

War Hospitals

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herself in these terms: 'How can I help it? We have been vaccinated together.' This American eccentricity calls to mind the custom which was very general in the great houses of England during the first part of the century, and which consisted in setting aside, in order to break the monotony of amusement, a day for general purgation. Hosts, guests, and servants, all took part. Saturday evening was usually fixed for the purpose. The physician of the chateau came and left with each one in his chamber a contingent of pills, and on the Sunday the whole household were satisfied. It was a form of public medication which exactly resembles the present practice in America of social vaccination."

WAR HOSPITALS.

DR. GUY, in a work upon *War in its Sanitary Aspects*, proceeds to prove, as facts especially applicable in the conduct of the present war, that extempore hospitals of the rudest kind and even the roughest shelter from the weather that can be found or created are immeasurably preferable to the best existing structures, adapted at whatever cost to the reception of the sick and wounded. He says that in 1758, in consequence of an unprosperous attack made by England on France, many sick soldiers were lodged near Newport, Isle of Wight, in old houses and barns. In one close hovel, a soldier of the 63rd Regiment, just landed from a transport, was placed. On the third day, a malignant sore-throat carried him off. The sheets were changed, and another man put in the bed; he died in the same way; and a third man shared his fate. Fresh bedding was ordered; the boards were scraped and thoroughly washed with vinegar; and then a fourth soldier was lodged in this hovel, and died. Purification was resorted to a second time; vinegar fumes, burnt gunpowder, and burnt resins being the purifying agents adopted; but, in spite of all this, the fifth man lodged there had a narrow escape for his life. The place was not used again for seven or eight days, after which the sixth man was put in it; he too caught the disease, and was saved with difficulty. This sad experience was a sharp lesson. The necessities of the war required that accommodation in addition to that existing around Newport should be provided. A temporary shed of deal boards, thatched with a coat of new straw sufficiently thick to keep out wind and rain, was built at a cost of £40. It was large enough for one hundred and twenty patients. Dr. Brocklesby, the physician in charge, thus speaks of its efficacy: "Although the hovel was finished in a fashion the most slovenly, and apparently inadequate to the end proposed, upon trial it was found that, notwithstanding much extraordinary cold as well as moisture which the sick there lodged had suffered, remarkably fewer died of the same diseases, though treated with the same medicines and the same general regimen, than died anywhere else; and all the convalescents recovered much sooner than they did in any of the warmer and closer huts and barns hired round Newport, where fires and apparently better accommodation of every kind could be provided for them." A fact so striking must of necessity attain notoriety. Mr. Adair, Inspector of Regimental Infirmaries, was in the neighbourhood at the time, and, observing that the constant influx of fresh air was beneficial in so marked a degree to the men hutted in the forest, obtained an order to convert Carisbrooke Castle into a general hospital for the accommodation of four hundred sick. There, it was thought, the patients would progress more favourably than their comrades lodged in the miserable huts of the town, or than those upon the wide bare forest near Newport under the "occasional hovel", as the extempore hospital was slightly designated; but that had more importance than was first conceived, for, although the castle was more prosperous to the recovery of the patients than the low-roofed houses, a proportionally larger number of "foresters" were recovered, and that in a shorter space of time. This proved that, whatever the injury might be resulting to the men from cold or redundant moisture, it was small in comparison to the mischief complicated on the sick by huddling together three or four hundred men under one roof and in outhouses adjoining the castle. Two years later, Dr. Brocklesby had further

experience of the utility of extemporised hospitals. Putrid fever of a very dangerous class appeared in 1760 amongst the sick of the 30th Regiment at Guildford in Surrey, for the treatment of which he erected other hospitals at a cost of £10 each, with a result the most satisfactory. Dr. Guy tells us that, in September 1760, numbers in the regiment last named and others were daily falling sick of putrid petechial fevers, where the infirmaries were overcrowded. Dr. Brocklesby obtained plenary powers from General Cornwallis to act. He selected the driest and most airy spot on a rising ground in a field behind the camp, removed as much of the dry sandy soil as he required, and near the edge of the excavation drove in upright stakes about six feet high from the surface, placing wattles between them, and coated the outside with new straw. Rafters were laid over, and received a thick coating similar to that placed on the sides, making the hollow spacious and airy overhead, and yet quite warm and dry. A hospital for forty patients so constructed could not have cost more than £20. Of the patients, we are told that, although several were admitted suffering from a true petechial jail-fever, only one or two at most died. This happy result was ascribed by Dr. Brocklesby more to the benefit of a pure keen air breathed by the patients than to all the medicines they took. The nature of the soil permitted the removal, when necessary, of the whole inner surface of the floors and walls, which might be suspected to imbibe any infectious matter proceeding from the patients; and the sand so scraped off was thrown out of doors. In 1761-62, an opportunity occurred to Dr. Brocklesby to improve on the experience he had gained. There was a great amount of sickness in a militia camp at Winchester. He dug three pits in the chalk thirty-one feet long, nineteen wide, and five deep. At a foot from the edge of these pits, he drove stakes six feet apart. His walls and roof were formed of the same materials; the arrangements were completed by the construction of a brick chimney, and the fastening of a board along the line of the men's heads. For windows and ventilating apertures, air-holes were made in the thatch, to be opened and closed at will; and ingress was made by means of steps cut in the chalk. To those three "mansions for the sick" the fever-cases from the close infirmary at Winchester, as well as from the camp, were removed. In less than two weeks, the numbers were reduced in the proportion of four to one; the number of sick to the end of the campaign was much fewer than ever before; and, with the exception of three at the most, all the men admitted were cured. The same plan was adopted on the chalky soil of a different encampment, a large airy porch being placed before each door. A regiment encamped there lost not a man during the whole encampment. In some other regiments, in which prejudices against the above plan existed, several of the sick died. Dr. Guy concludes by stating that he had recounted these experiences with cheap extemporised hospitals as equally applicable to war and peace, and as bearing directly on one of the most important hygienic questions of the day; and that the facts given were quite in harmony with Sir George Baker's interesting narrative of the outbreak of small-pox at Blandford, when patients in natural small-pox fared better under hedges and dry arches than those who had been inoculated did in their own dwellings.

ARMY MEDICAL RETIREMENT.

COMMENTING upon the promotion and retirement scheme, the *Army and Navy Gazette* says: "The inducements to retire are really most liberal". We may ask why are not military surgeons treated with equal liberality? To allow of combatant officers receiving a more liberal rate of retirement, a supplementary estimate of £60,000 is required. Not one of the improvements made in the medical department have cost the Government a penny. Within the last few years, some 240 medical officers have been absorbed, whose duties, in addition to the recruiting for the reserve forces, have fallen upon those who remain. The sum saved by this reduction of establishment, in the shape of pay, allowances, travelling expenses, etc., can be little short of £80,000. Some portion of this, in fairness, should go in increased in-