Echoes of the Past.

THE MEDICAL SERVICES IN FLANDERS, 1742-1748.

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In the year 1742 16,000 troops were despatched to the Continent to co-operate with the Austrians and the Dutch in support of the claims of the Empress Maria Theresa. Landing in the Netherlands in May and June, they were quartered in Bruges, Courtrai, Oudenarde, Gramont and Ghent, the last being the headquarters of the Earl of Stair, the Commander-in-Chief, where they remained for the next nine months while a plan of campaign was being discussed. A small hospital establishment was embarked with the army, consisting of a director of hospitals, Mr. John Ellis, a physician, surgeon, apothecary, six mates, and a matron. This hospital was located at Ghent; elsewhere the sick were treated in the regimental infirmaries. The physician was Dr. John Pringle, Professor of Pneumatics in Edinburgh University, whose "Observations on the Diseases of the Army," published ten years later, was for years accepted as the last word on the subject, and gives much information on the medical history of this campaign. Though his pathology has naturally been
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superseded, the broad sanitary principles he laid down remain for all time, and he is rightly regarded as the father of military hygiene.

At this period, all that part of Flanders which lay between the Lys and the sea was a marshy, unhealthy area, as also the greater part of the United Provinces with Dutch Brabant from Grave downwards along the Maas. Except at Ghent, perhaps, the cantonments, which were mainly outside these limits, were fairly well situated. Zealand, surrounded by the oozy branches of the Scheldt, later the scene of the Walcheren débâcle, where four battalions were located in 1747, was notoriously malarious. Pringle notes that “the canals and ditches in which innumerable plants and insects die and rot, fill the atmosphere with moist, putrid and insanitary vapours.” In his view, purerfaction, whether of vegetable matter, animal excreta, or even of a gangrenous limb in a hospital ward, was the root of the intermittent, remittent, continued, putrid, or ardent fevers from which armies suffered. He also noted the contamination of shallow wells as a contributory cause of sickness.

The troops landed in good health, and at the end of the first month had 3.1 per 1,000 in hospital or, as Pringle puts it, one-thirty-second of the force. Itch was almost universal, and was treated with sulphur ointment. Nine months later, one month after taking the field, the sick numbered 25 per 1,000. In Ghent the large proportion of men admitted from the damp, low-lying part of the town was observed. In the winter, diseases attributed to cold were prevalent, coughs, stitches, peri-pneumonies and rheumatism. It was probably due to Pringle’s insistence that some years later two blankets were issued to each tent. In the summer and autumn intermitting and remitting fever and dysenteric fluxes occurred. He describes separately the bilious remitting fever of the camp and that of low-lying marshy country. He remarks that “many remittents degenerated into continued fevers, often mortal, and the intermittents, or agues, being stopped before some proper evacuations (i.e. bleeding, vomiting, and purgings) were made or relapses secured against, changed likewise into continued fevers and ended in dangerous obstructions of the viscera.” He fully appreciated the connection between neglected camp latrines and dysenteric infection. The patients admitted to the military hospitals were constantly found to be afflicted with round worms. Scurvy, though it did not apparently affect the troops in the campaign, is mentioned as “the commonest chronic disease of the country.”

In February, having been joined by an equal number of Hanoverians in British pay, Lord Stair’s army marched towards Germany leaving 600

1 The curious student has scope for his ingenuity in expressing in modern terms some of the fevers so vividly described by the eighteenth century physicians. According to Chambers’ Encyclopædia, typhoid was differentiated in 1886, relapsing fever in 1842, Laveran described the malaria parasite in 1880, and the paratyphoids and trench fever have since to be added.
sick behind in hospital. The Rhine was crossed at Neuwied, and in May
the camp was at Hoecht near Hanau, on the bank of the Main. A flying
hospital, now sited at Neuwied, had been supplied from England and the
medical staff had been augmented by a surgeon, an apothecary, and six
mates. At the end of the first five weeks the sick numbered 220. On
June 22 Stair moved to Aschaffenberg, leaving 500 patients. By this time
a junction had been affected with the Austrians, raising his command to
40,000 men; but in the Duc de Noailles, who had arrived at Seligenstadt, on
the left bank of the river with 70,000 to join up with the Bavarians, he had
a skilful opponent, and his own dispositions were constantly hampered by
the instructions sent him by King George the Second. When therefore
the King joined the army in person, it had been without food or forage
for some days, and its communications with the base at Hanau were
seriously threatened by the enemy who were established on the left bank
only four miles away cutting off supplies by water.

In anticipation of the King's withdrawal from his position, de Noailles
next detailed the Duc de Gramont with 30,000 troops to cross the Main
three miles in advance and occupy the defiles of Dettingen through which
the Hanau road passed, an unfordable river across which artillery were
posted on one side, densely wooded hills on the other, and the rest of
the French Army closing in behind.

When the situation was grasped, the leading troops were hurriedly
deployed. In the confusion the King's horse bolted to the rear, the Duke
of Cumberland's to the front, where the latter was wounded. Having
regained control, both dashed into the fray, the King on his own legs.

The trap was nearly complete when de Gramont, prematurely vacat-
ing his position of advantage, launched his men in an attack on the low
ground, masking at the same time the fire of his own guns from across the
river. The first line was broken but the second stood fast, and after a
sharp tussle in which the French infantry showed much less than their
usual form, the enemy were driven back or pushed into the river, and the
march was resumed. The allied casualties in this engagement, where less
than half the troops on each side came into action, were 755 killed, 1,312
wounded, and 284 unaccounted for. The French loss was 5,000. The
British regiments' share was 263 killed and 558 wounded. Of the wounded,
600 were left behind to be cared for by the French who showed them the
utmost consideration. De Noailles then withdrew his army into Alsace.

The night following the battle was spent by the victors in a wet
bivouac. Hunger and fatigue had lowered their bodily resistance, and a
week later dysentery broke out which in a few weeks infected half the
army. Pringle ascribed as a cause of its spread putrid straw in the tents
and neglected latrines. The village of Feckenheim was taken up for the
patients' accommodation, and here 1,500 cases were sent.

The "putrid malignant fever," slow in its course, with a sunk pulse
and constant stupor, which acquired the name of Typhus, was well
recognized, being usually ascribed to the inhalation of foul air in buildings such as gaols, and especially that arising from diseased persons in hospitals. Its transmission by fomites was also accepted, though in a community habitually verminous the true source by which infection was conveyed was unsuspected. Within a short time this fever broke out among the patients crowded at Feckenheim.

Leaving Hanau, Wiesbaden was occupied on August 10, and Worms on the 30th, near which sick were disposed of at Osthofen and Beechtheim. In October the Army went into winter quarters in the Netherlands.

The dysentery had abated soon after leaving Hanau when the anticipated number of cases of "bilious or autumnal remitting fever" began to come in. Meanwhile 3,000 sick had been left in Germany. At Feckenheim things went from bad to worse. Of the fourteen hospital mates there, all were infected, and five died. The case mortality was 50 per cent. The typhus spread to the villages and in some cases the civil inhabitants were practically wiped out. Similar events were no doubt in the mind of the compiler of the Litany when he coupled together "plague, pestilence and famine, battle and murder and sudden death." The order which followed to concentrate the sick of the three German hospitals at Neuwied was particularly unfortunate. The Feckenheim patients infected those from Osthofen and Beechtheim. When in December the survivors were sent by water to Ghent, about half died on the way and the remainder soon after arrival.

In 1744 Lord Stair was succeeded by General Wade; the allied forces, reinforced by 10,000 troops from England, being opposed by an army of 85,000 under Saxe, who carried the war back to Flanders. Wade was unable to gain the co-operation of the Austrians or Dutch in carrying out any of his proposals, and at the opening of the campaigning season there was no plan of action. In six weeks the French reduced Courtrai, Menin, Ypres, Fort Knoque and Furnes. An abortive attempt was made to bring them to a general action on the Lys, and the following March Wade went home. At the end of the first ten weeks 600 sick, or one-forty-third of the force, were in hospital at Ghent and Brussels; at the end of the campaign the fraction was one-seventeenth. Another hospital had been opened at Tournai in August. During the winter the general hospital was maintained at Brussels, but at Ghent and Bruges barracks were handed over to the regimental surgeons, who were provided with suitable equipment at the public expense, a form of decentralization universally approved as lessening

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1 General hospitals maintained their evil reputation with the Army well into Peninsula days, and were particularly notorious during the War of the French Revolution. The confusion and overcrowding which frequently prevailed was attributed by the regimental surgeons to their being administered by physicians who knew nothing of Army conditions. Whatever the rights of the case, the Army clearly owed much to the work of some of these semi-civilians.
the chance of hospital fever. A physician was detailed as consultant to each principal garrison.

In 1745 the Duke of Cumberland assumed command. Ellis, the Director of Hospitals, had been succeeded in July of the previous year by Charles Garnier, brother of George Garnier, the Apothecary General, but he died a few months later. In January, 1744-45, the post was handed over to David Middleton, the Chief Surgeon, who is credited with having secured for each patient a bed to himself and a clean change of bedding.¹

In April the Allies, being about 43,000 strong, marched to the relief of Tournai, which was invested. Cumberland’s headquarters were at Soignies on May 3, and at Cambon on the 4th. His routine orders issued on that date regarding camp conservancy, disposal of dead animals, and the opening up of tents in favourable weather might have been written at the present day. On the march, the surgeons, with their medicine chests and instruments on batt-horses, marched with the tent wagons which were at the head of the regiments. A wagon with the sick, no doubt accompanied by the surgeon’s mate, was detailed to follow each unit.

On arrival at Maubray on the 9th the French were found to the number of 56,000 in a carefully prepared position, the centre of which was the village of Fontenoy, and after preliminary skirmishing this line was assaulted on the 11th. The advance was over half a mile of open ground swept by a cross artillery fire. The centre marched steadily forward in perfect alignment, reserving their fire till within thirty yards of the French infantry, who were blasted out of their entrenchments. But Brigadier Ingoldsby, commanding three battalions on the right, who should have carried the redoubt covering the enemy’s flank, failed to push the attack home, while the Dutch on the left were repulsed. The remainder, having shattered the French battalions, resisted three attacks of cavalry, halted under a heavy cannonade from the flanks, retired, reformed, advanced again and repelled another cavalry charge, withdrew, still under a cross fire, with their ranks unbroken.

The casualty list of the British, Hanoverians and Dutch showed 2,359 killed, 4,124 wounded and 740 missing, which with 400 Austrian casualties totalled about 17 per cent of the entire force. The 12th, 21st, 23rd and 31st all lost at least half their strength. There were no casualties among the surgeons; of the mates, being of warrant rank only, there is no record. In the subsequent court-martial Colonel Ingoldsby was convicted of an error of judgment only.

After the battle a hospital was opened in the casernes of St. Roc where

¹ The Directors of Hospitals were actually Directors of Hospital Supplies. They had the placing of contracts and the hiring of sites. They were not recognized by the Physicians in charge of the hospitals as their superior officers.
600 wounded were dealt with. Relations between the combatants in the intervals of fighting had hitherto been sufficiently cordial, but the behaviour of the French to the wounded on this occasion roused much indignation, the Duke protesting to Saxe that "if he intended to make war like a Turk he would learn for the future how to receive him," while the soldiers began to talk of giving no quarter. A letter printed in the Scots Magazine of June, 1745, states that "we surgeons sent to take care of the wounded when carried from the field were made prisoners of war and treated in a very merciless way, for not only we, but about 1,000 more were stripped of everything valuable we had, viz. watches, swords, money, and clothes, and not only so, but our very instruments were taken from us although the barbarians saw hundreds continually imploring our assistance. In this unprecedented way we remained three days, numbers dying every hour because we had nothing to dress them with." On eventually being returned to their own camp they presented the Duke with a bag of chewed balls, sword points, pieces of flint, glass, iron, etc., from their patient's wounds, which he and the other allied commanders sealed and forwarded to Saxe. The wounded referred to seem to have been collected at the Château of Bruffoeil and left behind. Tournai capitulated, and on July 10 Ghent fell. Middleton the surgeon, who was in the town, asked for the wounded, some of whom he considered unfit to travel, to be left on parole, but they were despatched in carts forty miles to Lille. By October, when most of the British troops left with Cumberland for England to suppress the Scotch rebellion, Saxe had occupied all Flanders. The season closed with 1,000 sick in hospital at Antwerp, Brussels and Mons. The deaths from disease during the campaign had not exceeded 200.

Ten of the regiments embarked landed on the south coast of England after a favourable voyage and in good health. Others, delayed by contrary winds, reached Newcastle, Berwick, and Holy Island, having spent three weeks crowded in the hold. Malignant fever broke out, the hospital established for the Army at Newcastle was infected, where the nurses took the disease, and an apothecary and four apprentices died. Ligonier's and Price's regiments landed 97 patients at Holy Island of whom 40 died. The civil population, 350 in number, also had 50 deaths. The winter cold of Scotland naturally also caused many relapses of malaria.

During 1746 the Allies under Prince Charles of Lorraine were manoeuvred back to the Dutch frontier. Fatiguing marches and bad weather caused considerable sickness, and in October the small British force remaining had a quarter of its strength in hospital.

The Duke of Cumberland resumed command in 1747. The concluding years of the war were gloomy and depressing ones relieved only by the indomitable courage of the British and Hanoverian troops when given a chance to display it. Co-operation with the Austrians and Dutch was increasingly difficult. In May the French, having occupied Dutch Flanders, prepared to invade Zealand. In July Saxe won a success over the combined
forces at Laeffelt, the Austrians holding back from the fight and the Dutch stampeding. Eight hundred wounded were brought into Maestricht, who were housed in a large church. The spacing was adequate, and no cases of hospital fever occurred. In August there was much dysentery which spread among the peasantry in the occupied villages. In November there were 4,000 sick in a strength of 20,000. Of these half came from the four battalions in Zealand.

In 1748 Maestricht was besieged, but still held out when the preliminaries of peace were signed at the end of April. The low-lying areas of Brabant were flooded, and in July and August cases of "ardent fever" occurred, apparently a pernicious type of malaria. In mid November the British sailed for England, when 400 cases of typhus contracted on the voyage were admitted to the hospital formed at Ipswich. Pringle says that the distemper abated when the principle of boarding out the convalescents was adopted.

In 1744 John Ranby published a small work on the method of treating gunshot wounds, illustrated by cases he saw at the battle of Dettingen, which reached a third edition in 1781. He considered that amputations as well as dressings should be done on the field of battle at the earliest possible moment, for which purpose dressing stations should be formed by the surgeons of three or four adjacent regiments close behind the line. He mentioned the evil results of meddlesome surgery and indiscreet exploration with the bullet forceps and probes twelve to fourteen inches long supplied in the surgeon's chest. He would also dispense with chisels and mallets. Unless the wounded man had already lost a very considerable amount of blood, he should be bled at once. He took twenty ounces from the Duke of Cumberland's arm for a grape-shot wound in the calf of the leg, and bled him for the next two days with a view to preventing inflammation, also giving emollient clysters. He was a firm believer in the value of bark when sepsis ensued. He mentioned seeing three cases of tetanus after the battle. The third edition of his work contains also some notes on the conduct of regimental infirmaries. In recommending the free provision of trusses, he refers to "one Ramsay, a rupture monger, who at the desire of a very principal officer of the Army had had a hospital established for him in Flanders, where he carried out severe and painful experiments."

MEDICAL STAFF.

DIRECTORS AND PURVEYORS: John Ellis, March 1741-42; Charles Garnier, July 1743; David Middleton, Jan. 1743-44; James Catheart, Dec. 25, 1747; James Pringle (controller), June 1, 1745. PHYSICIANS: John Pringle, 1742; Alexander Sandilands, 1742; John Bailey, 1743; Clifton Wintringham, 1743; James Maxwell, 1743; John Barker, 1747; John Clephane, 1747. SURGEONS: Robert Adair, 1742; George Lawman, 1742; Francis Mitchell, 1742; John Ranby, 1743; John Andrews, 1743; David Middleton, 1743; James Wilsford,
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1743; Pennel Hawkins, 1744; James Napier; 1744. APOTHECARIRES: Salisbury Lloyd, Aug., 1742; William Ore, March, 1742; Edward Bligh, Sept. 1747.

NOTES.

1 Brother of George Garnier, the apothecary general, died 1744. 2 Surgeon, Life Guards 1722, chief surgeon, Flanders, 1743, surgeon general 1748. 3 He was director and purveyor in the Carthagena expedition, 1740, and in N. America, 1746. 4 Sir John Pringle, Bart., M.D., F.R.S., F.R.C.P., physician general in Flanders, 1744, present at Dettingen, died 1782. 5 Served in Flanders, 1709, physician at Gibraltar, 1726-27. 6 Present at Dettingen, died at Ghent, 1744. 7 Baronet and physician in ordinary to King George III, 1774, physician general, 1786, died 1794. 8 Physician, Westminster Hospital, 1746. 9 Afterwards Inspector of Regimental Hospitals. The hero of the song, "Robin Adair." 10 Surgeon to George II, surgeon 2nd troop L.G. 1736, master of the surgeon's company, 1746, present at Dettingen, died 1778. 11 Formerly surgeon 2nd troop H.G.G., Surgeon general Low Countries, March 11, 1744. 12 Superintendent of Hospitals in America, 1777, Knighted, 1778. 13 From 53rd Foot.

REGIMENTAL SURGEONS.

The following surgeons, assuming they were with the regiments, were present at Dettingen, 27.6.43, and Fontenoy, 11.5.45. The names are mainly from Johnston's Roll.


The starred regiments were at Fontenoy only. The 4th and 37th Hussars were not at Fontenoy.

NOTES.

1 Appointed staff surgeon, July 20, 1743. 2 Francis Home, M.D.Edinburgh. Professor of Materia Medica, 1766. He studied at Leyden in the intervals of the war [vide D.N.B.] 3 First M.O., Black Watch. Killed with his brother, who was lieutenant-colonel of the regiment, at Falkirk, 1746 [vide Stewart, "Sketches of the Highlanders"].