JOHN HUNTER AND THE ARMY *

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As year follows year the task of preparing the Hunterian Oration inaugurated in 1826, 140 years ago, becomes in no way easier. I wish to thank you, Mr. President, for the honour you have conferred on me in inviting me to deliver it before the Society this evening. It is with some trepidation that I bring John Hunter and his Army Service to your notice. However as the present Director-General Army Medical Services I feel that I am in a position to comment on and discuss the military career of one who filled almost the same post. The historical documents which I have consulted tell so little of the character, personality and bearing of our Patron that I hope you will allow me some liberty to present a more lively record of his 12 years distinguished service in the Army.

Army Medical Department in 18th Century

Before I deal with his military career I wish to consider briefly the organisation of the Army Medical Services in the second half of the 18th Century. The Army Medical Department was part of the War Office and was a semi-independent government department which worked closely with the Secretary at War and was responsible to him. At its head were the Physician-General and the Surgeon-General both of whom were appointed directly from the civil profession. The Physician-General selected physicians for commissions and controlled the medical side of hospitals while the Surgeon-General undertook all the other duties of the Department. He recommended surgeons and surgeons' mates to regiments and made appointments of all medical officers except physicians to hospitals. Under them came the service administrative staff consisting of inspectors, principal medical officers and directors of hospitals. There had been a medical board established in 1756 to control the Department but it soon lapsed and the Physician-General and Surgeon-General took over its duties. There were further changes when Hunter was appointed Surgeon-General in 1790 and again soon after his death in 1793.

A study of the administration quickly reveals that there were many difficulties in running a co-ordinated medical service. Today we would all agree that to be effective an organisation must be simple. A director or commanding officer was appointed for each of the garrison hospitals at home and abroad and in war for each general hospital. Under him was a purveyor or commissariat officer, physicians, apothecaries and surgeons all of whom held commissions. In addition there were a number of hospital mates who ranked as Warrant Officers.

In order to obtain medical officers for hospitals in wartime, civil doctors were granted commissions and numbers were augmented from those on half-pay who had previously served in the Army. Physicians were always senior to surgeons although the latter were the more numerous. The sharp distinction between the two was a barrier to smooth

*Being the Hunterian Oration 1966 delivered at the Livery Hall, Guildhall, London, on Monday, 18th April 1966, and published with permission of the President and Council of the Hunterian Society.

advancement in the service. As we shall see Hunter tried to institute a system of promotion but the Royal College of Physicians would not grant its licence until the applicant produced a certificate of disfranchisement from Surgeons' or Apothecaries' Halls.

Finally there were the regimental medical establishments each consisting of a surgeon and a mate. Before either of these could be appointed by the Colonel of a regiment the approval of the Surgeon-General was required. A surgeon could buy his commission for a figure between £1,000 and £3,000 depending on the regiment but again the agreement of the Surgeon-General was necessary. The sale of commissions was officially abolished in 1783 but the practice continued for many years afterwards. The surgeon was responsible for the regimental hospital for which £30 a year was the government allowance for the purchase of medicines. Although he was indeed part of the regiment, his status was low and he was considered inferior to the youngest officer. Before appointment he had to pass a professional examination at Surgeons' Hall before the Court of Examiners of which the Surgeon-General was a member. He was also examined on the practice of medicine by the Physician-General.

The pay was only 4/- a day from which 1/- was deducted for subsistence and there were instances where a surgeons' pay was some years in arrears. In some regiments his pay was augmented by donations from the officers and even from the rank and file. Another source of income was the guinea fee paid by the Government for vaccination. In 1778 a wit advised the surgeon to "keep two lancets a sharp one for the officers and a blunt one for the soldiers; this will be making a proper distinction between them". Each surgeon was assisted by a mate who was a warrant officer appointed by the Colonel of the regiment. Many of the mates had first been apprenticed to a surgeon in civil life or had attended courses at a medical school before joining the Army. However their status was also low and many of them remained in the same grade 15-20 years. The mate's pay was 3/6d. a day with a deduction of 6d. for subsistence. It is not surprising that recruitment for regiments was often at a low ebb.

Early Military Service

John Hunter's service in the Army falls logically into two periods—the first during his formative years when he was 33 and proceeded on active service, and the second at the close of his life when he was Surgeon-General and Inspector General of Regimental Hospitals.

When he was 20 years old John Hunter wrote to his brother William offering to be his anatomical assistant or, if that suggestion was not acceptable, expressing a desire to join the Army. It is probable that he first saw the results of war surgery at Chelsea Hospital where he received his early lessons from William Cheseldon, Senior Surgeon of St. George's Hospital and one of the greatest teachers of his day. Hunter continued working there each summer until Cheseldon died in 1751. In winter Hunter was occupied with dissections in his brother's rooms, as a result of which he acquired a considerable reputation as an anatomist. During his period at St. George's Hospital, where he entered as a surgeon pupil early in 1754, he came under the influence of Mr. David Middleton the senior surgeon of the hospital who was also Surgeon-General of the Army. It is not unlikely that Middleton encouraged Hunter to consider a career in the Army.

In 1759 Hunter contracted pneumonia and recovered so slowly that it was feared that he might have tuberculosis. It was then that he was recommended to change his

occupation for an Army one and lead a more healthy life abroad. This advice could not be disregarded for his brother James and five other members of his family had already died of consumption. On the 30th October, 1760 John Hunter was granted a commission on the staff as an Army surgeon by the Inspector General of Hospitals Mr. Robin Adair, the hero of the celebrated song of the same name. Hunter was his life long friend and eventually succeeded him as Surgeon-General when he died at the age of 80 years.

The Capture of Belleisle

It is more than 200 years since John Hunter at the age of 33 went on the expedition to capture Belleisle sailing from Spithead on the 17th March, 1761.

The Seven Years War with France which had already lasted more than five years was beginning to draw to an end. The Navy which was still blockading the French coast, required a good base with harbours, from which to supply and water the fleet. It was therefore decided that an attempt should be made to capture Belleisle, a small island roughly the size of Jersey, situated some nine miles off the west coast of France. Belleisle which had a precipitous coast line, was well defended by the French. Its three harbours were shallow, exposed and dangerous to the Fleet and the capital, La Palais, had recently had its defences strengthened.

The convoy of 100 ships, in which were collected more than 8,000 men, arrived at the southern end of the island on the 7th April, 1761 and an attempt was then made to land seven companies of Grenadiers in flat bottomed boats. This attempt was beaten back but two weeks later on the 22nd April landings were made at several points, the British gaining the summit of the island, enabling the rest of the Force to land and to drive the enemy back into the capital La Palais. After two months seige the French garrison under the command of Chevalier de St. Croix surrendered but were allowed to march out of the Citadel with the honours of war. The British losses in this campaign were estimated at 400-700 killed, wounded and prisoners.

The six letters John wrote to his brother William give us a clear picture of what went on in the two main hospitals established at La Palais although there were other smaller hospitals in churches and village houses elsewhere on the island. Communications with England were slow, letters taking 5-6 weeks to reach their destination "We seem to be a people almost distinct from the rest of the world". Like others serving there Hunter sounds homesick and longs for news from his brother. Because there are rumours of other moves, he says he prefers to stay at Belleisle or go home rather than accompany an expedition to the East or West Indies, "as the sea plays the devil with me". He asks his brother to make enquiries from Mr. Adair "who knows these things best". If he stays behind at Belleisle he hopes to be appointed Deputy Purveyor of the hospital, i.e. "head of the administration" as well as Staff Surgeon which would double his pay of 10/- a day. He says that as a surgeon he had already succeeded in everything he had attempted and his practice in gunshot wounds was in a great measure different from all others so that he had the eyes of all surgeons upon him, on account of his supposed knowledge and methods of treatment. He found his fellow creatures of the hospital "a dam disagreeable set"—many of them had already served in Germany and America where they had opportunities of learning about the treatment of wounds but in spite of this he found his ideas as good as or better than theirs were. So it was at Belleisle that Hunter saw the end of the war although this was not to bring him to an end of active service.

The Campaign in Portugal

No sooner had the Seven Years War come to an end than Spain began to invade Portugal and England came to the aid of her Portuguese ally.

In February 1762 plans had already been made to establish a hospital in Portugal for the forces there. It was anticipated that this hospital would be concerned more with the treatment of sickness than with war casualties. The total number of the Expeditionary Force was a little over 7,000 men; the great majority sailed direct from Belleisle to Lisbon; the rest came from Ireland. On its arrival in Lisbon the Force took up posts to defend the port and the line of the River Tagus. Once hostilities began, two battles ensued which finally defeated the Spanish; the first on the 27th August, 1762 enabled Brigadier Burgoyne and his men to defeat a regiment of Spanish Infantry and take Valencia with only a few casualties. The second attack, on the 4th October, caused great losses to the Spaniards in ammunition, guns and booty but only one English soldier was killed and eight wounded. These two battles weakened the enemy and military operations ceased. Following heavy rain, the Spaniards then retreated back within their own frontiers. In the whole campaign, although there was considerable sickness, the British casualties had been few when the peace of Paris was signed on the 10th February, 1763.

With this background we must now consider the part played by the Medical Services in this campaign. In London early in 1762 Mr. Robin Adair, Inspector of Regimental Hospitals sent to the Earl of Loudoun, Commander designate of the British Forces in Portugal a list of the staff for the Hospital to accompany the Expedition (Fig. 1). In June 1762, when his part of the Force was about to leave Belleisle, Hunter made out the names of the sick unable to embark and gave reasons why some were to be left behind as invalids. The diagnoses he gives are rather vague by modern standards—"age; infirmity; blindness; paralysis; consumption, etc.". He also detailed the two officers, the apothecary, five mates, one matron and four nurses to accompany him (Fig. 2).

Meanwhile in Lisbon Lord Tyrawley, an Ambassador, had since March been making preliminary arrangements for the arrival of the forces but he took no particular steps in regard to hospitals. Once fighting had begun at the end of May, Count de la Lippé was put in command of military operations and finally, towards the end of June, Lord Loudoun took over command, having arrived in Lisbon by convoy from England via Belleisle. Probably the hospital transports that came from Portsmouth arrived in Lisbon during the second half of June.

The British Military Hospital in Lisbon was established in four separate houses giving accommodation for 500 patients in all. One of these buildings also housed the hospital staff. Early in July the number of patients in hospital was 200 so that there was ample staff for the numbers involved. John Hunter had embarked in the hospital ship 'Betty' which sailed from Belleisle on the 6th July, arriving in Lisbon ten days later, so that when Hunter arrived the hospital was already being put to good use. It seems that discipline amongst the patients was difficult to maintain for there exists a copy of the Standing Orders for the hospital guard issued on the authority of the Deputy Adjutant General. These orders state, amongst other things, that the guard is responsible for the regularity of the hospital and for roll calls. The officer of the guard is "to give the doctor all assistance in his power for such purposes as drawing water, burying the dead and in general all kinds of labour that is above the strength of the nurses. Refractory and disobedient patients are to be confined on bread and water as long as the doctor shall direct,

List of the Officers of the Hospital, appointed to attend
the Forces in an Expedition to Portugal, Anno 1762

2 Physicians { Dr. William Cadogan
Dr. Michael Morris.
Director - William Young
3 Surgeons { John Hunter
William Maddox
Francis Forthwick
2 Apothecaries { Walter Hamilton
Hugh Smith
Jeremiah Armstrong
Broker - Regimental Mate
Thomas De Veil
John Digby
David Griffiths
Hargreaves
Cha. Nicholas Jenty
16 Mates { Andrew M. Dowall Old d.
Morgan O'Brien
William Rodgeron
Anthony Robinson
Robert Scott Old d.
Edmund Taylor
Three from Belleisle

Robt. Adair

From the Loudoun Papers by kind permission of the President and
Council of the Royal College of Surgeons of England.
Fig. 1

A List of the Officers &c of the
Hospital that are to go to Portugal

Officers
Mates
Servants
Store keeper
Matron
Nurses
Total 15

One Mate on two Orders to be sent

John Hunter

From the Loudoun Papers by kind permission of the President and
Council of the Royal College of Surgeons of England.
Fig. 3

Sir Robert Drew

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and a Black Hole and irons are to be provided. The guard is also to send frequent patrols to the Tippling Houses in the neighbourhood to prevent any men drinking and quarrelling with the inhabitants".¹ Most contingencies were provided for, and one section states that these orders "are to be kept clean and repaired when defaced".

About ten days after his arrival John Hunter wrote to his brother, William, expressing his disappointment at not being made Deputy to Mr. Young the Director instead of Maddox, but there is evidence that neither of them was appointed and the post was never filled. Towards the end of July it is probable that Hunter left the hospital to accompany the troops under the command of Count de la Lippé in the march from Lisbon to Santarum. Heat, dust and sand made the going difficult for the 3rd Regiment of Foot (The Buffs), and twelve men died on the march, mostly from the effects of heat. The Regimental Surgeon, Peter Burnard, reported that this was due to the extreme heat and because the men drank too much water when thirsty. At the end of August Burnard, who had suffered from an attack of fever, left for England to recuperate on a recommendation by Hunter.

Santarum, 46 miles from Lisbon, on the right bank of the River Tagus (Fig. 3), became the advanced base and a general hospital was established there. Most of the sick were embarked at Abrantes, some 40 miles up stream, for evacuation by river boat to the hospital at Santarum. For a time Hunter was stationed at Port Allegre further to the South East, for he sent several returns of sick from that place. At Santarum Hospital at the end of August the sick numbered nearly 400. Mr. Young, the Director, who visited it at that time, found it overcrowded and with a shortage of palliases. Convalescents had been put into quarters or billets in the town and were consequently struck off the books of the hospital. As I have already indicated sickness, rather than injury, was the main problem: the soldiers suffering from fever, diarrhoea, and dysentery. Another was the shortage of transport for casualties, for the ambulance cart had not then been developed. In early September, 1762 there were only three surgeons on the strength of the hospital in Lisbon, i.e. John Hunter, Francis Tomkins and William Maddox, but the last named soon returned to England with the invalid Lord Tyrawley in his charge. At this stage William Young was appointed Surgeon in addition to being Director of the hospital.

It was not long before John Hunter was in the forward areas visiting a number of temporary hospitals. There was overcrowding in most of them as well as in Santarum. In many reports the lack of transport for casualties is continually stressed and Hunter even had to remain at Tomar for want of a carriage. Some of the sick evacuated on river barges died on their way back to the base. There is no mention of wounded although fighting was expected to break out at any time.

It is interesting to recall that in this same theatre about 50 years later James McGrigor, Wellington's principal medical officer encountered the same difficulties, especially over the provision of transport for the sick and wounded. McGrigor (rightly in my view) made use of empty commissariat carts to evacuate his casualties. He was given a most severe dressing down by the Duke on the grounds that he had no right to use his own initiative but should first have consulted the staff. Despite this I am glad to say McGrigor rose to be head of his Service.

Mr. Young, the Director, wrote in mid September to the Commander-in-Chief asking him for early notice if it would be necessary to move a hospital quickly up to or from

From the article by J. CARIA MENDES (1963).
Fig. 3

the front line. He stressed the general shortage of transport. However, at that time the use of commissariat carts was much too uncertain a way of bringing back sick and wounded. From the hospital returns it is clear that September was a bad time for the medical services, with fevers and flux as the main cause of sickness. At this stage there was still no mention of injuries of any sort. A few married women accompanying their husbands were taken on the books as hospital nurses.

From Coimbra Hunter, who had been on tour with the Commander-in-Chief, wrote to him on September 15th about the difficulty of transporting casualties and suggested that a ship be obtained and sent upstream to Figuera otherwise it would be necessary for slow marches and the use of carriages. Lord Loudoun gave permission for a ship to be hired for this purpose. In October 1762 there was much more need of hospital accom-

modation near the front line and the hospital at Lisbon had relatively little to do. Lord Loudoun therefore ordered that a hospital be established at Abrantes, and Mr. Young issued instructions that four supernumerary mates and extra stores be sent there. When Dr. William Cadogan, physician to the hospital in Lisbon, fell ill with gout and fever he had to be sent home. John Hunter at once wrote to his brother William in these terms—“I am now applying for physician and if I can get it I shall be a doctor as well as the best of you”. He rated his prospects good as he had already attended the Commander-in-Chief on all his marches. However neither Hunter nor any other applicant was successful because on the 7th November Lord Loudoun appointed Dr. Richard Huck who had been with him in North America. In later life Huck became a Fellow of the Royal College of Physicians and was on the staff of the Middlesex and St. Thomas's Hospitals. In November, when military operations were at an end, William Young informed the Adjutant General that many of the sick could now be better cared for by regimental surgeons in their own hospitals “so long as the Army has a prospect of remaining quiet”. The transport of sick was then still a difficult problem. Lord Loudoun commissioned Hunter to try and settle a quarrel between Francis Tomkins and a surgeon's mate named Samuel Hayes. Tomkins also fought with a mate called Kingston and evidently he had some differences with Hunter, too. All this now appears trivial but the fact that the living conditions at the time were poor, may account for much of this bickering. It is my impression that Hunter was not to blame for these disagreements, of which so much was made by Jesse Foot later on.

In December 1762 fighting had ceased altogether but there was still a considerable number of sick at Santarum. The Director wrote that “the men suffered too much in their transit from the camps to hospitals,” and again “the sick suffered too much in being transported from one place to another”. Hay carts and three boats were then their only means of transport. Even in the Army today transport difficulties are not unknown. At the end of the year there were nearly 500 men in hospital and a smaller number in quarters or billets in the town. Francis Tomkins was able to send his sick patients with a nurse back to Lisbon. Hunter also sent a convoy of sick from Port Allegre. By these means all the sick were returned to Lisbon.

By mid April 1763 Hunter sailed for home with the Fleet and on his arrival in London he was placed on half pay and resumed his civilian career. He was then described as “a man of great expectations”.

His Contribution to Military Surgery

Although we know little of Hunter's work during this period of active service, he says in his famous book on “Blood Inflammation and Gunshot Wounds” published soon after his death, that all the papers were first arranged in 1762 at Belleisle and that these observations were confirmed by his later surgical experience. It was therefore the campaign at Belleisle rather than that in Portugal which gave him experience of war surgery. Perhaps his Scottish caution was responsible for this delay of 32 years in publishing his views. Although he wrote to his brother, William, from Belleisle that he had “succeeded in all he had attempted” and that his practice in treating gunshot wounds was “different from all others,” we have no means of knowing whether his fellow surgeons at the hospital took the same view. That John Hunter was a conservative

surgeon is borne out by the two chapters in the book devoted to gunshot wounds. These occupy the last 55 pages or less than a twelfth part of the book, all of which is written in a clear direct style. Bearing in mind that at the time the knowledge of wound pathology was meagre, the range of his observations is extremely wide. Infection as a cause of inflammation was not then understood but he realised that the natural tendency of all such wounds was to heal. "Inflammation may arise from a vast variety of causes with which we are not acquainted, nay which we do not perhaps even suspect". "Suppuration may be considered a resolution but it is a mode of resolution which we mainly wish to avoid". He did not believe that exposure of wounds to air had any effect on healing "for a stimulus arises in the wound even were the part contained in a vacuum". To him, therefore, the process of healing was a natural vital operation.

In his opinion the degree of contusion produced by a missile varied inversely with its velocity. Thus the greater the velocity the cleaner would be the resulting wound although sloughing would occur. If the speed of the ball was less it would probably cause less damage and be more readily deviated from its path. Blood vessels are torn by a ball at slow speed and cut by one of high velocity. In his view contusion and slough formation prevented healing by first intention. He attempted to diminish reactions in wounds by bleeding and recommended bringing the edges together soon after injury. "Gunshot wounds do not bleed as freely as those made by cutting instruments". He admitted that contusion was more widespread than the wound itself. He deprecated enlargement of a wound to remove a retained missile, bone fragment or other foreign body but he realised the necessity of laying open the path of some wounds. In his opinion the principles of military surgery were the same as those of general surgery and a wound should not be opened just because it was a gunshot wound. He gives the indications for enlarging a wound and says that if none of them is present "we should be very quiet"; "the first and great requisite for healing is rest".

In the second chapter he gives detailed instructions for dealing with wounds of various regions of the body. For wounds of the limbs, "unless a considerable blood vessel was damaged", he did not believe in primary amputation in the field but advised delay until the patient "has been housed and put in the way of a cure". In dealing with battle casualties he believed that general treatment of the patient must never be neglected. The rest of the book deals with blood and inflammation. It is not possible to comment here on this part of the work but John Hunter certainly pointed the way to some modern developments. He gives one of the first descriptions of a raised blood sedimentation rate in inflammation. His chapter on "skinning" gives interesting views on growth of skin and wound healing generally. This is a remarkable work and it is regrettable that Hunter did not give his contemporaries the benefit of his experience soon after it was first acquired.

Surgeon-General 1790-93

When Middleton, John Hunter's former teacher at St. George's Hospital, died in December, 1785, Robin Adair took his place as Surgeon General. He soon appointed John Hunter Assistant Surgeon General for they had been close friends and professional colleagues for more than 30 years. There is no record of John Hunter's work in this post but presumably he learnt all about the duties of Surgeon General during the next four years.

John Hunter had already been Surgeon Extraordinary to the King for 13 years when Robin Adair died on the 16th March, 1790 and John Hunter was appointed Surgeon-General in his stead. As Surgeon-General and also Inspector General of Regimental Hospitals his salary was £1,200 per annum. In one respect the appointment was surprising for his health was already poor. We are told by Home that three months earlier, in December 1789, Hunter had a severe attack of giddiness—this was probably cerebrovascular in origin. In spite of these infirmities John Hunter entered upon his new duties with zeal and enthusiasm. He had commenced his professional career in the Army and now, at the most active period of his life he was taking on one of its highest offices. His counterpart as Physician-General at the time was Sir Clifton Wintringham, an old man and an invalid who did so little that most of the work was performed by Hunter at his own house in Leicester Square.

I have had the opportunity to peruse the letter books of the Department most of which is written in the careful hand of Mr. William Dupré. Evidently this clerk, who was secretary to the Surgeon-General, was at times a member of Hunter's household living in the country house in Earl's Court, Kensington. It must be realised that Hunter did in the War Office only part time duties much of which were of a routine nature. Apart from the usual administrative work he had to select suitable candidates as surgeons and surgeon's mates and approve of the buying of equipment for hospitals. Otherwise he worked long hours, took little leisure and slept only four hours a night, although he is said to have taken regularly a short nap after dinner.

One of the first duties was to write to the surgeons of five stations overseas. These letters, all in similar terms, are exemplified by the one he wrote to Dr. John Weir in Jamaica on the 5th April, 1790. "As in the performance of the trust reposed in me I mean to pursue the same line of conduct in which my predecessor has for so many years proceeded with the highest credit to his memory; it will be unnecessary to revive any plan which may have been heretofore proposed to him and judged inadmissible". These letters reflect his lively mind, his critical outlook, his sense of fair play and the need for economy in the expenditure of public money. The good of the Service and of the people serving in it were his constant consideration. He did not like privilege or high office to bias his opinion in any respect. Some of the early letters are written in typical abrupt style, e.g. his circular letter addressed through Army Agents to the officers commanding units informing them that surgeons mates appointed without prior agreement of the Surgeon-General could not expect any promotion from him. He made an exception in the case of those already holding appointments because he believed that they had gained their experience through long service. John Hunter, from the outset, was determined to improve the selection and prospects of Army mates. Indeed during his term as Surgeon-General he promoted 38 regimental mates within the Service.

Senior Army officers could neglect the remarks of the Surgeon-General at their peril: "I conceive that I am doing my duty". "No man but a professional man is a judge of professional merit and even few of them". "Mr. Ashby's services are rather more than Mr. Markham's. He is known to me not as a friend, for friends I have none, but as a proper man. While under leave of absence he took every advantage (to my own knowledge) to improve himself which few do. Therefore should give him the preference to any other, let them be recommended by whom they will". In this and other similar letters Hunter declares that the best man for the job will be appointed without any other considerations.

In his orders to the examining surgeons of Chelsea Hospital he charges them to be careful and diligent in examining all sergeants, corporals, drummers and private men before deciding those who are fit for active service and not to suffer "any representation from the pensioners themselves or from gentlemen in the neighbourhood in their behalf or in any selfish considerations to influence your conduct in the execution of this duty". He gives a list of disabilities which would make men unfit for duty and also defines conditions which must first be cured. He goes on to say that it is "not usual to call on anyone who is 60 years of age and as some men are more infirm at an earlier period than others, wherever any doubt occurs to you, you are, of course, to exercise your own discretion in the manner you think most consistent with the benefit of His Majesty's Service." In another letter, dated the 18th May, 1791, written from Leicester Square to the Earl of Harrington, he tells how a Mr. Marston, who wished to be appointed surgeon to a regiment, was trying to bring influence to bear on him. He says that since the Department did not agree to the appointment "Marston's whole behaviour to me has been so selfish, discontented and unlike a gentleman that I will never on this side of time show him favour". Perhaps Hunter had made promises that he could not then honour. In the correspondence it is clear that John Hunter's aim was to bring in a regular system of promotion in order to produce well trained and experienced medical officers for the Service. They were first to be selected as mates of regiments, then promoted to hospital mateships from which regimental surgeons were to be chosen. From these, staff surgeons and apothecaries for hospitals were to be selected, and from these hospital physicians, and finally purveyors and senior administrative medical officers were to be appointed. John Hunter believed that years of experience and not the opinion of the Royal College of Physicians was the standard by which a man should become an Army physician. It might be thought that this system of promotion would be successful but there were difficulties, one of which was that the pay of a hospital mate was nearly double that of a regimental surgeon (7/6d. and 4/- respectively). There is a record in the correspondence of a surgeon called Alder who asked, on this account, to revert from regimental surgeon to the post of hospital mate.

John Hunter seems to have had a special interest in those who were forced to retire on account of disability, wounds, ill health or infirmity. The bringing into use of half pay was an economy and a method of keeping officers on the Reserve. You will remember that John Hunter went on half pay after his return from Portugal. He made use of this method in the case of surgeons John Scott, Thomas Weston and Richard Savage to enable them to obtain compensation for disablement and for this purpose they first had to be examined by the Company of Surgeons at Surgeons' Hall. In this way he made half pay a valuable way of retiring medical officers on account of sickness or disability.

Surgeon-General's Administration

It is possible in the time available to give only a few examples from this voluminous correspondence to illustrate Hunter's diligence and humanity. It is clear that he was determined to examine closely the career structure of medical officers in the Army. He was critical of applicants for these posts and considered that they should have his approval both personal and professional, before being appointed to the Army.

"Men enter as Mates to Regiments upon the Faith of Future Promotion and if Gentlemen are admitted into the Higher Ranks without having gone through the necessary previous Graduations, I shall lose the confidence I have acquired already".

As usual he had a mind of his own and believed that experience as a regimental mate "was the school which is to fit our young men for more important stations". He invariably took a close look at a man's qualifications before appointment and was unwilling to be influenced by others, e.g. he agreed "that a Surgeon to the Hospital is necessary but that Dr. Kennedy has recommended Mr. Hollings is to me inconceivable. He never was in His Majesty's Service and of course could never have met a Gunshot Wound. He went to Sweden with other Gentlemen to serve in the Swedish Army but he soon grew tired of that Service and came home complaining of the treatment he had received. However that is not the objection—his never having been in the Service is the essential and insurmountable one".

Hunter could be touchy, too, when his authority was not sought in advance; "Your letter to me informing me of your being appointed Mate to the 10th Regt. of Dragoons was unnecessary, as I want no aftercompliment paid to me as Surgeon-General; and if I have no right to recommend Mates to Regiments they have no right to call upon me for recommendations for preferment".

He was much concerned about the continuity of their training as medical officers, and recommended supplying suitable medical books for individuals serving overseas. Sometimes he was interested in matters which were not his concern, e.g. he writes "a man of the 17th Regiment, detached from the Regiment, who in attempting an Act of suicide has disabled himself in his arm, in consequence of which a Charge has been made by a County Surgeon of Two Pounds for Dressing and attendance. It is considered that a Court Martial ought to be held on the man, as if he had cut off a Finger or Thumb, or made away with the property of the Regiment". He was often solicitous for the welfare of medical officers and often added unexpected personal details to his letters. He wrote to Dr. George Young at St. Vincent "I conceive it would be doing you but justice to appoint you one of the physicians on the staff for an expedition to the W. Indies from a conviction that your services ought to be rewarded and also from being on the spot and well acquainted with the diseases of that climate but on further enquiry I find that I was not doing you any service for your time of life rendered you very unfit for it. Therefore I thought it best to supercede that appointment. I was in hopes of having heard from you more especially about your son who was to have sent me the parts of opossums at the different stages of impregnation". Although he took a personal interest he was not above asking for these specimens.

He could be hasty, but his sense usually prevailed. On June 29th, 1792, only a little more than 4 years after Captain Arthur Philip had first landed in Australia at Sydney Cove with his mixed retinue of troops and convicts, Hunter wrote to the Surgeon of the New South Wales Corps that "he had better obtain his medicines from the Surgeon of the Colony since he had had no occasion to expend a single 6d. of his medicine money". After taking advice Hunter did not send that letter but wrote instead "that the Surgeon of the New South Wales Corps should be supplied with medicines and necessaries by the Apothecary-General, the quantities and qualities to be regulated by the strength of the Corps and the prevailing diseases".

Assessment of Hunter's Character

As a result of studying his letters and in accordance with the time honoured Army custom of rendering reports on officers, it would be fair to grade John Hunter, overall, as outstanding. One could describe him as energetic, versatile and resourceful. Among his leading characteristics are initiative, originality and a capacity for sustained effort. There is no doubt about his loyalty, integrity and devotion to duty. Mentally alert and determined, his tact and discretion, however, are often in some doubt. He does not like his authority to be questioned and can find it difficult to resist frustration. He can be petulant and touchy but usually has the good sense to disguise these traits. Normally friendly and convivial he can hardly be described as a military figure. His technical knowledge and performance are of a high order; a reasonable administrator, he gets his results by leadership and example. Barely three weeks before he died he was asked to approve of James McGrigor, a young Aberdeen graduate, who had purchased a commission as surgeon to the Connaught Rangers. I have already alluded to McGrigor's association with Wellington's Army in the Peninsula but may I remind you that his tenure as Director-General of Army Medical Department was nearly 36 years.

It is difficult to measure after this lapse of time what John Hunter has bequeathed to the Army. Possibly Bunyan's words in the will of Mr. Valiant come close to the mark "My sword I give to him that shall succeed me in my pilgrimage and my courage and skill to him that can get it". Hunter's sudden death on October 16th, 1793, at the age of 65 years ended a chapter in the history of the British Army. Two of his colleagues from St. George's Hospital took over the duties in the Army Medical Department; John Gunning became Surgeon-General and Thomas Keate Inspector General of Regimental Hospitals; a new Army Board was set up; it soon ruled that a surgeon was forever debarred from becoming a physician and so the plans made by Hunter for graduated promotion in the Army came to nought.

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Colonel K. P. Brown, late R.A.M.C. (Retd.), has been appointed Staff Physician to the London Hospital.

Order of St. John of Jerusalem

To be Officer (Brother)

Colonel J. P. Baird, M.D., F.R.C.P., F.R.C.P.(Edin).
 Brigadier H. W. South, Q.H.D.S., L.D.S., R.C.S.(Eng).