeon, 4th K. O. Regiment
John Erskine, M. D., Assistant Surgeon, 4th K. O. Regiment.
A. Hawkins, Assistant Surgeon, 4th Foot.
W. M. Dowding, Staff Surgeon, 2d Class.

Thomas Crawford, M. D., Surgeon, 18th Regiment.
Edward C. Ryall, Assistant Surgeon, 18th Regiment.
John Ray Philip, M. B., Assistant Surgeon, 18th Regiment.

B. W. Marlow, M. D., Surgeon, 28th Regiment.
W. H. Brice, A. B., Assistant Surgeon, 28th Regiment.
C. G. Irwin, Assistant Surgeon, 28th Regiment.

Frederick Wall, Surgeon, 38th Regiment.
Digby W. Lawlor, Assistant Surgeon, 38th Regiment.
J. H. Lewis, Assistant Surgeon, 38th Regiment.
W. Younge Jeeves, Assistant Surgeon, 38th Regiment.

John H. Ross, Assistant Surgeon, 39th Regiment.
James Mee, Surgeon, 44th Regiment.
John Johnson, Assistant Surgeon, 44th Regiment.

Appendix, No. 4.

Philip S. Warren, M. D., Surgeon, 50th Regiment.
Edward G. Noott, Assistant Surgeon, 50th Regiment.
Geo. F. Davis, Assistant Surgeon, 50th Regiment.

George J. King, A. B., M. B., Staff Surgeon, 2d Class.

J. Wells, Assistant Surgeon, 89th Regiment.
Matthew Combe, M. D., Staff Surgeon, 2d Class.
W. Fletcher, Assistant Surgeon, Medical Staff.
P. J. Clarke, Staff Surgeon, 2d Class.
J. Read, Acting Assistant Surgeon.

Fourth Division.

T. D. Hume, Deputy Inspector-general.
J. Bent, Staff Surgeon, 1st Class.

48th Regiment.

Augustus Shelton, M. B., Surgeon, 48th Regiment.
P. M'Dermott, M. B., Assistant Surgeon, 48th Regiment.
W. Hemphill, M. D., Assistant Surgeon, 48th Regiment.

63d Regiment.

Henry Crisp, Surgeon, 63d Regiment.
W. Wilson Mills, Assistant Surgeon.
P. J. Hoey, Assistant Surgeon.

68th Regiment.

Alexander Johnstone, M.D., Assistant Surgeon, 68th Regiment.
Edward Young Kellett, Assistant Surgeon, 68th Regiment.
Augustus P. M. Corbett, M.D., Assistant Surgeon, 68th Light Infantry.

57th Regiment.

W. H. MacAndrew, M.D., Surgeon, 57th Regiment.
M. J. Griffin, Assistant Surgeon, 57th Regiment.
W. Ferguson, 57th Regiment.

21st Regiment.

James C. Smith, Assistant Surgeon, 21st Regiment.
Arthur J. Greer, Assistant Surgeon, 21st Regiment.
John H. West, M.D., Assistant Surgeon, 21st Regiment.

20th Regiment.

Edward Howard, Surgeon, 20th Regiment.
Rowland Winburn Carter, Assistant Surgeon, 20th Regiment.
Richard Wolseley, Assistant Surgeon, 20th Regiment.

17th Regiment.

W. P. Ward, Surgeon, 17th Regiment.
T. Gordon Bone, M.D., Assistant Surgeon, 17th Regiment.
Walter M. Gibaut, Assistant Surgeon, 17th Regiment.

Rifle Brigade, First Battalion.

Robert Bowen, Surgeon, Rifle Brigade.
W. Purcell Williams, Assistant Surgeon, 1st Battalion, Rifle Brigade.
F. De Chaumont, M.D., Assistant Surgeon, 1st Battalion, Rifle Brigade.

46th Regiment.

Vere Webb, Surgeon, 46th Regiment.
C. C. Dempster, Assistant Surgeon, 46th Regiment.
Ralph Robert Scott, Assistant Surgeon, 46th Regiment.

Land Transport Corps.

J. W. Shiell, M.B., Staff Assistant Surgeon.
William Ramsay, M.D., Staff Assistant Surgeon.
J. A. Fraser, M.D., Staff Surgeon, 2d Class.
J. G. Leask, Acting Assistant Surgeon.
David Gring, M.D., Staff Assistant Surgeon.
John Duggin, Staff Assistant Surgeon.

Balaklava Division.

Staff Surgeons, 1st Class.

G. S. Beatson, M. D., Principal Medical Officer.
Robert Templeton, P. M. O., Warren's Brigade.
W. Matthew, in Medical Charge Castle Hospital.

Surgeons.

Henry Huish, M. D., in Medical Charge General Hospital.
W. Chalmers, M. D., 14th Regiment.
G. Woodman, M. D., Surgeon, 39th Regiment.
J. P. Street, M. D., Assistant Surgeon, 39th Regiment.
H. D. Fowler, 82d Regiment.
George S. King, A. B., M. B., 89th Regiment, Staff Surgeon 2d Class, in Medical Charge of Hospital Transport.
Wellington W. W. Poole, Staff Surgeon 2d Class, ditto, ditto, "Severn."
J. M. S. Fogo, Surgeon, Royal Artillery.
James Jackson, S. S., 27, Castle Hospital.
George Williamson, M. D., ditto.

Assistant Surgeons.

Humphry Atkinson, General Hospital.
John C. Knipe - - ditto - ditto.
S. Roch, Assistant Surgeon, Royal Artillery.
John Martin Hyde, Assistant Surgeon, 14th Regiment.
William Henry Price, Assistant Surgeon, 14th Regiment.
O. B. Miller, 11th Hussars.
A. E. Jacob, M. R. C. S., Assistant Surgeon, 82d Regiment.
Jeffrey A. Marston, M. D., Staff Assistant Surgeon.
Thomas Mines, Staff Assistant Surgeon.
William Carte, M. B., D. S. Staff Assistant Surgeon.
A. M. Humphrey, M. B., Assistant Surgeon, 39th Regiment.
Thomas Rhys, Staff Surgeon, 2d Class.
William Stockwell, Staff Assistant Surgeon.
W. Rutherford, A. B., M. D., Staff Surgeon.
F. Holton, A. B., M. D., Assistant Surgeon, 2 C., Queen's Royal Regiment.
R. C. Elliot, sen., Surgeon.
Henry Briscoe, M. D., Surgeon, Royal Artillery.
Nathaniel Farley, Staff Assistant Surgeon.
Nathaniel P. Betts, Assistant Surgeon, R. A.
Thomas Tarrant, M. D., Assistant Surgeon, R. A.
Joseph Barker, Assistant Surgeon, Royal Artillery.
William Haughton, M. B., Trinity College, Dublin, Assistant Surgeon, Royal Artillery.
Edward Butt, Assistant Surgeon, R. A.
Randolph Webb, Assistant Surgeon, R. A.
Henry Clifford, Assistant Surgeon, Royal Horse Artillery.
A. Scott Fogo, M. D., Assistant Surgeon, Royal Horse Artillery.
W. G. N. Manley, Assistant Surgeon, R. A.
T. J. Orton, Assistant Surgeon, R. A.
B. Tydd, Assistant Surgeon, 58th Regiment.
H. Hornsby Wright, M. D., Assistant Surgeon, R. A.

Land Transport Corps.

G. Taylor, Staff Surgeon, 1st Class.
W. T. Black, Staff Surgeon, 2d Class.
A. M'Arthur, M. D., Staff Surgeon, 2d Class.
J. Balfour Cockburn, M. D., Staff Assistant Surgeon.
Walter Leach, Staff Assistant Surgeon.
S. H. Dickerson, Staff Assistant Surgeon.
James Cruise, Assistant Surgeon.
William Henry Muschamp, S. A. S.
William Sharp.
Thomas Chaytor Beale, A. A. S.
John Wood, Staff Assistant Surgeon.
Daniel B. Huie, Staff Assistant Surgeon.
Thomas Norton Hoysted, A. A. Surgeon.
J. Lizars Lizars, A. A. Surgeon.
Robert A. Chapple, Assistant Surgeon, R. A.
N. Fowle Smith, M. D., Staff Surgeon, 2d Class.
T. Ligertwood, Assistant Surgeon, 40th Foot.
William F. D. Fabeck, Acting Assistant Surgeon.

Appendix, No. 4.

Memorial from the medical officers at Scutari, 16 April 1856.

Letter from Dr. Linton, forwarding memorial to principal medical officer, Crimea, 19 April 1856.

Sir, Army Medical Department, 12 May 1856.

WITH reference to my letter, dated the 25th ultimo, by which I forwarded a memorial from the military medical officers serving in the Crimea, I have the honour to transmit a supplement to that document from the medical officers at Scutari, in doing which I beg to state that I consider the observations I took leave to offer in forwarding the first mentioned memorial to be equally justifiable with regard to that now submitted.

I have, &c.
(signed) *A. Smith*,
Director-General.

Under Secretary of State, &c. &c. &c.,
War Department, Whitehall Gardens.

My dear Sir John Hall, Scutari, 19 April 1856.

I SEND you the memorial, which you will see has been verbally altered and improved; and which, if the others are of the same opinion, should I think be adopted instead of the rough copy of the one sent to us.

Believe me, &c.
(signed) *W. Linton.*

Sir John Hall, K. C. B., &c. &c. &c.,
The Crimea.

Scutari, 16 April 1856.

A MEMORIAL from the MILITARY MEDICAL OFFICERS, Serving with the British Army in the East, to the QUEEN'S most Gracious MAJESTY.

Humbly Showeth,

THAT some months ago a large number of their body submitted to the consideration of your Majesty's Secretary of State for War, certain points with respect to their pay, and status, in which they conceived that they laboured under disadvantages.

Your memorialists, with satisfaction, received the assurance that your Majesty's Secretary of State for War, and the Director-general of the Army Medical Department, were impressed with a conviction that it was desirable to make the position of the military medical officers better than it had hitherto been, and it was announced to your Majesty's House of Commons, that a warrant, having in view the object referred to, had been submitted by your Majesty's Secretary of State for War to your Majesty's Treasury.

Your memorialists have since learnt with regret that further proceedings with regard to this warrant have been stopped.

Your memorialists therefore most humbly beg your Majesty may be pleased to cause inquiry to be made into their grievances, with a view to their being redressed, and they venture to hope that the manner in which they performed their arduous professional duties throughout the trying period of the late war, has met with your Majesty's gracious approval, and may induce a favourable consideration of this their respectful memorial.

And your memorialists will ever pray.

W. Linton, M. D., I. G. H.
W. Cruickshank, D. I. G.
J. M. Hadaway, D. I. G.
A. S. Macdonell, D. I. G.
John Davies, Staff Surgeon, 1st Class.
J. S. Litle, Surgeon, Royal Artillery.
Thomas Park, Staff Surgeon, 2d Class.
J. Prendergast, M. D., Staff Surgeon, 1st Class.
John D. Healy, Staff Assistant Surgeon, 2d Class.
G. M. Slaughter, Staff Assistant Surgeon.
Thomas Guy, M. D., Staff Surgeon, 1st Class.
George M'Gusby Cawlon, Staff Assistant Surgeon.
Henry Downes, M. D., Staff Surgeon, 1st Class.
Robert Lawson, D. I. G.
William Odell, M. D., Staff Surgeon, 1st Class.
J. C. G. Tice, M. D., Staff Surgeon, 1st Class.
William L. Langley, M. D., Staff Surgeon, 1st Class.
Robert Cooper, Surgeon, 4th Dragoon Guards.
L. Armstrong, M. D., Assistant Surgeon, 13th Light Dragoons.
Robert F. Andrews, Assistant Surgeon, 1st Dragoon Guards.
J. Gorringe, M. D., Staff Surgeon, 1st Class.
C. Clark Rutherford, Assistant Surgeon, 2d Dragoons.
N. G. Trousdell, M. D., Surgeon, 5th Dragoon Guards.
W. Cattell, Assistant Surgeon, 5th Dragoon Guards.
David Cullen, M. D., A. S. 4th Light Dragoons.

G. A. Turnbull,

G. A. Turnbull, Surgeon, 12th Lancers.
F. H. Baxter, Surgeon, 6th Dragoons.
J. Macartney, Assistant Surgeon, 60th Rifles.
Oliver Barnett, Staff Assistant Surgeon.
S. M. Webb, M. D., Assistant Surgeon, 36th Regiment.
William Macnamara, Assistant Surgeon, 4th Dragoon Guards.
Frederic Roberts, Staff Surgeon, 1st Class.
J. H. Llewelyn, Surgeon, 2d Dragoons.
A. D. Horne, Surgeon, 13th Light Dragoons.
W. H. J. Vaine, M. D., Staff Surgeon, 1st Class.
William R. Grylls, Assistant Surgeon, 6th Light Dragoons.

MEDICAL OFFICERS' MEMORIAL.

Signatures of the Officers of the Hussar Brigade, Ismid.

George Anderson, Staff Surgeon, 1st Class.
A. Lockwood, Surgeon, 8th Hussars.
W. H. Massey, M. D., Surgeon, 17th Lancers.
Thomas Fraser, M. D., Surgeon, 10th Hussars.
Jos. Kendall, M. D., Surgeon, 4th Light Dragoons.
Thomas Hunter, M. D., Staff Surgeon, 1st Class.

To the Right Honourable the Lord Panmure, Secretary of State for the War Department, &c. &c.

The MEMORIAL of the Undersigned SURGEONS serving with the Army in the East.

Humbly showeth,

THAT we, surgeons of Her Majesty's army serving in the East, understanding that the state of the medical department is under the consideration of the Government, and believing that your Lordship and the Government have every disposition to remove any just grounds of grievance under which we may labour, as well as to extend to us a fair share of those honours and rewards which have of late been so liberally bestowed on all the other branches of the service, beg most respectfully to claim your Lordship's attention to several circumstances in our position, which we humbly conceive to be just and legitimate subjects of representation.

1st. In the first place, we consider it to be fair and reasonable that active service in the field should reckon towards promotion, as also retirement, above and over the same period passed in the colonies or at home. Some of the reasons for this claim, such as the risk of life, and exposure, so destructive to health, necessarily incidental to campaigning, are sufficiently obvious.

For some time past, more especially of late, surgeons have been brought to the Crimea from England, and from the most distant colonies, who, being slightly senior to ourselves who have been serving in the field, have been promoted over us. Thus we, who have undergone all the hardships of the campaign, and who have also acquired an amount of practical knowledge, which we fondly hoped would be our passport to promotion, are deprived of the advantages which, according to the established custom of the medical service, usually accrue to the seniors on a foreign station.

To remedy this grievance, we beg respectfully to suggest, that active employment in the field should reckon as equivalent to three times the amount of ordinary service, and that colonial service should also receive some consideration above that passed in Great Britain.

This principle is, we believe, recognised and acted upon in the other armies of Europe.

If this boon were granted, surgeons employed in the field would then feel that their exertions were appreciated and rewarded.

With regard to promotion, we trust your Lordship will not consider us presumptuous if we take the liberty of pointing out to you the necessity and expediency of some fixed principles being established, whereby it should be regulated.

We conceive it to be a grievance that civil practitioners should have been introduced to hold some of the higher appointments which might have been in the first instance offered to us, as their more legitimate claimants. While we frankly admit the necessity which recently existed for a large augmentation in the numbers of medical officers, and the value of the civil aid offered, we respectfully submit that we, the working members, were not implicated in the failure of the administrative management of the various staff departments, and, if equally competent, ought to have been preferred to civilians, having dedicated ourselves to the service of the state, and freely given our health and talents in all climates.

Had we been promoted and appointed to the charge of those hospitals which have been entrusted to civilians, the civil element co-operating with, but subordinate to us, we should have had no ground of grievance, but have cheerfully worked together. As it is, a reflection has been cast upon our competency, and men in most cases younger in years, junior to us in the profession, inexperienced in the habits and diseases of soldiers, and unused to main-

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taining discipline, have been preferred to us, who in this campaign alone have acquired an amount of practical knowledge which could only have been amassed after many years of civil practice, and whose devotion to the soldiers amid the ravages of the cholera, the havoc of the battle field, and the rigours of a Crimean winter, led us to expect that we should have been the recipients of any boons the Government had it in its power to confer. Our vacancies could have been ably filled by the seniors in the list of assistant surgeons.

Considering the speedy and extraordinary promotion which is now taking place among our military brethren, and the great responsibility of a surgeon's position, we do not think it too much to ask for a step of rank (which need not necessarily remove us from our regiments), in order to keep pace with our brethren in arms, as well as to enhance our own influence.

We respectfully submit that a surgeon's relative rank should be that of a field officer after a certain amount of full pay service, nor would it be too much to expect a participation in those honorary rewards, from which at present we are virtually excluded, partly, we suppose, from an idea that we are members of a civil department, although exposed to the fire of the enemy in the execution of our duties.

We submit that we ought to be classed amongst the purely military branches, and reap our share of the honours accorded to them; the exclusion from which, in all campaigns, we most deeply feel.

4th. Our fourth subject of grievance we consider to exist in the smallness of our pay, especially when contrasted with that of our civil brethren.

Some of us, after serving 10 years, in all climates, on 7*s.* 6*d.* a day, and after 12 or 13 years' total service, including two campaigns, are now in the receipt of 13*s.* per diem. When your Lordship considers our arduous duties by day and by night, our exposure to disease and battle, and the heavy responsibility of having so many valuable lives entrusted to us, we feel confident that you will frankly concede that our remuneration is not commensurate with our trust, nor the position which we are expected to maintain; neither is it calculated to induce a sufficient number of men of the highest professional attainments to enter the army. We would beg to represent also that we are the only branch of Her Majesty's army which does not enjoy the full pay of a new rank until two years after obtaining it.

We would remind your Lordship, among the many boons recently conferred on our military brethren, of that provision made in the Royal warrant under which captains and others, after 21 years' service, can obtain retirement on full pay, with an additional step of rank, and humbly crave the same or an equivalent indulgence for ourselves: this principle is found to act advantageously in the Honourable East India Company's service. It is scarcely necessary for us to bring to your Lordship's notice that we enter the service from six to seven years later in life than our military brethren, a period devoted to the acquirement of military knowledge, and which, we humbly submit, gives us a stronger claim to a more early retirement.

The privilege to retire on full pay, after 21 years' service, would be considered by us a great boon, as we can now only claim 13*s.* a day after 25 years' actual service.

If space permitted, it could be demonstrated that this measure would be one of the readiest means of elevating the Medical Department, and insuring its perfection.

One great grievance among us is the difficulty, and almost the impossibility of obtaining leave of absence.

Some of us, after 14 years' service in the colonies, have been refused a few days' leave to visit our relatives and friends. We, therefore, submit that the medical should be entitled to leave of absence in like proportion with other officers.

These, my Lord, are the chief points which we think it necessary to submit to your consideration.

We trust you will see in them sufficient grounds for the liberty we have taken in presenting ourselves before you in the character of memorialists.

We rejoice that the war should have secured to our military brethren so many honours and rewards. We feel that a participation in similar advantages is but justly due to ourselves. We seek only a position more in consonance with the advanced state of medical science, and our own characters as members of an honourable and learned profession.

And your memorialists will ever pray,

Crimea, 10 August 1855. &c. &c. &c.

Cavalry Division.

A. P. Lockwood, Surgeon, 8th Hussars.
A. D. Home, Surgeon, 13th Light Dragoons.
F. H. Baxter, Surgeon, 6th Dragoons.
T. B. Brush, M.D., Surgeon, Scots Greys.
A. Forteath, M.D., Surgeon, Royal Dragoons.
H. Kendall, M.D., Surgeon, 4th Light Dragoons.
Robert Cooper, Surgeon, 4th Dragoon Guards.
Thomas Fraser, M.D., Surgeon, 10th Hussars.
H. H. Massy, M.D., Surgeon, 17th Lancers.

The

The following Cavalry Surgeons are absent from the Division.

5th Dragoon Guards.—Surgeon invalided to England.
6th Dragoon Guards.—Surgeon not arrived in the Crimea.
11th Hussars.—Surgeon on out-post duty.
12th Lancers.—Surgeon invalided to England.

With the above four exceptions, the Memorial has been signed by every cavalry surgeon present in the Crimea.

STAFF SURGEONS, Second Class, in the neighbourhood of the Cavalry Division.

T. M. Sunter, M.B., Staff Surgeon, 2d Class, attached to general hospital, Balaklava.
J. P. Matthew, Staff Surgeon, 2d Class, in charge of wounded, hospital, Balaklava.
William H. MacAndrew, M.D., Staff Surgeon, 2d Class.
J. A. Fraser, M.D., Surgeon, 2d Class, in charge of St. George's Monastery Sanitorium.

FIRST DIVISION.

Grenadier Guards.

George E. Blenkins, Surgeon, Grenadier Guards.

Coldstream Guards.

Surgeon absent on sick leave.

Scots Fusilier Guards.

Surgeon absent, sick.

HIGHLAND BRIGADE.

42d Royal Highlanders.

J. Smeldon Furlong, M.D., Surgeon, 42d Royal Highlanders.

71st Highlanders.

Detached at Kertch.

72d Highlanders.

W. C. Seaman, Surgeon, 72d Highlanders.

79th Highlanders.

Edward Menzies, 2d Class Staff Surgeon, in medical charge.

93d Highlanders.

Surgeon absent on sick leave.
P. H. E. Cross, Staff Surgeon, 2d Class, in medical charge.

SECOND DIVISION.

Surgeon Hanley, 62d Regiment, on sick leave to Scutari.
J. Burke, A.B., Surgeon, 3d Regiment, "The Buffs."
William Rutherford, A.B., M.D., Staff Surgeon, 2d Class.
J. E. Scott, M.D., Surgeon, 41st Regiment.
John Davies, Surgeon, 49th Regiment.
R. R. Dowse, Surgeon, 30th Regiment.
Wm. Walter Weld, Surgeon, 47th Regiment.
Surgeon Crocker, 1st Foot, on sick leave to Scutari.
Surgeon Blake, 55th Regiment, on sick leave to England.
Surgeon Ivey, on sick leave to Scutari.

THIRD DIVISION.

1st Brigade.

1st Royals, 1st Battalion, Staff Surgeon, 2d Class.
4th Foot, R. Delisle, Surgeon, 4th K. O. Regiment.
14th Foot, Surgeon Chalmers; absent on sick leave.
39th Foot, G. Woodman, M.D., Surgeon, 39th Regiment.
50th Foot, W. G. Trousdell, M.D., Surgeon, 50th Regiment.
89th Foot, R. Gilborne, Surgeon, 89th Regiment.

2d Brigade.

9th Foot, Rt. Thornton, Surgeon, 9th Regiment.
18th Foot, Surgeon Crawford; absent on sick leave.
28th Foot, B. W. Marlow, M.D., Surgeon, 28th Regiment.
38th Foot, Frederic Wall, Surgeon, 38th Regiment.
44th Foot, James Mee, Surgeon, 44th Regiment.

Appendix, No. 4.

Fourth Division.

Camp before Sebastopol, 9 August 1855.

D. R. M'Kinnon, A.M, M.B., Surgeon, 21st Fusiliers.
Vere Webb, Surgeon, 46th Regiment.
T. C. O'Leary, S. S., 2d Class (in charge 68th Regiment).
Augustus Shelton, M.B., Surgeon, 48th Regiment.
W. T. Ward, Surgeon, 17th Regiment.
Robert Bowen, Surgeon, 1st Battalion Rifle Brigade.
Henry Crisp, M.B., Surgeon, 63d Regiment.
Surgeon Dickson, 57th Regiment (resigned).

Light Division.

Rifle Brigade:—John Fraser, M.D., 2d Battalion Rifle Brigade.
19th Regiment:—Thomas Lingmore, Surgeon, 19th Regiment.
33d Regiment:—W. M. Muir, M.D., Surgeon, 33d Regiment.
90th Regiment:—R. C. Anderson, M.D., Surgeon, 90th Light Infantry.
77th Regiment:—E. J. Franklyn, Surgeon, 77th Regiment.
7th Royal Fusiliers:—T. Moorhead, M.D., Surgeon 7th Royal Fusiliers.
34th Regiment:—J. H. Dwyer, Surgeon, 34th Regiment.
97th Regiment:—Henry Downes, M.D. Surgeon, 97th Regiment.
88th Regiment:—John Dunlop, M.D., Surgeon, 88th Regiment.
23d, Surgeon on sick leave in England.

Army and Ordnance Medical Department,
29 October 1855.

Sir,

With reference to your letter of the 22d ultimo, transmitting to me a memorial from the Medical Officers of the Army in the East, and requesting, in returning it, that I would furnish you with such observations as may occur to me, I have the honour to submit certain memoranda for the information and consideration of the Minister for War.

The subject involved in the documents herewith returned, I felt was one of a comprehensive nature, and not to be treated hastily, I therefore resolved to consult the views of certain officers of the department whom I might see in the course of a few weeks, and obtain from them such information as they might be able to afford me. This course, which I thought it necessary under the circumstances to adopt, is the only excuse I can offer for having so long delayed to reply to your communication.

I have, &c.
(signed) *A. Smith*,
Director-General.

F. Peel, Esq., M. P., &c. &c. &c.,
War Department.

Proposed Rates of Pay of Assistant Surgeons.

On First Appointment.	After 5 Years' Service.	After 7 Years' Service.	After 10 Years' Service.	After 15 Years' Service.	
s. *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*	
10 6	- -	- -	13 -	—	This Table, and the four which follow, show the various rates of pay which have been suggested to me by medical officers whose opinions I have obtained.
10 -	- -	12 6	—	—	
10 -	- -	11 -	13 -	15 -	
10 -	- -	- -	13 -	15 -	
10 -	13 -	- -	16 -	—	
10 -	12 6	- -	15 -	—	

When an assistant surgeon is placed on half-pay owing to reduction of establishment, or from being incapacitated by reason of ill-health contracted in and occasioned by service, or when disabled by wounds, he should be granted three-fourths of the rate of pay he is receiving when he is placed on the retired list or is reduced.

The majority are in favour of 10*s.* and 13*s.* per diem, (*Vide* Table, line 1), and all urge that the rank, quarters, and allowances of captain should be conceded to assistant surgeons above 10 years' service. My own opinion is in keeping with that of the majority.

PROPOSED RATES of PAY of REGIMENTAL SURGEONS and STAFF SURGEONS of the Second Class.

On Appointment as Surgeons.	After 10 Years' Total Service.	After 15 Years' Total Service.	After 17 Years' Total Service.	After 20 Years' Total Service.	After 25 Years' Total Service.
s. *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*
15 –	- - -	17 –	19 –	21 –	25 –
15 –	17 –	19 –	- - -	22 –	25 –
15 –	18 –	22 –	- - -	25 –	—
20 –	- - -	25 –	- - -	30 –	—
15 –	- - -	20 –	- - -	- - -	25 –
15 –	20 –	- - -	- - -	25 –	—
16 –	- - -	21 –	- - -	26 –	—

When a regimental surgeon, or staff surgeon of the 2d class, is placed on half-pay owing to reduction of establishment, or from being incapacitated by reason of ill-health contracted in and occasioned by service, or when disabled by wounds, he should be granted three-fourths of the rate of pay he is receiving when he is placed on the retired list, or is reduced.

The majority are in favour of 15 *s.*, 20 *s.*, and 25 *s.* per diem, (*see* Table, line 6), with the advantage of increased rank after 15 years, as suggested in the memorandum relating to rank.

I think the rates proposed by the majority are not unreasonable.

PROPOSED RATES of PAY for STAFF SURGEONS, 1st Class.*

On First Appointment.	After Total Service of		
	15 Years.	20 Years.	25 Years.
s. *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*
25 –	- - -	30 –	—
30 –	- - -	- - -	35 –
20 –	25 –	28 –	30 –
21 –	25 –	28 –	32 –
25 –	- - -	28 –	30 –
20 –	25 –	30 –	—
20 –	- - -	25 –	30 –
30 –	35 –	40 –	—
25 –	30 –	35 –	—

When a staff surgeon of the 1st class is placed on half-pay, owing to reduction of establishment, or from being incapacitated by reason of ill health contracted in and occasioned by service, or when disabled by wounds, he should be granted three-fourths of the rate of pay he is receiving when he is placed on the retired list, or is reduced.

REMARKS.

* The designations, Staff Surgeons, 1st Class, and Staff Surgeons, 2d Class, are not acceptable to the department, and I must in reference to these designations observe, that I do not consider them as the best and most appropriate. I regard the term Surgeon-Major as preferable to Staff Surgeon of the 1st Class, and recommend its being substituted for the latter; in such case the Staff Surgeons of the 2d Class will simply be Staff Surgeons, by which designation they are desirous to be known, every one of them considering it a kind of degradation to have to sign 2d Class in contradistinction to 1st Class.

With reference to the pay of officers of this grade the majority are in favour of 25 *s.*, 28 *s.*, and 30 *s.* (*see* line 5), and I feel disposed to coincide in their opinion.

Appendix, No. 4.

PROPOSED RATES of PAY of DEPUTY INSPECTORS-GENERAL of HOSPITALS.

On Appointment.	After 20 Years' Service.	After 25 Years' Service.	After 5 Years as Deputy Inspector-General.	After 10 Years as Deputy Inspector-General.
s. *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*
30 –	35 –	40 –	—	—
42 –	—	—	—	—
25 –	35 –	38 –	—	—
30 –	- - -	- - -	40 –	—
30 –	- - -	40 –	—	—
30 –	- - -	- - -	35 –	—
50 –	- - -	- - -	60 –	40 –
30 –	- - -	- - -	40 –	—
40 –	- - -	- - -	50 –	—

When a Deputy Inspector-general of Hospitals is placed on half-pay owing to reduction of establishment, or from being incapacitated by reason of ill-health contracted in and occasioned by service, or when disabled by wounds, he should be granted three-fourths of the rate of pay he is receiving when he is placed on the retired list, or is reduced.

REMARKS.

The majority in favour of 30*s.* and 40*s.* per diem, *see* line 5; this I think would be a fair remuneration.

PROPOSED RATES of PAY of INSPECTORS-GENERAL of HOSPITALS.

On Appointment.	After 25 Years' Service.
s. *d.*	
63 –	No increase.
45 –	50*s.*
50 –	No increase.
60 –	Ditto.
63 –	Ditto.
100 –	Ditto.

When an Inspector-general of Hospitals is placed on half-pay, owing to reduction of establishment, or from being incapacitated by reason of ill-health contracted in and occasioned by service, or when disabled by wounds, he should be granted three-fourths of the rate of pay he is receiving when he is placed on the retired list, or is reduced.

REMARKS.

The majority in favour of 60*s.* on appointment, without increase from length of service (*see* line 4), considering that ordinarily the number of Inspectors-general of Hospitals is very limited, and that these officers, in time of peace at least, are necessarily advanced in years before they attain that rank, I see no great reason to consider the rate as extravagant.

" The rates of daily pay for the before-mentioned ranks are to be, in future, regulated by the length of time which the officers of each class shall have served upon full pay, according to the annexed scale; provided always, that before any officer promoted shall be entitled to claim the full rate of pay for his aggregate length of service in all ranks, he shall serve for 12 months on the lowest rate of pay of his new rank, unless he had equal or higher pay in his former rank; in which case, his rate of pay shall be that next above his former pay, if he had already served thereon 12 months, as he is to complete that period on such rate of pay, under all circumstances, before he attains the next higher pay.

" All

"All medical officers, however, whose first appointment in the army took place on or subsequently to the 29th July 1830, are to serve two years instead of one year before they shall be entitled to the advantages above stated."—*Vide* War Office Regulations, 1848; Staff and Garrison Pay, page 47, paragraph 48.

Such medical officers as are affected by this regulation regard it a most unfair one, and all consider it should be rescinded. They think it a hardship that the increased rank and the full amount of pay of the rank are not simultaneously conferred.

The immediate advantages which follow on promotion under the existing Regulation are, in many cases, so trifling, that I feel it my duty to submit that the full rate of pay, as regulated by length of service, should be at once allowed, instead of not till after officers have served two years in the new rank.

Quarters and Allowances.

Quarters.—Medical officers, when supplied with quarters by the public to have a choice according to their relative ranks, and the allowance of coals and candles to be regulated by the same.

Lodging Money.—The rates of lodging money at present established to be continued generally, but regimental assistant-surgeons after 10 years' service to receive the amount of lodging money granted to captains. Further, medical staff officers quartered in London, where lodgings are very expensive, to have an extra allowance, as is the case, I believe, in the Ordnance Department.

Servants.—The number allowed to medical officers to be determined according to their relative rank; that is, each medical officer to have the same number as is allowed to the military officers with whom he ranks.

Horses and Forage.—The observations in reference to servants will equally apply to the case of horses and forage allowance.

Forage Allowance.

Surgeons of regiments should not have to pay a daily stoppage on account of the forage allowed them for their horses.

At present the surgeon of an infantry regiment is subjected to a deduction from his pay of 8½ *d.* per day in consideration of the forage he receives; whereas the Lieutenant-colonel, the Majors and the Adjutant, who are like him allowed forage, pay nothing. This appears an anomaly; if all require horses for the due discharge of their duties, it seems to me unreasonable that the surgeon should be differently treated to the combatant officers.

Allowances, pecuniary and others, to Medical Officers, Heads of their Department, in the Colonies or in the Field.

At present officers at the head of the Medical Department on foreign stations receive allowances at the undermentioned rates, when serving under the following circumstances, viz.:

If with an army in the field of 10,000 men or upwards - -	20*s.* per day.
If with an army in the field of 5,000 men or upwards - - -	15*s.* a day.
If - ditto - ditto - of any less number - - - -	10*s.* a day.
If serving in a colony where the forces consist of 1,500 men or upwards - - - - - - - - - - -	5*s.* a day.

I think there is no reason to interfere with the above rates.

Leave of Absence.

Each medical officer should be granted yearly six weeks' leave of absence, provided the circumstances of the service should admit; and regimental medical officers should not be required to pay a substitute to discharge their duties during the period.

A regulation has long existed to the effect that every regimental medical officer must certify, before he is allowed leave, that no expense to the public will be occasioned by his absence.

In consequence of this regulation, he is compelled to arrange with some qualified civil practitioner to discharge his duties, and thus in many instances incur a considerable expense. In this respect I have always considered that medical officers were unfairly treated; and they themselves have constantly viewed the exaction as a grievance, and never failed to

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remark on their disadvantageous position as compared with the military officers of their regiments. By the stringency with which the regulation has been enforced, I have even known medical officers after having returned from years of foreign service, have to secure civil practitioners to act in their stead, before they could proceed to visit their friends, or to transact private business, the necessity for which had arisen during their term of foreign service.

Arrangements, by which this disadvantage will be removed, are, in my opinion, required. If the circumstances of a medical officer should necessitate more than six weeks' leave, I think he might be required, without any great injustice, to incur the additional expense which would result from such extra absence.

Honorary Distinctions.

Medical officers should be recognised as entitled to honorary distinctions, and should receive them from time to time, according to circumstances.

A great proportion of the medical officers of the army earnestly desire to participate in the honorary distinctions which are from time to time conferred on the army by the Sovereign, and feel grieved and disappointed when they find that no amount of merit on their part secures for them the rewards and decorations which are regularly bestowed on officers of other branches of the service.

They regard the circumstance of their being almost entirely excluded from such honours as proofs that the services they render are considered of little value, and hence entitled to no rewards.

If honours of the kind in question be hereafter occasionally conferred, a general cause of disaffection will be removed, and the interest of the service in various ways promoted.

Funeral Honours.

The same funeral honours which are paid to deceased military officers should be paid to deceased medical officers, and the distinction which is now made between staff and regimental medical officers should be discontinued.

The regulations, as they exist, at present sanction a deceased medical officer of a regiment being buried with the military honours allowed to officers of his relative rank, whilst in the case of staff medical officers they limit the honours, by forbidding firing over their graves. This treatment has always been regarded by staff medical officers as an act of injustice; and not a few of them, when dying, from a dislike to have it supposed by soldiers that they were inferior to other officers, have requested to be buried privately. I think there are fair grounds for discontent in this respect, and I feel it my duty to recommend that every medical officer should be buried with the military honours that attach to his relative rank. With reference to this, I may state what is at present liable to occur: two brothers enter the medical department on the same day; both are appointed to regiments, and after a certain period of service, both are promoted to be surgeons, the one in his regiment, the other on the staff; both die shortly afterwards; the one who continued in the regiment is buried with full military honours; the other is carried to the grave, like his brother, by soldiers, but no firing takes place.

The Medical Department to be regarded as a Military, not a Civil Branch of the Service.

Hitherto the circumstance of medical officers being regarded as members of a civil branch of the service has caused considerable discontent, and their being classed as such occasioned some difficulty about four years ago, when it was decided that a small number of officers should be allowed Orders of the Bath. On that occasion, it was urged that the Orders should be of the civil, not of the military branch; but the endeavour to establish that was productive of such chagrin and discontent, that it was, I believe, judged politic to abandon the proposition.

Had an opposite decision been arrived at, I believe several, if not all, of the officers on whom Orders were conferred would have respectfully declined to accept them.

In remarking on this subject, I may state, the medical officers, in wishing to be regarded as a quota of the military body, are justified, I think, by the circumstance that in times of war they are scarcely less exposed to dangers and loss of life than their military brethren; and I suspect, were a searching investigation to be made, it would be found that the proportion of casualties among the doctors was not much below that amongst the combatant officers.

Again, in times of peace, the danger to life in the case of the doctors is certainly as great, if not greater than in that of the combatant officers.

Mixed Boards, Courts of Inquiry, and Courts Martial.

In all Mixed Boards, Courts of Inquiry, or Courts Martial, on which Medical Officers are required to sit, they should be detailed in orders, sit, and sign proceedings in the order of precedence attaching to their relative rank and seniority, and on no occasion should a medical officer be required to sit on any of the above under the presidency of a military officer of inferior relative rank.

The existing practice requiring medical officers, when called on to discharge duties of the above description to sign last, whatever may be their rank, and also to give their vote first, is certainly calculated to cause them to feel they are regarded as inferior to combatant officers. A staff surgeon of the first class, who has the relative rank of a field officer, was, I believe, some years ago required in the Mauritius to sit as a member of a court martial, under the presidency of a lieutenant, and to give his vote first, thereby stamping him the junior member. A similar case, I believe, also occurred some time ago on the Western Coast of Africa, and many others of a like kind might be adduced. So long as medical officers are treated in this manner, none of that feeling will exist which is so essential to the maintenance of harmony and the promotion of the public good.

If medical officers are regarded eligible to sit on boards, courts of inquiry, or courts martial, it is but reasonable they should have the consideration which they expect their relative rank should ensure them. Unless in military matters of a purely technical nature, medical officers of the service will probably be found as competent as military officers to superintend an investigation, and discover that which it is the object of the inquiry to elicit.

Rank.

Assistant-surgeons under 10 years' service as lieutenants, according to date of commission.

Assistant-surgeons above 10 years' service as captains, but junior of the rank.

Surgeons under 15 years' service as captains, according to date of commission.

Surgeons above 15 years' service as majors, but junior of the rank.

Staff surgeons of the first class, under 20 years's service as majors, according to date of commission.

Staff surgeons of the first class, above 20 years' service, as lieutenant-colonels, but junior of the rank.

Deputy inspector-general, under 25 years' service, as lieutenant-colonels, but junior of the rank.

Deputy inspector-general above 25 years' service, as colonels, according to the date of commission.

Inspectors-general, as brigadier-general, according to date of commission.

Retirement of Medical Officers.

Medical officers of all ranks should have the unqualified right to retire, after 20 years' full-pay service, according to the following scale:

After 20 years' service, five-tenths of the pay to which they become entitled, immediately they have served 20 years.

After 25 years' service seven-tenths of the pay which is allowed to those who have completed that term of service.

The cry for a right of earlier retirement is very general, but I question if it be conceded, whether many will take advantage of it. By the time a man has served 20 years, his attachment to the army is generally strong, and he finds himself unsuited to embark in private practice, and consequently is inclined to cling to the life and kind of society to which he has been long accustomed, rather than encounter the *ennui* which is experienced by men without regular occupation. I think the period of compulsory service may safely be shortened; that is to say, the public purse will not suffer much loss if it be accorded.

A Step of Honorary Rank on Retirement from the Service.

This is much desired by medical officers, and so far as I can see, their wishes might be met without any loss to the public, as it would entail no additional expense, considering they would retire on the pay of the substantive rank they held when they left the department.

If it were to be conceded, it might be of use to them should they resort to private practice.

Appendix, No. 4.

SPECIAL AND MERITORIOUS SERVICES.

When a medical officer is specially recommended by the senior military and medical officers under whom he is serving, on account of his having rendered highly valuable and important services, either in the field or during the prevalence of an epidemic, or on an occasion when more than ordinary exertions were required and were made in an unmistakeable manner, such recommendation should entitle him to reckon one year's service towards promotion and increase of pay, and the same for every subsequent special recommendation.

To warrant these advantages being conceded, the recommendation should be in most decided terms, and should contain a clause to the effect that it is offered with a view to secure to the officer recommended the reward which they know is conferred under certain circumstances.

There are at present serving in the Crimea several assistant surgeons of very short service, whose conduct on occasions of great danger attracted such marked attention, that did such a regulation exist they would be entitled to profit by it.

The expense to the public which will be occasioned if my proposition be entertained will be but trifling, and will be fully compensated by the advantages it will secure to the service.

A Limited Number (say Six) of the most Meritorious Officers of the Department to be styled HONORARY PHYSICIANS and SURGEONS to HER MAJESTY, say Three Physicians and Three Surgeons.

REMARKS.

Medical officers consider this would raise the *status* of the department, and give it an *éclat* in the eyes of the profession and the public, which it does not at present possess, but which they consider it merits.

As honorary rewards are much desired and esteemed by the majority of men, I think one such as is proposed would operate advantageously if it could be consistently conferred. Precedents are not wanting.

"That active employment in the field should reckon as equivalent to three times the amount of ordinary service, and that colonial service should also receive some consideration above that passed in Great Britain."—*Vide* Surgeons' Memorial.

I cannot bring myself to consider that justice would be done the department if a rule such as this were to be established. I believe service in some of our colonies, particularly the West Coast of Africa, the West Indies, and Hong Kong, is nearly, if not quite, as destructive to health and as dangerous to life as service in the field, especially during the prevalence of severe epidemics. Another reason why I consider the extension of such a superior advantage to medical officers serving in the field would be an act of injustice is, that in the army officers are compelled to serve where they are ordered; therefore, the accident of some being on service in the colonies or in England, whilst others are in the field, is not the result of any act of their own, and therefore ought not to operate to their prejudice, the more especially as there are few of them who would not, if they had their choice, be with the army in the Crimea.

The medical officers whose opinions I have taken, do not approve the propositions of the surgeons in the Crimea.

I think the plan I have proposed for rewarding meritorious services is more in consonance with justice than the plan of the memorialists.

"For some time past, more especially of late, surgeons have been brought to the Crimea from England, and from the most distant colonies; and being slightly senior to ourselves who have been serving in the field, have been promoted over us."—*Vide* Surgeons' Memorial.

It would, in my opinion, be grossly unjust to confer on the medical officers serving with the army in the East every promotion that may be necessary to meet the wants of that army. All vacancies that have occurred in the East have been filled up, either directly or indirectly, by the promotion of officers serving with the army, but such as became necessary on the augmentations which have been successively made, have been conferred on men senior to those with the army, who at the time were in this country, or in localities where their services could be made available. I hold this, the course I have endeavoured to pursue, to be the fair one; and I think every person who has not a self-interest in advocating an opposite one, will agree with me, that it is the only one consistent with justice. I was gratified some time ago to receive a letter in reference to assistant surgeon Duff, which gave me distinctly to understand, that Lord Panmure wished to see the practice pursued, which

which I have from the commencement of the war observed, as far as I found it compatible with the interests of the service.

Medical officers who are not serving in the Crimea, naturally enough, are opposed to the plan advocated by the surgeons with the army; they consider they should not be debarred from a fair share of promotion, because they have not been ordered for service in the East; such, at least, are the sentiments of those with whom I have spoken on the subject.

"With regard to promotion, we trust your Lordship will not consider us presumptuous if we take the liberty of pointing out to you the necessity and expediency of some fixed principles being established whereby it should be regulated."—*Vide* Surgeons' Memorial.

A fixed principle is, as far as practicable, observed; seniority is the general rule, and is only inoperative when the interests of the service or of the department appear to render another practice necessary.

If the British army were concentrated in England, and all its medical officers were equally efficient, then promotion by seniority would be the course most consistent with justice, and would moreover be practicable; but as the reverse is the case, I think its universal adoption would operate most injuriously. If a regiment serving in England were to lose its surgeon, either by death or retirement, at a time when the senior assistant surgeon in the service was on duty in New South Wales, the regiment would, if a rule existed that he must succeed to the vacancy, be without a surgeon for nine or ten months, or even longer, and possibly during the whole of that time have only the medical aid which a very young assistant surgeon might be able to afford. Again: if a regiment serving in New Zealand were to lose its surgeon, and the senior assistant surgeon, the one entitled to succeed to the vacancy, were at the time serving in Canada, a longer period even than in the last case would elapse before that regiment would have the service of a surgeon. Again: if a regiment serving in the West Indies were to be assailed by yellow fever, and early after the outbreak its surgeon were to die and the labour and responsibility devolve on its assistant surgeon, one day junior to the senior assistant surgeon in the service who was on duty at the Cape of Good Hope, it would prove highly discouraging to this regimental assistant to find that, notwithstanding his anxieties and exertions, he must expect to continue in the rank he held during the epidemic, which had, perhaps, caused the death of a great portion of his regiment, and moreover serve under an officer only one day his senior, and who had never encountered more danger from climate than that to which he had been exposed in one of the most salubrious colonies of the Crown. I might instance many more objections to the adoption of seniority as an absolute rule; at the same time, I acknowledge it has such strong claims as to require that some compensation should be extended to those who suffer in cases in which it would be disadvantageous to observe it. The compensation I would propose is, that assistant surgeons who, for the sake of the service, may require to be passed over in promotion, should, when opportunities occur of advancing them, have their commissions antedated, and thereby give them the position among the surgeons of the service which they would have had provided circumstances had admitted their promotion when their standing gave them a claim to it; also, that immediately on the junior being promoted over them they should have the advantages proposed to be conferred on assistant surgeons of 10 years' service, namely, pay at the rate of 13*s.* a day and the rank of captain.

A like consideration to that which I have proposed for the assistant surgeons should, in my opinion, be extended to all the other grades of the department; and assuming that will be done, I recommend that the principles which regulate promotion at present should continue to be recognised, and that undeserving medical officers, whether from idleness, incompetency, or other causes, should, as has long been the case, be passed over, and others of a different stamp advanced.

I am aware that this will not be regarded by the sufferers as a sufficient equivalent for the loss they sustain, but I see no more equitable and less objectionable mode of dealing with cases of the kind.

General Observations.

In addition to what I have stated in the preceding memoranda, I may further observe, that many medical officers consider that a certain number of individuals of each of the grades in the department should be permitted to retire on full pay under the same regulations as is observed in the case of military officers; and further, that a certain sum of money should be granted, to be distributed as "Good Service Money."

Appendix, No. 5.

Appendix, No. 5.

COPY of Autograph Letter from Lord *Raglan* to Dr. *Dumbreck*.

My Dear Sir, Before Sebastopol, 13 February 1855.

I HAVE received your letter of the 26th January.

I am very sorry that, by an accident for which I cannot account, I omitted your name in my despatch, containing the names of the officers whose services deserved notice for their conduct, on the occasion of the battle of Inkerman.

The omission was perfectly unintentional on my part, and I regret it exceedingly, entertaining the highest respect and regard for you; and having always, since I became acquainted with you, considered that you were one of the most eminent officers of the medical department attached to this army.

I shall be happy if, at any future period, an opportunity should be afforded me of bringing your services under the notice of Her Majesty's Government.

I have, &c.
(signed) *Raglan.*

David Dumbreck, Esq.

(A true copy.)

(signed) *D. Dumbreck*, M.D.,
Deputy Inspector-general of Hospitals.

RETURN showing the Number of MEN of each Rank serving in the MEDICAL STAFF CORPS.

		Relative Rank in the Service.
Stewards - - - -	11	Serjeant-majors.
Wardmasters - - -	10	Colour-serjeants.
Assistant stewards - -	35	Serjeants.
Assistant wardmasters -	90	Corporals.
1st class orderlies - -	304	Privates.
2d class orderlies - -	730	Ditto.
Probationary cooks - -	8	Ditto.
TOTAL - -	1,188	

In addition to the above non-commissioned officers, four non-commissioned officers (old soldiers) were specially recommended to be attached for service at head-quarters on the 31st January 1856, viz.:

1 Serjeant-major or steward major.
1 Quartermaster steward.
1 Orderly-room clerk.
1 Paymaster's clerk.

Army Medical Department, 20 June 1856.

EXTRACT from the General Orders of the Army, dated Head Quarters before *Sebastopol*, 13th December 1854.

THE Inspector-general of Hospitals will take immediate steps to relieve Dr. Lawson from his present charge.

(By order.)
(signed) *J. B. B. Estcourt*,
Adjutant-general.

"Certified a true copy."
(signed) *R. P. Douglas*, A. A. G.

EXTRACT from the General Orders of the Army, dated Head Quarters before *Sebastopol*, 14th December 1854. Appendix, No. 5.

No. 4.—STAFF-SURGEON of the 1st class, Dr. Lawson, is attached to the Second Division.

(By order.)

(signed) *J. B. B. Estcourt*,
Adjutant-general.

"Certified a true copy."

(signed) *R. P. Douglas*, A. A. G.

EXTRACT from the General Orders of the Army, dated Head Quarters before *Sebastopol*, 15th January 1855.

No. 5.—DR. LAWSON, Deputy Inspector-general of Hospitals, will proceed to Scutari by the earliest opportunity, and report himself for duty to the principal medical officer.

(By order.)

(signed) *J. B. B. Estcourt*,
Adjutant-general.

"Certified a true copy."

(signed) *R. P. Douglas*, A. A. G.

Appendix, No. 6.

PAPER furnished by Dr. *A. Smith*. Appendix, No. 6.

MEMORANDUM for the Information of MEDICAL OFFICERS, on taking the Field for Active Service.

1. THE ambulance equipment for one division of the army, consisting of two brigades of three battalions each—the battalions being 800 strong, should consist of two large store waggons, to be under the care of a purveyor's clerk, at the head-quarters of the division. These waggons to contain a reserve supply of medicines, materials, medical comforts, tents, and bedding. Each battalion surgeon should have a pack horse for the conveyance of his instruments, a few medical comforts for immediate use; such as a bottle of brandy, ½ lb. of tea, 1 lb. of sugar, and 4 oz. of arrowroot, a few tins of essence of beef, some medicines, and a supply of surgical materials agreeably to the printed scale laid down in the regulations. A spring waggon should also be attached to each battalion for the removal of the wounded off the field, and for the conveyance of the hospital canteens, A. and B., with 12 sets of bedding, 10 canvas bearers, and the hospital marquee, on the line of march; or, when the spring waggons are either small, or required for the conveyance of sick and wounded, a reserve waggon might be attached to each brigade for the carriage of these articles.

Canvas bearers with long poles, and shoulder straps, in the proportion of two to every 100 men, will also be required.

2. Before a division takes the field, the principal medical officer should satisfy himself by personal inspection that the equipment of surgeons of regiments is complete in every respect, and it would be a necessary precaution for him to see the pack horses loaded in his presence, as by that means he would ascertain that no straps, buckles, or cords were wanting.

3. When an action with the enemy seems inevitable, the surgeon of each regiment will make arrangements for the removal of the wounded of his corps from the field; and it would be desirable for him to give some instructions to the bandsmen, and others employed in that duty, how to apply a field tourniquet, to restrain dangerous hemorrhage until the assistance of the medical officer on the field can be obtained; and for this purpose a tourniquet should be given to each party of bearers. The bearers should also each of them carry a canteen full of water.

Appendix, No. 6.

4. While the troops are advancing, the medical officers will follow with the spring waggons, and bearers, and any other conveyance that is available; but when they deploy, or form for action, all, except one medical officer per regiment, will move a short distance to the rear, out of musket range, and will prepare for affording aid to the wounded, and performing such primary operations as may be deemed absolutely necessary. For this purpose the surgical panniers must be brought up, and instruments, ligatures, dressings, and cordials (brandy) got ready, and, above all things, an abundant supply of water provided; for the safe and easy conveyance of which, the leather bags, or skins, formerly recommended would be found most convenient.

Dr. Hall takes this opportunity of cautioning medical officers against the use of chloroform, in the severe shock of serious gun-shot wounds, as he thinks few will survive where it is used. But as public opinion, founded, perhaps, on mistaken philanthropy, he knows is against him, he can only caution medical officers, and entreat they will narrowly watch its effects, for however barbarous it may appear, the smart of the knife is a powerful stimulant, and it is much better to hear a man bawl lustily, than to see him sink silently into the grave.

5. One medical officer for each regiment, generally the junior assistant surgeon, should follow the troops within musket range, so as to be at hand to check any alarming hemorrhage, and to expedite the removal of the wounded off the field to the rear, and for this purpose the bearers should be placed under his orders, and the regimental spring waggon be so stationed as to be within easy reach, to convey them to where the surgeon and his assistants have established themselves. The field assistant should carry with him in his haversack his pocket case of instruments, with a few ligatures ready cut, two field tourniquets, some lint, and two or three bandages; and he should be accompanied by three men, one with a knapsack, or haversack, containing a pint bottle of brandy, or some other stimulant, 24 bandages, half a pound of lint, three sponges, six long, and six short solid splints, two old sheets, cut into quarters before starting, for the purpose of rolling fractured limbs in, and so preventing them from sustaining further injury on the men's removal from the field. This is best accomplished by placing the old linen under the limb, and rolling the splint up in it from the outer edge, and rolling towards the limb on each side, and then securing the whole with two or three bands of tape. In this way Dr. Hall thinks medical officers will find they can temporarily secure fractured limbs better, and much more expeditiously than in any other manner. The orderly should have in his haversack, in addition to the above articles, a piece of tape, some pins, and two or three rolls of tow. He should carry a canteen, either of wood or India rubber, full of water, and a drinking cup. The second man should carry a canvas bearer with shoulder straps, and, like the former, should have a canteen full of water. The third man, I think, should be armed, to protect the party against stragglers and marauders, and, like his fellows, carry a canteen full of water. The second assistant surgeon should receive the wounded from the field, see them carefully placed in the spring waggon, and then accompany the spring waggon to where the surgeon and third assistant are stationed, ready to afford them the surgical aid they may require. For this service the second assistant surgeon should be accompanied by two men to assist in placing the men carefully in the waggon; these men should accompany the waggon, and assist, in like manner, in taking the wounded out. These men should likewise carry canteens full of water, and there should be a skin of water, as a reserve, in the waggon, with a drinking cup.

6. The site selected by the staff surgeon of brigade for the reception of the wounded from the field should be as sheltered as possible; and if not easily distinguished, a flag should be put up: and if any houses be near, calculated for the reception of wounded men, they should be taken possession of at once, and an abundant supply of water, and, if possible, straw, provided.

7. Should the action prove decisive, tents can be pitched for the temporary accommodation of the wounded; but should the army advance, the surgeon, and one assistant at least, should accompany their regiments, leaving one or two assistants, according to the number of wounded, to aid the divisional staff, who will pitch the reserve marquees, and make all necessary preparation for the comfort and accommodation of the wounded, by having tea, broth, or essence of beef, (which is readily made into broth by adding hot water,) wine, and brandy, &c., ready. Should the army unfortunately meet with a reverse, all available transport must be pressed for the removal of the wounded to the rear, and they must be sent off as speedily as possible; but neither here, nor on the field of battle, should any one be carried whose hurts are so slight as to admit of his walking. Nor should commanding officers of regiments when wounded be allowed to take medical officers of their own corps to the rear with them, or officers of any grade be permitted to appropriate the spring waggons for the special conveyance of themselves and their luggage; and positive orders should be given to prevent bandsmen, drummers, or pioneers, specially told off to assist the wounded, from being left in charge of officers' horses and effects.

8. Should the army have to effect a landing on an enemy's coast, with an opposing force to meet it, the men should eat a good meal before leaving the ships, and should cook whatever provisions it is deemed necessary to serve out to them before they start. Pork is better than beef for this purpose, as it warms up more readily with any vegetable the men may find on shore. The medical officers should land with the last boats of their regiments, and should carry with them their haversacks, dressings, and canvas bearers, if the landing be opposed, so as to be able to bring the wounded at once to the boats for conveyance to the ships

ships set apart for their reception; care should be taken that each boat employed in this service contains a supply of water and a drinking horn.

9. Should a landing be effected, and any horses be disembarked, the surgeon's pack horse and panniers should be amongst the first.

10. As soon after an action as possible, medical officers in charge of corps will make out and transmit to the Inspector-general of Hospitals, for the information of the General Commanding in Chief, returns of casualties, made out agreeably to the following form:—

RETURN of KILLED and WOUNDED in the Regiment, in the Action of .

—	Killed.	Wounded.			Total Wounded.	REMARKS.
		Dangerously.	Severely.	Slightly.		
Officers - -						Names of officers killed and wounded to be inserted here.
Non-com. officers and privates -						

John Hall, M. D., Inspector-general of Hospitals.

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1. *Practice hereon in the Army Medical Department generally:*

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Belief that injustice has, unintentionally, been done through the reports, *Burrell* 826, 827——Instances of men promoted out of rule, over men as able as themselves, owing to the representations made in confidential reports, *Mapleton* 1242, 1243. 1251——Course adopted by witness in regard to confidential reports; he objects to the duty, and avoids it as much as possible, *Dartnell* 2365-2382. 2384-2393——Practice generally of confidential reports adverted to, *Mackenzie* 3208, 3209.

Practice in the case of all reports unfavourable to medical officers, for the same to be sent to the Director-general, who acts upon them at his discretion, *Sir G. A. Wetherall* 3255-3265. 3269-3273——Belief that the reports are communicated to the officers complained of therein, *ib.* 3264, 3265——Further statement as to the reliance placed on confidential reports, and as to their non-communication to the implicated officer, *Smith* 4572-4581.

2. *Cavalry:*

Substance of the confidential reports made to the inspector-general of cavalry in regard to cavalry hospitals, *Lord de Ros* 2556. 2607——Practice, in the case of unfavourable medical reports by the inspectors of cavalry, to communicate the same to the officers implicated, *ib.* 2607-2612. 2615-2622.

3. *Civil Hospitals:*

There are no confidential reports in civil hospitals, *Rees* 3334-3336. 3338.

4. *East India Company's Service:*

Practice in regard to reports, both with respect to the conduct of medical and of military officers, *Martin* 1619-1628——Great advantage of a proper system of confidential reports, properly acted upon, *ib.* 1629.

5. *Guards' Brigade:*

There are no confidential reports in the brigade, *Bostock* 3031.

6. *Military Officers:*

Circumstance of military officers having an opportunity of explaining adverse official reports, *Mapleton* 1240. 1252——System in the case of confidential military reports; communication of the same to the parties implicated, *Sir G. A. Wetherall* 3266-3270. 3274-3280——Advantage of the system of the military reports, *ib.* 3274, 3275——Practice in regard to confidential military reports, adverted to with reference to confidential medical reports, *Sir R. Airey* 4483-4487.

7. *Navy:*

System of record, partly by means of confidential reports, of the services and character of the medical men, *Sir J. Liddell* 4136-4154. 4262-4270.

8. *Ordnance Medical Department:*

Absence of confidential reports in the department, *Halahan* 3590, 3591.

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Confidential Reports—continued.

9. *Exceptions taken to the existing System:*

Evidence relative to the system of confidential reports, to the effect that it is objectionable only when it is abused, *Burrell* 818–830——Decided objection to unfavourable statements in confidential reports being acted upon without reference to a court of inquiry or opportunity for explanation, *Burrell* 821–825. 830; *Mapleton* 1227–1229. 1236–1243. 1251–1253; *Duke of Cambridge* 3678——By confidential reports you cannot ascertain what a man's abilities really are, *Burrell* 829——Fallacy of the system, *Dartnell* 2374——Partial disapproval of the system of confidential reports; it is, however, a necessary system, *Smith* 183, 184——The system of confidential reports is one reason in favour of a Medical Board, *Lord Cardigan* 4096, 4097.

Resolution of the Committee that the system of confidential reports should be placed on the same footing with those relating to combatant officers, *Rep. p.* iii.

Control. Improvement, since January 1855, in witness being subservient only to the War Minister and the Commander-in-chief, instead of to five masters, as previously, *Smith* 19–25. 82——Classification of subjects to which witness communicates respectively with Lord Panmure and Lord Hardinge, *ib.* 22. 33, 34——General control of the Secretary of State for War over the medical department, *Sir G. A. Wetherall* 3282.

All communications relative to alterations in hospitals, &c., and all complaints of misconduct, should go through the local military authority, *Duke of Cambridge* 3671. 3729.

See also *Commander-in-Chief. Governing Body.*

Convalescent Hospital. Want of a convalescent hospital in this country in some healthy situation, *Dartnell* 2447–2455.

Convalescents. The convalescents from Renkioi were sent to Abydos, *Maunder* 3903——Opinion that the men should be considered either sick or fit for duty, and that a state of convalescence should not be recognised, *Lord Cardigan* 3966. 3975, 3976. 4024, 4025——Inconvenience during the cavalry reconnoissance in Bulgaria through a vast number of men, besides those in hospital, being exempt from duty upon the plea of their not being quite well; the practice was discontinued through witness's interference, *ib.* 3966–3974.

Coton Hall Lunatic Asylum, Stafford. Excellent building arrangement in this asylum; it receives civilians as well as officers, *Hume* 2782–2789——The War Department pays for the lunatic officers, *ib.* 2791.

Courts of Inquiry. See *Boards of Inquiry.*

Courts Martial. Exceptional circumstances under which medical officers may sit on courts martial, *Mapleton* 1340. 1347–1349——Witness sees no reason why they should not sit on such courts, *Martin* 1505. 1516–1518; *Grant* 1744, 1745——Objection to medical officers sitting on courts martial, *Lord De Ros* 2665–2668; *Lord Cardigan* 3964. 3983; *Sir R. Airey* 4319–4321——As a rule, it would be better if medical officers merely gave evidence before courts of inquiry; but in the event of a court martial on one of their body for improper treatment, then a medical man should be a member of the court, *Mackenzie* 3134–3142——On certain occasions they do often sit on courts martial, *Sir G. A. Wetherall* 3284——Recommendation on the subject by the Director-general, *App. p.* 319.

Crimea. As regards transfers of medical officers in the Crimea, witness had nothing to do with them, *Smith* 462——Number of assistant-surgeons to regiments in the Crimea, *Mapleton* 1178–1180——Witness attributes the sickness and suffering in the Crimea to the want of supplies, and not in any way to the conduct of the medical officers, *Lord West* 1920–1925——Save during action, witness did not observe in the Crimea any insufficiency of medical officers, *ib.* 2062. 2064——Inadequate number of medical officers in the light cavalry on the commencement of active operations in the Crimea, *Lord Cardigan* 4016–4017——Short supplies of medicines, &c., in the Crimea, till the spring of 1855, *Sir R. Airey* 4378–4382——The line regiments had one surgeon and two assistant-surgeons, *ib.* 4454.

See also *Field Hospital. Promotion. Zeal and Efficiency.*

D.

Dartnell, George Russell. (Analysis of his Evidence.) Has been nearly thirty-six years in the service, and has served in each rank from assistant-surgeon to deputy-inspector-general of hospitals, 2074–2079——Has been principal medical officer of the garrison at Chatham since February 1855; 2080, 2081——Accommodation and classification in each

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Dartnell, George Russell. (Analysis of his Evidence)—*continued.*

each of the four hospitals in charge of witness, 2082–2108——There are now, altogether, 778 patients, the hospitals being supposed to hold 1,400; 2085, 2086——Inadequate space, in cubic feet, of air available for each patient, 2087–2102. 2441–2446.

Details relative to the articles found for the soldier in the general hospitals at Fort Pitt and Brompton, 2109–2127. 2142——Practice in regard to washing, more especially where the patient has had infectious diseases, 2128–2138——Opinion that the hospital stoppage of 10*d.* a day is too much, 2139–2141——General control exercised by the commandant at Chatham over the hospitals, 2143–2146——Action of the Commandant in regard to orderlies, 2147–2152——Failure of the orderlies or pensioners sent to the Crimea, 2153, 2154.

Importance of orderlies being a permanent body in the hospitals, 2156, 2157——Particulars relative to the operation of the new medical staff corps at Chatham, 2158–2183——Better pay of the corps than of orderlies taken from the line, 2175. 2181. 2188——Objectionable undress of the corps, 2184–2187——In general hospitals the hospital serjeant's duties are divided and performed by different individuals, differently paid, 2189–2191——Some old soldiers might with advantage be selected for orderlies, 2193, 2194.

Very faulty system in regard to repairs of broken windows, &c., at Chatham, on account of the necessity of communication on the subject with the barrack-master, 2195–2220——The more important repairs or alterations must be submitted to the commanding engineer, 2201, 2202. 2208——Periodical inspection by the barrack-master and the engineer, 2209–2217——Present state of the medical staff attached to the several hospitals; it is a constantly fluctuating body, 2221–2226. 2456——Particulars relative to several of the staff; their duties, and the nature of their appointment, 2227–2239. 2249–2253.

Witness was not on the roster for foreign service during the late war, 2240–2243——Probation at Chatham before appointment as assistant-surgeon, 2244–2247——At present the staff at the hospitals is nearly sufficient, 2248——The relations between witness and the purveyors are not based on a proper system; illustration hereon, 2254–2262——Medical officers generally should have more power in regard to procuring requirements for the sick, 2262–2266——More liberal system lately in regard to supplies of diet, &c., 2267–2271.

Very inadequate character of the casemates or building at Chatham for lunatic soldiers; proper humane treatmen cannot be carried out in it, 2272–2281. 2285–2288. 2306, 2307. 2317–2319——Mode of eventual disposal of lunatic soldiers and officers if found irrecoverable, 2280–2284. 2289, 2290. 2312–2314. 2342–2344. 2459–2463——Particulars relative to the lunatic establishment at Yarmouth, and the modes of treatment pursued there by witness; it was broken up in 1852; 2289. 2292–2305. 2325, 2326. 2339–2341.

Advantage of a regular military asylum for lunatic soldiers; there is none at present, 2308–2311. 2324. 2327, 2328——At the casemates the soldiers are merely under observation, 2312. 2317——Many cases are curable, more especially if properly treated from the first, 2315–2318——Improved building being erected at Chatham for the lunatics, 2319–2322——There are about forty patients in the casemates, 2323——Doubt as to the necessity of special examination in reference to the medical treatment of lunatic soldiers, 2327–2338.

Inadequacy of the remuneration of the medical department, 2346–2349——The number of inspectors and deputy-inspectors should be increased, 2350–2360. 2383——At Chatham the chief officer should have the rank of inspector, 2355–2360——Approval of promotion by seniority in the whole service, 2361–2364——Practice of witness in regard to confidential reports; he objects to the duty, and avoids it as much as possible, 2365–2382. 2384–2393——The staff surgeon should be an executive officer, 2383.

Slight extent to which witness interferes with the system of treatment in the different wards, 2394–2398——Custom in regard to the consent of witness being given in cases of amputation or capital operation, 2399–2407——Objection to dispensers being commissioned officers, 2408–2413——Propriety of medical officers being mentioned in the gazettes for distinguished conduct, 2414–2416——Importance of each regiment having two assistant-surgeons in time of peace, and three assistant-surgeons in time of war, 2417–2424. 2435–2440.

Desirableness of leave of absence as a means of professional improvement, 2426–2428——Absence of a system of study by the assistant-surgeons under the superior officers, 2429–2434——Want of a convalescent hospital in some healthy situation, 2447–2455——Importance of the staff at Chatham being irrecoverable for a few years, 2456–2458. 2464–2466——Reference to a report by Mr. Neison, the actuary, showing a peculiarly heavy mortality among army medical officers, 2467, 2468.

Davies, Mr. Promotion of Mr. Davies, who had sent home reports very unfavourable to the Department, *Smith* 398.

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Davy, Dr. Explanatory statement as to witness having declined to recommend Dr. Davy as principal medical officer with the army in the East, *Smith* 521-527——Tender by Dr. Davy of his service after the appointment of Dr. Hall, and not before, *ib.* 521-523. 545, 546——Comparatively slight experience of Dr. Davy in Turkey before the war broke out, *ib.* 524, 525. 527——Rule of the service whereby Dr. Davy was bound to serve for three years as temporary or local inspector-general, *ib.* 532-538. 544.

Death Vacancies. Regulation in the case of all death vacancies to appoint the senior officer on the station, *Smith* 152. 258.

Deductions from Pay. See *Cavalry. Forage. Pay,* 1.

Deputy Inspector-General. Advantage of increasing the number of deputy-inspectors, as provided for in witness's plan, *Mapleton* 1254. 1275.——*See* also *Pay.*

De Ros, Major-General Lord. (Analysis of his Evidence.)—Was employed for about twenty-three years on the staff of the cavalry, and had special opportunities for observing the working of the Medical Department, 2554-2556——Served for a short time with the army when in Bulgaria, 2554——Substance of the confidential reports made to the Inspector-general of Cavalry in regard to cavalry hospitals, 2556. 2607——Satisfactory relative positions of the medical and military officers of cavalry, 2557, 2558——Excellent conduct of the army surgeons generally during the sickness in the army when at Varna, &c., 2559, 2560——Inefficiency of the Cavalry Medical Department in Bulgaria, mainly through the want of hospital assistants, who could act as dispensers, 2561-2571. 2596.

System suggested for training so many privates throughout each regiment to dispense, as in case of war or other exigency, might be fully adequate for the purpose, 2566. 2570-2573. 2584, 2585——Evidence generally in favour of non-commissioned officers or privates as dispensers, rather than of commissioned civilians, 2566-2590——Constant evasion of the rule for the medical officers to dispense the medicines, 2588-2590.

Reference to the unhealthiness of the encampment chosen for portion of the army at Devno, 2591-2596——Disadvantage, on the score of discipline, of civil hospitals for the army, 2597. 2638-2644——Discouragement, unnecessarily, of the army surgeons, by the introduction of the civil element, 2598-2604. 2689, 2690——Advantage of orderlies drawn from regiments over civilian orderlies, 2605. 2606. 2692——Practice in the case of unfavourable medical reports by the inspectors of cavalry to communicate the same to the officers implicated, 2607-2612. 2615-2622——Admirable condition some years ago of the Marine Hospital at Chatham, 2613, 2614.

Proposition that the Medical Department be governed by a Board, consisting of a chief, with two assistants next in rank to himself, and aided by a military secretary, 2623-2638——Greater expense of a civil than of a military hospital, 2640——Causes of the failure of the Ambulance Corps sent to Varna; report by witness on the subject, dated 1 August 1854; 2645-2657——Deficiency, to a certain extent, of the means provided in Bulgaria for the conveyance of the sick, 2650-2655. 2661-2664——Want of medical comforts in the general hospital at Varna, 2658-2660.

Inexpediency of medical officers on courts-martial or Boards of inquiry, 2665-2668——Great hardship to the soldier through the hospital stoppage of 10*d.* a day, 2671-2673——Sufficiency of one assistant surgeon in a cavalry regiment of 300 men; detachments, however, should be attended to by civil practitioners, 2674-2680——Approval of medical promotion being by seniority, save in exceptional cases, 2681-2684.

Great want of hospital accommodation for sick or wounded military officers on arrival from abroad, 2685, 2686——Great want also of a military asylum for lunatic soldiers, 2687, 2688——Insufficient inducement for entering the Army Medical Department, 2691. 2693-2695——Forage should be allowed to cavalry assistant-surgeons, 2691——Opportunities of army medical officers to engage in private practice, 2696. 2698——Great difficulty in the Crimea in procuring servants to look after the officers' horses; instance of this in the case of witness, 2697.

Despatches. Instances of omission in the public despatches of the names of medical officers who have been highly commended by divisional or regimental officers; steps taken by witness to repair these omissions, *Smith* 369-371. 384-390——It is highly desirable that distinguished conduct on the part of medical officers as well as of military officers should be mentioned in the despatches of the Commander-in-chief, *Smith* 387, 388; *Lord West* 2067-2073; *Dartnell* 2414-2416; *Duke of Cambridge* 3702-3704; *Sir R. Airey* 4508. 4513——Witness specially mentioned to the general of his division the conduct of two medical officers during the attack on the Redan, but their names did not appear in the public despatches, *Lord West* 2067-2070. 2072. 3320——Reason why medical officers' names were omitted in the despatches from the Crimea, *Sir R. Airey* 4509-4512.

Devno (Bulgaria.) Reference to the unhealthiness of the encampment chosen for a portion of the army at Devno, *Lord De Ros* 2591-2596.

Diet

Report, 1856—*continued.*

Diet of Patients. More liberal system lately at hospitals in regard to supplies of diet, &c., *Dartnell* 2267-2271——Scale delivered in of diet for patients in the Royal naval hospitals and marine infirmaries, *Lindsay* 2545.

Diplomas. Sufficiency of a diploma from the College of Surgeons at Edinburgh, Glasgow, Dublin or London, for an army surgeon, *Mapleton* 1042-1045. 1050-1053; *Mackenzie* 3245——Foreign diplomas do not count in entering the service, *Mapleton* 1053——At present no medical diploma is required, *ib.* 1059, 1060——Official memoranda, in which the necessary diplomas, &c. are mentioned, *App. p.* 289.

Director-General. Witness has been director-general of the Army and Ordnance medical department for three years, *Smith* 1-3——Was for six years previously under Sir James M'Gregor, and has had thirty years' experience at home and abroad, as an army surgeon, *ib.* 3-8——In March last expressed a wish to resign, he being much opposed to the contemplated change to a medical Board, *ib.* 28-32. 42-60. 578-583——The state of witness's health had nothing to do with his tender of resignation, *ib.* 43. 51-53.

Reference to a warrant, strongly recommended by witness, approved by Lord Panmure, and the subject of a recent memorial from the medical officers, which warrant tends greatly to improve the condition of the medical officers, *Smith* 393-397. 412; *and App. p.* 314-321.

Circumstance under which witness was appointed Director-general, though junior in the service to Dr. Burrell and several others, *Smith* 485-501——Any civilian holding witness's office would probably expect much higher pay, *ib.* 589——Service of witness in different grades adverted to in connexion with his promotion, *ib.* 4632-4640——Circumstance of his not having served as regimental surgeon, *ib.* 4634-4638——He served for twenty-one years as assistant-surgeon before he was promoted, *ib.* 4640.

See also *Confidential Reports. Control. Governing Body. Military Secretary. Promotion.*

Discipline. Full power of witness in regard to the discipline of the medical officers, *Smith* 96, 97——Want of sufficient authority and control on the part of the surgeons over the assistant-surgeons in the Crimea, *Lord West* 1938-1945. 2023-2026——Control exercised by witness, as Adjutant-general, over the discipline of the Medical Department, *Sir G. A. Wetherall* 3253-3256. 3272. 3282——Importance of military discipline in the case of the Medical Staff Corps, Army Works Corps, &c., *Sir R. Airey* 4340-4346.

See also *Civil Hospitals and Civil Practitioners. Commandants. Medical Staff Corps. Military Authority. Orderlies (Hospitals).*

Disembarkation of Troops. Regulation in regard to the duties hereon of the medical officers, *App. p.* 294.

DISPENSERS:

1. *Explanation and Approval of the new System of Civilian Dispensers.*
2. *Rule that the Medical Officers shall dispense; how observed.*
3. *Objections to the proposed general Employment of Civilians.*
4. *Approval of the System of Hospital Serjeants, &c.*
5. *Propositions for the training of Non-commissioned Officers or Privates.*
6. *Objections to the General Employment of Hospital Serjeants, &c.*
7. *East India Company's Service.*
8. *Navy.*
9. *Ordnance Hospital, Woolwich.*
10. *Recommendations by the Committee.*

1. *Explanation and Approval of the New System of Civilian Dispensers:*

The new dispensers of medicines are for the most part persons who have served in large apothecaries' shops, *Smith* 414. 422. 432. 448——Their pay is 7*s.* 6*d.* a day, the same as assistant-surgeons, *ib.* 415. 442——They hold the rank of an ensign, *ib.* 416——They will wear a distinct uniform, *ib.* 420, 421.

The dispensers already selected had for the most part been already examined as to their competency to dispense, *Smith* 422. 451-453——Examination to which they are subjected, and qualifications required before final appointment, *ib.* 423-428. 433. 453. 454——Those appointed to regiments are to be gazetted as officers; objection offered by witness to this plan, as likely to lead to difficulty in their treatment by the officers, *ib.* 429-432. 436-441. 444-447.

The plan of medical dispensers originated with witness, and was authorised by the War Minister, *Smith* 431. 434——Advantage in substituting the proposed dispensers for hospital serjeants, *ib.* 435——Those appointed to the staff are warrant officers, and it would be well if those attached to regiments were also appointed by warrant, *ib.* 436-440. 446——Rank and qualification of the dispensers adverted to in connexion with their rate of remuneration, *ib.* 448-461——Suggested increase of their pay after a certain period of service, *ib.* 459——Rare instances of mistakes by dispensers in apothecaries' shops, *ib.* 4645-4647.

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DISPENSERS—continued.

2. *Rule that the Medical Officers shall dispense; how observed:*

There is a direct order that hospital serjeants are not to dispense, *Smith* 434—— Inexpediency of the present certificate, by the medical officer, that he makes up all medicines, it being impossible for him to do so, *Mapleton* 1412. 1417–1419; *Duke of Cambridge* 3657. 3717——Constant evasion of the rule for the medical officers to dispense the medicines, *Douglas* 1886, 1887; *Sir G. Buller* 1896–1898; *Lord West* 2041–2043; *Lord De Ros* 2588–2590——With the exception of the most common kinds, witness makes up the medicines personally, *Mackenzie* 3164, 3165——On foreign stations the surgeon personally is always supposed to dispense, *Halahan* 3633, 3634——Doubt as to the assistant-surgeons making up the medicines, *Lord Cardigan* 4043. 4049–4052. 4054.

Order, dated January 1846, prohibiting the medical officers from delegating the duty of dispensing, *Smith* 4618, 4619——Witness is bound to believe that the dispensing is actually done by the medical officer, as he signs a certificate to that effect, *ib.* 4619. 4625–4631.

3. *Objections to the proposed general Employment of Civilians:*

Strong disapproval, for various reasons, of the new system of civilian dispensers as commissioned officers, *Burrell* 808; *Mapleton* 1406–1430; *Richardson* 1439. 1446; *Duke of Cambridge* 3654, 3655. 3713–3716. 3753; *Lord Cardigan* 4039–4043. 4117–4119; *Sir R. Airey* 4396–4400. 4406, 4407——An additional assistant-surgeon is far preferable to a civilian dispenser, *Mapleton* 1428——In the Indian army the dispensers are warrant officers, *ib.* 1430.

Great difficulty as regards rank under the proposed plan, *Douglas* 1857. 1881–1884; *Lord West* 2032–2035; *Sir G. Buller* 1892–1895; *Dartnell* 2408–2413; *Lord Cardigan* 4114–4116——Objection to the promotion of the proposed dispensers to the rank of assistant-surgeon, *Douglas* 1862–1864——False position in attaching civilians as commissioned officers, *Douglas* 1857, 1858; *Buller* 1892–1894; *Lord De Ros* 2574. 2581——Dissatisfaction to the men if there were civilian dispensers, *Mackenzie* 3169.

4. *Approval of the System of Hospital Serjeants, &c.:*

The surgeon should be allowed to select a corporal or private as dispenser, who should be recognised as doing the duty, and have some additional inducement for undertaking it, *Mapleton* 1407–1416——Facility for procuring, in each regiment, non-commissioned officers or privates, properly qualified to dispense, or who might readily be taught to do so, *Mapleton* 1408, 1409. 1420–1422; *Sheldrake* 1777–1800; *Douglas* 1856. 1859. 1885, 1886; *Sir G. Buller* 1896; *Mackenzie* 3167. 3172; *Tomlinson* 3770–3772; *Inkster* 3821–3824. 3835–3844; *Lord Cardigan* 4046, 4047. 4056. 4059.

The system of dispensing by non-commissioned officers or privates, as in the Guards, is far preferable to the proposed system of civilian trained dispensers as commissioned officers, *Richardson* 1451; *Douglas* 1854–1864. 1881–1886; *Sir G. Buller* 1890–1896; *Lord West* 2032–2055; *Lord De Ros* 2566–2590; *Bostock* 3000–3005. 3040; *Mackenzie* 3164–3183; *Agnis* 3567, 3568; *Duke of Cambridge* 3652, 3653, 3717; *Lord Cardigan* 4044–4060; *Sir R. Airey* 4401–4405; *Jackson* 4673, 4674.

With proper pay and allowances, efficient dispensers may readily be found, *Lord West* 1968——Trustworthiness and efficiency of an hospital serjeant if properly trained, *ib.* 2036–2040. 2053–2055——The prescriptions very often are not written in Latin, *ib.* 2039, 2040——Favourable operation in the Crimea of the system of dispensing pursued in the Household regiments, *Bostock* 2974–2977. 3005——Witness is not aware of any mistakes or inconvenience having ever arisen under the system, *Bostock* 3024, 3025; *Lord Cardigan* 4047. 4053.

Single instance of any mistake during witness's experience, *Mackenzie* 3166——Witness does not trust the hospital serjeant with poisons, *ib.* 3173——Facility for making out the prescriptions, though written in Latin, *ib.* 3174. 3179–3183——All that is necessary is to compare the writing in the prescriptions with the labels on the bottles, *Tomlinson* 3774; *Inkster* 3811.

Witness was hospital serjeant with the army at Varna, *Inkster* 3806–3808——Had no difficulty in reading the prescriptions or in making them up, *ib.* 3808–3811——Had two corporals who were also perfectly qualified to dispense, *ib.* 3812–3819——Considers that the system of hospital serjeants works remarkably well; has never heard of any mistakes, *ib.* 3819, 3820. 3827. 3846–3852.

5. *Propositions for the Training of Non-commissioned Officers or Privates:*

System suggested for training so many privates throughout each regiment to dispense as in case of war or other emergency might be fully adequate for the purpose, *Lord De Ros* 2566. 2570. 2584, 2585——Advantages of a plan in the cavalry some years ago of training several of the men as farriers, *ib.* 2566, 2567. 2572, 2573. 2584.

Proposition that men showing an aptitude for dispensing should be sent to a general hospital or training school as a means of thoroughly qualifying them for hospital serjeants,

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DISPENSERS—continued.

5. *Propositions for the Training of Non-commissioned Officers, &c.*—continued.

serjeants, *Duke of Cambridge* 3656. 3658. 3709-3717. 3744-3752——The same system, in fact, should be adopted as in the case of schoolmaster serjeants, *ib.* 3656. 3658—— The proposed hospital serjeants should have the pay of a quartermaster serjeant, *ib.* 3710-3712.

6. *Objections to the General Employment of Hospital Serjeants, &c.*

Evidence relative to the question of dispensers; advantages and disadvantages respectively of civilian dispensers and of non-commissioned officers, *Hume* 2744-2777—— Liability of non-commissioned officers to make mistakes; witness has, in fact, heard of mistakes through the employment of ignorant men, *ib.* 2745-2759——Approval of the abolition of the system of hospital serjeants as dispensers, *Sir G. A. Wetherall* 3316-3320.

Evidence opposed to the employment of non-commissioned officers or privates for compounding and dispensing medicines, *Smith* 4618 *et seq.*——Sundry instances of accidents, some of a fatal character, through the system of serjeants, corporals, or privates as dispensers, *ib.* 4618-4624. 4642, 4643. 4647. 4654, 4655——In the event of any mistake in the prescriptions, dispensers taken from the regiment would not detect it, *ib.* 4641. 4645.

7. *East India Company's Service:*

Particulars relative to the warrant officers attached to the hospitals in India, one class to superintend the Commissariat department, the other class to compound the medicines; the system works exceedingly well, *Martin* 1469-1485; *Grant* 1697-1705——They are efficiently trained for their duties in the great hospitals, civil and military, *Martin* 1471-1475; *Grant* 1698——They are mostly Indian-born sons of European soldiers, *Martin* 1472. 1482; *Grant* 1699——Witness objects to their being made commissioned officers in the first instance, *Martin* 1477; *Grant* 1710——They rank about the same as serjeants in this country, or rather higher, *Martin* 1478, 1479——Desirableness in some instances of rewarding the warrant officers who have been promoted from the hospitals to regiments with unattached commissions, *Grant* 1706-1710.

Suitable system of dispensing followed in India; it is not applicable to the Queen's service, *Bostock* 2997-3002.

8. *Navy:*

System at Haslar of dispensing by means of persons brought up in apothecaries' shops; they do not rank as officers, *Lindsay* 2521-2531. 2546——In the navy the assistant surgeon makes up the ship's medicines, *Sir J. Liddell* 4305——The office of dispenser is held by a civilian, *ib.* 4305-4307.

9. *Ordnance Hospital, Woolwich:*

System of employment, from the ranks, of dispensers who, before enlistment, had been educated professionally, *Halahan* 3632. 3635-3639.

10. *Recommendations by the Committee:*

Resolution that a person duly qualified to compound medicines, and attested for military service, should form a part of the medical establishment of every regiment, *App. p.* iv.

Also that persons duly qualified to compound medicines should be selected either from the medical staff corps, from the ranks of the regular army, or from the orphan sons of soldiers educated at the military asylum, *Rep. p.* iv.

Also that persons from the ranks of the army, &c. should be regularly trained and educated, so as to become duly qualified for the duties of compounding medicines, *Rep. p.* iv.

Also that no one shall be considered eligible to the duties of compounding medicines until he has given proof, on examination by a Board, that he may with safety to the sick soldier be entrusted to such duty, *Rep. p.* iv.

See also *Coldstream Guards. Grenadier Guards. Hospital Serjeants. Life Guards. Scots Fusilier Guards.*

Distinguished Services. Attention paid by witness to special recommendations from the East for promotions or rewards, *Smith* 188. 258. 400. 462——Boon to the Indian service if any act certified as meritorious were to count for a year's service, *Martin* 1565—— Letter from Lord West, dated Camp before Sebastopol, 21 June, calling special attention to the distinguished services of Assistant-surgeons Brady, Phelps, Greer, and Wrench during the attack on the Redan, *Ev. p.* 197.

Recommendation by the Director-general that distinguished services should count as a year's service, *App. p.* 320——Concurrence of the Committee in the foregoing suggestion, *Rep. p.* iii.

See also *Despatches. East India Company's Service*, 2. *Good Service Pensions. Honorary Distinctions.*

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Divisional Hospitals. Approval of a partly divisional system of hospitals, *Duke of Cambridge* 3724——Preference given to divisional over general hospitals, *Sir R. Airey* 4419. 4420.

Douglas, Colonel John. (Analysis of his Evidence.)—Served in the Crimea with his regiment, the 11th Hussars, 1853——Considers, for several reasons, that the system of dispensing by means of non-commissioned officers or privates is preferable to the proposed system of trained dispensers as commissioned officers, 1854–1864. 1881–1886——Recommends as highly desirable the appointment of an additional assistant-surgeon to cavalry regiments, 1865–1880——The system of leave of absence of medical men is a great hardship, and should be rectified, 1874, 1875——The regulation that the surgeon or assistant-surgeon should dispense his own medicines is not strictly obeyed, 1886, 1887.

Dressers. Employment at Fort Pitt, Chatham, of an hospital dresser who does the duty of assistant-surgeon, *Dartnell* 2227.

Dumbreck, Dr. Censure of Dr. Dumbreck adverted to as having referred merely to his giving orders verbally, *Smith* 213–216. 238. 375——Circumstance of witness having recommended Dr. Dumbreck for the Companionship of the Bath, *ib.* 235–238.

Copy of letter from Lord Raglan to Dr. Dumbreck, regretting the accidental omission of his name in a despatch after the battle of Inkermann, and testifying to his merits, *App. p.* 322.

Duties. Enumeration of the duties of a regimental surgeon of infantry, *Mapleton* 1155–1160. 1162–1165——Custom, if the assistant-surgeon be efficient, for the surgeon to divide the patients with him, *ib.* 1155. 1169–1171——Duties of a regimental surgeon of cavalry, *ib.* 1158–1166——Slight extent to which surgeons attend to soldiers' wives in confinement, *ib.* 1310–1313——Outline of witness's daily duties as a cavalry surgeon, *Mackenzie* 3070. 3164——Attendance of witness on the soldiers' families, *ib.* 3101.

Enumeration of the duties of army medical officers, *App. p.* 290 *et seq.*——Official regulations in regard to the interior economy of a regiment as affecting the duties of the medical officers, *ib.* 292–295.

E.

East India Company's Service:

1. *Pay, Retiring Allowances, Leave of Absence, &c., of Medical Officers; Advantage over the Queen's Service.*
2. *Deficiency in regard to Prizes and Honorary Distinctions.*
3. *Inadequacy, numerically, of the Medical Staff.*
4. *Competitive System of Examination; its Advantage.*
5. *Promotions from the Lower Grades.*
6. *Governance by means of a Board elected by Seniority; Amendment desirable.*
7. *Views of Lord Dalhousie for an Improved Administration.*
8. *Other Evidence of a General Nature.*

1. *Pay, Retiring Allowances, Leave of Absence, &c., of Medical Officers; Advantage over the Queen's Service:*

Adequacy, intrinsically, of the pay and pensions in the medical department of the East India Company, *Martin* 1460, 1461. 1536 *et seq.*——Sundry advantages of the Indian medical service, in regard to pay, special allowances, private practice, leave of absence and retirement, *ib.* 1536–1614——Practice in regard to the employment of medical officers of the Indian army in the civil service, *ib.* 1539. 1558. 1564——Conditions and terms of retirement; there is full pay after seventeen years' service, and leave of absence counts, *ib.* 1541. 1546–1551. 1566–1568. 1587–1607. 1613, 1614——Advantage to the officers in occasionally having private practice, *Martin* 1552–1557; *Grant* 1712–1717——During the seventeen years' service an officer would probably have been out of India for a year or eighteen months, *Martin* 1566–1569.

Increased pay commences immediately on promotion being gazetted, *Martin* 1575–1577——The highest retiring pension is 700 *l.* a year, after thirty-two years' service, *ib.* 1595. 1603–1605——The relative advantages are greater than are the advantages of the Indian military officers over the Queen's military officers, *ib.* 1600–1602. 1610–1612——Pay of a superintending-surgeon at the rate of from 120 *l.* to 160 *l.* a month, *ib.* 1606, 1607——Few retire at the end of seventeen years, and those who do are actuated by ill-health, *ib.* 1613. 1614——Reluctance of the East Indian Company's surgeons to join the Queen's regiments for any length of time, *ib.* 1616, 1617.

Particulars relative to the medical retiring fund, which is or has been one of the attractions of the Indian service, *Grant* 1653–1656. 1670——It is in fact a mutual insurance fund, the subscriptions being compulsory, *ib.* 1654–1656——Reference also to the

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1. *Pay, Retiring Allowances, Leave of Absence, &c.*—continued.

the military fund, and to the orphans' fund, *Grant* 1657-1660. 1664——Recent arrangements in regard to sick leave, *ib.* 1661-1666. 1669——Pay of a surgeon when with a native regiment, and with an European regiment, *ib.* 1667, 1668.

Greater liberality of the service than of the Queen's service, *Grant* 1671; *Lord West* 2061; *Agnis* 3515——Advantage of the occasional employment in civil offices, *Grant* 1672——There is no retiring pay if an officer be broken down in health before seventeen years' service, *ib.* 1673, 1674——Retirement should be compulsory after thirty-five years' service, *ib.* 1728.

2. *Deficiency in regard to Prizes and Honorary Distinctions:*

Inadequacy of the number of grades and of the honorary distinctions, *Martin* 1461. 1536. 1542-1545——The grades are assistant-surgeon, regimental-surgeon, and superintending-surgeon; corresponding grades in the Queen's service, *ib.* 1462-1467——Few instances of the distinction of C. B. being given in the service, *Martin* 1544; *Grant* 1675-1678.

Paucity of candidates attributed to the very few prizes in the service, and to the more rapid promotion in the Queen's service, *Grant* 1650-1653——Just ground for complaint on the score of decorations or honorary distinctions, *ib.* 1675-1681——Deficient administration of the service in the fact of the prizes being rather premiums on longevity, *ib.* 1682. 1727——Approval of the grade of staff-surgeons as a prize higher than that of a regimental surgeon; duties to devolve upon them, *ib.* 1685. 1722-1726.

3. *Inadequacy, numerically, of the Medical Staff:*

Insufficient number of medical officers attached to the Indian regiments, *Martin* 1490-1495——The medical establishment in India is generally under its number, *Grant* 1639. 1648——Occasional instances of the Queen's service lending surgeons to the East India Company's troops, *ib.* 1640——Heavy duties of the medical officers through the insufficiency of their numbers, *ib.* 1693.

4. *Competitive System of Examination; its Advantage:*

Adoption, lately, of a system of competition for appointments; anticipated good effects thereof, *Martin* 1579-1584——More trying examination and higher class of medical men than in the Queen's service, *Agnis* 3572-3574.

5. *Promotions from the Lower Grades:*

Deviation advisable from the present rule of promotion of assistant-surgeons by seniority, *Martin* 1486-1488——Promotion is often very slow, *ib.* 1572, 1573——Examination, in some cases, before promotion, *Grant* 1719-1721.

6. *Governance by means of a Board elected by Seniority; Amendment desirable:*

Constitution of the Medical Board by seniority; it comprises the three oldest members in the service, *Martin* 1463, 1464. 1468——Objection to the principle of seniority in the administrative department, *ib.* 1463. 1512, 1513. 1574——The ages of the members of the Board are between sixty and seventy; bar to efficient administration thereby, *ib.* 1468. 1574——Advantage of a director-general, properly assisted and controlled, over a Board, *Martin* 1511; *Grant* 1687-1691——Inadequate means of the Board for judging of official capacity, *Grant* 1691. 1722, 1723.

7. *Views of Lord Dalhousie for an improved Administration:*

Recent departure, by Lord Dalhousie, from the rule of seniority in cases of promotion, *Martin* 1464——Plan of supernumerary officers proposed by Lord Dalhousie in order to meet contingencies, *ib.* 1490. 1496, 1497.

Leading features of the new medical system proposed by Lord Dalhousie; approval thereof, *Grant* 1683 *et seq.*——More numerous grades and prizes under this plan, *ib.* 1684-1686. 1722-1727——Lord Dalhousie proposed that there should be a director-general, who should be assisted (but not controlled) by an inspector-general of army hospitals, and an inspector-general of civil hospitals, *ib.* 1684.

8. *Other Evidence of a general Nature:*

Disadvantage to the discipline and medical efficiency of the Bengal army in the native regiments being so much scattered in detachments, *Martin* 1507, 1508——Juxtaposition into which the medical officers of the Company's service and the Queen's service are brought, *ib.* 1509, 1510——Administrative duties of the superintending surgeon, *ib.* 1532——He does not interfere with the treatment pursued by the regimental surgeons, *ib.* 1533-1535.

Constant practice for Indian medical officers to serve in the Queen's regiments in India; how this is effected, there being no supernumerary list for the purpose, *Grant* 1637——Considerable advantage to Indian medical officers, of experience in the practice of Euro-

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8. *Other Evidence of a general Nature*—continued.

pean regiments, *Grant* 1637. 1638. 1643–1645——Necessary attendance on European soldiers' wives, *ib.* 1694–1696——Several ranks employed in an European hospital in India, *ib.* 1700.

See also *Confidential Reports*, 4. *Dispensers*, 7. *Rank and Relative Position*, 2.

Education. Professional education of witness; its cost, *Mapleton* 1041. 1046–1048; *Mackenzie* 3049, 3050——Expense of the several medical schools adverted to, *Mapleton* 1047–1049.

Doubt as to the medical officers or non-commissioned officers being better educated now than they were thirty years ago, *Smith* 4654–4658.

See also *Qualifications.*

Embarkation of Troops. Regulations as to the duties hereon of the medical officers, *App. p.* 294.

Endurance of Suffering. Testimony to the great endurance and patience exhibited by the soldiers in hospital during the late war, *Bostock* 3033, 3034; *Duke of Cambridge* 3640–3643; *Maunder* 3916–3919——Our soldiers always do evince great patience and fortitude in hospital, *Lord Cardigan* 4105.

Examinations:

1. *Course of Examination on Appointment.*
2. *Suggestions for an improved System.*

1. *Course of Examination on Appointment:*

System of examination at the Medical Board; there is no verbal examination unless the written examination prove unsatisfactory, *Mapleton* 1061–1065. 1070–1074——Particulars relative to the questions comprising the written examination, and as to the manner in which applied; witness, when at the Medical Board, drew up some of them, *ib.* 1077–1088. 1090–1097. 1115, 1116——The examination comprises the practice of medicine, drugs, midwifery, and diseases of women, *ib.* 1116——Examination relative to manipulation is not necessary, *ib.* 1125——Written rudimentary examination on entering the department, *Agnis* 3524–3528.

2. *Suggestions for an improved System:*

Great importance of a more rigid examination on entrance, *Burrell* 737–746. 767–777. 782–784; *Mapleton* 1055. 1056; *Rees* 3376–3380——Advantage of examination in practical surgery at a general hospital, *Burrell* 747–750. 813–816——The system adopted by the East India Company, or the system in France should be adopted, *ib.* 778, 779.

Suggested mode of examination if the Medical Board be no longer employed in the matter, *Mapleton* 1067–1069. 1126–1132——The examination, in such case, should be at the metropolis of the country to which the candidate belongs, and should be conducted by an independent body, *ib.* 1068. 1126. 1233——The military profession of surgery at each metropolis should be one of the examiners, *ib.* 1068, 1069. 1126, 1127. 1131, 1132——Advantage of an elementary examination in regard to drugs and chemical tests, *ib.* 1123, 1124.

Doubt as to the necessity of special examination in reference to the medical treatment of lunatic soldiers, *Dartnell* 2327–2338——Advantage of medical men, more especially of army officers, being examined in drugs, *Rees* 3343–3345.

See also *Competition. Probation. Promotion*, 4.

Exchanges. Suggested opportunity of exchange in the case of officers ordered to foreign stations, *Mackenzie* 3161–3163——Practice in the navy to permit exchanges from ship to ship on proper reason being shown, *Sir J. Liddell* 4219–4222.

Executive Officers. The executive officers should be the staff surgeons, or surgeons of the forces, and assistant staff or assistant regimental surgeons, *Mapleton* 1189. 1254.

See also *Staff Surgeons.*

Expenditure (*Director-General*). Improvement in regard to financial arrangement if witness were definitively empowered to incur expenditure, in peace as well as in war, without communicating in the first instance with his superiors; about 4,000 *l.* or 5,000 *l.* placed to his account yearly would suffice for the purpose, *Smith* 67–95.

Opinion that there is no necessity for placing a sum of about 5,000 *l.* a year at Dr. Smith's uncontrolled disposal, *Sir B. Hawes* 3495——Doubt as to the refusal of any supplies ever recommended by Dr. Smith, *ib.* 3497.

See also *Filtering Machines.*

Expenditure

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Expenditure (Heads of Hospitals, &c.) Objection to a general power in the heads of the hospitals at Chatham, Portsmouth, &c. to procure medical comforts at their discretion, *Smith* 91-94——Authority given to witness to purchase medicines at Constantinople, *Burrell* 849——Representation by witness to Dr. Smith of the want of huts, hospital furniture, &c. at Shorncliffe, he (witness) not having authority to make purchases locally, even if the things required could have been so provided, *Menzies* 1005. 1012-1015——Advantage if the principal officers at hospitals had more power to provide articles locally, *ib.* 1016.

Witness has never experienced any difficulties in regard to supplies of drugs, leeches, trusses, &c., and sometimes procures them locally, being reimbursed from head-quarters without difficulty, *Mapleton* 1396-1400——Medical officers generally should have more power in regard to procuring requirements for the sick, *Dartnell* 2262-2266——Power of Dr. Parkes, head of the Renkioi Hospital, with respect to expenditure on repairs, &c., *Sir B. Hawes* 3465-3473——Importance of removing the limitation in regard to the provision of hospital comforts by regimental surgeons, *Sir R. Airey* 4539-4542.

F.

Favouritism. Less imputation of favouritism if a Board were constituted, *Lord De Ros* 2633; *Mackenzie* 3210-3212—— Witness is not aware of any instance of unfairness under the system of a director-general, *Lord Cardigan* 4095.

Field Hospitals. Case adverted to of an hospital hut supplied in the Crimea in an incomplete state in August last, and still incomplete in December, *Smith* 379-381——Deficient inspection at first of the regimental hospital of the 21st Fusiliers in the Crimea; improvement subsequently, *Lord West* 1926-1937——Want of straw in the tents for the patients to lie on, *ib.* 1979-1982. 1984.

Filtering Machines. Circumstance of exception having been taken to the authority exercised by witness in ordering, on his own responsibility, the purchase of drip-stones for Aldershot and Shorncliffe, *Smith* 73, 74. 84——Reference to communications (*App. p.* 303, 304) between Dr. Andrew Smith and witness in October 1855, relative to the payment for filtering machines supplied at Shorncliffe and Aldershot, *Sir B. Hawes* 3495, 3496.

Forage. Evidence in favour of the abolition of deductions on account of forage for the horses of surgeons and assistant-surgeons, *Mapleton* 1261-1264. 1279-1281; *Lord De Ros* 2691; *Mackenzie* 3102, 3103. 3220; *Sir G. A. Wetherall* 3286; *Duke of Cambridge* 3740—— Daily deduction of 8½ *d.* per horse for forage, *Mackenzie* 3102; *Agnis* 3536. 3540. 3549-3551——Stoppage for forage from the pay of regimental surgeons, but not from the pay of other officers, *Mapleton* 1309——Recommendation by the Director-general that the forage be allowed, *App. p.* 317.

Foreign Service. Service in foreign climates should not count at an increase, *Mapleton* 1270——Improvement if foreign service were to count for more than home service, *Duke of Cambridge* 3696——Advantage to naval medical officers in their periods of foreign service in different places, *Sir J. Liddell* 4257-4259——Invariable observance by witness of the roster in regard to sending officers on foreign service, *Smith* 4561——Objection by the Director-general to the proposition that colonial service should count extra, *App. p.* 320.——*See* also *Cavalry.*

Foreign Stations. Greater chance of promotion on foreign than on home stations, *Smith* 470-472——Impartial conduct of witness in appointing to foreign stations, *ib.* 472-475.

How the stations abroad are defined, *Mapleton* 1218-1228——In the event of a vacancy on a foreign station the duty should be performed by the senior officer on the station till the arrival of the officer senior in the whole service, *ib.* 1231. 1233-1235.

Instances in which seniority operates specially on a foreign station, so that an officer junior in the service may be made staff surgeon of the first class, *Smith* 4548. 4559, 4560——Further statement by the Director-general in approval of the present system of promotion on foreign stations, *App. p.* 320, 321.

Fort Pitt. See *Chatham.* *Probation.*

French Hospitals. The French hospitals at Pera were very dirty in June 1855, *Maunder* 3953-3957.

Funeral Honours. Recommendations by the Director-general on this subject. *App. p.* 318——Concurrence of the Committee in the foregoing, *Rep. p.* iii.

G.

General Hospitals. Importance of the formation of a large general hospital at home, *Duke of Cambridge* 3732.——*See* also *Divisional Hospitals. Regimental Hospitals.*

Good Service Pensions. Reference to some instances of distinguished conduct in the field, and to the propriety of rewarding such conduct by good service pension rather than by promotion, *Smith* 185–192. 207–211——Advantage if there were good service pensions in the Navy Medical Department, *Sir J. Liddell* 4271, 4272.

Governing Body:

1. *Preference given to the System of a Director-general over a System of a Medical Board.*
2. *Evidence in favour of a Board.*

1. *Preference given to the System of a Director-general over a System of a Medical Board:*

About March last witness was told by Lord Panmure that it was intended to re-organise the department, and to form a Medical Board, which should comprise a civil element, *Smith* 26–30. 60——Evidence relative to witness's offer of resignation, and to the subsequent abandonment of the plan of a Board, *ib.* 28–32. 42–60. 578–583——Grounds upon which witness specially objects to the introduction of a civil element as injurious to the service, *Smith* 43–49. 54. 55. 553–557. 586–591; *Duke of Cambridge* 3683–3685——Witness also objected to the contemplated Board as being in effect a slight upon himself, *Smith* 45. 48——Opinion in favour of witness's individual responsibility as preferable to a Medical Board, *ib.* 45. 48. 361.

It was subsequently communicated to witness that the civil element would not be introduced, *Smith* 57–59—— In accordance with Lord Panmure's direction, witness eventually submitted a new organisation of the department, and his proposition has in the main been carried out, *ib.* 60–64.——Opinion that the changes already effected or now in progress have rendered the organisation efficient for all purposes in time of peace and in time of war, *ib.* 65–67.

Further evidence opposed to the appointment of a Board to deal with promotions and to conduct the medical service generally, *Smith* 361. 551–591——Failure of the system of Boards, as shown by former experience, *Smith* 551; *Hume* 2733–2736; *Sir R. Airey* 4465–4471——Disagreement and delay under the system of a Board, *Smith* 552. 557. 575–577——Witness prefers the system of Director-general (with his power of forming subordinate Boards) and of individual responsibility, to a system of a Medical Board, *Sir G. A. Wetherall* 3310, 3311; *Duke of Cambridge* 3674, 3675. 3683–3688. 3718–3720.

Resolution of the Committee, that the governing power of the Army Medical Department should be vested, as at present, in one individual, and not in a Board, *Rep. p.* iii.

2. *Evidence in favour of a Board:*

Improvement if the promotions, &c., were under a Medical Board, *Burrell* 787–789; *Lord Cardigan* 4079–4097——Proposition that the Medical Department be governed by a Board, consisting of a chief, with two assistants next in rank to himself, and aided by a military secretary, *Lord De Ros* 2623–2638.

Recommended establishment of a Board of three senior medical officers in lieu of the system of a Director-general, *Mackenzie* 3202–3207. 3210–3213——The chief of the Board should be permanent, and the other two members removable every three years, *ib.* 3203——A majority of votes should decide each question, *ib.* 3204.

See also *Commander-in-Chief. Control. Director-general. East India Company's Service,* 6. *Favouritism.*

Grades. With reference to the several ranks, six in number, in the Medical Department, witness would abolish those of acting assistant-surgeon and staff surgeon of the first class, *Mapleton* 1187–1209. 1254——Gradation of medical men in civil hospitals, *Rees* 3327——Grades hitherto of Ordnance medical officers, *Halahan* 3606.

Grant, Alexander. (Analysis of his Evidence.)—Has been nearly sixteen years in the medical service of the East India Company in different capacities; has been personal medical attendant of Lord Dalhousie since 1848; 1633–1636——Constant practice for Indian medical officers to serve in the Queen's regiments in India; how this is effected, there being no supernumerary list for the purpose, 1637——Considerable advantage to Indian medical officers of the experience in the practice of European regiments, 1637, 1638. 1643–1645——Occasional instances of the Queen's service lending surgeons to the East India Company's troops, 1640.

Advantages of the recent competitive system of examination for the Indian service, 1646, 1647——There is at present no probationary period, through the insufficiency of officers

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Grant, Alexander. (Analysis of his Evidence)—*continued.*

officers, 1648, 1649——Paucity of candidates attributed to the very few prizes in the service, and to the more rapid promotion in the Queen's service, 1650–1653——Particulars relative to the medical retiring fund, which is or has been one of the attractions of the Indian service, 1653–1656. 1670——Reference also to the Military fund and the Orphan fund, 1657–1660. 1664.

Recent arrangements in regard to sick leave, 1661–1666. 1669——Pay of a surgeon when with a native regiment and with an European regiment, 1667, 1668——Advantage over the Queen's service as regards pay, 1671——Advantage of the occasional employment in civil offices, 1672——There is no retiring pay if an officer be broken down in health before seventeen years' service, 1673, 1674——Just ground for complaint in the service on the score of decorations or honorary distinctions, 1675–1681.

Deficient administration of the Indian medical service in the fact of the prizes being rather premiums on longevity, 1682. 1727——Leading features of the medical system proposed by Lord Dalhousie; approval thereof, 1683 *et seq.*——More numerous grades and prizes under this plan, 1684–1686. 1722–1727——Approval of the abolition of the Board, and of the appointment of a director-general with certain checks upon his being absolute, 1687–1691.

Proposal by Lord Dalhousie to place the medical officers in the same position as the military officers in regard to substantive rank and honours; evidence in approval thereof, 1686. 1729–1745——Inadequate means of the Board for judging of official capacity, 1691. 1722, 1723——Slight mortality in the native regiments, 1692——Heavy duties of the medical officers through the insufficiency of their numbers, 1693——Necessary attendance on European soldiers' wives, 1694–1696.

Particulars as to, and approval of, the system of subordinate officers, such as dispensers and dressers, in the European hospitals in the Company's service, 1697–1705——Desirableness in some instances of rewarding the warrant officers who have been promoted from the hospitals to regiments with unattached commissions, 1706–1710——Contributions to science by the medical officers are entirely voluntary, 1711——Advantage to the officers in occasionally having private practice, 1712–1717.

Opportunity of the regimental surgeons of the Queen's army for seeing hospital practice in India, 1718——Examination in some cases before promotion, 1719–1721——Retirement should be compulsory after thirty-five years' service, 1728——The mortality among the medical officers is one per cent. greater than among the military officers, 1746.

Grenadier Guards. Means by which witness learned to dispense when in the Grenadier Guards, *Jackson* 4665——There was no difficulty in reading the prescriptions which were in Latin, *ib.* 4666–4668. 4675–4678——Duties devolving on witness when attached to the Guards' hospital; no accident ever occurred in carrying them out, *ib.* 4667–4683——He has trained six others to dispense, none of whom ever made the least mistake, *ib.* 4670. 4683——The directions for the patient were always written in English, *ib.* 4679, 4680——The poisonous drugs were kept in a cupboard by themselves, *ib.* 4682.

Grievances. See *Leave of Absence. Pay. Promotion. Rank and Relative Position. Servants.*

Guards' Brigade. Absence of direct superintendence over the medical arrangements of the brigade in the East, *Bostock* 2969–2971. 2989. 2994–2996.

See also *Coldstream Guards. Grenadier Guards. Scots Fusilier Guards.*

H.

Halahan, John Wallen, M.D. (Analysis of his Evidence.)—Is deputy inspector of the Ordnance Medical Department, 3575——The department has nominally been under Dr. Smith for the last two years, but the new regulations have only recently been brought into practice, 3576–3578. 3602, 3603. 3613–3615——Control formerly of the department by an Inspector-general, 3579, 3580——System of service on foreign stations, 3581–3589——Absence of confidential reports, 3590, 3591——Mode of supply of drugs, 3592–3594——Examination before appointment; diplomas required, 3595. 3597.

Promotion hitherto in the Ordnance entirely by seniority, 3596. 3598–3601——Advantage to the Ordnance officers in being open for promotion in the Line, 3602–3605. 3609–3612——Grades hitherto of Ordnance medical officers, 3606——Ordnance surgeons are now considered equally as surgeons of the Line, 3615–3618——Explanation as to the internal economy of the Ordnance hospitals, 3619–3639.

Half Pay. Service of surgeons on half-pay does not count at all; this is the case in regard to all officers, *Smith* 466. 468——Witness has recommended, an increased rate of half-pay, *ib.* 467——Power to retire on half-pay after twenty-five years' service, *ib.* 506——

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Half Pay—continued.

Impartial practice of witness in recommending to the higher scale of half-pay, *Smith* 548–550.

Reference to an instance of a medical officer placed on half-pay through misconduct, *Burrell* 839, 840. 908——Propriety of the half-pay being fixed, with reference to the years of service, and not with reference to the full pay, *Mapleton* 1316, 1317——Present system of half-pay of cavalry surgeons, *ib.* 1317.

See also *Leave of Absence. Retirement, &c.*

Hall, Sir John., M. D., K. C. B. Indirect character of the censure passed on Dr. Hall by the Commander-in-chief in the Crimea, *Smith* 223–227——Circumstance of witness having recommended Dr. Hall for the Order of the Bath, *ib.* 233, 234——Considerable experience of Dr. Hall, *ib.* 266——Censure in General Order, dated 13 December 1854, of Dr. Hall, with reference to the state of the sick on board the "Avon," *ib.* 277.

Explanation as to the principle of selection having been partly resorted to in appointing Dr. Hall in lieu of Dr. Lawson, his senior in rank, *Smith* 476–484——Excellent instructions issued by Dr. Hall, whose duty it was, subject to the Commander-in-chief, to make regulations for supply in the event of any movement of the army, *ib.* 4606–4612.

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2. *Complaint by Dr. Burrell in regard to the Appointment.*
3. *Correspondence between the Director-general and Dr. Burrell.*

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1. *Regulations hereon; their Severity:*

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Military Officers. Advantage of the officers of the line over the medical officers, not only as regards full pay, but as regards the period entitling to half-pay, *Smith* 505-510——Sundry points in which the military officers are exceedingly better off than the medical officers, *Mapleton* 1314, 1315. 1332, 1333.

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Military Secretary. Advantages if a military secretary were appointed under the director-general, *Lord De Ros* 2625. 2633. 2637; *Sir R. Airey* 4472-4475——The appointment of a military secretary is not necessary, *Sir G. A. Wetherall* 3312.

Misconduct. Possibility of misconducted regimental officers being transferred direct to the staff by the director-general, *Burrell* 892-894——Steps advisable generally in following up the misconduct of a medical officer in any place, *Duke of Cambridge* 3729, 3730.

Mortality. Comparatively large mortality of the army medical officers, *Mapleton* 1287. 1318——Heavy mortality at times in the service in India, *Martin* 1586——The mortality among medical officers in India is one per cent. greater than among the military officers, *Grant* 1746——Reference to a report by Mr. Neison, the actuary, showing a peculiarly heavy mortality among army medical officers, *Dartnell* 2467, 2468.

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Navy. Mention of the four ranks in the medical department of the navy, *Sir J. Liddell* 4125, 4126——Uncertainty in regard to the period between the different grades of promotion, *ib.* 4127. 4155-4157——Pay of the surgeons and assistant-surgeons the same; and the fact of their being victualled free of expense compared with the pay of the army medical officers, *ib.* 4158. 4173-4177. 4185-4188. 4274-4276——System of examination certificates being also required, *ib.* 4162-4168.

Difficulty for some time recently in finding an adequate supply of candidates, *Sir J. Liddell* 4169-4172. 4188——Allotment of medical men in proportion to the size of the ship, *ib.* 4183. 4184. 4189-4194——Daily report by the medical officers to the captain of the ship, *ib.* 4249, 4250——Pay and number of inspectors of naval hospitals, *ib.* 4274-4277.

See also *Confidential Reports*, 7. *Dispensers*, 8. *Haslar Naval Hospital. Promotion*, 5. *Retirement and Retiring Allowances.*

Number of Medical Officers. Decided inadequacy of the present number of medical officers in each regiment, especially in the cavalry regiments, *Mapleton* 1175-1177——Every regiment of cavalry, as of infantry, should have in time of peace one surgeon and two assistant-surgeons, *ib.* 1182-1186. 1334——Desirableness, in time of peace, of two assistant-surgeons in every regiment, *Sir G. Buller* 1908-1913; *Bostock* 3009-3015——Importance of each regiment having two assistant-surgeons in time of peace, and three assistant-surgeons in time of war, *Dartnell* 2417-2424. 2435-2440; *Duke of Cambridge* 3667. 3701.

Staff of two assistant-surgeons with the regiments in the Peninsula, Walcheren, and Egypt, *Hume* 2737-2743——There should be two assistant-surgeons for each regiment during peace as well as during war, *ib.* 2739-2741. 2812——Insufficiency of the medical staff even before the late war, *Mackenzie* 3160——Expediency of an abundant supply of medical officers in the event of war; these could readily be procured, *Lord Cardigan* 4110-4113——There should be a surgeon and two assistant-surgeons with the service companies, and an assistant-surgeon with the reserve, *Sir R. Airey* 4449.

See also *Administrative Officers. Cavalry. Civil Hospitals and Civil Practitioners. Crimea. Deputy Inspectors-general. East India Company's Service*, 3. *Inspectors-general. Leave of Absence.*

Nurses. Advantages of a trained body of nurses attached to general hospitals; special reference hereon to the West Indies, *Burrell* 866-870——System of female nurses in the Ordnance hospitals; good results thereof, *Halahan* 3620-3630.

O.

Office Staff (Army Medical Department). Appointment of Dr. Dumbreck in witness's office adverted to and explained, *Smith* 114-117——Statement of the staff attached to witness; they are appointed by him, *ib.* 560-571.

Correspondence relating to the professional branch of the office, *App. p.* 286, 287.

See also *Subordinate Boards.*

Officers. The new hospitals in this country will contain ward-rooms for the officers, *Smith* 413——Doubt as to the necessity of any further steps for providing for wounded or sick officers on arriving in this country, *Mapleton* 1387, 1388——Impropriety in sick officers ever being obliged to pay for their medicines, *ib.* 1394. 1395——Provision for the hospital treatment of naval officers, *Lindsay* 2510-2516; *Sir J. Liddell* 4285-4290——Advantage if hospital accommodation were provided at home for invalid or wounded military officers on return from abroad, *Lord de Ros* 2685, 2686; *Duke of Cambridge* 3733-3735, 3742; *Sir R. Airey* 4506. 4537, 4538——Recommendation by the Committee that accommodation for sick officers be provided in the general hospitals, *Rep. p.* iv.——*See* also *Blood Money. Lodging Money.*

Operating Tables. Want of operating tables in the Crimea adverted to, *Lord West* 2065, 2066.

Operations (Surgical). Custom in regard to the consent of witness being given in cases of amputation or capital operations, *Dartnell* 2399-2407——Exceptional instances in the Peninsula of the higher grades performing operations or prescribing, *Hume* 2819-2821——Competency generally of the army surgeons to perform operations, notwithstanding their age, *Maunder* 3959-3961.

ORDERLIES (HOSPITALS):

1. *As to the Working of the present System; Experience in the Crimea.*
2. *Advantage of Soldier Orderlies; Suggestions hereon.*

1. *As to the Working of the present System; Experience in the Crimea:*

Slight improvement required in order to render the present system of hospital orderlies all that is desirable for regimental hospitals, *Mapleton* 1389-1393——Insufficient staff of orderlies attached to hospitals, *Sir G. Buller* 1898——The prescribed number of orderlies in witness's regiment in the Crimea was one for every ten patients, *Lord West* 1963, 1964——Arrangements for the supply of orderlies to the regimental hospitals; control exercised by witness and other colonels of regiments, *ib.* 1964-1966. 1970-1974——Extra pay and free rations latterly given to the orderlies in the Crimea, *ib.* 1967.

Failure of the orderlies or pensioners sent to the Crimea, *Dartnell* 2153, 2154——Importance of orderlies being a permanent body in the hospitals, *ib.* 2156, 2157——Difficulty at present in retaining valuable orderlies; this would no doubt be obviated under the system of the medical staff corps, *Mackenzie* 3117, 3118. 3130——Rule to have one orderly for every ten patients or for any number under ten, *ib.* 3119-3123.

Particulars relative to the orderlies, more especially the civilian orderlies at Renkioi, *Sir B. Hawes* 3476-3482——There was no difficulty in the East in procuring orderlies, *Inkster* 3825, 3826——There was no difficulty about the civilian orderlies at Renkioi, *Maunder* 3913-3915——Arrangement for employing sailors as hospital orderlies on board ship, *Sir J. Liddell* 4308-4311——Inadequacy of the present system of hospital orderlies, more especially as detracting from the effective strength of the regiments, *Sir R. Airey* 4329, 4330. 4338.

2. *Advantage of Soldier Orderlies; Suggestions hereon:*

Evidence in favour of orderlies drawn from regiments as preferable to civilian orderlies, *Sir G. Buller* 1899-1906; *Dartnell* 2171; *Lord De Ros* 2605, 2606. 2692; *Bostock* 3006, 3007; *Mackenzie* 3114-3118. 3129, 3130; *Lord Cardigan* 4100, 4101——Some old soldiers might with advantage be selected for orderlies, *Dartnell* 2193, 2194——Advantage in orderlies in naval hospitals having served in the naval or military service, *Lindsay* 2541-2544——Soldiers prefer being nursed by their comrades rather than by civilians, *Mackenzie* 3118. 3129; *Inkster* 3827; *Lord Cardigan* 4057.

Orderlies should be provided by soldiers being sent to some training school, *Duke of Cambridge* 3658-3660. 3744. 3746, 3747——There should be a fixed establishment of orderlies, *ib.* 3745, 3748, 3749——Those found to be unfit for hospital duties should return to the regiment whence they went to the training school, *ib.* 3750, 3751——If found to be properly qualified, their places in the regiment should be filled up by other men, *ib.* 3750.

Suggestion that orderlies be supplied by a corps to be drawn from the ranks of the regiment, and specially trained for the purpose, *Sir R. Airey* 4331-4339. 4533——If not eligible they should return to the ranks, *ib.* 4331. 4334. 4394——They should be a military corps, but should not form part of the effective strength of the regiment, *ib.* 4331, 4332. 4336. 4337. 4395——They should have better pay than privates have, *ib.* 4335.

See also *Medical Staff Corps. Nurses.*

Ordnance Medical Department. Witness is deputy inspector of the department, *Halahan* 3575——The department has nominally been under Dr. Smith for the last two years, but the new regulations have only recently been brought into practice, *ib.* 3576-3578. 3602, 3603. 3613-3615——Control formerly of the department by an inspector-general, *ib.* 3579, 3580——System of service on foreign stations, *ib.* 3581-3589.

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Mode of supply of drugs, *Halahan* 3592-3594——Examination before appointment; diplomas required, *ib.* 3595. 3597——Ordnance surgeons are now considered equally as surgeons of the line, *ib.* 3615-3618——Explanation as to the internal economy of the Ordnance Hospitals, *ib.* 3619-3639.

Arrangement, completed about three months ago, whereby the Ordnance medical officers are treated precisely in the same way as the officers of the line, and are open to promotion into line regiments, *Smith* 4562-4568——Objection at first of the Ordnance officers to promotion into the line, *ib.* 4563, 4564. 4568——Application subsequently to be open to such promotion, the promotion as confined to the artillery having been found to be unsatisfactorily slow, *ib.* 4563. 4565-4568.

See also *Confidential Reports*, 8. *Dispensers*, 9. *Promotion*, 6.

P.

Panniers. Want of panniers in the medical department for service in Turkey, *Burrell* 850-855——Difficulty in witness's regiment through the want of transport in conveying the panniers of medicines from Old Fort to Sebastopol; use made of Sir George Cathcart's private cart, *Lord West* 1985-2002.

Parkes, Dr. Remuneration of Dr. Parkes as superintendent of Renkioi Hospital, *Maunder* 3924, 3925. 3940.

Pay:

1. *Inadequacy of the Remuneration, both in the Cavalry and the Infantry.*
2. *Recommendations for an Increase of Pay, more especially of the Surgeons and Assistant-surgeons.*

1. *Inadequacy of the Remuneration, both in the Cavalry and the Infantry:*

Evidence generally to the effect that the remuneration of the medical department is decidedly inadequate, *Burrell* 780-784; *Mapleton* 1054-1057. 1122; *Dartnell* 2346-2349; *Lord de Ros* 2691. 2693-2695; *Sir G. Wetherall* 3309; *Rees* 3322 *et seq.* 3372-3375; *Maunder* 3951, 3952——Large expenses as well as inadequate pay of cavalry medical officers, *Mackenzie* 3123, 3124. 3127, 3128.

Rare instances of the more prominent pupils at Guy's Hospital entering the army medical department, neither the pay nor the prospects being sufficiently encouraging; far better prospects through private practice, *Rees* 3322-3328. 3351-3363. 3372-3375——Regret expressed by some medical men at having entered the army, *ib.* 3329, 3330. 3349-3351——Better position on the whole of a Poor-law medical officer than of an army medical officer, *ib.* 3355-3360.

Witness, who entered the 3d Light Dragoons for the sake of seeing active service, does not intend to remain in it on account of the lowness of the remuneration, *Agnis* 3507-3510. 3516. 3558. 3570, 3571——Mention of several public appointments which offer a far better prospect for medical men than the army, *ib.* 3511-3515——Deductions and incidental expenses in the case of cavalry assistant-surgeons; total expenditure of not less than 178 *l.* against a salary of 155 *l.* *ib.* 3536-3551——Less expenses of an infantry than of a cavalry assistant-surgeon, *ib.* 3559-3562.

Consideration of the pay of assistant-surgeons of cavalry, and of the deductions therefrom, to the effect that the latter are in some respects very severe, *Lord Cardigan* 4061-4071——Doubt as to any special cause of complaint as to the lowness of the actual pay, *ib.* 4063. 4066. 4072——Expediency of raising the pay and status of the medical officers and of placing them on a par with the East India Company's servants, *Sir R. Airey* 4434-4448. 4481, 4482. 4494, 4495——The military medical profession should at least be equal to the civil profession, *ib.* 4434, 4435. 4447, 4448.

2. *Recommendations for an Increase of Pay, more especially of the Surgeons and Assistant-surgeons:*

Suggestions relative to the increased pay of the several ranks of medical officers; the adoption of these and other suggested improvements would involve an additional expense of about 40,000 *l.* a year, *Mapleton* 1258-1281——The regimental surgeon, after fifteen years' service, should have the same pay and rank as staff surgeons of the first class now have, *ib.* 1258——The assistant-surgeon should get 10*s.* a day on entering, to be increased to 12 *s.* after five years' service, and to 13 *s.* after ten years' service, *ib.* 1259-1261.

Additional increase of 1 *s.* 5*d.* a day recommended for a cavalry assistant surgeon, as compared with the increase of pay to an infantry assistant surgeon, *Mapleton* 1261-1264. 1279-1281——Surgeons should have an increase, in proportion to length of service, of from 10 *s.* a day to 24 *s.* a day, *ib.* 1265——Suggested extra pay for climate in the case of deputy-inspectors, *ib.* 1267-1269——The pay of deputy-inspectors should also be regulated according to the station, *ib.* 1275.

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Recommendations for an Increase of Pay, &c.—continued.

The pay of the surgeon should be increased, *Lord West* 2005——Advantage in increasing the pay of the assistant surgeons after they have been some time in the service, *ib.* 2007–2009. 2023——In the cavalry, the pay of the assistant surgeon should, on entering, be 10*s.* a day, and after five years' service 13*s.* a day, *Mackenzie* 3215. 3217——The pay of cavalry surgeons on entering should be 15*s.* a day, to rise by degrees till, on twenty-five years' service, it was 30*s.* a day, *ib.* 3218, 3219——A better remuneration of assistant surgeons would be preferable to an earlier retirement, *Duke of Cambridge* 3699–3701.

Rate of pay proposed by the director-general for assistant-surgeons, *App. p.* 314—— Proposed rates of pay of regimental surgeons and staff surgeons of the second class, *ib.* 315——Proposed rates of pay of staff surgeons of the first class, *ib.*——Proposed rates of pay of deputy inspectors-general of hospitals, *ib.* 316——Proposed rates of pay of inspector-general, *ib.*

Recommendation that the regulation which requires officers of the department to serve two years in the rank to which they have been promoted, upon the pay of their previous rank, be abolished, *Rep. p.* iii.

Recommendation that the pay of the army-surgeons and assistant-surgeons be increased, as may be determined by the executive government; but the Committee are in favour of 10*s.* per diem as the pay of the assistant-surgeon on first appointment, *Rep. p.* iii.

See also *Civil Hospitals and Civil Practitioners.* *East India Company's Service*, 1. *Half-pay.* *Inspectors-General.* *Memorials.* *Military Officers.* *Navy.* *Private Practice.* *Retirement and Retiring Allowances.*

Peninsular War. Great difference between the war in the Peninsula and the recent war in regard to accommodation for the sick, *Hume* 2704-2709——System of hospital ships in frequent use during the Peninsular war, *ib.* 2710–2715——Extent of sickness, *ib.* 2717, 2718——Provision made for the conveyance of the sick and wounded during Sir John Moore's retreat and the retreat from Burgos, *ib.* 2719-2724——Want chiefly of hospital attendants in the Peninsula, *ib.* 2741——Want at times of medical officers; civilians were not introduced, *ib.* 2803. 2804.

Pensions. About twelve months ago witness strongly urged the injustice to medical officers in their widows not having the pensions of the relative ranks, *Smith* 412——System of pension for wounds adverted to, *Mapleton* 1383–1386——In the navy the basis for widows' pensions is not equal to that of the army medical department, *Sir J. Liddell* 4273.——*See* also *Good Service Pensions.* *Retirement and Retiring Allowances.*

Physicians. Suggested requirement, in military medical officers, of a diploma from one of the Colleges of Physicians, *Mapleton* 1058. 1102–1112. 1120–1122. 1126——A considerable number of army surgeons are doctors of medicine, *ib.* 1117, 1118——Nature of the diplomas, certificates, and examination necessary before admission to the private practice of medicine, *Rees* 3339–3342. 3379, 3380.

Private Practice. Improbability of men retiring after twenty years' service going into private practice, *Mapleton* 1301–1304——Opportunities of army medical officers to engage in private practice, *Lord De Ros* 2696. 2698——Equal chances of an army surgeon, as of a civilian, to get into private practice, if the former have left the service, *Mackenzie* 3192–3201——Opportunity abroad, but not at home, for medical officers to obtain private practice, *ib.* 3198——Higher reputation obtainable in hospital practice rather than as an army surgeon, *Rees* 3364–3371——Absence of advantage on the score of private practice, *Sir R. Airey* 4436–4441.——*See* also *East India Company's Service*, 1.

Prizes. Objections to prizes for excellence in any particular branch of medical study, *Rees* 3346–3348.

Probation. Practice generally, after the first appointment, to go to Fort Pitt before joining the regiment, *Burrell* 806, 807. 809–812——Probation at Chatham before appointment in the "Gazette" as assistant-surgeon, *Mapleton* 1133–1143. 1148–1153; *Dartnell* 2244–2247——Expediency of the examination being a sufficient test, and of those who pass it being at once gazetted to the staff, *Mapleton* 1144–1147. 1154. 1233——Desirableness of a probationary period of about three months, with pay at about 5*s.* a day, *Mackenzie* 3061–3065——Supervision over and duties and studies of witness when on probation at Chatham, *Agnis* 3523. 3529–3533——Appointment of witness to the cavalry direct from Chatham, *ib.* 3534, 3535.

Probationary period in the case of naval medical officers of twelve months passed on board ship, or in a naval hospital, *Sir J. Liddell* 4239–4248.

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PROMOTION:

1. *As to Promotion by Seniority.*
2. *As to Promotion by Selection.*
3. *Rules affecting Promotion; suggested Publication thereof.*
4. *Absence of Examination on Promotion.*
5. *Navy.*
6. *Ordnance.*

1. *As to Promotion by Seniority:*

Rule in the case of assistant-surgeons to promote the senior unless individually unworthy, *Smith* 108——Approval of the system of promotion by seniority, save in cases of established incompetency, *ib.* 180–182——Invariable practice of witness to promote deserving officers without reference to their reports in regard to the conduct of the department, *ib.* 398, 399——As a rule, vacancies in the Crimea were filled by the promotion of the senior in rank, *ib.* 462. 471–475. 502——Hardship, till remedied by witness, in promoting a junior officer, because the senior officer was at the time incapable through sickness, *ib.* 4569.

Check, as regards length of service, upon the premature promotion of assistant-surgeons, *Burrell* 798–801——Rule to promote assistant-surgeons according to seniority on the station in which the vacancy takes place, *Mapleton* 1215–1217——Promotion should be by seniority in the whole service, *Mapleton* 1227–1243; *Dartnell* 2361–2364——Reasons for regimental surgeons sometimes refusing promotion, *Mapleton* 1244, 1245——Approval of promotion by seniority as a general rule, *Lord De Ros* 2681–2684; *Bostock* 3026, 3027; *Duke of Cambridge* 3679–3682. 3744——Promotion by seniority in the Guards, *Bostock* 3023. 3030——Five years are a fair term as the maximum of an assistant-surgeon's service before his promotion, *Sir R. Airey* 4494. 4495.

Further evidence in explanation of the system and practice in regard to promotion by seniority, *Smith* 4543–4560. 4569——Cases in which seniority applies to the whole department, *ib.* 4547.

Statement by the director-general in defence of the present system of seniority as being the general rule, *App. p.* 321.

2. *As to Promotion by Selection:*

The initiative in recommending for promotion is always taken by witness, *Smith* 106, 107——Rule, in the case of the higher officers, to select for promotion according to merit, the case of the senior officer being first considered, *ib.* 109, 110. 180–182. 475. 485–502——Those specially recommended in the Crimea for promotion were, as a matter of course, promoted, *ib.* 188. 258. 462——Anxiety of witness to have nothing to do with promotions, only that thereby the public service would suffer, *ib.* 551, 552.

Witness considers that besides being passed over in 1854, by Dr. Hall, he was twice unduly passed over in 1852, *Burrell* 710, 711. 895——Principle of selection, at the discretion of the director-general, in the case of promotions to full surgeons, *ib.* 785, 786. 790–792——Frequent instances of promotion by selection; witness is not cognisant of the reasons for such course, *Mackenzie* 3249–3252——Discretion of the Minister for War, in regard to recommendations for hastening any officer's promotion, *Sir B. Hawes* 3501——Expediency of frequently resorting to selection for promotion, *Sir R. Airey* 4520.

Further explanation in defence of witness's practice in regard to promotions by selection, *Smith* 4570–4597——Rare instances of witness having passed over men because there was something against them, *ib.* 4570. 4573. 4588.

3. *Rules affecting Promotion; suggested Publication thereof:*

Circumstance of the regulations affecting promotion not being codified or published; nature of these regulations, *Smith* 4549–4556. 4598, 4599.

Resolution that the rules which guide promotion be published, *Rep. p.* iii.

4. *Absence of Examination on Promotion:*

Discontinuance, some years since, of the practice of examination on promotion, *Burrell* 793–795——System formerly of local examination on promotion, *ib.* 796, 797.

5. *Navy:*

Recommendation by witness upon which the Board of Admiralty promote, the latter body, however, sometimes taking the initiative, seniority, as the rule being sometimes departed from, *Sir J. Liddell* 4128–4135. 4212–4225.

6. *Ordnance:*

Promotion hitherto, in the Ordnance, entirely by seniority, *Halahan* 3596. 3598–3601——Advantage to the officers in the Ordnance in being eligible for promotion in the line, *ib.* 3602–3605. 3609–3612.

See also *Commander-in-Chief. Confidential Reports. Davies, Mr. Death Vacancies. Favouritism. Foreign Service. Foreign Stations. Governing Body. Hall, Sir John, M. D., K. C. B. Inspector-general of Army in the East. Staff Surgeons. Wilson, Mr.*

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Publication of Reports. Communication by witness of Dr. Hall's weekly report to the three London medical periodicals, *Smith* 391, 392.

Purveyors. Facility of procuring supplies from purveyors in the case of regimental hospitals, *Mapleton* 1371, 1372. 1400——The relations at Chatham between witness and the purveyors are not based on a proper system; illustration hereon, *Dartnell* 2254–2262——In the civil as well as in the military hospitals the purveyor is subject to the principal medical officer, *Sir B. Hawes* 3389. 3466–3472——The relations between the purveyor and the medical officer should be more clearly defined, *Duke of Cambridge* 3672, 3673——Before going to the Crimea witness had never heard of a purveyor, and he never saw one at all, *Lord Cardigan* 4035, 4036——Witness never found any difficulty from the system of purveyors, *Sir R. Airey* 4408–4411.

Q.

Qualifications. Somewhat lower qualifications of medical candidates appointed during the latter part of the war, *Smith* 125——There are men in the department as highly qualified as any civilians in the kingdom, *ib.* 590——Nature of the limit to the schools or colleges whence candidates are received and examined, *Burrell* 751–760——Comparatively inferior class of students who come forward for the army, *ib.* 764–766——Disapproval of a condition that all candidates must before examination pass through some special college, as at Sandhurst, *ib.* 817.

Degrees or diplomas obtained by witness before coming forward for the service, *Mapleton* 1041——Expediency of professional grades in the army so as to comprise men capable of the medical as well as of the surgical part of the profession, *ib.* 1058. 1102–1112——Requirements at present that each candidate has attended a certain number of lectures, &c., *ib.* 1075, 1076——Necessary knowledge of Latin to a very slight extent, but not of Greek or mathematics, *ib.* 1098–1101——Opportunity for fraud in the case of certificates of attendance at lectures, *ib.* 1108–1111.

Qualifications required in medical officers in the Guards, *Bostock* 3028, 3029——A diploma from any of the recognised Colleges of Surgeons, and, if necessary, a degree of M. D., should obviate examination by a medical board, *Mackenzie* 3235–3248——The regulations or warrant in regard to qualification on appointment to the medical service, or in regard to promotion, cannot be altered by Dr. Smith, *Sir B. Hawes* 3499, 3500——Medical education and examination of witness previously to his coming forward for the army, *Agnis* 3517–3521.

Form of application of candidates for employment in the medical department of the army, *App. p.* 287, 288.

Memoranda, dated Army and Ordnance Medical Department, February 1855, in regard to the several qualifications to be required; diplomas and testimonials necessary, *App. p.* 289, 290.

See also *Administrative Officers. Competition. Confidential Reports. Diplomas. Education. Examinations. Pay. Physicians. Zeal and Efficiency.*

Quartermaster-general. Nature of the communication between witness's department and the medical department, *Sir R. Airey* 4460, 4461.

Quarters (Barracks). Recommendation by the director-general that medical officers have choice according to their relative rank, *App. p.* 317.

R.

Rank and Relative Position:

1. *Queen's Service.*
2. *East India Company's Service.*

1. *Queen's Service:*

A surgeon of the first class should have the rank of major, *Mapleton* 1266; *Lord West* 2005. 2006. 2009. 2015——Satisfactory relative positions of the medical and executive officers, *Douglas* 1861; *Sir G. Buller* 1907; *Lord de Ros* 2557, 2558; *Sir G. Wetherall* 3281–3285——Advantage of the rank of medical officers were higher, *Mackenzie* 3131. 3215–3217——Rank of a staff surgeon of the first class as a field officer, *ib.* 3145, 3146——After five years' service the assistant surgeon should rank as a captain, *ib.* 3215–3217.

Advantage if, after a certain length of service, the surgeon of a regiment had the rank of major instead of that of captain, *Duke of Cambridge* 3647, 3648——Objection to any change in the relative positions of the medical and the executive officers which should

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1. *Queen's Service*—continued.

should render the former a more independent body, *Lord Cardigan* 3965. 3978-3989—— Propriety of medical officers having the same rank relatively as military officers, and being entitled to the same honours, *Sir R. Airey* 4431-4433. 4481. 4500, 4501. 4508-4516.

Enumeration of the several grades in the medical department, and of the relative military rank held by each, *App. p.* 295.

Definite suggestions by the Director-general as to rank, *App. p.* 319.

Concurrence of the Committee in the foregoing recommendations, *Rep. p.* iii—— Resolution of the Committee that the relative position of medical and combatant officers be not changed, and that the army surgeons be not made a more military body than at present, *ib.*

2. *East India Company's Service:*

Evidence in complaint that the rank of surgeons and assistant-surgeons in the Indian army is not substantive, and is extremely uncertain, *Martin* 1500-1504. 1514-1531—— Dissatisfaction felt that when on Committees or Boards of Inquiry, the surgeon should practically rank below the lieutenants or ensigns, *Martin* 1501. 1519; *Grant* 1729-1732. 1740-1743——Limited extent to which the substantive rank of the medical officer should partake of the military character, *Martin* 1504-1506. 1514-1523.

Proposal by Lord Dalhousie to place the medical officers in the East India Company's service in the same position as the military officers in regard to substantive rank and honours; evidence in approval thereof, *Grant* 1686. 1729-1745——Invidious distinction at present drawn, *ib.* 1686. 1729——Social rather than military rank is what is wanted, *ib.* 1729-1733——In recommending substantive rank, witness does not wish that actual military rank be given, *ib.* 1733-1739.

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Recommendation on Appointment. Simple recommendation necessary in the case of candidates, *Mapleton* 1089.

Recruiting Service. Examination of recruits adverted to as differently carried out by different examiners, the examination being generally looked upon as conclusive, *Mapleton* 1362-1370——Occasional inadequacy of the present system of examination of recruits; case in point, *Duke of Cambridge* 3726-3728——The general officer should have more power in regard to the reprisal of recruits, *ib.* 3727, 3728.

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Shorncliffe:

1. *Statement by the Director-general as to the Appointment and Removal of Dr. Menzies.*
2. *Explanatory Statement by Dr. Menzies: Complaint as to the Difficulties of his Position.*

1. *Statement by the Director-general as to the Appointment and Removal of Dr. Menzies:*

Appointment of Dr. Menzies to the camp at Shorncliffe considered in connexion with his conduct at Scutari, *Smith* 118-124——Removal of Dr. Menzies from Shorncliffe in order to gratify his desire to go to a foreign station, and at the same time to make room for a senior officer returned from abroad, *ib.* 127-130. 136, 139——Witness was not quite satisfied with the manner in which Dr. Menzies fulfilled his duties, *ib.* 137-139——Doubt as to any difficulty at Shorncliffe through Dr. Menzies not being acquainted with the German language, *ib.* 140-144.

2. *Explanatory Statement by Dr. Menzies: Complaint as to the Difficulties of his Position:*

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Sikh Campaign. Reference to the Sikh campaign in 1845, as showing that on occasions of emergency great loss and suffering cannot be obviated by any regulations, *Lord West* 2056-2059.

Simpson, George. (Analysis of his Evidence.)—Has been colour-serjeant and hospital-steward in the Scots Fusilier Guards for eight years, 1810. 1812——As hospital-steward, has 1 *s.* 6 *d.* a day extra pay, 1811——Subordinate staff employed, 1813-1815——Duties and qualifications of the hospital corporal or dispenser, 1816-1821——Witness has never heard of any mistake, 1822. 1827-1836. 1851——Care taken in regard to the use of poisonous drugs &c., 1823-1826——Facility for learning to dispense according to the prescriptions, which are written partly in Latin, 1827-1835. 1842, 1843. 1845.

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Smith, Andrew, M. D. (Analysis of his Evidence.)—Has been Director-general of the Army and Ordnance Medical Department for three years, 1-3——Was for six years previously under Sir James M'Grigor, and has had 30 years' experience at home and abroad as an army surgeon, 3-8——Circumstances under which, in November 1854, power was given to witness to employ ships specially for the conveyance of medical stores, 9-18——Improvement since January 1855, in witness being subservient only to the Secretary for War and the Commander-in-Chief, instead of to five masters, as previously, 19-25. 82——Classification of subjects on which witness communicates respectively with Lord Panmure and Lord Hardinge, 22. 33, 34.

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