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R E P O R T S
FROM
C O M M I T T E E S:
EIGHT VOLUMES.

— (3.—*PART II.*) —

ARMY BEFORE SEBASTOPOL.

Session

12 *December* 1854 — 14 *August* 1855.

VOL. IX.—*PART II.*

1854-5.

REPORTS FROM COMMITTEES
R E P O R T S
This Book
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Home Department

1855

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REPORTS FROM COMMITTEES:

1854-5.

EIGHT VOLUMES:—CONTENTS OF THE

THIRD VOLUME.—PART II.

N.B.—THE Figures at the beginning of the line, correspond with the N^o at the foot of each Report; and the Figures at the end of the line, refer to the MS. Paging of the Volumes arranged for The House of Commons.

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THIRD REPORT

Ordered, That a Committee be appointed to inquire into the Conduct of our Army before Sebastopol, and into the Conduct of those Departments of the Government which Day it has been to minister to the Wants of that Army.

FROM THE

SELECT COMMITTEE

ON THE

ARMY BEFORE SEBASTOPOL;

WITH THE MINUTES OF EVIDENCE,

AND APPENDIX.

Ordered, by The House of Commons, to be Printed,
3 May 1855.

521 515 SELECT COMMITTEE ON ARMY BEFORE SEBASTOPOL.

Appendix, No. 17.

Staff surgeons to each division.

Good water an essential after a battle.

One surgeon with a brigade if the loss have been great.

the last man to leave the bivouac at daylight, except perhaps the Brigadier or General commanding. The whole of the reserve carts should be with him, together with an assistant staff surgeon, and such others as may be disposable.

20. A staff surgeon should be attached to each division of the army. He ought to be selected by the General, but should not consider himself permanent. He should form a part of the General's family, and it may be advisable to make an allowance for him, as for an aide-de-camp. On this officer mainly depends the efficiency of a division; he should be a young and vigorous person, equal to anything, and when he does no longer possess the confidence of the General, he should be removed. (His duties are not here stated.)

21. When a battle has been fought the wounded should be, if possible, collected in tents, or in villages, or in a town; the essential thing in all being good water.

The Deputy-general should take charge of the whole. The Inspector-general may remain a few days if the loss has been severe, to approve or to censure. The whole of the unemployed medical staff should be brought up. All the regimental assistant surgeons should be called in, and the hospital establishment of each regiment, viz., the sergeant, nurse, and orderlies, should accompany them, the surgeon alone remaining with the regiment.

22. The staff surgeon of the division should remain with the wounded as long as he can be spared from the division, and if the loss should have been great, one surgeon only should remain with each brigade. The surgeons of artillery should join the general hospital, and the assistant surgeons attached to batteries also, if wanted.

23. The wounded of each brigade and division should be, as far as possible, placed together under the assistant surgeons and hospital establishment of each regiment. The hospital establishments should remain until they can be dispensed with. Regimental surgeons are, in fact, the men for work on such occasions; they understand their business, obey orders, and have an *esprit de corps* that carries them through everything. They never give in, under a staff surgeon who knows his duties, and sets the example of doing them.

24. Medical men are not to be computed according to the force employed, but according to the loss likely to be sustained in the first battle. If a force of 12,000 men should have 1,000 wounded, including officers, they would require (Toulouse being taken as an example and there is no other so good) 52 surgeons, besides four apothecaries or dispensers.

The whole force of doctors being,

Inspector-general	-	-	-	-	1
Deputy Inspector	-	-	-	-	2
Staff Surgeons	-	-	-	-	8
Assistant Staff Surgeons	-	-	-	-	10
Regimental Surgeons	-	-	-	-	12
Assistant Surgeons	-	-	-	-	36
Artillery Surgeons, four batteries	-	-	-	-	5
TOTAL	-	-	-	-	74

Exclusive of four apothecaries, or dispensers of medicine.

Deduct,					
Inspector-general	-	-	-	-	1
Regimental Surgeons	-	-	-	-	12
Artillery Surgeons	-	-	-	-	4
Deputy Inspector	-	-	-	-	1
Staff Surgeon	-	-	-	-	1
Assistant Surgeons	-	-	-	-	2
Absent or sick of the whole medical department	-	-	-	-	3
TOTAL	-	-	-	-	24

If 24 be deducted from 74, it will leave 50, being two less than the Toulouse for the first week, to take a proper and scientific care of 1,312 less than were present on the second week.

25. If a second battle should take place within a few days, the mental surgeons to depend upon, and if the loss were only half the first battle, all scientific treatment would be at an end.

The proposed medical staff is, then, insufficient for the day within a week; yet, in the south of France three large hospitals within four weeks, viz. at Tarbes, Orthez, Toulouse, besides in addition to this, any of the diseases common to the country, much to be feared they will, the medical officers will, in consideration of the utmost importance.

26. If the reports of the Inspector-general of the Ministry of War next should appear to indicate such an evil, 20 assistants

State after a second battle.

If the diseases of the country should prevail.

- Appendix, No. 17. — advantage to volunteer from the regiments at home, some four or five of whom should find themselves promoted to unattached or second class surgeoncies on their arrival at Constantinople, unknown to themselves.
- The General commanding should have authority to call for all the medical men who can be spared from Malta, Corfu, and Gibraltar; the navy may be able, under such circumstances, to take charge of the hospital at Constantinople.
- Medical officers should be under 30 years of age. 27. The Inspector-general may be of any age, provided he is not subject to the back ache, the gout, chronic cough, or other inconvenient derangements.
- All others will do their duty better if under 30 years of age.
- After six campaigns, a larger share of practical labour than anyone else, and perhaps, with one exception, of more responsible administrative duties, I was, at the termination of the war in the Peninsula, 28 years of age. What I could do then, anybody else can do now.
- If an addition be made to the original force. 28. If an addition of 12,000 men be made to the original 12,000 now sent, one Deputy Inspector-general, eight staff surgeons of both classes, and 12 staff assistants. Volunteers, if possible, from regiments, should accompany them, together with one spring-cart for each regiment and six for a reserve; in all 18. Under the belief that 24,000 men will probably suffer little more in one action than half their numbers, if opposed to a superior force.
- Rewards for good service. 29. Medical men will not work well without some hope of reward. The promotion on all death or retired vacancies should be granted to those who have worked; not by seniority, but by desert; the medical inspector and the General commanding must judge of their merits. The director-general at home should not have a veto.
- Preference given to regimental hospitals. 30. In the early part of the Pensinsular war the establishment of general hospitals, in preference to regimental or divisional hospitals, was most approved.
- In the latter part, regimental or divisional hospitals were considered to be most advantageous. General hospitals should be looked upon as necessary evils, becoming even pest-houses sometimes; and, unless under vigorous management, they impair very materially the efficiency of the army.
- Topography, prevailing diseases, and capabilities. 31. The Inspector general should make himself acquainted with the topography, prevailing diseases, and the capabilities of every kind of each place he visits, what it can furnish which the army may require, and the price of each article; so that nothing may be imported from England which can be procured upon the spot on more advantageous terms.
32. The accounts of the hospitals in the Peninsula were made out by the purveyor-general after a form ordered by the Treasury, which form could not be complied with without falsifying every figure in and every voucher and receipt attached to them; nevertheless, these accounts, amounting, it is said, to two or three millions or more, were duly examined in London at a subsequent period, and approved.
- Accounts, how to be made up. 33. All accounts of general hospitals, whether on the field or afterwards, should be made up weekly, added together monthly, and finally settled quarterly, by an accountant of repute upon the spot, never to be re-opened; he should not be a person who contracts, nor one who pays.
- Contracts, &c. 34. The contracts should be approved, as well as the payments, by the principal medical officer of each station, who should also examine and approve the weekly account of each separate hospital establishment of the station, whatever may be their number. There is little difficulty in doing this, if the principal medical officer have a clerk who understands accounts, and a deputy purveyor who is willing to do his duty.

G. J. G.