A day's rest was allowed at Peshawar, the patient remaining on the bed, which was supported on boxes in the ward.

Peshawar to Rawalpindi one hundred and five miles. Paraldehyde was given for this journey which was done in three hours; thirty-five miles per hour being the speed used, wherever cattle fairs and similar obstructions allowed of such a pace. The Staff-Serjeant driver, a most experienced man specially selected for this journey, was full of praise for the amazing lack of vibration in the car.

The patient arrived in excellent condition and has been showing remarkable progress since his arrival. It is hoped that this account, together with the excellent photographs provided by the R.I.A.S.C. officers concerned with the construction of the apparatus, will prove of use should others require to move a difficult case of this type.

I would like to record our special thanks to the officers and staff of the R.I.A.S.C. who produced this apparatus in such a short space of time and assisted in the transport of this case and in particular to Lieutenant-Colonel R. J. Wilkinson, O.B.E., and Major J. D. P. Fisher under whose expert guidance it was devised.

My thanks are also due to Major-General W. H. Hamilton, C.B., C.I.E., C.B.E., D.S.O., K.H.S., I.M.S., D.D.M.S., Northern Command, for permission to carry out the idea and to offer this account for publication.

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Echoes of the Past.

THE MEDICAL SERVICES IN GERMANY DURING THE SEVEN YEARS WAR, 1758-1762.

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In 1756 a league was formed by France, Austria, Russia, Saxony, and Sweden to crush the rising power of Frederick the Great of Prussia. The invasion of Saxony by Frederick followed, which was the commencement of the Seven Years War.

Our immediate interest, the protection of Hanover being involved, a large subsidy was voted for the support of the Hanoverian Army which took the field under the Duke of Cumberland in 1757. In June this Army suffered defeat at Hastenbeck, and Hanover and Brunswick were overrun by the French.

In September 1758 it was decided to send British troops to Germany to be placed under the command of Prince Frederick of Brunswick, a most capable general who had already forced the French back over the Rhine. Their immediate Commander, the Duke of Marlborough, died soon after

Though Germany may have been the main theatre of operations, this war, which laid the foundations of the British Empire, was world-wide, resulting in the conquest of Canada, the overthrow of the French influence in India, and the acquisition of various West Indian possessions.

Being inferior in numerical strength, Prince Frederick did not as a rule seek to engage in general actions, but in April, 1759, he advanced to attempt the expulsion of the French from Frankfort and Hesse. Compelled to retreat, his army of 45,000 was opposed by an enemy 60,000 strong who had occupied Minden, but which by a series of skilful manœuvres was brought to battle under somewhat more favourable terms on August 1.

By misunderstanding of an order the British 12th, 20th, 23rd, 25th, 37th, and 51st Foot, followed by some Hanoverian battalions, advanced straight on the masses of French cavalry who were protected by the cross fire of artillery. They pierced the lines, drove off four cavalry charges and a brigade of infantry, forcing back the whole French Army in disorder with the loss of 10,000 prisoners, 17 colours, and 45 guns, their own losses amounting to something like 30 per cent. The completeness of the victory was only marred by the failure of Sackville, either from lack of nerve or from antipathy for the Commander-in-Chief, to throw in the British cavalry
in spite of his repeated orders to do so. This deplorable person, as Sir John Fortescue calls him, was duly cashiered, but turns up later in history as Secretary of State for the Colonies when his ineptitude contributed largely to Burgoyne’s disaster at Saratoga.

The command of the British and Hanoverian contingent now devolved on the Marquis of Granby, a popular hero whose portrait is to be found on the signs of many of our public houses. Under his leadership the cavalry at Warburg (July 31, 1760) successfully wiped out the reproach of Minden and further enhanced their reputation in later engagements. The battle honour “Emsdorff” borne by the 15th Hussars and a German dragoon regiment commemorates the charge in which they captured a complete French infantry battalion. Apart from Minden, only one other distinction is borne on the colours of the infantry for this campaign. The 5th (Northumberland) Fusiliers were granted the battle honour “Willemstahl” for their conduct in that battle on June 24, 1762.

The war in Germany was one of reverses as well as victories, and when in 1762, to our no great credit, we made a separate peace, things seem to have been, so far as the Continent was concerned, much as they were at the start.

In 1780 appeared the second edition of Dr. Donald Monro’s Observations on the Means of Preserving the Health of Soldiers which supplies some information on the medical organization of this campaign. The author was the son of John Monro who had served as a surgeon in the Army of William III, and later, when Professor of Anatomy at Edinburgh, lent his help to the wounded after the battle of Preston Pans. His grandfather, Sir Alexander Monro, fought on the King’s side at the Battle of Worcester. He took his Edinburgh M.D. in 1753 at the age of 26, and the L.R.C.P., London, in 1758, when he was on the staff of St. George’s Hospital. He was gazetted an Army physician in December, 1760, and served in Germany for the next three years. In the summers of 1778 and 1779 he was physician in charge of a large camp formed at Coxheath, near Maidstone. He was F.R.S. 1766, and F.R.C.P. 1771. He died in 1802.

During the campaign both regimental and general hospitals were employed, but during the four or five months when the Army was in winter quarters houses were hired by the regimental surgeons and the general hospitals were normally closed down, some of the senior members being detailed to garrisons as consultants. The physicians who had charge of the general hospitals regarded the Physician General of the Army as their chief, in this case Dr. William Mushet. The Directors of Hospitals, of whom Monro mentions two, Mr. Robert Cathcart and Mr. Philip Burlton, were really purveyors charged with the placing of contracts.

1 William Mushet, M.D.Camb., F.R.C.P.Lond. Present at Minden and received the thanks of Parliament. [D.N.B.]
2 Philip Burlton, staff surgeon, Germany, 1758. Inspector Regimental Hospitals, 1760. Inspector General and Chief Director of Hospitals, 1781 [Johnston].
G. A. Kempthorne

selection of hospital buildings, etc., but he hints that being at headquarters they acquired undue influence in the posting and control of the medical staff. He strongly deprecated the habit which had recently grown up of appointing "some physical person" to be both director and purveyor, as the temptation to acquire wealth at the expense of the sick soldier was almost irresistible.

Upon entering the field, the patients in the regimental infirmaries were transferred to a general hospital, but the surgeons usually had with them a proportion of tents which could be pitched in rear of the camp to receive casualties until transport could be found either to carry them back or to bring up the Flying Hospital. On the eve of the battle of Minden orders were given for the Flying Hospital at Drakensberg to be moved up to Petershagen, about 5 miles in rear. For this move the river Weser was available. Unlike the unit so named in William the Third's Irish campaign, the Flying Hospital does not seem to have had its own means of transport. Staff surgeons took the field with each brigade, and one or two physicians and an apothecary were attached to the headquarters.

The writer has found no records of complaints regarding the treatment of the patients in the general hospitals such as are found during the war of the French Revolution, but then, and for long after, the sufferings of the wounded during transport over broken roads was one of the greatest horrors of war.

Unless he was specially allocated for surgical cases, the head of a hospital was a physician. Next to the physician and surgeon ranked the apothecary among whose duties were the care of the medicines, the inspection of the wards and dinners, and the supervision of the dispensing done by the hospital mates. The mates attended at 8 a.m. at the apothecary's shop to make up their own medicines and then accompanied the physician or surgeon round the wards to take down prescriptions or take their orders. They bled the patients as required and performed the necessary dressings. Two were on duty all day in the apothecary's shop to receive patients and for these Lord Granby authorized a joint of meat daily and a bottle of wine. Their pay in 1758 had been raised from 2s. 6d. to 3s. 6d. The purveyor performed quartermaster's duties and was responsible for preparing the sick returns.

Monro says that "as men in time of service are often apt to saunter in and about hospitals and learn all manner of debaucheries and lose all sense of discipline, a military inspector and convalescent duty officers should be appointed in every large hospital." The inspector in his own hospital was Captain Douglas, "esteemed a good officer and much afflicted by the gout." Among his duties was the arrangement of billets for convalescents, and the officers under him were frequently employed in command of men returning to their regiments; a most unpopular duty. The author urges the desirability for purposes of discipline of giving the medical staff military rank.
The duties of the matron or head nurse call for no particular comment. Among the duties of the "common nurses," usually soldiers' wives, was the obligation to keep themselves and their wards extremely clean and not to throw nastiness out of the window. Every morning they sprinkled the ward with vinegar and fumigated it with the smoke of wetted gunpowder. When the "physical gentleman" visited cases of malignant fever the nurse held a bowl of camphorated vinegar under his nose for his protection. Nurses guilty of great neglect of duty, drunkenness, or stealing the effects of the dead, were put in the guard room, court-martialled, and confined, whipped, or otherwise punished. Patients on admission were washed all over or put in a warm bath and afterwards had to wash their face and hands daily and their feet occasionally. They received clean linen twice a week.

The full diet of a patient in hospital was: for breakfast, water gruel made with oatmeal or rice with or without a little sweet oil or two spoonfuls of wine; for dinner, a pound of boiled meat; and supper, as for breakfast. One pound of bread was issued daily to each patient. For drink small beer, barley water with two or three spoonfuls of brandy, or sweetened wine and water. It is presumed that such vegetables as were obtainable were mixed with the stew. The cost of a soldier in hospital was reckoned to be 1s. 2d. a day, towards which 5d. was recoverable from his pay.

To avoid overcrowding, convalescents were usually put out into billets, but at Osnabruck, in April, 1761, a convalescent hospital was formed, where the full diet of three meals was served in a dining hall. The men were strictly confined to the building, but those able to do so were marched into the country for half an hour or more daily. We meet these hospitals later in the Peninsular War where the maintenance of discipline proved beyond the power of the convalescent duty officers, and the patients were constantly found drunk in the streets of Lisbon.

We learn something in Monro's book also of the soldier out of hospital. The men were still clothed by their colonels, who were entitled to make what profit they could out of the transaction. The cavalry had the advantage of possessing long cloaks, but, except for a proportion of watch coats issued in some regiments, the infantry were unprovided for. He considered a flannel waistcoat, a comforter, and a second pair of boots and socks most necessary. The issue of two blankets per tent was a comparatively recent innovation. Straw was laid on the ground, and, when under canvas in the winter, the tents might be thatched or the earth excavated and covered in with hurdles.

There was an allowance of one pound of bread a day and the regiment contracted with a butcher who took his animals into the field and felled them at a fixed price. The men were grouped in messes, each of which was compelled to take their portion, which was paid for out of stoppages from pay. The best conducted regiments retained their butcher while in
winter quarters and saw that the men took their meat. The more provident colonels also laid in a stock of vegetables for the men to buy in the winter months. There was, however, always a temptation to spend the meagre remnant of their pay on spirits, which were cheap and easily obtainable. Cases of scurvy sometimes occurred.

Among minor ailments, scabies was a common cause of temporary inefficiency. Of the lues venerea he saw comparatively few cases, though he had ample experience of its effects at Coxheath Camp, near Maidstone, in 1778-79. There were the usual number of cases of intermitting and autumnal remitting fever, some of them “degenerating” into continuous fever, no doubt frequently enteric. His description of 800 cases of the latter, with 38 deaths, at Coxheath is that of a typical typhoid epidemic. Cases of jaundice were common towards the end of every campaigning season, and in the winter of 1760 he describes it as epidemic. “Where it appeared in dropsical cases depending on obstructive viscera it was generally fatal.” There were sporadic cases of smallpox and of the cholera morbus, the last evidently very mild.

In the autumn of 1760, when the Army had been camped for four months about the battlefield of Warburg, and both soldiers and inhabitants were reduced to great want and discomfort, there was an outbreak of putrid malignant fever (typhus) and dysentery, which laid waste whole villages. In the winter the regimental hospitals at and around Paderborne were overcrowded, and in many cases extremely dirty and ill-found. On arriving there in January, Monro immediately started to billet out the convalescent patients, with good results; others were moved to Hervorden. In April, 1761, the advance of the French caused the evacuation of all the hospitals to Osnabrouk and afterwards to Bremen, but a hospital at Alsfeld fell into the enemy’s hands. Later there were establishments at Bielfeld and Natzungen. At all these places he claims to have cut short epidemics by insisting on cleanliness, ventilation, and the spacing of beds. The next winter there were cases of scurvy among the private soldiers at Bremen and in the spring many civilians died of influenza. He says that the only military fatalities were among soldiers who remained in their lodgings and indulged in drink instead of bleeding and living low, and who reported sick only after “peripneumony” had developed.

The physicians mentioned by Monro as his brother officers in Germany are Sir Clifton Wintringham (1743), the late Dr. Richard Conyers (1758), Dr. William Mushet (1760), Dr. Thomas Brooke (1760), Dr. Robert

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1 On the report of the French landing in 1779 there were 251 men unfit to march in a strength of about 8,000. Those in hospital included venereal 49, smallpox 85. The 115 cases attending had “mostly ulcers or slight venereal complaints.”

2 Physician General 1786-94.


4 M.D.Camb. 1746, F.R.C.P. 1749. He was Physician-in-chief at Minden.
Knox¹ (1760), the late Dr. John Armstrong (1760), Dr. Robert Miller, formerly of the 8th Foot (1761), and Dr. Richard Turner (1762) who was commissioned as an apothecary in 1756.

The following staff surgeons are extracted from Johnston's Roll: William Young (1756), described as master surgeon, N. America, 1757; John Wallace (1758); Philip Burlton (1758); John Howell, master surgeon (1759); John Barker, from 33rd F. (1760); Edward Vaughan (1760); Henry Sandys (1760); John Ruding, from H.G.G. (1760); James Inglis, from 5th F. (1761); William Pearson, surgeon 23rd F. at Minden (1761); Gilbert Elliott, from 15th Dg. (1761); Abraham Gordon, from Buffs (1761); Francis Edwards, from 1st Dg. (1761); Richard Turner, from 50th F. (1761); Abraham Godfrey, from 3rd Dg. (1761).

In England at this time regular troops and militia were camped at various centres for the protection of the south coast, and the raids made on the coast of France necessitated the concentration of a considerable force in the Isle of Wight.

In October, 1758, following the failure of the attack on St. Malo, all the barns, vacant cottages and available buildings in and round Newport, including Carisbrooke Castle, were taken up for the reception of sick soldiers. The physician employed was Richard Brocklesby, M.D., F.R.C.P., a disciple of Sir John Pringle, who published his Oeconomical and Medical Observations tending to the Improvement of Military Hospitals and the Cure of Camp Diseases in 1764. He found great overcrowding and high mortality, which he succeeded to some extent in reducing. To demonstrate the value of ventilation and adequate spacing of beds he established a hospital in rough temporary sheds in Parkhurst Forest, where the patients throve. Later he persuaded the commandants at Winchester and Guildford to build similar structures to house the regimental infirmaries, and with equal success. Accounts of both Monro and Brocklesby are to be found in the Dictionary of National Biography.

¹ M.D. St. Andrews, F.R.C.P. 1786, physician, Middlesex Hospital.