Echoes of the Past.

THE MEDICAL DEPARTMENT IN THE CRIMEA.

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(Continued from p. 67.)

On October 25 the Russian army operating outside Sebastopol attacked
Balaklava in force, and drove the Turks from the line of redoubts which
formed the outer defences. Their further advance was held up by the
Highland Brigade under Colin Campbell, which was responsible for the
defence of the town, but we had to draw in our line of defence. The most
dramatic incidents of the battle were the charges made by the Heavy and
Light Cavalry Brigades. For his gallantry in attending a wounded officer
during the last episode, Surgeon J. Mouat, of the 6th Dragoons, later
received the Victoria Cross.1 The wounded, 236 in number, were brought
in without incident. The threat on the town caused Lord Raglan great
uneasiness. A change of the advanced base was for some time under
consideration. All medical stores had to be packed up and sent on board
ship, and all sick were ordered to be despatched to Scutari. The last
imposed a reversal of the policy on which the organization of the Medical
Department was based, namely, the retention of the majority of the
casualties of the Army as near the front as possible.

The progress of affairs at Scutari, which were already creating
considerable excitement at home, now requires some consideration.

We may presume that the organization of the Medical Department for
the expected campaign had been based on the principles pursued by Sir
James McGrigor in the latter half of the Peninsular War. Each regiment
had the care of its own sick when in camp and quarters. When the Army
was on the move the sick of each brigade were left for the time being in
charge of an assistant surgeon with a proportion of N.C.O.'s and men as
sick attendants. This was sometimes called Brigade Hospital. If the
numbers were considerable, and in any case at intervals of forty miles or
so, a General Hospital was formed. Sick attendants were detailed as
before, and a captain as commandant. The Inspector-General arranged
for hospital bedding and clothing from the purveyor's stores carried with
the Army, or from the nearest depot, a deputy purveyor, an apothecary, and
a medical staff. These hospitals did not as a rule exceed 300 beds, though
circumstances might lead to their expansion, especially after heavy
fighting. The staff then had to be supplemented from regimental sources.

1 The Victoria Cross was instituted February, 1856.
They were regarded rather as dumps for the sick than as centres where special facilities for treatment were available. During the early part of the campaign immense hospital establishments had indeed grown up at Lisbon and Coimbra, but base hospitals were regarded by McGrigor as necessary evils destructive alike of the strength and discipline of the fighting forces, and he did all he could to retain casualties as near the front as possible. Considering the agonies endured by the wounded during their transit over country roads in the returning supply wagons, this proceeding was, incidentally, also the most humane.

But every war produces fresh problems. Starting with the idea of land operations in Bulgaria, the Army was suddenly called on to carry out the invasion of the Crimea, where, as on Gallipoli in later times, circumstances compelled the evacuation of the majority of the casualties by sea, and their treatment in base hospitals 300 miles away. For this we were not prepared, nor was the existing organization sufficiently elastic to meet the case.

While the regimental hospitals were adequately provided for, the equipment likely to be needed for general hospitals was estimated for in bulk by the Director-General. It was embarked in various ships mixed up with other military stores. Some of it was landed at one place, some at another. Some even went backwards and forwards several times and was never unpacked. A similar fate befell the corpse of an Irish officer which had been sent home for burial.

The personnel, when the order to open general hospitals was given, had to be completed from that available at the front. Stewards, wardmasters, orderlies, and cooks were obtained from the regiments. Two of the essential ranks, those of purveyor and apothecary, had almost disappeared from the Army List. None had been appointed to them since 1830. The purveyor, who was responsible for the entire domestic economy of the hospitals, was at first represented at Scutari by a Peninsular dug-out over seventy years old. There was an apothecary in charge of the base medical stores, but, until a warrant authorizing the employment of a number of chemists' assistants with the relative rank of lieutenant appeared late in October, the assistant surgeons had to dispense their own prescriptions. The only regulations available were contained in a small pamphlet drawn up for the management of a thirty-bedded hospital in peace time.

It will be seen, therefore, that the base hospital had to be created after the Army had arrived at the seat of war, a task now rendered all the more difficult by the fact that there was no co-ordination of the different services on which the P.M.O. had to draw, and no one competent to exercise pressure or take financial responsibility. After the troops left Constantinople a regimental major became base commandant.

On the eve of the battle of the Alma the Turkish General Hospital of 968 beds was in full working order under Dr. Menzies, being properly equipped according to the recognized method. We have Miss Nightingale's testimony to its good management. But to provide for the expected
casualties many more beds were needed, and, in accordance with the scheme prepared by the Inspector-General, a portion of the great Turkish barrack overlooking the sea of Marmora was taken over. It was quadrangular in shape, each side about a quarter of a mile long, and about half a mile from the General Hospital. Despite medical representations, the work of rendering it fit for occupation was much in arrear. It was in a filthy condition, and the drains, connecting with cesspits beneath the building, were untrapped. To add to the trouble, much of the equipment needed could not be drawn. It had been sent on to Varna, and was not returned for some weeks.

This hospital was rapidly filled up with patients suffering from septic wounds, cholera, and dysentery, landed in the clothes they had worn since the opening of the campaign. Many of them were verminous, and neither baths nor change of clothing were available. The aspect of such a convoy, inevitably a distressing one, may, in the absence of organized arrangements for disembarkation, transport to hospital, and prompt disposal on arrival, become a horror. During the rush the wards were visited by Dr. Russell, the *Times* correspondent, and various other well-meaning but indiscriminating critics. Russell wrote about the terrible neglect of our wounded and the "disgraceful antithesis" between the treatment of our men and the careful nursing of the French. "There is not the least attention paid to decency or cleanliness, the stench is appalling, and, for all I can observe, the men die without the least effort to save them." It need hardly be said that the outrageous suggestion contained in the last charge was very soon recognized to be unjustified. It was in fact conceded, after several of the doctors had paid for their devotion with their lives, that their conduct under the circumstances in which they were placed was, from a professional point of view, meritorious, and even heroic. But the policy of the *Times* for the moment was to abuse all those who held commissions in Lord Raglan's command as lazy stupid, and incompetent. The same sort of charge was made years afterwards at one period of the South African War.

There seems no reason to doubt that the lessons learnt during the first days were applied as far as resources would permit. The Inspector-General who spent the middle of October at Scutari, told the Commander-in-Chief on his return that the hospitals were "as good as could be expected," a report more than confirmed by the veteran general, Sir George Browne, who went down wounded in November and made what he described as a minute inspection. In December a new military hospital was opened in the cavalry barracks at Kulali, four miles up the Bosphorus; another was formed in the palace of Haidar Pasha, about a mile from the Sea of Marmora, not far from the General Hospital. This was designed to take 400, and at the same time new wards were added to the Barrack Hospital. Unfortunately this expansion, bringing the beds available in base hospitals up to about twelve per cent of the force, was quite insufficient to provide
for the increasing number of sick sent down in January and February. The numbers evacuated home were insignificant until March, when transport was made available and 1,120 were sent away. There is no doubt that the complaints of overcrowding were fully justified.

In an army where even fighting efficiency had been sacrificed to economy, the provision made for the comfort of the soldier, whether in health or sickness, could only be of the most meagre description. Officers and men had been brought up to accept the fact, especially in war, with what Kinglake calls “that silent, that soldierly fortitude which disdains the recourse of complaint.” It is not surprising, therefore, that the older medical officers had a low ideal of the amenities which should be provided in a hospital. An engraving of a ward in the Barrack Hospital made at this time shows two rows of trestle beds, raised about six inches above the floor, and eighteen inches apart (there are said to have been four miles of them), no other visible trace of furniture, but in one corner a pile of mops and a pail. Even tables for operations were difficult to find. All surgery was performed in the ward in full view of the other patients.

Though the military might regard such arrangements as the best that could be expected, civilian critics were far from satisfied. A committee was sent out, followed by a sanitary commission and various civilian experts. The P.M.O., Dr. Menzies, overwhelmed with clerical work as well as the surgery of his own hospital, seems to have lacked imagination. His sense of discipline and respect for Army tradition forbade him either to seek for assistance through other than the official channels, or even to acknowledge to an outsider that he had any needs at all. Neither he nor his superior officers grasped the fact until it was too late, and the initiative had passed to other hands, that the public, who for the past forty years had remained indifferent as to how their soldiers lived and died, was now, in a wild outburst of belated generosity, clamouring to provide the sick and wounded with all the paraphernalia of an up-to-date civil hospital.

Before condemning him for lack of boldness and initiative under circumstances with which no medical chief of his generation had ever been confronted, it is necessary to remember how little influence seniority in the medical service then carried with it, and how anomalous the position of the medical staff. Without power of command over anybody, they held much the position of camp followers. Even the customary compliments associated with a military funeral were denied to the staff surgeon. When an alleged breakdown occurred in the medical arrangements on board one of the transports, Lord Raglan, after a court of inquiry on which the medical

1 The Sanitary Commissioners estimated the proper capacity of the hospitals, on their arrival, as follows: Barrack Hospital 1,800, General Hospital 899, Palace Hospital 467, Kulali 949. Total, 4,115. During the spring the Civil Hospital at Smyrna was opened, and 400 more beds were provided at Abydos. A second Civil Hospital was afterwards formed at Renkioī, 10 miles from Abydos on the Dardanelles.
service were unrepresented, did not hesitate to include the name of his own Inspector-General with that of the officer directly concerned in a censure published in General Orders. As we have seen, the commanding officer to whom Deputy-Inspector Menzies was immediately responsible was a regimental major. Dr. Hall, who was in personal touch with the Commander-in-Chief, was too far away to attempt to influence the situation. Eventually the administration of the hospital base was practically controlled from home, and was assumed as a special care by Sidney Herbert, one of the Cabinet, on behalf of the Government. In carrying out his task he relied largely for his information and advice on a special agent of his own selection.

Miss Nightingale was already known in the medical world as a lady of independent means and original ideas, who had made a special study of the management of institutions for the care of the sick. Her appointment by Sidney Herbert, however, as "Superintendent of female nurses in the hospitals in the East," was due also to the fact that she was a personal friend of his. She arrived at Scutari on November 4, accompanied by 8 Anglican and 10 Roman Catholic Sisters of Mercy, 6 St. John's Sisters, and 14 hospital nurses. She brought with her a quantity of stores, and had the disposal of a considerable sum of money provided by private subscription. In addition, the commissioner of the fund raised by the Times placed his resources freely at her service. She thus became not only matron-in-chief, but the virtual organizer and distributor of all voluntary aid. Sidney Herbert had asked her to "go out and reorganize the whole thing," a request she interpreted literally, corresponding direct with him and with Lord Raglan on every subject directly or remotely affecting the service of the hospitals. Even the conduct of the medical officers seems to have been dealt with in these letters.

Of the nurses, ten were sent to the General Hospital and twenty-eight to the Barrack Hospital, which Miss Nightingale made her own headquarters. Whatever the ultimate result, and the beneficial and far-reaching influence exercised on the future, the presence of these ladies could have had very little immediate effect on the nursing efficiency of the hospitals. They were few in number, and a proportion of them were as yet untrained. The number admitted to each division depended on the officer in charge, and their services were employed rather in the nursing of special cases than in the general supervision of the nursing of the orderlies. The Lady-in-Chief ruled them with an iron discipline; those who proved inefficient were sent home. They were all sent to bed at nine o'clock. They were forbidden to nurse officers. Their uniform included a grey twisted wrapper, a white cap of a pattern which nearly caused a mutiny, a short woollen cloak, and a frightful scarf of brown holland embroidered in red "Scutari.

\[1\] On December 29, she wrote to Lord Raglan of "the zeal, vigour and assiduity" of Dr. Macgregor, the M.O. in charge of the Barrack Hospital.
Hospitals." Hearing that forty-six more nurses were on their way in December under Miss Stanley, the sister of the Dean of Westminster, she protested strongly. She wrote home on the 15th: "I have toiled my way into the confidence of the medical men. I have, by incessant vigilance day and night, introduced something like system into the disorderly operations of these women, and the plan may be said to have succeeded in some measure as it stands. . . . But to have women scampering about the wards of a military hospital all day long, which they would do, did an increased number relax the discipline and increase their leisure, would be as improper as absurd." She found employment for them, nevertheless. Some went to the new hospital at Kulali, where Miss Stanley became lady superintendent, and others were sent to the general hospital at Balaklava. By the end of the war the full complement had risen to 125.

But Miss Nightingale's most important achievement in the early days was in helping to set in order the domestic arrangements of the hospitals, which belonged properly to the department of the purveyor, an officer in a much more independent position than our present quartermaster. The cooking was of the simple military type, being performed in thirteen large coppers. The dinners took three hours to serve. She obtained a number of American stoves, and had all the extras cooked by her own cooks. Any extras ordered by the M.O.'s, which could not be provided by the purveyor, she supplied from her own stores. These extra diet kitchens seem eventually to have been established in all the hospitals in the East. Somewhat later M. Soyer, the chef of the Reform Club, when he came out to the war spent much time in teaching the hospital cooks how to make palatable dishes out of Government rations. His stove is still with us.

The washing contract made by the Purveyor-in-Chief had broken down. During the month of October only five shirts had been returned to the Barrack Hospital. Miss Nightingale started a laundry in which she employed the soldiers' wives, many of whom remained at Scutari. She distributed clothing on a vast scale. The sick, who it had been officially assumed, would bring a spare shirt to hospital, had not done so, as their valises had not been landed with them. She claimed before the arrival of the necessary stores to have issued 50,000.

The medical staff at Scutari on the last day of the year consisted of 5 surgeons first class, 9 surgeons second class, 47 assistant surgeons, and 3 civilians. As time went on the proportion of civilians was increased. The Director General employed at different periods of the war both temporary commissioned officers and civil surgeons. When the question of the initial grant of superior rank to the more experienced surgeons who

1 E. Cook, "Life of Florence Nightingale."

2 The Army List of 1856 shows 156 acting assistant surgeons. The surgeons and assistant surgeons with regular commission, excluding regimental ones, then in the East, amounted to 107.
offered their services arose, the refusal of Dr. Smith to put them above the regulars was made a pretext for the establishment of civil hospitals at Smyrna and Renkioi, independent of all military control. They were wrongly sited, enormously expensive, and it was eventually conceded that the principle was a vicious one. Miss Nightingale's relations with the senior officers seem on the whole to have been happy. She was rather hard on the juniors. Writing soon after her arrival she says: "We are lucky in our medical heads. Two of them are brutes and four are angels, for this is a work which makes either angels or devils of men and of women too. As for the assistants, they are all cubs, and will, while a man is breathing his last breath under the knife, lament the annoyance of being called up from their dinners by such a great influx of wounded. But unlicked cubs grow up into good old bears, though I don't know how, for certain it is the old bears are good."

Late in November, and somewhat late in the day, Lord Raglan sent a general officer, Lord William Paulet, to command the hospital base. Dr. Menzies remained there as P.M.O. till January 3, when his health entirely broke down and he was invalided home. His place was taken by Dr. Alexander Cumming, a member of the hospital commission which had recently visited Scutari, who became Inspector-General.

Under their administration, and with the ample resources now placed at their disposal, continuous progress was made till, by the spring, a high degree of efficiency had been attained. But the bad start made under official auspices was never forgotten. Miss Nightingale's name was now a household word, and she was popularly regarded as the source and inspiration of everything that was accomplished. Certainly that talented and indefatigable lady had a finger in every pie.

The mortality in these hospitals during the winter was enormous. In December it was 17 per cent, in January 32 per cent, in February it rose to 42 per cent. After this, when the epidemic of typhoid, to which the deaths were latterly due, had worn itself out, the death-rate steadily declined. Overcrowding was undoubtedly responsible for much, as numbers of cases of cholera and continued fever originated and reached epidemic form in the wards themselves. Cholera and diseases of the bowels accounted for about three-quarters of the deaths from sickness during the war. Whether other alleged insanitary conditions in the patients' surroundings played the important part claimed is more than doubtful. The Sanitary Commission which commenced work in February took great credit for the subsequent improvement in health which took place. So far as the hospitals were concerned, Sir John Hall always stoutly maintained that there was nothing left for them to do.

In spite of repeated medical recommendations, it was several weeks before a proper system of sick transport was established between Balaklava

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1 E. Cook. "Life of Florence Nightingale."
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and Scutari. The patients were embarked on whatever ships were available at the moment, and at the shortest notice. As a result there were constant complaints of failure to provide the necessary stores and attendants. Sailing was sometimes delayed after the sick were on board, and the voyage of 300 miles was rarely completed under a week. Numbers of deaths occurred on board, and, when abuse of everything medical had become the fashion, some did not hesitate to ascribe these to want of proper attention on the passage. According to figures furnished by Miss Nightingale, 2,902 patients were put on board at Balaklava in January. Of these 262 were buried at sea, and 847 at Scutari subsequently.

The real misfortune was that, for the first three months, not only was there no shelter available in the Crimea for serious cases, other than about 300 beds in the General Hospital, but, owing to the Russian threats on Balaklava, Lord Raglan strongly discouraged the retention of casualties at all. As a result entirely unsuitable cases were embarked. With the extension of hospital accommodation at the front, the number of deaths in transit became infinitesimal and the mortality of the wounded dropped from 17·5 per cent to 13·7 per cent.

The numerous small details concerned in the welfare and comfort of the sick during the process of evacuation can only be learnt by experience, to which professional knowledge is a valuable asset. But the duties of the medical officers in the sick convoys were confined almost entirely to the doctoring of the patients and the issue of medical comforts. Otherwise they had little to say in the matter. Both at Balaklava and Scutari small boats were usually needed in embarking and disembarking. The landing places were unsatisfactory in bad weather, and there was no shelter on the quays. Transport to hospital was badly organized; serious cases had on occasions to be carried a mile and a half on uncovered stretchers, others had to walk. On arrival at the hospital there was at first no large reception room where patients could be checked, classified, and disposed of, and no facilities for bathing them before they were put to bed. It was alleged that deaths occurred from exposure, that patients handed over to the Turkish recruits, who acted as guides, were found wandering about in the rain, that stretcher cases were dumped in corridors and forgotten, even that one was found next morning dead in the street. All this was rectified in due course, but not without much unnecessary discomfort to the patients, and considerable scandal at home, where matters were represented as even worse than was actually the case.

To return to the Crimea. The fine weather continued up to the end of October, and only 567 patients were transferred to the base hospitals. At dawn on November 5 the right of our position on the Inkerman ridge was strongly attacked. For the first three hours we had about 4,000 men opposed to 40,000 Russians. After eight hours desperate fighting in a fog, during which generalship was entirely absent, the enemy was repulsed with loss, our casualties being 632 killed and 1,878 wounded, representing about
32 per cent of the troops engaged. The regimental hospitals performed the role of main dressing stations, the wounded, who were all in by nightfall, being cleared to the ships as soon as opportunity offered. For this purpose the twelve heavy ambulances were employed, supplemented by a number of mules with cacolets lent by the French. Wounded officers seem to have been received into their own tents, where they were treated until evacuated.

On this occasion the Inspector-General and all the divisional surgeons were mentioned in Lord Raglan's despatch. Dr. Wilson, 7th Hussars, who was serving on the medical staff of the 1st Division, distinguished himself by rallying a party of men and leading them to the support of an isolated detachment of the Guards, for which the Duke of Cambridge, who was in the rescued party, thanked him in front of his regiment. Assistant surgeon J. Scot, of the 57th, was also mentioned in despatches for his gallant behaviour. The mortality among the wounded at this time was 18 per cent. Hospital gangrene developed among several cases transferred to Scutari.

In November gales set in. The conditions under which the Army lived in their leaking tents were most miserable. Owing to the break-up of the road wheeled transport became impossible, and no men could be spared from the trenches to mend it. Transport animals died from hunger and exposure, rations and medical comforts had to be brought up by hand, the sick could not be sent down. Complaints arose of shortage of medicines. The ship which was bringing a fresh supply was sunk in a storm. To add to Lord Raglan's anxieties, the Government, which was in danger owing to the revelations of the lack of provision made for the expeditionary force, showed a disposition to seek for scapegoats among the staff in the field. Dr. Hall, as head of his department, had to bear his full share of abuse. This he seems to have done with considerable fortitude, the more so, no doubt, because he was supported by his chief in London. An untiring and methodical worker, an adept at routine, he was never off duty for a day while the war lasted, never lost his head, and had an answer (conclusive at any rate to himself) for every criticism made against his administration. He had no staff officer to help him. Somewhat of a martinet, he was intolerant of what he considered unjustified complaints by medical officers. When castor oil and astringents ran short he told them to collect charcoal to treat their dysentery cases with. Though he may have inspired respect, he did not arouse the enthusiasm of his officers, some of whom, possibly wrongly, thought him unsympathetic. The rising generation represented by Alexander and Thomas Longmore, whom the influence of Miss Nightingale brought to the front after the war, complained that he was a theorist, were impatient with the faith he seemed to pin on the accumulation of returns, and condemned him for want of firmness in representing their difficulties. Considering the staff he had to take his orders from, and the conditions he had to contend with, it may well be possible that he was better fitted to the post than many a more brilliant man.
After the battle of Inkerman followed a period of months during which the opposing armies were fully employed in combating sickness and the Crimean winter. Bowel diseases, including enteric, were prevalent, scurvy and frost-bite accounted for many admissions. The 21st had 46 deaths in December, 72 in January, and 87 in February. Of these 106 occurred in camp. In the latter month the regimental hospital consisted of 2 marquees, 2 huts, and 6 bell tents, with grave-yard adjoining. At this time nearly a third of the entire force was in hospital. The patients transferred to Scutari averaged about 700 a week.

On January 2, Assistant Surgeon Fair of the 55th wrote: "We have 12 hospital tents quite full, each containing 12 to 15 men lying on the ground in mud or frozen to it. I have actually seen a dead body cut away from the place where the owner of it died. We sent away 23 cases this morning to Scutari by means of the French mules; snow was falling, and the wind was bitterly cold. Three died before reaching Balaklava."

In March things really began to look brighter. Labour had been obtained to mend the Balaklava road, and the newly-organized Land Transport Corps began to arrive in the country. Rations, stores, and clothing could now be brought up to the troops, and material for hutting the whole force. The new wagons and a light railway made it possible either to bring the sick down to the base, or to take medical material up to them. At the same time a proper service of sick transports between Scutari and home ports came into operation, and six steamers properly fitted for the purpose were working as sick transports in the Black Sea.

The regimental hospitals were huted and made more comfortable, performing much the same function as our field ambulances during trench warfare in France in the last war. The accommodation at Balaklava was increased, and a second hospital was formed on the Castle heights above the harbour for 590. Later a convalescent hospital for 250 patients was opened at the Monastery of St. George, three miles from camp. During the latter part of the war the old General Hospital was used mainly as a cleaning station. In April thirty-two huts were brought up in rear of the 3rd Division camp to make a camp general hospital. It held about 300 patients, and seems to have worked to some extent as an advanced operating centre. The staff at the end of the summer consisted of the divisional surgeon, Surgeon J. Mouat, in charge, two other regulars, ten civil surgeons, and a pathologist. The orderlies were supplied by the 14th and 39th regiments, which were camped alongside.

In the second week in April an intensive bombardment was opened on the town, which seems to have served but little purpose. Our gunners in the advanced batteries, who had heavy casualties, were attended by their

1 The admission-rate among the infantry during the period October 1–April 30 was reckoned at 1,765 per 1,000, and the death-rate 390. Vide Tulloch, "The Crimean Commission and the Chelsea Board."
assistant surgeons, one of whom, Assistant Surgeon Cockerell, was among
the officers and men who received the thanks of the Commander-in-Chief
for their valour and persistence against heavy odds.

On May 23 an expedition under Sir George Browne, composed of
British and French troops, occupied Kertch without opposition and secured
the command of the Sea of Azoff. Cholera broke out among the men of the
72nd on the voyage home, and the disease again became prevalent in camp.
On June 18 the French and British assaulted the Malakoff and the Redan
respectively. Both were unsuccessful. The regimental assistant surgeons
did their duty well. H. T. Sylvester, of the 23rd, and T. E. Hale, of the 7th,
were subsequently awarded the V.C.; Assistant Surgeon J. S. Phelps, who
distinguished himself in bringing in the wounded, received an ensign's
commission. The regimental aid posts seem to have been formed on the
same principle as in modern trench warfare. The instructions laid down
were that the wounded should be brought to the medical officers at some
known point in the parallels "where the Engineers should construct such
shelter as will protect them and the wounded from the fire of the place,
and where they can perform their duties with more composure than is
practicable in the open trenches." When the assault took place, the
assistant surgeon of the 7th Fusiliers advanced his aid post to the most
advanced trench, helped to rally the men who fell back, and remained there
after the retirement to drag the wounded in under cover.

Cholera cases continued to occur; the third epidemic culminated in
June. By this time the theory of the possible infectivity of the disease
seems to have been gaining ground.1 Medical officers are found somewhat
diffidently suggesting the segregation of infected units. Impure water,
deficient food, and bad ventilation seem to have been recognized as pre-
disposing causes, but the generally accepted view was that it originated
from a diathesis engendered by certain unfavourable atmospheric conditions.
On June 28 Lord Raglan died, worn out by his troubles and anxieties.
The immediate cause seems to have been dysentery.

On the whole the health of the troops by this time had greatly improved,
and medical affairs were now running smoothly, despite of occasional letters
in the newspapers criticizing the administration. These can mostly be
traced to individuals anxious for notoriety, or with some personal grievance
to air. Some of the complaints were due to simple ignorance. One com-
plaint was to the effect that not a single wooden leg was kept in the
advanced medical store depot now established on the heights above Sebas-
topol. The fact that the doctors might not always be wrong began to be
recognized by the staff. An ensign who criticized the scale of medical
equipment on board one of the sick transports of which he was in command
was snubbed by the Quartermaster-General, and a young acting assistant

1 The theory was no new one, but seems not to have been generally held at the time.
The contagious character of the disease was maintained by Dr. Kennedy, P.M.O., Bombay
Division, during the first Afghan War.
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surgeon who, after a few days' duty at the camp general hospital, wrote unfounded assertions to the papers on the maltreatment of the patients, was ordered to be dismissed the service after an impartial court of inquiry. It is of interest to note that the first action taken in the matter was by the civil surgeons attached to the hospital, who, in a reply disproving all the statements made against the regulars, stated that the military surgeons were, beyond dispute, the hardest worked, worst paid, and most meritorious body of men in the public service.

In June a new corps, the Medical Staff Corps, came into existence. Its primary object was to provide orderlies for the hospitals, for which purpose it was divided into nine companies each of seventy-eight men, a proportion of whom were graded as stewards, wardmasters, and assistant stewards and assistant wardmasters. The depot at home was put in charge of a staff captain, the only officer. The men were not subject to military law, and discipline was unsatisfactory, but at the end of the war the corps was considered to have so far justified its existence as to be retained. It was then reorganized on a military basis as the Army Hospital Corps.

A report from the Inspector-General in the Crimea, dated a year later, gives the medical personnel considered necessary for a division of 10,000 men made up of 7 infantry battalions (7,000), 3 cavalry regiments (1,500), 3 batteries (720), military train (500), and commissariat and medical staff corps (280), as follows: 1 deputy inspector-general, 2 staff surgeons, 2 staff assistant surgeons, 1 staff dispenser as medical storekeeper, 11 regimental surgeons, 25 regimental assistant surgeons, 14 dispensers as N.C.O.'s. If detached, a purveyor, 2 clerks, and 2 extra assistant surgeons were required. A detached brigade had a staff surgeon first-class, 2 staff assistant surgeons, a dispenser and a purveyor's clerk, besides the regimental establishment of 3 surgeons and 6 assistants. It will be observed that the number of medical officers in the last case corresponds very nearly to those of three battalions and a field ambulance.

Trench warfare continued. In August there was a sharp action between the French and the Russians on the Tchernaya, in which the latter were repulsed with loss. On September 8, after three days' intensive bombardment, the French captured the Malakoff. We were again repulsed at the Redan. The wounded, 1,890 in number, were brought in with the help of the new ambulance wagons and the mule chairs and litters which had now been supplied in imitation of the French. During the night the enemy evacuated all the south part of the town which was now in ruins.

In October, a force of 4,000 men was sent by sea to destroy the arsenal of Kinburn at the mouth of the Dnieper. Archibald Gordon, one of the ablest of the divisional surgeons, was the P.M.O. All medical arrangements had to be made at twelve hours' notice.

The autumn and winter were uneventful. The health returns showed

1 The cavalry in the original force was organized in a division of two brigades.
less sickness in the expeditionary force than among the troops at home. In December the hospital at Kulali was closed owing to lack of patients. In February hostilities were suspended, and Dr. Hall was given a K.C.B. The troops were all out of the country by the end of July. Their embarkation was hurried on somewhat, owing to the occurrence of fresh cholera cases.

The medical service suffered many deaths during the war on account of sickness. Surgeons F. Huthwaite, 3rd Grenadier Guards, J. O'Leary, 68th, and C. McCartney, 77th, were killed or died of wounds. The Crimean memorial at Netley records the deaths of Deputy Inspectors Thomas Spence and Alexander McGregor, 5 First Class Staff Surgeons, 13 Surgeons, 27 Assistant Surgeons, 1 Principal Apothecary, 3 Dispensers, 2 Dressers and 2 Civil Surgeons. There were 7 deaths among the staff of the Scutari hospitals during the epidemic of February, 1855. The Select Committee on the Medical Department, which sat in the summer of 1856, recorded their high opinion of the manner the army and civil surgeons performed their duties.

Eight of the senior officers received the C.B.: David Dumbreck, the senior deputy-inspector in the Crimea, Thomas Alexander, J. R. Taylor, Archibald Gordon, William Linton, and John Forrest, divisional P.M.O.s, James Mouatt, V.C., and James Brown Gibson. The Medjidie, which was very freely bestowed, fell to several others, and fifteen received the Legion of Honour.

Sir John Hall went on half-pay on his return home, and received a good service pension in 1858. He died in Italy in 1866. Dr. Andrew Smith, who met all the criticisms made against his administration with considerable dignity and success, remained at the head of the Medical Department until 1858, when he was succeeded by Thomas Alexander, who as P.M.O. of the Light Division during the war had shown initiative and ability. Dr. Smith received the K.C.B. in 1859, and died in 1872.

Miss Nightingale, in her evidence before the Royal Commission, described the war as a complete lesson in army hygiene which we could not afford to repeat. The most important result from that point of view was an indirect one—the realization that provision for the soldiers' welfare in peace time was shamefully deficient. The reforms in barrack construction and interior economy initiated under the influence of Lord Herbert of Lea after the Crimean War have been steadily carried on ever since to the great advantage of the Service. The Royal Victoria Hospital at Netley and the Royal Herbert Hospital at Woolwich owed their origin to the same idea, The Medical Service benefited by the decision to retain and reconstitute the Medical Staff Corps, and by the establishment of the Medical School at Fort Pitt in 1859. The former, designated the Army Hospital Corps, provided sick attendants for general hospitals, and a nucleus of stretcher-bearers in war. The larger question of ambulance transport generally was not even approached for some years later.
The Medical Department in the Crimea

The sufferings of the sick and wounded in the Crimea and the enormous wastage of man power were mainly due to the want of any clear scheme for the supply of the daily necessities of the fighting troops, conceived and worked out in detail in peace time, and to the successive fits of reckless economy in which even the framework of the administrative services built up by the genius of Lord Wellington in the Peninsular was allowed to disintegrate. The Medical Department, dependent on others for everything except technical skill and technical stores and appliances, suffered accordingly. The worst charge that could be sustained against the heads of the department was lack of enterprise in asserting themselves and lack of initiative, qualities which the official position then accorded them did little to foster. Some attempt was made to improve the status of the medical officers generally after the war.

It was a clear misfortune that the Inspector-General did not join the Army until it had been some weeks in the field, and that his sphere of usefulness was curtailed by the neglect of the Staff to take him into their confidence when important military movements were in prospect. That the Medical Director in London should not have been consulted on possible measures for the prevention of sick wastage during the proposed campaign, and that such measures as he did recommend on his own initiative should be practically disregarded, was all in accordance with precedent, and yet the War Ministry might have remembered one of the lessons taught by the notorious Walcheren Expedition.

We may note in conclusion that this was one of those wars in which the base and lines of communication, supposed to maintain and strengthen the field army, were allowed to become a source of weakness. Balaklava harbour became a cesspool, and epidemic disease was rife at Scutari. The general muddle which occurred at the latter was attributable largely to the fact that no steps were taken immediately it became clear that it was to become a depot for the bulk of the casualties, to despatch a general officer as commandant, invested with full powers to deal with the situation, and an inspector-general who could give up his whole time to the medical administration.

Admissions and Deaths, October 1, 1854, to April 30, 1855, based on Tulloch's "Crimean Commission and the Chelsea Board."

<table>
<thead>
<tr>
<th>Disease</th>
<th>Admitted</th>
<th>Died</th>
<th>Admitted</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fevers</td>
<td>10,393</td>
<td>2,071</td>
<td>2,067</td>
<td>195</td>
</tr>
<tr>
<td>Diseases of lungs</td>
<td>3,438</td>
<td>365</td>
<td>1,947</td>
<td>428</td>
</tr>
<tr>
<td>Stomach and bowels</td>
<td>22,882</td>
<td>4,487</td>
<td>4,085</td>
<td>649</td>
</tr>
<tr>
<td>Cholera</td>
<td>2,007</td>
<td>1,228</td>
<td>7,094</td>
<td>440</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53,913</strong></td>
<td><strong>9,863</strong></td>
<td><strong>57,893</strong></td>
<td><strong>9,863</strong></td>
</tr>
</tbody>
</table>

During the period 3,881 invalids were sent to England.

The death-rate for the seven months was 340 per 1,000, and the admission-rate 1,862. The death-rate for the whole war (773 days) was: for disease 87·3, and for wounds 16·8. (Man. Mil. Hygiene, App. 2.)
The Medical Department in the Crimea

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