

BL12 Add Mss 45820-27, 635 pages

Add Mss 45820, drafts on hospitals, Adam Matthew reel 44

draft, ff1-2v, pencil, text very faint in parts;

Source: Undated notes, Add Mss 45820 ff1-2 (is this from a meeting? Or notes from an article?)

Roberton. *Bordeaux Hospital* 710 beds. Ventilation. Corps de Batemens as in Lariboisière, 38 in each ward, two storeys. Windows *opposite* each other & not opposite the beds. Ventilators finely perforated, greater without very high up, so that no draught comes down: five on each side.

Middlesex Hospital. Terrible draught no ventilation but nature's ventilation fit for *sick* wards. Curtains, but no testers to bed & up to the ceiling, not windows on one side & dead wall on the other....

Night & early in morning time for bad atmosphere. Open fireplaces or open stores only sanitary method of warming. Eating room for convalescents.

Secours aux Blessés or accident rooms in large cities, in order to have the large hospitals out of town.

f1

Roberton

Ventilation

Bordeaux Hospital 710 beds

Corps de Batemens as in Lariboisière 38 in each ward

ditto

2

stories

Windows *opposite* each other & not opposite the beds
& up to the ceiling - not windows on one side &

dead wall on the other

Ventilators finely perforated zone X - greater without very high

up= so that no draught comes down: 5 on each side

{in left marg:}

x with very

[illeg]

to prevent

Middlesex Hospital *

Terrible draught no ventilation but nature's ventilation fit for *sick* wards

curtains but no testers to bed

{in left marg:}

* or plate

of finely perfo

rated Tone

over a pane

of glass full of small

slits in each window

Night & early in morning time for bad atmosphere

open fire places or open stores only sanitary method of
warming

eating room for convalescents

Secours aux Blessés or accident rooms in large cities

in order to have the large Hospitals out of town

Great saving of human life wd be effected if Hospitals instead of being crowded palaces with layers of sick were iron villages of cottages with one or at most two Patients in each room - taken down & rebuilt if possible, being iron, every few years is important for Hospital Hygiene -

little gardens to provide means of recreation & exercise for Patients

mortality in Lying in Hospitals both as to mothers & infants higher than among women confined at home The larger the Hospital (of any kind) the greater the rate of {in left marg:} Confusion

A mortality - accordg to our present mode of building where the impure air of any one ward diffuses itself by corridor & stair cases thro' the whole Hospital has overcrowded Hospital, chance of recovery at home much greater. ceilings & walls to be painted & highly varnished in order to prevent the imbibition by the plaster of efflorescing which happens with lime washing & to allow them to be the {folio continues:}

{f1 continues:}

more readily cleansed

discharging shaft in the wall, which by a sliding cover, by which all dressings &c are at once passed to the wash-cellar.

confounding sick wards & dormitories- in the latter, cubic space all that's is required - in the former renewal of the atmosphere - but never less than 2000

ft cubic space -

f2 {blank page}

f2v

Hospital System of London

workhouse infirmaries ought to be more liberal

Hospitals less extravagant

London 4000 beds 40000 patients £175 000

Paris 7000 90000 £165 000

French centralization however too much praised as beneficial

But London Hospitals might be rendered at least twice as useful. [end]

f3, note, pen in JS hand

f3

Points as to proposed
Hospital site

1. It should not be on any
low ground.
2. It should be at least 90 or
100 feet above the Thames
to escape the river dumps.
3. The subsoil should *not* be
clay
4. The quantity of land
taken should be sufficient
to isolate the building
completely & to keep future
houses &c at a considerable
distance from the Hospital.
5. It would be advantageous
to have access to more
Metropolitan sewer & to
the water & new Metropolitan
Company.
6. It would be advisable to
separate the convalescents
from the Hospital proper by
a separate institution.

draft, f4-v, pencil

f4 {arch: {1875?}}

De Chaumont: Report on General Lying in Hospital
York Road Lambeth

Cleansing, Disinfection & Preventive Measures

Essential that the old bedding & furniture should be renewed. Scraping & cleaning of walls, ceilings &

floors necessary. Desirable to have the surfaces covered with impermeable material wh wd- admit of frequent washing: such as silicate paint or varnish for walls & ceilings, & caulking & varnishing of the floors or the impregnation of the wood with melted paraffin.

Every ward to be thoroughly cleaned after being used & not used again for some time: & meanwhile freely flushed with air.

Real value of disinfectants:
for clothing & bedding no efficient disinfect but heat applied in a special chamber: for a room or ward the setting free sulphurous acid, Nitrous acid or Chlorine so as to make the air for the time irrespirable. In almost every other case Disinfectants (so called) are little better than deodorants when applied in the ordinary way & their true disinfectant power is only obtained either when large quantities are used or when they are employed in a special way. In some cases a temporary effect of value may be obtained as e.g. when a bed pan or close stool is used

f4v

when the receiving of the discharge into some disinfectant will not only deodorize but also for the time at least cause the arrest of emanations until it can be removed & got rid of -

But disinfectants are to be considered only as aids: & they must in no way take the place of thorough ventilation, proper conservancy, & a scrupulous & unremitting attention to every detail of cleanliness & sanitation

Any Patient strong enough to scrub floors has no business in the Institution.

Every Nurse, servant or attendant about the Institution ought to wear dresses of washing material wh. shd= be frequently washed at the expence of the Instn=.

draft, ff5-9v, pencil {text vert. on page} [16:824-25]

f5 {arch:} [see letter of F.N's to Capt. Galton 7/7/77

Univ. To persons about to ----- Don't pavilion principle of course an improvement: but this admitted as bad as it can be: if it is a necessity to build a Hospl= & Out Patients' Dep. on this site, then it is a necessity to have increased Death rate, increased average time in Hospital & fewer recoveries - very much increased percentage of Hospital disease Out Patients' Dept= & W.C.s under Wards, in fact, in place of a Lower Ward absolutely inadmissible [Are Male & Female

Out Patients to be

in same Waiting Room

[& Out Patients' W.C. to be

[under Patients larder -

The Out P.'s Dept- & more especially the W.C.'s tho' nowhere under the Wards a perpetual nuisance & source of Hospital disease at St. T.'s This is denied by none.

f6

[2]

Post Mortem Room & Mortuary inconceivable over a Ward.
This is far worse than at ~~St.~~ King's- Yet what a
destruction that made.

Kitchen over Wards Servants Hall & Lecture Theatre
!!!

ov
er
Wa
rd
:

Shd= never be in same block:

what a noise

{Noise

over head much more

{objectionable to Patients than

{under

their feet

how are the Patients to be got down from

Operating Theatre & thro' that narrow Corridor:

Operating Theatre shd= be on same level as principal

Surgical Wards.. with a broad Corridor between
&

staircase

Does he call that "Larder" an "adequate provision for
storing provisions
in connection with the Wards"?

f7 {blank}

f7v

I wish the 'occupants of the Mews' would "raise
an objection" to having the Hospital there altogether
as the Hospital won't raise an objection to having the
Mews there altogether.

f8

[3]

Private Wards looking into Mews. Preserve the Patients {Mews here they had much better be as Mews}

in Public Wards
W.C.s not sufficiently outside -

& access from centre Wards inconvenient:

At least put door of adjacent Private Room in corner farthest from W.C.

Is there to be no Slop Sink Bath or Scullery for all those Private

Wards? Are those in Public Wards to be made use} of?

No Nurse's room all over the building -

I don't see where

Where is a Nurse to retire?

Er
ys
ip
el
as
Wa
rd
s
ar
e

What supervision over Night Nurses?

Scullery must have a fire place for heating things for Patients -

nothing cd be kept in that larder

Bad plan to raise up W C & Lavatory. Are male Patients to pass thro' Bath

to get

to W.C. Bath shd= be on one side, W.C. on other: Scullery & Nurse's Room on each side Door

Way then dead, the outside people, & the Live Patients mixed up intolerable

Are there any Dust & Dirty Linen Shoots?

f9 {blank}

f9v

Basement beyond criticism

Coals in an objectionable place

& Patients Lift adjoining

No possibility that Out Patients' effluvia will be drawn off by

furnace

Dead Lift, Inquest Room, Coals, Chaplain Baths & Splints all mixed

up together indescribably

And that horrid mews behind all with ~~buildings~~ "tenements" of the

most inferior description -

You cannot criticize a building

Where Out Patients are in one ward & no Nurse's Room

Post Mortems " in another

an
y
wh
er
e

& Kitchen & Servant's Hall in another

End of blocks ought to be free - as you say {not with that bank of

{Private Wards before them [end
16:825]

draft, ff10-11v, pen & pencil {black-edged paper} {arch: ~~or~~
1880?}

f10

1. Sisters generally discontented
2. Sisters' hours of leaves
3. Ward Visiting: 18 wards a day
¼ hour: ½ hour.

Matron of St. B.'s should have

Assistant in Home, Asst in Hospital

4. opportunity for telling him things before they come to a climax
5. Right to give notice to (or to suspend) Nurses, Probrs= & Wardmaids, & report it afterwards to Commee=
- not to be obliged to ask before-
Let them ask any questions they choose afterwards

Either the Treasurer should be there to be spoken to every day: or she should have this power.

If she has to act on the spot, The Treasurer should support her, even if he does not approve.

If she has not, let her have the Treasurer to consult non officially or his Deputy.

very different thing Treasurer & Commee=

can't report things to Commee= ~~which~~ except causes of dismissal

Matron of St. Mary's power to dismiss the Nurses

f10v

Mrs. Lilly (Charwoman

Add Mss 45820

9

4 North Row

~~Oxford~~ Grosvenor Sq
North Audley St.

f11 {blank}

f11v

6. Matron to have oversight of the whole. She has it in her charge: in reality not. Housekeeper acts independently of Matron. Nothing has been done
7. No rule can be made. Ctee= must have confidence in their officer the Matron. Else things won't work. If they have not, better she should go.
8. Can't keep good nurses because overworked.
 - 1 sleeping rooms
 - 2 scrubbing lockers & tables
 - 3 sweeping wards
 - 4 carrying counterpanes & blankets up to the Wards (laundry people do it at St. T.'s
9. construction of Hospital - without lifts_ without bells_
all the women in Hospl- go across the Square many times in the day in all weathers - some one to have communn= with Medl= Coll.

draft, ff12-13v, pen & pencil

[6:8-10]

It is now a well known ~~almost a first~~ rule: keep ~~that~~ no Patient in Hospital ~~should remain~~ a day longer than is absolutely necessary for ~~Medical or~~ Hospital & ~~Nursing Surgical~~ treatment & Nursing.

And even this may be many days too long. The Patient may have to recover not only from illness or injury but from Hospital

~~If this be true for adult Patients, it is so much more true~~ But for children ~~that one may one may,~~ nay one *must* say

~~almost said~~ keep no Child Patient in Hospital ~~should remain~~ an hour longer than is positively needful-

for Hospital treatment including ~~But~~ trained Nursing. Trained Hospital Nursing is just what one can only have in Hospital: & what no Convalescent or Invalid Home at present supplies.

But where is the child to go?

It is to meet this want that the present Institution is started.

It is proposed to admit children after serious operations or severe Surgical injury like burns which often will not heal in Hospital

children after serious illnesses impairing the Constitution

children threatened with incurable infirmity (not Hospital cases) from want of air, food, cleanliness, cheerfulness & care.

f13 {blank}

f13v

Perhaps not a one person who knows the
London poor but has ~~not~~ asked the
despairing question: what ~~in the~~
~~world~~ to do with a child of one of
these categories?

It cannot go home: for that would be
death or infirmity for life: & life long
pauperism.

It cannot stay in Hospital: for it is getting
no better: & its bed is wanted. All has
been done for it there that can be done.

It cannot go into any Convalescent Institution
for none will have it. We do not give
Hospital Nursing: they say

Yet in ~~wants skilled~~ needs trained Nursing more than ever
before.

Many a child declared incurable has been
saved by skilled Nursing in the country,
when it can get it.

This is an expensive class of cases:

& less than 7/6 a week which does
not cover the cost cannot be charged.
Say number of beds 20

note on envelope, f14-v, pencil

No Patient as is well known should remain a day I had
almost
said an hour longer
in Hospital than is absolutely necessary for his or her
Surgical or Medical treatment

This rule acquires a triple force for children who are
f the most delicate tests of the health of Hospitals: &
also of their ill health -

Remove a child therefore the first moment you can
out of Hospital: that is, the first moment it does not require
constant Hospital treatment

But where? not home: for there, if still ailing, it will have
probably neither fresh

air nor good food nor Medical Treatment nor skilled Nursing -
To a Convalescent Institution?

I know of none which has trained Nursing: which the child

f14v {text upside down}

probably requires at this stage more than ~~any~~
ever before -

It is to meet this want that the present Institution
is started

Perhaps there is scarcely any one accustomed to deal with
London

poor who has not been at a loss what in the world to do
with a sick or injured child

who *must* be taken out of Hospital

where all has been done for it

that can be done: but who is

refused admission into a Convalescent

Home because it still requires skilled Surgical or Medical
Nursing:

~~part~~ & whom it would be death or infirmity for life to send

to its poor London Home. Many a child declared incurable
hasten cures

Then put this is why the proposed Home will be more expensive

7/6

{text in middle of folio:} Miss Nightingale

35 South St.

Park Lane

W.

{vert. in left marg:} by some months' good Nursing

in the country ~~in such a H~~

torn envelope, f15, pencil

{text. vert. on envelope}

f15

~~If this is the case for adults~~

But

If adults should not be kept

in a day, of/for children one may

say, they should not be kept

in an hour -

If a *Hospital* were called

what it really is, a *sick*

town, people would see

that this is not the

place to leave

children in:

children who are

the most susceptible

to disease influences

[end 6:10]

{vert. in right marg:} Miss Nigh {rest of envelope torn off}

f14v

probably requires at this stage more than ~~any~~ ever before
Perhaps there is scarcely anyone accustomed to deal with
London
poor who has not been at a loss what in the world to do
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Home because it still requires skilled surgical or medical
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been cured
by some months' good nursing
in the country
Then put this is, why the proposed home will be more expensive

f15 note on half an envelope
~~If this is the case for adults~~
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If a *Hospital* were called
what it really is, a *sick*
town, people would see
that this is not the
place to leave
children in:
children who are
the most susceptible
to diseases influences.

[end 6:10]

note on envelope, f16-v, pen & pencil

f16

Miss Meyer: poultices records

St. Mary's Sisters £30 to £40

all found {vert. in left marg:} St. B.'s Infirmary

Nurses £20 to £25

& all found

Wardmaids £16

& all found

Laundress at 1/6 £3. 18

Tea & Sugar 2/ 3.

say £7

Miss Lees' ladies Washing 2/6 a week

Do the contract for Probationers

washing at St. Thomas?

At St. Mary's done in Hospital

laundry -

{text upside down:} illeg

250

illeg

_____ at £5

= 1250

625 = 625 Do= at £2.16

illeg

£1875 Total

f16v

Venables? Trained Nurse

National Cooking School

{vert. in right marg:} Send Matron a doz- copies Memo=

so many changes

{upside down:} £10.18.3 Claydon

list, f17, pen

f17

{arch:} [ca May 1881]
Marylebone Infirmary
Notting Hill

Appointed

Miss Vincent age 40
£100 rising £10 to £150
furnished rooms, rations,
washing & servant
Asst= Matron

Miss A.S. Fryer age 42
£50 rising £5 to £70
2 rooms furnished rations & washing

Night Supt=

Miss R.P. Ashbee age 40
£32 rising £1 to £38
Rations, Lodging, Washing, 2 suits Uniform
Pavilion Nurses

L. Ward 39

M.A. Kent 28

S. Jackson 33

M.A. Vousden 35

Miss M.J. Murphy 36

(Liverpool

Workhouse

£28 rising £1 to £32

Rations, Lodging, Washing, 2 suits Uniform

annually

Miss Airy

Manchester Nurse Jordan

f17v, Henry Bonham Carter, re: Wards, scheduled days and names

f17v {F.N. hand left side folio:} food

brain

{down vert:} send of the

papers of
the 3

{F.N. hand right side folio:} Miss

Miss Goodman
suffers from head
not timid slow
& not conceited
Nurse Wand
had not a voice
Barson

very loud

Maggie

Miss Stewart

Sister Arthur

Miss Isla

Stewart

Miss Aston
not quite a
Gentlewoman
more brains
less

domesticated

little

start

witty

not

conceited

Miss Hughes

f18, note, pen not in FN hand

St- Marylebone Infirmary

How comes it that this Infirmary, which has now a training - school of its own and turns out 12 yearly comes to us still for Sisters & Nurses? It does not seem to provide other Poor Law Infirmarys with Nurses. And we do not understand why it is not able to provide itself.

draft, ff19-20v, pencil

f19 {arch:} [re Marylebone Infirmary New Nurses Home] [Dec 1883]

Plans [16:850]

Understood that there are

- 2 Invalid Rooms on 1st- & 2nd floors
with door of communication
- 2 Bath-rooms (instead of Nurses'
Rooms which will not 'do' there)
on *Ground* floor as well as other floor
- Kitchen on ground floor
- rooms all divided by *walls*

Corridors warmed by hot water pipes

Should this not be *especially* at the
end lobbies opposite W.C.s
so that the in-draught of air in cold
weather should rather be from the
Corridor to W.C. lobby than from W.C.
lobby to Corridor -

If more ventilation is wanted in

Nurses' bed rooms, (but with a fire place
& window & door opposite, it appears
sufficient,) one of Boyle's small size
mica flap ventilators close to ceiling

f20 {blank}

f20v

[2]

& entering thro' wall into room=
=chimney

? Lift

? Salary of 'Home' Sister [end]

f21 large table removed from this text

ff22-27, report, unfamiliar hand, [ca 1888], re: Metropolitan Asylums Board, details about the Infirmarys, Fever Infirmarys and Convalescent Fever Infirmary

note, f27v, pencil

f27v

presepis

pay

irregular work for Nurse

Miss Aston is engaged

draft, ff28-38v, pencil

f28

Regulations: Met Asyl Hospl

1 no Matron's Regns-

body without a head

2. no being *trained*

any kind of servant

3. Relation of servants to Patients

play of Hamlet with part

of Hamlet left out

most instructive there Regns=

lucus a non lucendo

Managers & Medl= Supts= like

Eve before she ate of the tree

of knowledge of good & evil -

4 Delightful peculiarities

of Regns= (Sups- Nurses to report

in writing every thing, No of

minutes in each Ward at night,

- to the *Medical Supt*=

f29 {blank}

f29v

[2]

13 hours' writing a day

(Clarissa)

We the vulgar thought

the Supg- Nurse was to

nurse - teach the Nurses

on the spot, & correct

the faults - & ~~give~~ the

Night Supt= give the Report

to the Matron -

The Sisters are the

Day Supts=

Sir D.G. -

What is the Day Supt-

What the Night ?

f30

Homerton

£34 or £36 to £40

separate cubicle

meals separate from Assistant

Nurses } all charge Nurses now trained

uniform

assistant Nurses

£22 a year {vert. in right marg:} Dr. Goodall

Guy's suspends

very active

trained Matrons

Miss Mackenzie

8 hours a week 1 day in month

3 weeks in year Fulham {vert. in right marg:}

epidemi

c of

1,2

enteric

1 scarlet

2 diphtheria

all 4

Homerton

Fulham

Northern

& one more

we get rid of our

inefficients & keep the best

I to see Miss Mackenzie

obliged to have extra Nurses - for

epidemic - chiefly from Lpool & Miss Vincent

f31

[1]

*Assistant Matron (Trained**Laundry Patients' Clothes
Stores**besides 148 Nurses of all sorts
under the Matron -**Charge enormous -**And yet they propose to put her
at a distance from her work
does she see the Porter's book
every morning*~~*How many Patients*~~*what proportion of children?**Housekeeper- ~~male or~~ female**the female shd be decidedly**- under the Matron - The
troubles arising from her not being so**Offices - Matron's are untold**in the centre of her work**Night Supt= in the centre of her**Nursing**2 Night Supts- junior & senior*~~*Is cook male or female*~~ *[one Officer enough**Should be under the Matron***f32** {blank}

f32v

[2]

*Matron shd dine with Charge**Nurses - does not want a dining room*

As

*If the kitchen is not under her, it is doubly necessary**Assistant Matron with**Nurses (? & Probationers**change & change about**of course ~~all don't~~ they all**dine in two relays**Should be**Is there a Nurse's kitchen?**under Matron**You don't get even if you give**higher wages the same class**of women as if you make**them ~~the~~ in a Mother's charge of their Wards**the key. You must have quite other**motives than that they have no other place**to sit down to keep them in their Wards***f33**

[2a]

*A charge Nurse has to influence**& the Matron thro' her Staff**Nurses day & night, Probationers or**Assistant Nurses, Ward Maids,**or what answer to them- Patients**& the whole tone of the Ward**depends on her- She is there**always- Medl= Supt- can't be-**even if it were desirable**Even if it is thought best**that she should sleep elsewhere,**she must (this is must, not may)**have her own little room off her**ward- to settle her diet sheets**in- have a cup of tea- she**can't always go away to tea.**Your Met- Asylum differs from**all Fire in her Bed room**Cup of tea in Ward- Kitchen**This is rather more necessary in**Fever Asylums than elsewhere-**than in General Hospls- or Poor Law**Infirmarys, because in no Hospital*

f34 {blank}

f34v

[2b]

is such a proportion of *children* -
 or such a proportion of *acute*
 cases - fever & diphtheria have
 always an acute stage - the
 sequelae of measles are ~~illeg~~
 often bad

typhoid requires most care in
 convalescence

so many *isolation wards*

4 wards - 1 bed 8 of 4 beds

Isolation Wards - difficulty

Rooms for a Charge Nurse

& a very capable one

12 Genl= Wards

20

Chapter 20

& 12

f35

[3] 5 Assistant Physicians

you see you have not *Resident*

young men Doctors

These tho' they may make a

difficulty are a resource

in *keeping up the tone* IF

the Matron & Charge Nurses

are really what they ought to be

in such a charge

Students

You have *no Lady Resident*

Member

Manager

Matron's Office should be

central

Advantage of her rooms are/being

near entrance - are they to be

altogether out of the building? impossible

WARD MAIDS Indies

EXTRA NURSES

f36 {blank}

f38v

[6]

We object to *day-room*

Tricks played - must
be under strict supervision

Telephones

Telephone for father & mothers

coming to enquire after
children

No= of Probationers

to Wards

{vert. left marg:} to cure disease

draft, ff39-43, pen & pencil

f39

Metropolitan Asylums: Nurses' Accommodation [16:928]

1. The first "accommodation" to the Matron must be ~~a~~ one or two trained Assistant Matrons - or one & a Housekeeper.

It is perfectly impossible for a Matron (who has ~~Disinfection~~ Laundry man to try on Patients/3 or 4 women Clothes, Stores under her, † besides ~~140/139~~ 128 Nurses, of all sorts, † under her) to do her duty to the *Nursing*, to be a real Supt= of Nurses, without ~~an~~ one or two Assistant And she ought not to have the disinfection to do - but the

Housekeeper

It is an enormous charge

[And yet they propose, do they? to put her at a distance from her work]
There must be a "Home Sister" to the Nurses' Home, who should have a Bedroom & Office] Probationers & Night Nurses to sleep in the Home

The Housekeeper in the home should be decidedly under the Matron - No end of troubles arises from the contrary

The ~~cook~~ laundress of course must be under the Matron who has the laundry.

But should not all the women- Servants be under the Matron? It is a poor place where women-Servants are not under the Matron

Offices: Matron's in the centre of her work- with Assistant Matron's & Linen- room (& perhaps Charge Nurses' Sitting & Supper room) all together

2 Night Supts-: senior & junior - with one Office, where they meet in the night: central a Supt- should always be present at a death

f40

[2]

Matron needs no Dining - room.
She should dine with Charge Nurses.

As the kitchen is not under her, it is doubly
necessary that she should see their food -

Assistant Matron sits at the head of
Nurses' table- But the two Matrons change
about.

All dine in two relays - of course
Many good Supts- Of Nurses prefer that the
two tables should be in *the same* Dining-room
But this is not imperative-

Should there be a Nurses' kitchen? under
Matron? Yes: for the sake of providing variety
But the Kitchen (General) might be under the Matron.

~~New~~ Charge Nurse's room off Ward -

However high your wages, you do not get
the same class of woman, ~~as~~ unless you
make her Ward a real mother's charge to
her - You must have quite other motives
then that they have "no other place" to sit
down in to keep them in their Wards-

The Charge Nurse is the key to the whole
position. The Supt= of Nurses has to influence
thro' her the Staff Nurses, Assistant Nurses or
Probationers, Patients, Ward Maids or whatever
answers to them; & to keep up the tone
of the whole Ward. If the Charge Nurses

f41

[3]

are turned on like water from a cock,
or like charwomen, they cannot do this.
the whole tone of their minds is different.
Even if the C. Nurses sleep elsewhere for
health, they must (this is *must*, not may]
have their own little rooms off the Ward
- & they must be allowed to have a cup
of tea there - they can't always get away
to tea or their bed- rooms - which
besides are *so small*- And every woman
requires the recreation of being alone for
a minute sometimes. They ~~will~~ work
all the better

This is rather more necessary in Fever
Asylums than elsewhere, e.g. General Hospls
& Poor Law Infirmaries- No where else is
there such an immense proportion of children
or of acute cases (fever & diphtheria) - No where else
is there such a strain upon the Charge Nurse.

Sitting Rooms -

Give a sitting room to Charge Nurses &
with a piano - & one to Nurses too, if
you like it. They will probably take
tea & supper in it -

But again I must repeat more than one of our BEST
Sisters (Charge Nurses) left our best Poor Law
Infirmary for no other reason than that she
could not have her little room off her Ward.

f43

[5]

Day- rooms for Patients are objectionable unless under
strict supervision of their own Patients
play tricks & retard their recovery.
There seems no supervision or discipline
for the mob of Nurses out of the Wards
St. M. Infy= has more good supervision &
moral discipline than any but the very best
Hospitals- It is no use training at any Hospl=
that will take them

Telephones glad to see them named
At Edinburgh they have Telephones for fathers
& mothers coming to enquire after their
children after their day's work at a
distance. Telephone is set to work -
And a Charge Nurse attends behind
a bar to give them news-

Matron's Rooms- Some Matrons like to have
their own rooms near the entrance- their
Office always central- A large Pavilion
Hospital is such a strain - when it has,
as it ought to have, only 2 floors.

[end 16:930]

note, f43v, pencil

f43v

Assistant matron
 & Housekeeper or two Assistant Matrons
 2 or 3 women P. Clothes
 Patients' Clothes
 not a Department but a
 Hierarchy of individuals

{left. marg up diag:}

Groceries
 Stores of Beef
 & wine shd be
 managed by me
 done

Steward {up diag all over folio} all right
 every Nurse seen by

Matron

every day

evening off once a week

Night Nurses}

& Probrs= } in Home not supper
 or

prayers

timed out &
 timed in
 Book at Gate
 taken to Matron every

morning

Central Training School
 won't answer

f44 [from Miss K.H. Monk] re: Objects in View, to obtain more
 efficient workers is to have work directly under the Sisters
 supervision, all Nurses should have equal advantages with
 experience, less fatigue less illness, brighter spirits better
 work, more time for recreation advantageous to the work

f45, chart not in FN hand, re: Plan of System of 4 hours off
 duty

f46, printed chart and filled in by hand, not FN, re: schedule
 chart of Kings College Hospital

Add Mss 45820 33

(2 Night Sisters £45) 4 sisters 12.10

£21.16

£23.16 8 Scrubbers

Kings Coll 177 a day
St. George's ~~353~~ undertaken by St. John's House
14 £32 to £40 28

22 onl
Y
12+

315

£12
+
£20 to £25 £22
to £28 now £2
Washing

Night Supt coming

£45 to £50 into

Surgery

Nurse operation

£25 to

£30 - nursing

Staff

being

re-arranged

Add Mss 45820 34

f48 {blank}

draft, ff48v-51, pencil

f48v

St. Mary's
proposed

7	Ward Maids	£16 =	£112	
	Uniform	2		14
	Washing	2		14
	Board		30.6	212.2

				£352.2
6	Probationers	£10 =	£60	
	Uniform	2		12
	Washing	3		18
	Board		30.6	181.16

				£271.16
7	Women	1/6 per day		£191.12.6
	Food /6	"	63	

				£254.12.6
Women & Probationers}		£526. 8. 6		
Ward Maids		352. 2		
latter less by		£174 6 6		

f49

Average No= of Patients to
Nurses

Guy's		5	beds over
Charing +	3	30	22 over
Westminster		6	

no
re
co
rd
of
No
=
of
Pr
ob
at
io
ns

St George's

4

49

Add Mss 45820

35

Univ. Coll.
St. Mary's
St. Thomas'

3
5 ½
4

7

£501. *St. George's*

Head Nurse

£20 increasing
£1 per ann. to £30

Board & Allowances

£1.12 per month with
Bread, 1 pt Beer & $\frac{1}{2}$ pt milk daily

Asst- Nurse

£16 increasing
10/ per ann. to £202. *Westminster*

Head Nurse

£21

Board & 1/ per week
for Butter &
Cheese

Under Nurse

£16.16

3. *London*

Male Wards - Head Nurse

£22 gs to 2 l gs
with 3 to 5 gs gratuity
for good conduct

Female Wards - H.N.

20 to 24 gs

Under Nurse 16 to 18 gs

with a gratuity

Bread Potatos ~~Milk~~
Sugar Milk - Beer
£8.8 per ann= for
Meat Butter & Tea
Crockery 2/6 per Bed

Dr=

4. *Guy's*

Head Nurse £50

Ass- " 30

Head Nurse
1 pt Porter & milk daily
Crockery £2 per 48 Beds
Unfurnished

Apartments.

Under Nurse
1 pt Porter & $\frac{1}{2}$

pt Milk

Furnished

Apartments -

f51*Middlesex*

Sisters £20 increasing
 £1 per ann to £25
 Nurses £14 increasing
 £1 per ann to £18

Board Wages
 8/ per wk- 12 oz Bread
 ½ pt Milk 1 pt Porter
 daily
 2 Gowns per ann
 value £1 each to
 Sisters only
 2/6 per Bed for

Crockery

Haslar & other Naval Hospitals

Orderly Nurses' 1/6 per day & full Rations-

Clothing Uniform Coat, Waistcoat, Trousers
 & Cap, 2 Blouses value £4.3.3.

Female Nurses £20 per ann & full Rations

2 dresses 2 bonnets & cloak £2.5.10

Matrons £50 Rations & apartments -

copy of statement of wages, f52v, pen not FN hand

f52

Copy
Statement of Wages &c of the Head and
Assistant Nurses in the following Hospitals -

<u>St= Georges</u>		
Head Nurse £20 p annum		Board & allowan ces
increasing after 3 Years Service	£1.12.0 p month with	
£1 p annum to £30 -	Bread	1 Pint of Beer and ½ pint of Milk daily
Assistant Nurse £16 p annum		
increasing 10/- annually to £20.		
{vert. in l. marg:} enclosure in FN's writing		
<u>Westminster</u>		
Head Nurse - £21 p annum		Board with the exception of
Under Nurse £ 16/16 do		Butter & Cheese for which 1/-

per week is allowed -
London

Male Wards

Head Nurse from £22 Guineas		Bread Potatoes Milk
to £26 Guineas		Sugar and Beer, - £8.8/-
per annum with a quantity		P annum for Meat Butter & Tea - Crockery 2/6 p
of 3 to 5 Guineas for good conduct		
Bed.		

Female Wards

Head Nurse from £20 Guineas		
to £24 Guineas		
p annum -		
Under Nurse from 16 to 18 do		{illeg}
p annum, with a gratuity &c		

Guy's

<u>Head Nurse</u>		
Head Nurse £50	p annum	without Board 1 pint of Porter & Milk
Assistant do £30 - " -		daily, Crockery £2 p 48 Beds -

{folio continues:}

{f52 continues:}

Unfurnished apartments -

Under Nurse

without

Board - 1 pint of Porter

and ½

pint of milk daily -

Furnished apartments -

P.T.O.

f52v

Middlesex

Board Wages

Sisters £20 p annum

8/- p
week -
12 oz
Bread ½
pint

increasing £1 p ann: to £25

of Milk & 1 pint
of Porter daily

2 {illeg} p annum value £1

Nurses £14 p annum

each to
Sisters only

increasing £1 p annum to £18

allowance 2/6 p
Bed for

Crockery -

Haslar & other Naval

Hospitals

Orderly Nurses -

1/6 d a day and *full* rations -

Clothing a Uniform Coat, Waistcoat Trousers

and cap Two Blouses, amounting to £4,,3,,3

Female Nurses

£20 a Year & full rations, Two dresses, 2 Bonnets

and a cloak £2,,5,,10

Matrons £50 Rations & apartments -

f53, printed St. Bartholomew's Hospital Regulations for
Nurses, Dec 1893, re: regulations for Nurses being trained at

Add Mss 45820

40

the Hospital

note on envelope, f54, pencil

f54

Q. Charlotte's

3 cases came in to
Marylebone- 1 died- ~~all~~ pyeamia
in consequence of being left to go
out of Q.C- before the proper
time at the end of a fortnight
- inflammation
not kept clean

draft, ff55-56v, pencil

f55

Training Schools 3 {3 overtop a '2'}

London Hospl=

tone flippant - Probrs= pick up
as they can in Wards - too little
supervision- Miss Lückes very
clever woman but overlooks too
little. Place too big. Sisters
& management of the old character
Sisters find their own board
except the dinner - pay their own
Charwomen- take Bill to Steward
& their own Extra Sisters/Nurses who
don't sleep in the noise - (with
Matron's leave) - take Bill to Steward

St. Bartholomew's

no Home Sister - no management
of Probrs= at all - sit on stairs
& laugh & are miserable when
not in Wards - no Classes -
Lectures but no time & no
arrangement to write them out

f55v

Special Probrs- have a ~~house~~ home
& a Home Sister (only a housekeeper)
to themselves at some little
distance from Hospl-

Miss Manson arranged that
Sisters also on the old-
fashioned plan for a year
after she has altered a
good deal - great business
qualities, but not a nice
woman.

*Great deal of
talking between male &
female Staff -*
Sister have only their dinner
provided. Charwomen &
Extra Nurses as at London -
Probrs= used to do all the

f56

scrubbing of floors & lockers
&c - but now Stairs women do
that. Nearly all the old Sisters
are gone now - nearly all are new.

The old Sisters
resisted having
Probrs= at all - &
would not help them in the least.

St. Thomas'

only Hospl=
which has a Home Sister -
which has Classes - which
has any organizn= or discipline
for the Probrs= at all -
or any organizn= or testing
for their Ward practice,
whether this is carried out
now or not - in other Hospls=
one Sister may teach them,
another not. It is all left
to each Sister's fancy.

f56v

[At Bartw's- we had to give
the charge of say 16 beds
to a quite raw Probr=]

Add Mss 45820 43

note on envelope, ff57-59, pencil

f57

St. B's	Accepted
10 Candidates	20 - 25
1	26
<u>3</u>	30 - 35
14	

f58

St. Marylebone

Female Block

A & B3 Miss Murphy

Mrs Nichols

A & B2

Ward

Rogers (Miss Twining

Nurse Taylor
A & B1 H.N. Campfield

St. B's

Kent?

Vousden?

Miss Campbell

Constable

Male Block

G. & H3

Miss

Airy

Miss Bird Nurse

Heron

G & H2

Ja

ck

so

n

Miss Pringle

Parsons:

G & H1 Miss

Manning

Ma

le

Mi

ss

Ph

ai

r

f59

London

Probrs

2 hours a day

10 to 10 once a month

a full week each 6 months

at end of 2 years a full month

Staff Nurses

2 hours

10 to 10 every 4th Sunday

½ day 1.30 to 10

once in the month

3 weeks holiday

Add Mss 45820

44

{vert. in left marg:} Sisters' duties

Churchill
Assistant Sisters
4 or 6

notes, ff60-61v, pen [Queensberry House Hospital, Edinburgh.
Was a house of refuge]

f60

illeg]

Queensberry 18 beds
requires 1 Head Nurse
1 Asst- "

Accident & Denison
if only for Accidents not
made a general ward,
if unappropriated,
whilst the Average is
so low of Patients
1 Nurse sufficient

Bartlett, Lansdowne &
Bence 21 beds
1 Head Nurse
1 Asst= Nurse

f60v

Radnor 18 beds
1 Head Nurse
1 Asst=

Pembroke, Feversham &
Westminster 24 beds
1 Head Nurse
1 Asst- "

f61

1 Night Nurse for the
whole building
except under emergencies
1 Cleaner to help in
all the stair= cases &
waiting rooms &c
1 Supernumerary
always in the building
wash for the Nurses
so much per dozen -
dress very desirable

Add Mss 45820

47

murder for fever cases.

f63

-2-

4. Without knowing the average number of Accidents, it is impossible to know whether to recommend an Accident ward or not.

5. Dr. Sutherland will gladly inspect sites, *if invited;* and *if* the number of beds & other particulars, such as he wrote to to Mr. Bracebridge about are determined beforehand.

6. The *draft* plans must be sent me for criticism, which will save them much expence. Send me a mere sketch.

P.S.

The commendation by me in the letter press was put in without my leave. And it was only by threatening that I would expose them for having put in that Para, *without* having adopted all my alterations, that I got some more of them adopted in the building, as now exists. **[end]**

(Sgd.) F. NIGHTINGALE.

Sept. 23/63

note, f64, pen {arch:} [F.N.'s criticism of Plans for Edinburgh R. Infirmary

f64 See request from Sir G Logan in his letter 10 May 73]*General**Wards*

Is it not an acknowledged principle that a Hospital of 2 floors is healthier than one of 3?

draft, ff65-77, pencil

f65 {arch:} [Edinburgh R. Infirmary] [May 10-21? 1873]

Why not all the *Female Accommodation* together all one side
all the
way up?

2nd Medl= Floor

1st Surg- "

Lady Supt='s 3 Rooms

Be

droom unhealthy

Cl

o set is that her W.C.

out of her Bedroom
{vert. on left marg} Office

Ground Floor
W.C. Female

Do

her windows look on

Female Servants' Cubicles? -

These

must be for *Probrs*=

communicating with hers

Steward's Bed- room Window

must

not look into these

The

Splint Room must go thro'

with

window at opposite end

- &

Stewards Rooms outside

Could not *Sick*

Students be warded

in any of the

private wards?

& these Rooms

given up to *Nurses*?

Any how you can't

have a *Nurse*

to herself there.
And you can't

have a *Maid's Room*

by herself on
th
e

op
po
si
te
si
de

next the Record &

Dining Rooms

have put *Chapel*

Students Hall is

How much better to

where *Music Room* is
or where

f66

1st Medl= Floor
Basement Surjl=

women (Nurses)? -

Dispenser's Rooms

rather an excess

Rooms- & very dark

ventilated Store Rooms?

W.C. can ~~only~~ be reached

separate Private Stair ~~or~~ and

in this for the women?

Engineer's Bed room

look into

The Engineer's

distributed

the Porter?

Engineer's House

Porteress who is all

Reception Rooms

{text vert. on left side of page:}

[2]

Could not the whole
one side of Basemt
~~side~~ be for

giving up

to them? -

Is there not

of Store

& ill-

Also to the

by a

& no direct entrance? & only so?

Again the

Window must not

the Work-room -

House must be re-

Scrubbers' Dormitories? ve
ry
un
he
al
th
y
-

Are the Scrubbers women?
And are they to be under

I would give them the

& put the Engineer there
Or I would put = the

by herself near the

when the Porter is.

Are these for Out Patients?
Reception Room

Nu
rs
e'
s
Ki
tc
he
n

Infectious Patient's Room is such
a dangerous nook

{near

top of folio:} very bad

borrowed light

Me
al

f67

3rd= *Med Floor*
2nd *Surg* "

all that side of Administration
Sick Student Wards

too much -

36 Probrs=

themselves

everything

Ward for

Dining

Female Servants
separate
one

Dining Room for Nurses & Probationer
good room for all &
Sitting Room

Office for Lady Supt
on ground floor

gallant

{the above lines up diag}

[3]

I should give up

including

to *the Females*

It is not at all

There must be room for

There is only *for 18*

In St. T's a house to

kitchen &

Then there must be a *Sick*

them - *Bath, Sink & W.C. on
each floor - Sitting Room &*

*Room - & small Office for Housekeeper
same room*

entirely depends

on who leads in each block

Nurse Barnard

sulky at St. T.'s -

f68

[4]

2nd= Med Floor Wards
1st Surg "

Inextricable confusion - of
small

holes & corners- ho
ne
y-
co
mb
-

Have No Convalescent Room -
[Convalescents only

play tricks
X
so fast in Edinbro']

Patients got out

& Scullery

Should be only Sisters Room

third, a

But if there must be a

side Corridor

Small Ward- then ~~only there~~ 3 this on opposite

side

Have No Doctors Rooms or only on opposite

Nor Mattress Room

Corridor

[Mattresses These should never

be kept

near

Wards- kept elsewhere

&

brought up in Lifts.]

Why is not one *Bath-room* at end

of Ward

enough?

{above diag on left side folio:}

Students Hall

in there - why not

put in other side?

Small 6 bed Accident Ward so objectionable -

Of all Wards wants a Head Nurse to itself - & a

Night- Nurse -

And how can you give 2 good Nurses to a 6 bed

Ward? And there is no Nurse's Room -

Why does the Female *Ophthalmic Ward* want *Reception,*
Examination

Rooms to itself

& *Mattress Room*?

[Then how objectionable the *Bedrooms* &c
on intermediate space?]

Why does the *Male Ophthalmic* want *Reception, Operation,*

Convalescent & Mattress Steward?

Add Mss 45820

57

Mattress Dispensing

Stores for whole place

One central

f70

The whole place seems to
swarm with "*Examination*"

Rooms -

There is an "*Examination*"
& a "*Preceptors*" Room

What is this? {this and next line x-out with diag
line}

not for *Post Mortem* s ?

f70v

A fact that you can
actually nurse

Ward of 24

with same staff

as *Ward of 12*

viz. 3 women

aye & gave it better

nursed into the bargain

You can nurse 24 Beds with

the same expence as 14

& you cannot nurse 14 Beds

with less expence than 24

f74

Basement [8]
 Should not Nurses have
 a Kitchen? - yes
 Impossible to put Probationers
 Dining Room out by itself
 next Servants Hall? No
 Why can't Dispenser go to his
 Parlour & Laboratory? yes
 Then there are more Reception
 & Examination
 Rooms?
 2nd Floor Surgical
 more Consulting Rooms, Parlours
 Parlours, Patients Room
 Waiting Rooms, Porters, Holes & Corners

f75

Medical Basement [9]
 4 Convalescent Rooms
 without any possibility of supervision
 whatever
 But if there are these
 I would not have the
 Convalescent Rooms off Wards -
 must have a Nurse
 Also Bath Rooms in Basement
 Male & Female Out Patient
 1 Nurse to 4 1 to 8
 too expensive
 could Nurse a Ward of 24
 as with the same Staff

f76

Roof [10]
 Then there are actually
 2 (five Bed) Wards
 with Nurses' Rooms inside
 in Roof? Men's & Women's Syphilitic
 only on W.C. & Bath - What are they
 intended for?

Surgical Nurses' Dormitories
 3 Night 5 Night
 3 Day or 3 Day

only one fire-place
 except in 2 Linen Stores
 What is "House Maid's Closet"?

Wretchedly cold or hot
 {vert. on left side:}
 Linen Press -
 allotted as wanted
 Bath Room lay on water hot
 & Lavatory &
 W.C.
 & Sink {up diag:} 4 Linen Stores

not necessary
 might be used for Cubicles
 No Store Room

necessary
 into Cubicle
 Stores
 Served out
 once a week
 may be turned
 All Linen &
 will be

f77

Medl= Dormitories [11] 6 Night

6 Day

wretchedly cold or hot
 but one fire- place
 What is "H.M.'s Closet?"

 ===== 3rd Surgl Floor

In the 14 bed Surgical Wards
 the Official rooms actually
 occupy half the Pavilion
 ===== make the Private Ward a 6 bed

Ward

4 Special Wards
 with no Nurses' convenience
 No end of Holes & Corners opposite
 Throw Doctor, Private Ward & Bath
 into a 6 bed Ward
 nice charge for 3 women 20 beds
 Convalescent turn into Warm Kitchen {Ward Kitchen

{into Dr's Room

{vert. on

right side:} unless he wd go away

ff78-79, menu not F.N. hand, re: Carte of Nurses' Dinners
 Edinburgh Royal Infirmary

draft, ff80-86v, pen & pencil {black-edged paper} {text vert. in page}

f80

Liverpool

1. Lady Supt- now Head of the Infirmary: July 23/74
? re-distribute thus

5.
a.
m.

Under

a. Lady Supt=: decidedly *Infy= Matron*
ye trained & training head of the whole of
the Nurses

b. a *Home Sister*: charge of Home: Mistress of
Probationers

to give Classes &c &c

c an Assistant Matron in *Infirmary* {charge of

{linen &c &c

d perhaps a fourth to see people about *private Nurses*

& do &c &c {charge of Nurses'

meals: of variety

{if not already

in Matron's hands.

Infy=: Head Nurses	20	
Probrs=		25

45

District	19
Private Nurses	25

not interchangeable

f80v

2. *District Nursing*: great, unique peculiarity of Lpool post
 a. requires woman of highest training
 supervision
 great powers of mind &
 gentlewoman to cope
 without
 either feeling or inspiring
 jealousy
 with various authorities
 to fulfill incomparably difficult post of *Lady Visitor*
 i.e.
 (*District Supt=* or *District*
Matron:
 - might better call a
Hospital Matron
 a *Hospital Visitor*)
 b. Single: to devote whole time to the work
 c. to live in Home principally
 un central position of Home more than compensated
 by being thus in daily commn- with *Infy= Lady Supt=*
 to reside occasionally & successively at each one of the small
 Homes

f81

d. Of course to report to *Commee= & Secy=*: but as a *Commee=*
 e. Nurses are trained, selected, appointed, paid & dismissed
 by *Infy= Lady Supt=* -
 vital importance that *she* should be in constant relation
 with *Lady Visitor* who is in fact her *District*
Assistant
 now on acct= of gross things: Nurses drinking or bad
 characters
 - no doubt of their dismissal then -
 But how possible that payment, & continuance or
 discharge of D. Nurse by *Lady Supt=* be anything but
 mere name without responsibility
 how known whether they are nursing or not in any real
 sense of the word
 if *Visitor* does not visit & *Supt=* does not *superintend*

f81v

that is if 1. Visiting Supt is not a first rate Trained
 Nurse
 2. & if her whole time is not devoted to her
 overwhelming duty
 3 & if *she* is not in constant relation with *her* head,
 & the real head & Trainer of the Nurses, the *Infy- Lady Supt=*
 [indeed, ought there not to be so or at least 2
 Trained Visiting Supts=, dividing Liverpool between

them: besides Matrons over Homes of 4 or 5 Nurses=
& system of tickets or checks, by means by which
Nurse may nurse & not give]

f82 [13:732-33]

[2] *Liverpool*

- f. Have not District Nurses a constant tendency to degenerate into mere agents or District *Visitors* of *their* local Lady Supts=?
- g. Are they *Nurses* to *Doctors* in any sense of the word? indeed, is there *any* real relation between Doctor & Nurse in care of Patients? For any practical purpose or carrying out of Drs' orders, might not Dr. as well be at N. York? or local Lady Supt-be Dr.?
- h. Do not the District Nurses want re-tempering in the *Hospital* at least 3 months every 2 years? or if they stay so long every 7 years for a year?

Supposing D. Nurse most perfectly trained, is it possible that she

f82v

- can keep up: 1. no trained Lady Visitor
 2. " " local Lady Supt
 3. no practical obedience to Dr.
 4. no trained supervision at all

Must it not be a miracle if D. *Nurse nurses*?

- i. D. Nurse 1. to devote herself to her work
 2. take no lodgers
 3. have no children of her own living
 with her
 4. live in *District Home* under Matron
 5. not give
 any more than *Hospital*

Nurses do

~~but~~ let *Nurses nurse*

f83

k.

D. Nursing bear- garden: not system
 D. Nurses not Army but rout
 without trained supervision

- l. Every man's hand seems against it
 Lady Visitor practically almost irresponsible
 or if responsible at all responsible *not* to *Lady Supt*=, head of Nurses- but to *Secy*= -
 embodying that impossible principle
 of having *Lady Supt*=
man Supt=
 side by side *joint* heads of *Nurses* -

f83v

Future Miss Merryweather must either be reformer, in which case she must either die in success- or break her heart in failure- or she must be a second rate person who will (only) conscientiously carry out the lines laid down for her.

Miss M.'s own want of training has saved her life. Not knowing what a *Nurse should* be she has not died of their defects.

f84

[3] *Liverpool*

Could I ask Miss P. or Miss W. to take the post without the changes suggested? Are they likely to be made?

Could I ask either to fight the losing battle? If Miss M. took responsibility of initiating 2 Sisters herself (Notcutts), very different thing to our recommending a Lady Supt= - might answer much better than much higher woman.

f85

[4] *Liverpool*

D. Nurses supposed to nurse 6 hours a day: sometimes have 50 cases ~~a day~~: & neglect them:

sometimes only 13: & 2 dressings:
some give only 1 hour a day:
some: only Nursing to give away Beef Tea:
"they can't make sick people: they really have not enough to occupy their time".

Not enough to occupy their time!!!
But then it requires a much higher class of woman to be District Nurse.

Some fall into intemperate: some into unchaste habits.

Three have been there 14 years: came before Miss Merryweather
1 " " " 8
several 7 years

If they lived in a District Home, one told off for a day to do Sick Cooking, clean Kitchen, for the rest.

[Local Lady Supt= raise funds for district.

Only one Local Lady Supt- (an orphan) takes a house

f85v

& lives in her district
 & has proper relations with her Nurse.]
 Even in the one District Home, these Nurses don't find
 enough to do: there is not enough to do to occupy
 this class of woman.
 D. Nursing a failure on account of want of connection
 with Dr. Dr gets out of Nurse's way:
 won't send for her, except for
 operations:
 after Nurse Nurse runs after Dr. not Dr
 Nurse: Dr. won't write on slate for
 nor fix a time
 Nurse sometimes goes to Parish Doctor
 at his time for receiving Patients.

f86

5 District Homes	Nurses	
there should be	4	
		4
'each' to all the numbers}		4 each {lines going from
		4 each under little
		Matron
		<u>3</u>
		19

District Matron

over all-
 Nurse to give a 'Bon' for what nourishment &c she finds
 wanted: & for
 bedding: on ~~District~~ little Matron of District home.
 No special training to District Nurse:
 she goes her own way.
 Should not the District Matron go every day with a
 new Nurse her rounds at least for a month?
 But is there no induction of the D. Nurse at all
 into her duties? No: Nor any rules hung
 up in

Patient's house -
 District Matron should report in writing once a week
 at least to Lady Supt= once a
 month
 cases &c to Committee

f86v

Liverpool Infy- 250 beds

Westminster Hospital loses all the cases:

(which go to St. T.'s)

4 Nurses (2 Sisters: not ladies) quite young: she has sent to
Netley (Night duty)

1 a fallen governess [Rose]

D. Nurses do most good in reporting (thro' Lady Visitor)

Sanitary defects to Dr. Trench Officer of Health

[end 13:733]

draft, ff87-100, pencil

f87

Lpool proposed new R. Infirmary

Private & Confidential

13 sheets

Please

return {2 words up diag}

Dec/85 [16:876-80]

f88

Dec 16/85 *Proposed new R. Infirmary Liverpool* [I.]

PRIVATE {up diag}

The Pavilions appear far enough apart & not
~~too~~ high enough to shut out sun from one
another - a point of great importance -

[In the most recent & largest Pavilion Hospl=,
Edinburgh, the Pavilions are too near, 88 ft -apart,
& the walls too high, 63 ft - & they shut out
sun-light-]

The fact that the Liverpool Wards are to
be on only *two* stories is a most desirable fact

The Pavilions being to the *South* of the
Circular Wards, it must be ascertained, ~~and is.~~
~~I believe, ascertained,~~ that they will shut out *no*
sun from the *Circular Wards*.

// On the score of discipline there should be one
entrance only

The Out- Patients' Department, tho' it is
understood to be, as it ought, only for those
going into the Hospital/ or who have been in

f89

[2]

the Hospital should be as much as possible
detached from the Hospital- And care must
be taken that no nuisance arise from its
W.C.s &c to the Hospital proper -

Should it be thought very desirable, it
might have its separate entrance: only to be
opened at Out Patients' hours

// *Administrative Block: Nurses' floor*

A great desideratum that their windows
should not have a N. aspect:

that each Nurse's room should have a fire-place
- a very small Scullery with fire place is desirable,
tho' not necessary: [a poultice or warm drink might
be wanted at ~~night~~ going to bed, which wd= prevent
a cold degenerating into an illness]- 2 Baths, 2 W.C s,
[into?]

2 Slop- sinks, necessary for the Nurses, beside the
Supt'-s W.C. & Bath

// It is ~~rather~~ undesirable having the great Kitchen
over their heads - & there is a prejudice in favour
of having a Kitchen for a great Hospl= *on the ground*,
but this seems overruled by the circumstances of the
ground

[2]

f90

[3]

It is understood that the Night Nurses, Night Supts=,
Probationers, (? Ward- maids) sleep in Nurses' Home
- & the Sisters in Sisters' Rooms

that the Nurses &c &c dine in their Mess- room

on the same level as the Kitchen - --? Do they
take *all* their meals there?

that there is a covered way for the Supt= &
Nurses from the *Administe* Block to the
Hospital -

[the Supt-'s Office & Linen Room in the Hospital
are good]

that there is a small Central Room for the two
Night Supts= in the Hospital

that the floor of the Nurses & Supt= is cut off as
completely as possible from the Medl- Officers'
floor - in Administe Block -

that there is also a covered way from "Nurses'
"Home" to Hospl= - Is there an entrance for Nurses?
from this Home?

[3]

f91

Dec 15/85 *Proposed new R. Infirmary* *Liverpool*
Circular Wards 56 ft diameter [II]
 18 beds 13 " height
 112 " to each bed

superficial area (136 " taking in whole of Ward

- which is

not fair] 1668 " cubic feet to each

bed
 9 ft from head to head of beds - from *middle* of bed
 7 " " foot to foot " - from *middle* of bed
 foot to foot

4 " from ~~side~~ " ~~side~~ of beds - from *side* to *side*

This is too narrow - especially taking into account the swarm of Students, eating up the air.

// Diameter too great (56 ft) for centre of Ward ever to be flushed with outside air - or to be reached by sun -

f92

[2]

Pavilion Wards
(32 beds)

28 ft width

13 " height

to each bed{ 112 " sup. area

{1456 " cubic space

8 ft. from ~~centre~~ middle to ~~centre~~ middle of bed

5 " between the beds

3 ft 6 inch window

It is

understood that all the cases are acute
or severe

In Edinburgh R. Infirmary where this is the
case (the latest built Hospital on a large scale)
there are

153 superficial feet to each bed

2300}

to } cubic

"

"

"

2500}

[Cubic space should never now be *under* 2000 ft for *Hospitals*
proper And

as this must not be taken out of an undue height
or width (or diameter) of Ward, it shows what the
superficial area shd- be]

f93*Circular Wards*

The objections to these appear unchanged:

to wit

the centre of the Ward must always remain
unsunned & unswept by fresh air from
opposite windows -

the space in central area is too large -
between beds too small -

a large amount of superficial area exists which cannot
be reckoned for Patients

they are too far from the fires

[the 4 open fires are good: it is understood
that ~~there is to be~~ hot=water=warming besides
is necessitated -

the windows are good - down to 2 ft 6 inch
from floor - & up close to the ceiling -]

but too {overtop of 'so'} far for Patients to look out of
opposite
windows

it is quite a walk for the Nurses from Centre
of Ward & from tables round centre to beds -

But the very serious objection is that there
is no Sister's Room & Scullery, both with
inspection - windows into Ward - there may be

[6]

f94
 if these were added [2]
 a window high up, admitting Southern sun
 over Sister's room &c, I understand, into Ward
 Would a Circular Ward be as easily supervised,
 it there were a Sister's Room & Inspection Window
 from it as a Pavilion Ward?
 [7] {overtop '13'}

f95
 [III] *Proposed new R. Infirmary Liverpool:* [Wards
 It appears that the "instructions" of the Medical
 Staff were: - to each Visiting Surgeon
~~1 War~~ some 32 Men Surgical Patients
 some 18 Women " "
 the whole under one Sister
 - to each Visiting Physician
 some 18 Men Medical Patients
 some 14 Women " "
 the whole under one Sister
 [exact numbers not vouched for -]
 The objections to dividing up the Women's Medical
 Pavilion Wards are considered farther on -

N.B.
 There is a great objection to having a Man's
 & Woman's Ward under the same Sister
 for obvious reasons- No excuse of any kind
 should be afforded for any one, except the
 Medical Staff, to communicate between
 Men's & Women's Wards- If a Sister belongs to
 both, an excuse may be made to fetch her
 from the other Ward- In well ordered Hospitals, the
 Nursing Staff is never allowed to go into any but its own Ward
 [8]

f96

Liverpool 1st Floor [III]

Operating Theatre on Basement seems awkward for
Patients- the Surgical Men Patients having to go up two
flights- Is the entrance to Surgl- Ward wide enough?

Thornton Ward Block

W.C. } lobbies seem very good
& Bath}

Administn= in Nursing matters, of this Block, very difficult
[Circular (Surgical) Ward appears included ~~in~~ under same
Nursing Staff]

The "Sister" is divided from Circular Ward by Corridor, Lift,
Chapel - from Thornton Ward by 3 *Separation* Wards -

No supervision of Circular Ward, either by night or day, is
possible except by a person actually *in* the Ward -

It is separated from main Corridor by quite a length of rooms

Its Scullery even is at a certain distance

The *same thing* must be said of the *Thornton Ward*

The same thing may be said, only more strongly, of the
next (middle) block.

The Sister & Nursing Staff have to pass thro' a Ward of

14 beds (& a Lobby) which Ward thus becomes a
passage room, to reach the further Ward, which is
inaccessible to supervision: & which will in its turn
become a passage room to much that will have to be
carried to the further Bath-rooms, Lavatories & W.C.s -
(altho' there *is* a Bath ~~to~~ just opposite the Lift)

It is sometimes preferred that the Scullery & Separation
room

6a

[9]

f971st Floor [2]

should change places (in the Pavilion block) because
then the Ward can be overlooked from the Scullery x

Of the farther block, the same must be said:
6 rooms for Sick Nurses (a most desirable provision)
incapable of being supervised themselves - [a Nurse
would almost be required for each Room] & forming
an undesirable street - cut off all power of supervising
the farther Medical Ward

Then there is no Bath- room, no Slop-sink, no W.C. to the
Sick Nurses' group of rooms. In that respect they would
be worse off than the Medical Ward- & had almost better
be warded there

The distance of Circular Ward from all supervision
remains the same - separated by Corridors & Patients'
clothes- This multiplicity of "Patients' Clothes" rooms
seems an evil

x At the same time there is an advantage in the
Sister's Ward & Scullery being like sentries
on opposite sides at the mouth of the whole
Ward & appurtenances, so that no one can go in
or come out without the Sister's knowledge- But
nothing of this can be available for the Circular Ward, & is
of
little avail for the broken up Pavilion Ward ☉ [10]

f982nd Floor

Male Surgical PAVILION Wards- 32 beds- are
best for purposes of supervision, Nursing &c
they are not cut up- & they have the
requisite Ward Offices

CIRCULAR Wards have ~~neither~~ no Sister's room
& only a Scullery separated by a neck -
They are separated by 100 ft- from the
Pavilion Wards, tho' supposed to be under same
Sister -

Are the "Sister's rooms" large enough
to be comfortable Bed-rooms?

[11] 10

f993rd Floor

Day Rooms at top of Circular Wards in
outside (1st & 3rd) blocks
so absolutely isolated & from all supervision
nearly as much as if they were in
separate buildings

Are they for the Nurses?

This is not the case with Nurses' Mess- room
central block- That is nicely placed.
†† [12]

f1004th Floor Administrative Block

24 Maids seem rather closely packed
Scarcely *room for a Wash-stand* each!!
Apparently no fire-places -
will be very hot in summer- between kitchen
windows not indicated & roof
Housekeeper's Bed room appropriately placed there
but rather hard upon her to have W.C.'s & Baths
both sides
Otherwise W.C.'s & Baths well placed - [end 16:880]
†‡ [13]

note, f101, pencil {black-edged envelope}, blue paper

f101

1 Entrance where? -
2. Dead house where? -
3. Laundry cut off -
4. Warming Ward & W.C.s
expensive {piping - ventilation -
{to end
F. Wrights Eq
Mr Stephens [Stevens]
architect
at Derby

by Tuesday night
5- Accident Ward - new query.

note, f102-v, pencil

f102

Great expence
but no real Hospl= architect
Dr. Ogle
£600 marble operating Room

f102v {printed address:} 10, SOUTH STREET,
PARK LANE. W.

{text vert. on page}

not only best arrangements but what use will be
made of them
the fewer places in & about the Ward the better
long corridors kitchen smells distinctly perceivable
so with foul smells in
Wa
rd
s

Children's
from escape stairs should be elsewhere
not in one of the 2 projections at end of Wards

It seems desirable to recapitulate
{text upside down/vert. to text:}

3 W.C.s for
30 beds
slop sink
urinal
for men
a place to
retain
excreta
for Medl=
Examn-
(all depend
on proportion
of acute
(Bed ridden)
cases
Lavatory

discussion between
end & middle
for projections

f104 [rough notes]

Wards

qy in Ward Kitchen

*Linen - Patient's Clothes**holes & corners larder**no Sister's Room*

how in the world is the

Night Nurse to get help?

Wards divided by Stairway

Children's Wards of all others

should be *in* the way, are*out of* the way

Children should be then

scattered among adults

Gynaecological - very good

but how in the world

to be nursed or supervised?

{line seen here, transcribed in f103v}

f104 {black-edged paper}

Duty Room is what we

should call Ward Kitchen

- *must* have a small range- *night nurses breakfast there*

but not Charge Nurse

Night-Supt= where does

she meet her Assistant?

she is in charge of her Night

Nurses- *where do they sleep**by day?*

what arrangements? for Night

Nursing

Electric Bells {vert. text:} Lavatory {one diag line

thru

only to these 4 lines}

used for

washing hands **[end]***Nurse's Home*

the Nurse to pass each other

to W.C- long Corridor

only one window at end

{printed telegraph heading & address upside down:}

Telegraph,

Steeple Claydon. Bucks. {:up diag} Claydon House,

Winslow,

Bucks.

Well where *bed?*

Add Mss 45820

81

Wardrobe? table? {up diag:} *washing*
doors opposite each other

f105

Derby 2

{printed telegraph heading & address:}

Telegraph, Steeple Claydon. Bucks. { :up diag } Claydon House,
 Winslow,
 Bucks.

Ward

*not good to pass W.C.s**to Sink (Nurse by men)**Nurse's Home*

ground floor - bed rooms

opposite Sitting Rooms

only Corridor between

Class Room

? Reading & Writing Rooms -

the *Charge Nurses* shouldhave *separate Bed* (includingsitting) Room - where *each tea*& *breakfast* {up diag:} *can they* next Ward*sleep*is she to have *no where to go**& the far Home**but the Duty Room*

Charge Nurse - Staff Nurse -

Night Nurse Probationer

f105vis Charge Nurse to have {large '[' in left margin done to
 'Home'}

nowhere to sit down but

duty room?

or is she to run to the

Home at a distance?

Nobody apparently*sleeps in Hospl-* within

reach of Wards -

how in the *Night Service**to be done?*

Impossible for Nurses to run

to W.C.s in Home -

f106 {text vert. on page}

Nurses' Home

N. E. {next 3 words circled, vert.

line thru & line

S. E.

going
back to
f105v:}
has

Balcony Children's N. E.

Matron's room & office

ma
ny
Pr
ob
at
io
ne
rs

Matron's Office to be *Central* - look South West

qy over Nurses' Dining Room

with Stair-case up to it

on their way to Wards

her Sitting Room shd not be next it

f106v

Anaesthetics

take them to Ward to recover

Is *Larder* to *WARD* necessary? *where food?*

What is *'rooms'*?

Ward Nurse's W.C. very nice Children

in

George?

do they cry?

Casualty Ward - where will Nurse be?

what covered passage to Nurse's Home?

Infectious Wash-house too near: not light

en

ough

f107

3 Corridors closed
Telegraph, {2 lines printed}
Steeple Claydon. Bucks. {:up diag}
{printed address:} Claydon House,
Winslow,
Bucks.

Why put Porter's Sitting Room
& Bedrooms in that Central
position- first Floor -
would not Matron's Office
be better there?

No Ward has any *Scullery*
~~no~~ is Duty Room intended to
contain this?

Gynaecological wants a
Scullery beyond any other -
It must also have a roomy
Lavatory where ~~of~~ the smaller
Operations are performed -
Ovariectomy shd be performed
in small Ward_ Nurse never absent
from Ward day nor night

f107v

No 3

inevitable infection in
 -Infectious Laundry unless
 small, dark, wet, unventilated
 & overcrowded - & full of
 steam loaded with organic
 matter
 Ought the Linen to be washed
 within the Hospital boundary?
how is the foul linen disposed of?
 Importance of a good
 laundry to a Hospital
Infants of a week old
 only Rationale of Children's
 Ward -

Or is this Ward to be for
 children's Measles, S. Fever &c
~~Is there illeg~~ or in the Infectious block?

f108

Scullery (Ward kitchen, Duty Room)
washing up & cleaning
ward cookery drinks, fomentations
white porcelain sink Doulton's
not & cold water laid on
 Gynaecological
 Is all to be carried thro'
 to W.C.'s in larger Ward?
Sink for Ward Slops in
compartment of its own
 high, large, deep, round,
 pierced earthenware basin
 large hole cock to fall into
 vessel
 Lavatory basins not too
 near each other

f108v

Gynaecological Scullery (Kitchen should have *Fire place, Sink, Linen Press & Dresser-* & in another Compartment *Bath Sink, Slop Sink, W.C.*

Stove

What proportion

Are most *Patients in Hospital bed Patients*

makes great difference as to *amount of Slop Sink} accommd= & W.C- }*

What proportion

~~Probably all~~ *Gynaecological Patients in bed?*

Advantage of Linen press & Dresser in Duty Room is to be in a room with a fire

note, ff109-10v, pencil {response in another hand, in bold}

f109

Buckingham Cottage Hospital 5/9/89 [16:908]

number of beds ? **8. and 2 cots.**

average " " Patients? **4 -**

number of Nurses **2.**

- private Nurses - **none.**

are the private Nurses under the Hospital Matron?

is the private Nurses' Home in the Hospital?

Matron's Salary? **£40 inclusive of uniform-**

Matron's post advertised as vacant

is it filled? **yes.**

The name of the Matron? Mrs. MacDonald- [end]

f110 {blank}

f110v

Will you add the name
of the Matron -

notes, ff111-12v, pencil

f111

Matron [May 1889] {:arch}

carpet

table & chairs

lock up side-board or cup board

{up diag:}

Safe in Scullery {large ")" from
here to end of folio}

Kitchen

~~Larder~~ very hot

no place to keep boys' food in

" " to keep Matron's

& woman's food

little larder

f111v {bits of text all over folio, with lines separating phrases}

Ablution Room - to dress the
stone floor fingers
Dispensary Room for Doctor's Room
 general inspection
boys at certain times
 to be seen by him
 high brick wall

temporarily
 must see the boys
in the Matron's room?
would there be a great snag
 if he hasn't
periodical visits

 medicine chest
 had better be in the
 Matron's sitting room

{vert. in right marg:}

 Closet on frost floor
 for Linen?

Large Cupboard
in Front Wall - what for? for Medicines?)

 No shelves

 or closet

 in Kitchen

f112

Hospl=

damp patches

walls black - got to be coloured

unfinished

wind & heavy rain

come thro'

wd not get

a woman to do

Matron's washing

- muddle

Dirty Linen

Ablution Room

cut fingers

washing in Scullery

{vert::} Doctor

comes regularly

without being

sent for

{vert:} Small Dispensary

Doctor's room

ring-worm

{diag:} washing money

for Matron

illeg

2/6 a

week

1/6 for Manl

Servant might wash her own

? dry in Yard

3 in Laundry

dry

? drying closet of

drying ground

f112v

Col 4/
3/2
3/
1/

2/6

13/8

{vert:} Dormitory

now & then
but otherwise to be
fetched by Serjt=

9 in bed

Haslar

1/6 for a good many

2/ for one or two

1/6 personal washing

collars & cuff in Hospl= Laundry

&c Officers

by women

notes, ff113-19v, pencil

f113 {text vert.}

Matron

[1]

proper Hospl-?

& Nurse

?

& bed linen

take charge of *under-clothing*

health

*cook for the
sick*

every boy shd go to her during the day- with some excuse

a room where the boys cd always get at her

tea

some mode of intimacy

one {overtop of 'to'} Matron

to begin with

{up diag:} library

writing

letters

lone Matron

to begin with

f114

[Gordon Boys Home]

that with a view to the health
& welfare of the boys there should
be a Matron to the Home

{up diag:} We want
to get them out
of Barracks -
& here we want to
put them in

boys mend
clothes

brought to Matron
for supervision

So she wd= see them all
[illeg] & see their sore fingers
& their stomach aches

{text is vert.:} laundry

boys ~~do~~ get most into
mischief when together
Bugler Major at Chatham

f115

[2]

Girl to sleep on same floor as Wards! Matron below!
Sitting-room I thought necessary for her to receive
boys in -

Glad if you think I've asked too much
Genl= H. would try to suit a lady if one could be
found to suit them

Nurse Constable?

all to be done by tact?!

f116**[fix]**

Laundry - washing for all the Officers
 each little Home had its own Laundry
 hardly

Laundry / Hospital

Laundress for a day

{up diag:} in charge
 of Machinery Engineer

Matron

could not do it

at all

Draw - & for Sick boys

extra milk

for pudding

{text normal:} 1/6 per week

Groceries

bacon &

rice

ham

suet

~~one~~ eggs

cheese

a dozen

raisins

& currants

fruit in

for 3 ¼ lb Tea each - season

½ Coffee {vert.:} Who

1 " Sugar superintends

½ " butter Steward boys

at

dinner

Tea a pint of ale a day

same

food

Special ½ a " milk " "

as

boys?

allowance

{3 above words up diag}

f117 {blank}

f117v

Hospl- servant to cook
not under 30

£16 - £20 rations

or £18 - ~~under~~

same as Matron

Laundress 3 or 4 days a week

3/ a day & no rations - Matron gave
something

Sitting-room?

?Scullery

{up diag:}

? Commandt- & wife

? Serjeants & wives -

? have their washing

done in Laundry

? Matron & women servants

in Laundry

f118

like small Barrack room

4 Convalescent room

quite bare no carpet drains

no pictures

not home - 7 no book shelf

4 books no table- cloth-

so clean age

deep

Rheumatism - not drained

miserable

Recreation rooms } make School

School & } comfortable

N.C offrs= } tea & coffee for

boys to pay for

S. Conse over this [Constable]

nowhere for the boys to sit down

to read or to play games

Major Collins }

N.C. Officers } oppose S. Constable

to ask over the rougher boys to

tea when they first come in

the first Sunday or two

She only has boys who have been {vert:} Patients

f119 {blank}

f119v

Why cd not the boys when they
 first come be handed over to
 her bodily- to see them bathed
 & dressed, & heads clean -
 Gymnasium very good
 Swim
 Little library in the Hospl= -
 send to S. Constable

draft, ff120-25, pencil

[5:247-48]

f120*Gordon Boys' Home*

The Matron is under the General Officer at the
 head - Genl= Tyndall- & the Staff Officer, Major
 Collins- There are at present about 180 boys, {180
 overtop 120}

? (*from ? 14 to 18*) - likely to increase to 200 in
 number - younger boys - with Matron? tea?
 room where they could always see her.

The Matron would be *in charge of* the HEALTH of
 the boys, & expected to see every one of them
 every day - & in charge of the Sickness, which is
 rare, in Hospital - there is a small *Hospital*, who Doctor
 ?

Mrs. Marshall Nurse
 but generally the cases are trifling - There has
 been a broken leg, by a fall into a gravel- pit

f121

& there is now a case of measles -

She would be in charge of the *under- clothing* of the boys - That & the bed-clothes are ample for their class- & of *teaching* the boys to MEND their own under- clothing -

The boys are taught to do everything for themselves - *wash* & mend their own clothes &c &c

This brings her in contact with the boys - She is *overseer to the Laundry* where a *laundress*, wife of one of the N.C. Officers/Instructors, teaches the boys to wash their own clothes - She has also to see that the *food is good* & especially to see after the *sick boys' food* She has to see after their cut fingers & *stomach- aches* - & *prevent* sickness

Bad health at first

It need scarcely be said that, in all this, the *hoped- for* result is that the Matron will 'mother' the boys - & have an influence which keeps up discipline far better than any Military drill - tho' these boys are remarkable for their orderly conduct-

f121v

They are taught (by N.C. Officers/Instructors) tailoring,
 shoe-making, [& will be taught gardening,]
 carpentering, smiths work,
 & Military exercises, &c &c &c - an *Orderly* sleeps
 in each of their Dormitories -

Nothing has been said about SCRIPTURE
 CLASSES by the Matron- But these might
 possibly be introduced -

The Matron has a *house* to herself, with
 room for self & *little maid*. Rations provided
 [Pay &c allowances to follow-] ? *for little maid*
 ? coal ?gas 9/5/88

f122*Gordon Boys' Home*

Matron to live in Hospital - not to be lady -
 2 wards up stairs for 6 + 4 boys -
 one ward at end (of passage of these two)
 for infectious case
 to be slavey's bed- room -
 down-stairs Matron's bed-room & kitchen
 no sitting-room
 Matron at £30 to £40 with rations = 7d a day
 & slavey at £10 to £12 with ditto
 1 to Nurse the Hospital, cook for themselves and sick

f123

with boys to assist in the hard work
& to teach

Rations for Hospital to be drawn by Matron & delivered to her
in Hospital

Matron

2- to supervise the General Kitchen for 130 boys & the
food

& the housekeeping - & the soldier-cook
alter the Bill of fare which he blindly
follows without variety
show him how to suit the food to the seasons
make good broth &c &c &c
utilize the fat &c &c &c
order in salad } - have stewed fruit
"200 lettuces" }

& healthy variety

boys always ill at first

3. undertake new arrivals

their ward to be under her

be in charge of the health of the boys {lines ext. above 2
lines}

4. {overtop '3'} Supervise Laundry -

& teach 130 boys washing

dispense with Laundress altogether

she & slavey to do it all -

to do it all "by tact"

{vert. text on right side:} Boys make
everything
except their caps

f123v

F.N

She ought to have a room where boys could always
get at her
nowhere to sit but in Kitchen {vert.:} boys

never

shy

go to

Commandt-

& complain

cheaper to buy news stockings, new boots, new shirts
than to mend them
slavey to summon Matron at night if anything
wanted

I {up diag:} Gardening

f124

Belfast
{text. vert. on page}
quart tin can
strapping can with lid & two handles
1 to each Ward
1 to the Theatre

Theatre basins
Build in the presses
Beautiful pantry
bins Matron's Stores

Mason
Styring
Wilson

f125

Belfast

Baskets with lids & rod (Square 3 ft high
for dirty linen 4 or 5 long
3 ft broad

Laundry with boilers Separate
which washes bandages every day:
& all the linen
3 times a week:

Dressings burnt mornng & eveng }
wards swept by Probrs at night} St. T's
swept 3 times a day }

draft, ff126-32v, pencil

f126 [arch: ca. 1896-98]

It is useless to try & teach
Probationers 10, SOUTH STREET,
unless there is a large PARK LANE. W. {printed address}
proportion of serious cases
in a Workho: Infy=

f127

[2]

who might be obtained at
 a smaller cost-
 Might not the Guardians be
 induced to take this first
 step in cases where they are
 not prepared to incur the
~~might it not be desirable~~
 expence involved by
 there is no reason for not
 asking the Guardians to
 begin {diag line thru this and above 2 lines}
 complying with the
 Govt= requirements?

f127v

[1]

It seems undesirable
 to lay down any such
 hard & fact rule as to
 the qualification of trained
 Nurses applicable to all
 Workhouse Infirmary Wards
 in Ireland as would
 increase the cost materially
 of the Nurse for even
 the smaller Workhouse
 Hospitals where there is
 difficulty on account of the
 expence_ In such Hospitals
 would it not be better to
 make a beginning with
 Nurses capable of attending
 upon all ordinary cases

[6:494]

Note f126 [c1896-98]

It is useless to try & teach probationers unless there is a
 large proportion of serious cases in a workhouse infirmary.

f128

send for my Banking Book
& send it to
Hy B.C. 10, SOUTH STREET,
PARK LANE. W.
Nurse Helen Taylor
Rotunda
end of August

Miss Gordon

f129 {blank}

f129v

Spiking home made loaf
Miss Pringle [Oct 1896] [6:501]

St. Mary's Convent
is training nuns Limerick
wishes for a Nurse as a
teacher
Nuns in Workhouse Hospitals
have a great skill with
feeble old bed ridden
people who would seem
to Nurses in/from a Genl Hospl-
to have nothing the matter
with them so that we must
come to them to supplement their
going to Belfast next
deficiencies but not to ignore ~~the~~ their
achievements & change every thing

f130 [Oct 1896]

Lady Pembroke 12

Probrs= } must not be
 Hospl= trained - they
 could not bear the
 dulness- must be

Infy trained in Ireland
 -not all in the same place
 - some at Miss P.'s -
 Dublin training too bad -
 - none among them fit to
 be Ward Sisters

f131

Boarding out- peasant
 farmers

or Workhouse Schools

--- Monteagle

Children don't come into
 the world like rabbits
 as many different ages as
 possible- perhaps 20

in number one family under
 a mother- best School-

Workho: books inspected
 & same names generation
 after generation found

Then large Workho: Schools

founded: these are well
 managed- but it was

f132 {blank}

f132v

[2]

found that cooks & nurse
 maids & housemaids could
 not be made among these
 one vast kitchen cooked
 for all. The young
 girls returned to the
 Workhouse or what was
 too common became girls
 of bad character-
 Scotch boarding out said
 to answer better than
 with us -

£1000 for HBC's 10 children

draft, ff133-42, pencil [date correct]

f133

Saxon Snell

Jan 17/88

[16:892-94]

Montreal Hospital
position of Bath-rooms
Duty-room is as far from the Ward as
it can be- In fact shd be called
off- duty room separated by
passage to W.C.s & bath-room from Ward,
no one in Duty-room can exercise
smallest supervision over Ward
or over any thing but Day room -
& that not much from its shape
Objection of Hospl- authorities to
Day-rooms - Patients play tricks - not
under supervision & do themselves hurt
door must be half glass that
every one may see in & see into
every corner of room
I entirely agree with the Sanitary reasons
you allege -

f134 {blank}

f134v

Sister's room absolutely essential
overlooking Ward
no supervision - form of Hospl-
But where is the Sister's room?
{vert. on left:} W.C. for Sisters
& Nurses in
male Wards
There is no Sister to supervise
for there is no Sister's room
The duty-room must be a
Kitchen as well as Nurse's room
And the Sister must have a room to
herself
Bath-room not in effect used by the
Small Wards- Separation Patients
not generally bath-able - And if they are
portable Bath
under the eye of
In effect much more supervision exercised
by Sister & Nurses if Bath-rooms &
Lavatory - there must be a Lavatory-
W.C. & W.C. sink at further end of Ward
Then if Sister sees a Patients not in the
Ward she knows that Patient must be
in Lavatory or Bath room or W.C- Besides, Nurses
are constantly traversing Lavatory & W.C. sink
& see after the Patients- all this is lost
If at entrance of Ward, Patient may have
gone to Day. Room or Kitchen

f135 FN pencil {arch:} [criticism of Montreal Hosp Plans for Saxon Snell]

All being equal, huts are undoubtedly more healthy/sanitary than 2 or 3 storied buildings -
 We always prefer one story - for Sanitary reasons

In war Hospitals, even in climates with *almost* the same extremes as in Canada, experience has proved that even winter mortality is much less ~~than~~ even in Pneumonia in huts than in ~~many~~ 2 or 3 storied buildings. To your question is "the one story (hut) system adopted in the design the most desirable" I should undoubtedly answer Yes.

But then comes another question- ~~what~~ the Huts I speak of had none of the appliances of civilization - How did you propose in such a climate as Canada to warm the air, to ventilate to ~~supply~~ lay hot & cold water all over the building to render the pipes unfreezable, to arrange the double Bath, Lavatory W.C. appliances {lines surrounding words}

f135v

[3]

sanitary condition than 2 ~~be~~ Wards of
 14. The multiplying corners in itself is objectionable - while in an Administrative point of view the position to secure command
 The beau ideal of Ward Offices is Sister's Room, Kitchen, Separation Ward on each side Entrance Door.
 Bathroom & Lavatory W.C.'s & Girls on each side further end window

f136

While

Do not you think that if the first plan is difficult of administration & supervision - ~~while~~ the sketch with the double corridor & divided Wards is almost impossible, without any commensurate Sanitary or other advantage.

All the personnel would have to be doubled. The Administration building is at best a weary way off- No Matron/single one cd supervise it while every Ward must/ought to have a responsible Sister- ~~And while you can~~ because the essence of supervision is that the Sister shd see her whole Ward from one point - And while you can

f136v

to warm & ventilate the long Corridors windows, to unfreeze the meat &c &c in the plans we saw? I did not ask the question, because you would justly have said: that is a matter of detail

In a civilized country like Canada however we cannot do without the appliances as we do in War Hospitals- And would not this make an essential condition in any plan adopted?

2. With regard to the second question "dividing the large wards, having ~~only~~ 2 14s instead of 1 28, & having the Offices in the centre of each Pavilion, our answer would be, I believe, unhesitating- It is easier to keep a Ward of 28 beds in a

f137

Montreal Ward Unit

1st principle- all Ward Offices to be self-contained within one door, commanded by Ward Sister's room- so that at any moment she may know where every Patient is.

Where are the W.C.s & W.C. sinks of the Patients? If in see large thin paper sketch of Ward Unit the large Lobby beyond the bridge, it makes control of Patients impossible. Also there is but one W.C. And the sink is too far for the Patients' secretions to be carried - Where too are the " " to be kept? } 3 W.C's & 1 Ward sink } necessary for 30 Patients X

Is it necessary to sacrifice one of the best positions to the

for Ward Offices
Fire Escape Stairs? In the plan of floors, the Ward Offices are in

this lower

What I am going to say/is here said is subject of course to the

f138

exigencies

conditions of Canadian climate, freezing, &c -

But Also: the extreme difficulty of Sup=er consequent on the admirable & ingenious arrangements of floors, bridges &c necessitates the Ward arrangements to be easy of supere to a capable Ward Sister (Head Nurse)

The ideal, as well Sanitary as administrative of the Ward unit is: Lavatory & ~~W.C.s~~ Bath- room at ~~one~~ the further end of Ward

on one side the end Window- W.C.s & W.C. sink on the other

[It is not marked on the Ward plan what the Compt- corresponding to F.E. Stairs contains] Where is the Lavatory?

On either/one side and Ward door

Sister's (Head Nurse's/bed room & Small Ward next
looking into both Wards too
small
window

her- Ward Kitchen on the other side - & Lift or Linen place-
But/It is not so objectionable the Linen being outside the Bridge and to W.C.

In one famous Hospl= & Medl= School a Doctor's room was imperatively asked for & given -
But it is found that multiplying rooms belonging to Ward is very undesirable- And the M.O.'s room cd/can hardly be separated from Head Nurse's bedroom by only a

partition

The one window of the Sepn- Ward is very small- Is this desirable for a Ward which generally contains the worst cases? Also: it should not communicate with the Bath- room-

f138v

X It is a matter of experience that the gravest irregularities occur, if the Patients W.C.s are outside the Ward precincts & Ward control.

At the same time the W.C. indicated wd be a very convenient one for Nurses

Bath-room & Lavatory ought to be useable for small operations

especially in this necessarily intricate building- Great care must be taken that accessibility by wide doors & passages from Surgical Wards to Operating Theatre may be made as little difficult as possible

This is not clearly indicated on Principal Floor

f139

Montreal

return to drunken women under the Matronship of the Doctor
give up ~~ladies~~ gentlewomen} whom you can't get with such
educated " } accommodation

I have taken unusual pains &

Upon size of Medical School Edinburgh 1800}

St Thomas' 300} depends

M.O.'s room

if should be there

Great inconveniences at Edinburgh of

but Sister' has bedroom & sitting room

Is Montreal Infy= or Hospl-?

have made special enquiry - Matrons more & more/Edinburgh find
necessity

of Sister's room X

M.O. s in Hospl- have nothing to do with Admn- especially
Edinbro'

X In so complicated a building absolute necessity if there
are/is to be discipline at all of Sister's room

f139v

plenty of time for Suicide & murder If you depend on
 electric bells - Is there to be a Staff of Nurses ~~W~~ kept up
 all

but it is the daily, hourly, discipline} night in the
 Electric room

- & they } how if only two

called - } are both away,

is an educated woman to have no ~~one~~ when to sit down

except in a (Male Surgical) Ward - & no conscience
 but the necessity of being seen there. Gentlewomen only too
 anxious -

f140

[2]

Principal floor

Officers' Messroom & Scullery shd not be in the
 midst of the Nurses

First Floor

Bath room appears where it should be ~~in~~ instead of F.
 Escape

Stairs & Ward Kitchen where it should be

f141

[2]

Children's Ward at the top -

a C.W. demands publicity more than any part
 of the Hospl=, because children cannot & ought not to
 complain. It should be in the most frequented
 part of the Hospl- & nearest the Supt-~~s~~

Up there it could be have neither Supe= nor publicity
 The Supt- must have an Office - easily accessible

The Night Supts's- Office too should be as much in
 the way as possible. Night Supervision will be difficult

[end 16:894]

f142

Out Patients' Dept= ~~if no~~ should not communicate
 directly with the Hospl= or be under any part
 of it ~~The diff~~ In Patients' Dept- can be
 kept clean & sweet
 Out Patts " cannot

draft, ff143-44v, pen & pencil

f143

"Questions" [2] [Nov 14 1889] {arch}
 I trust the Questions to Matrons will be **[16:897]**
 answered so as to be of use

As regards

"Question 4"} (& also Mr. Saxon Snell's
2nd Paragraph

letter to Sir D. Galton)

it may be observed that

"a Head nurse when on duty"

IS "always in & about the Wards"

And it is *to enable* her to be so
 that her own room off the Ward is necessary

In a high class Hospital
 where Probationers carefully
 selected (without "interest") from
 the most suitable classes
 are trained *morally* as well
 as professionally to be
 approved Nurses, it is a thing
 unknown for them to shirk their
 Ward duties. You would find
 them at their post at every

f143v

Minute ~~hour~~ they ought & are supposed to be there,
& a great many minutes
besides if there is a
press of work

And if a Head Nurse
wants to put on an apron
or take a cup of tea, is she
to be running off to the Home,
every time,
losing 5 or 10 minutes on
~~the~~ each way? *That* is instead
of being "*on duty*" taking her
"*off*" "*duty*". A Head Nurse
must breakfast & tea in her
own room. Dinner may be
taken in the Nurses'
Dining Room. Even so, she
is often unable (with anxious
cases) to leave the Ward
for her dinner, & must
have it brought to her an
hour or two afterwards
so with supper.

f144

Those Nurses who cannot be
kept "*on duty*" except by
not having a room of their
own, should not be in a
Hospital at all
The Head Nurse's room should
have an Inspection window into
the Ward - a Medical Officer's
if any, *not*- *Neither* should be
entered *from* the Ward
The objection to *two* Separation
Wards is the insufficient
supervision & difficult care- It is impossible
for the Head Nurse's room to look
into *both* - It will need two
Extra Nurses for each Separation
Ward- Where the Head Nurse
has a sitting room that has to
look into the Separation Ward -
And there must be an additional
Bath- room

f144v

The multiplication of all
these small rooms is so very
objectionable for Supervision
cleanliness, discipline & order [end]

draft, ff145-58, pen & pencil

f145 [FN hand]

[16:897-903]

Private {up diag}

PLANS OF PROPOSED MONTREAL HOSPL=
Rough Notes

*On the information so kindly sent me
by Mr. Saxon Snell
(written for my own use
hoping to embody them in a very
short summary to Mr. Saxon Snell)*

Please return to

F. Nightingale
10 South St. W.

f145v

Private {up diag}

f146 {Note: in these following notes from Saxon Snell to FN,
not FN hand, FN's annotations in bold}

Montreal Plans - ~~Sisters'~~

Rooms

"The great ingenuity of the plans is admirable.

PRIVATE {:up diag} **On the information so kindly sent me by
Mr. Saxon Snell**

Rough Notes

{this line & next **Please return to F. Nightingale**
circled} **10 South St W**

Sister's Rooms [next section not FN, except inserts]

To one of such remarkable talent & experience in HOSPITAL
Construction, it is needless to lay down the principles of the
necessary Ward accommodation for nursing. It seems only
necessary

to say what is one element of the great improvement in the
social character and education of all nurses, but especially
of

head-nurses during the last 20 or 30 years in Great Britain.

To neglect these elements of improvement carries us back to
the days when nurses neither respectable nor sober, under the
sistership or the matronship **of Medical Officers**, had to be
always *in x* the wards in

order not to be idling or flirting, or drinking, elsewhere.

No

one new would wish to give up the strong infusion of **trained**
gentle-

women or educated women who are now found in all hospitals of

x See Mr. Saxon Snell's note to Sir Douglas Galton of Nov 6

f147

2 note, especially as head - ward= nurses, (or "sisters".) To secure these, accomodation {missing an 'm'} & modes of life are now given in all the best hospitals ~~to~~ such that no mother would object to see her daughter in hospital work & no educated woman would regret to find herself in it. I have taken unusual pains to make special enquiry as to the present feeling about these sisters'-accommodation, especially at Edinburgh, and find that Matrons & Sisters more & more feel the necessity of a Sister's Room on one side the entrance of the ward door, in which she is to sleep, **some have a second room - a sitting room** and so be in command of her ward night and day. Opposite to this, is the ward kitchen, where the nurses and probationers prepares things for the patients and have themselves command of the room. **under the Sister** (Medical Officers would themselves tell us that they have nothing to do with the administration of the nursing department which is entirely under the Matron, who is responsible that the Sisters & Nurses should be such and under such arrangements as to carry out with intelligence and faithfulness every order of the Medical Staff.) In so complicated a building as that proposed for Montreal, the Sisters' Room is one of absolute necessity, if there is to be discipline at all. With regard to the night-nursing it is apparently intended to have a large room to which electric bells or telephones would be carried from the various Wards to summon assistance in emergencies, but **this is no substitute for the Sister's room** suicide or **murder homicide** by **suddenly** delirious patients would be easy before the bell could be answered. Indeed, even where the sister is in her room, and the night nurse at her post, such accidents have hardly been

f148

3 escaped **in the intervals of the Night Superintendents rounds**. Is there to be a staff of nurses kept up all night in the electric bell room? Supposing there were only two, and these two called away, and there is a third call? But more, it is the daily, hourly discipline which necessitates the arrangements of sisters' room and ward kitchen. At Edinburgh, indeed a sister has bedroom **AND** sitting room of her own off the ward. Is an educated woman to have nowhere to sit down except in a male surgical ward, and no conscience but the necessity of being seen *there*? If her only other footing is in the Nurses Home which in this building is not easy of access, she will probably sit up half the night with her anxious cases for educated Sisters & indeed all the trained nurses now are only too anxious about their patients.

f149*Montreal plans - Nurses' Accommodation*

In the "possible distribution of Nursing Staff." there appears to be no Sister assigned to the "General Surgical Children", for whom a Sister is, of **all** other Wards, most necessary. It seems rather unintelligible to mix up the Lock & Gynaecological patients-
 {italics to end of folio by FN:}
 The General Surgical Wards of 32 beds each, are rather scantily provided for by one Sister, one Day & one Night Nurse, and two Probationers. We should give 3 Probationers, and 1 extra nurse, not necessarily attached to the Ward. Should not the Erysipelas Ward be placed separately from the general building in the Infectious Ward building? Probationers should hardly be attached to such a Ward at all- And the nurses of these wards should *not* go backwards & forwards to the *Nurses' Home*, but have their sleeping & eating arrangements all in the infectious branch- A "General Medicine" with 32 patients is put down without any nurses of any kind whatsoever attached to it. There

f150 {italics added by FN:}

must be some (copying) mistake here.

With regard to the "Pay Patients", they require a very much larger Nursing Staff in proportion than the general Wards. It is doubtful whether *Probationers* should be allowed in *these* Wards.

May I ask, into what sized Wards these "Pay Patients" are distributed, whether in single-tended Wards, or single-bed compartments? **or how?**

May I say that it is often preferred to keep the Probationers' accommodation separate and together under their own Assistant-Superintendent, for their own classes etc.?

Extra Nurses Again, it is necessary to recur to the important question: is the proposed Montreal Hospital to be a Hospital for acute cases in the same sense as a London or Edinburgh Hospital- If so, what accommodation for "Extra Nurses"? It is rare in a first: class London Hospital, if an *Extra Nurse* is not required for the Night (*besides* the Staff Night Nurse) either for a Special case or the Small Ward (*Separation*). And this again brings on the

Over

Great difficulty of superintending Edinburgh Royal Infirmary - from multitude of small pavilions & from multitude of small rooms to each ward- What will Montreal be? [5]

f150v

from Over

question of the multiplication of Separation Wards.

20 Extra Nurses is not too much for about 400 beds

with one Separation Ward to each large Ward.

But it might happen that you might require

2 Extra Nurses - one by day & one by night to

each Separation Ward

And accommodation for Extra Nurses must be provided. [They are not moved about from their own sleeping rooms as they are moved about from Ward to Ward as their cases require.]

f151*Montreal Plans Medical Officers' Rooms* 1.

Upon the size of the Medical School **partly** depends whether a Medical Officers' Room off each Ward should be there. At Edinburgh there are 1800 Medical Students, and it appears that a Medical Officers' Room off the Ward is considered necessary for examinations & demonstrations & analyses, but great inconvenience arises there from, as will immediately be understood when it is stated that **beside's these**, either in the Medical

Officers Room or the Convalescent Room off the Ward, Out-patients may be seen. At St. Thomas' Hospital there are only 3 or 400 Students and the necessity of a Medical Officer's Room

off the Ward is never felt, but on the other hand the bathroom and lavatory is a most commodious place, and even minor operations are performed there. The Ward bathroom is so small

in these **Montreal** plans that there is not room even for a lavatory in d

In Montreal Hospital the number of Medical Students is not stated,

but, as there appears to be surgical theatre accommodation for 200, medical theatre accommodation for 150, pathological theatre for 100, we may perhaps place the number of students at not more than 350. For such a school it would appear wholly unnecessary to give the Medical Officers a Room to each Ward - **In a famous London Hospital, where there are many more students, &**

very many more beds than in St. Thomas', a Medical Officer's room is

never thought of.

With regard to Resident Medical Officers, it is only stated that

there will be a Medical Superintendent who will have a house of his own. But nothing is said about the Resident House

Surgeons

& Physicians who must each have a good bed room of their own.

f152

In Edinburgh there are or were 16. In St. Thomas' a much 2. smaller hospital, 380 beds, there are 10, **or more**. In Montreal, there appear to be beds proposed for 323. How many residents are proposed?

The Resident Doctors have of course constantly to be summoned at night And even many minor operations are performed at night in the Ward or Lavatory.

It would be very desirable to know whether the character of the Patients in the proposed Montreal Hospital will be a preponderant number of acute disease, acute Surgical cases & accidents & operations, as in a stirring London General Hospital - or of chronic cases as in a Poor Law Infirmary -

It makes so much difference in the as arrangements, constructive & administrative

f153

Ward Unit {some pencil markings very faint}

The first principle of Ward Offices is to be self-contained within one door, commanded by Head-Nurse's room, so that at any moment, she may know where every patient is.

The Bath-room & Lavatory on one side near the window at the further end from the Ward door. This Lavatory & Bath-room to be large *enough for minor operations*, especially in {italics by FN} this necessarily intricate building.

On the other side, the end window; the W.Cs and the W.C. sink- all with cross ventilation. These should be, if possible where the "fire escape stairs" are indicated in the enlarged Ward plan on thin paper. In the enlarged Ward plan or thin paper it is not marked what the compartment corresponding to the "Fire-escape stairs" is to contain. (If the *Patients'* W.Cs are to be *on the OTHER SIDE THE BRIDGE* indicated to the large lobby, it is scarcely necessary to point out to persons of experience that the gravest irregularities have been known to occur from these being outside the Ward precincts, and outside the Ward-sister's control.)

On one side the Ward door, the Head Nurse or Sister has her bedroom with her inspection windows into the large Ward, *and* into the separation Ward - On the other side the Ward door is the Ward Kitchen, also with an inspection window into the large Ward. The Ward-kitchen or "Duty-room" should have a small range &c. Here

[8]

f154

the Staff Nurses & Probationers go **are on duty** (There ought to be a small W.C. **somewhere near the Ward** for the women, especially in Men's Wards.) The Head-Nurses room should be a **good** light airy room (what kind of women can be expected for nurses & head nurse if there are no proper arrangements for health, decency, & efficiency?) ~~If the~~ If the Medical Officer must have a room off the Ward, he must be at all events separated by something stouter than a partition from the Head Nurse, or Duty-room.

I may mention that in one well known London Hospital, there was a difficulty if not an impossibility of getting good Ward Head Nurses to stay, because they had nothing but their Ward & their "Home"

[9] {upside down:}

~~The Staff nurse~~

f155

It should perhaps be asked whether this is to be an Infirmary with Infirmary Patients like St. Marylebone Infirmary in London or a Hospital with Hospital Patients like the Edinburgh Royal Infirmary, (thought called an Infirmary)? It makes a great difference both in the accommodation required for nurses off the Ward, and for the Medical Officers. But it may be concluded from the amount of theatre accommodation that Montreal is to be strictly speaking a Hospital with Hospital cases, that is acute surgical & medical cases (with few chronic), and accidents.

I have said nothing at all about the Infectious Block, & the nursing for it, as no particulars are given.

These as a rule are very different from the General Wards

[10]

f156*Principal Floor plan*

Easy access by wide doors & passages from the Surgical Wards to the Operating Theatre is essential, especially in a building necessarily intricate. There are 3 Operating Theatres at Edinburgh, all on the principal floor. There is no room in the Ward Lavatory for minor operations. There are two operating Theatres- one for Men, & one for Women- in St. Thomas'. Both are on the principal floor & extremely easy of access. There is room for minor operations in each Ward Lavatory. Ovariotomy is generally performed in the Patients' own Ward. At St. Thomas' the strictly Pathological Work is all done in the Museum Building - At Edinburgh **some** in the Doctors' Ward- Room. This is found to be very objectionable.

Can the Operating Theatres of Montreal proposed building be considered easy of access?

I may mention here that in some of the largest Hospitals with most operations, a "Recovery Ward" is considered objectionable

The Anaesthetics are administered in a Small room adjoining the

Theatre, so that the Patient is carried in unconscious- but

is conveyed straight back again *unconscious* after the Operation to

the Patient's own Ward - it being considered better for the Patient

to find himself on recovery of consciousness in his or her own bed. But then of course the Operating Theatre is placed so

[11] as to be of the easiest access.

f157*First Floor Plan*

In this plan the Bathroom appears in
 the
 ? place best for it, instead of the
 Fire escape stairs
 And the Ward- kitchen is also the
 place
 considered best for it-

To every 16 Nurses (some day, some night)
2 W.C.s

What are the Baths, W.Cs. And Diningrooms

1 slop-sink } most important

(W.C. sink) } for the Nurses' Home? One Bath & 1 W.C.

1 House maid's sink to each 8 Nurses is not at all too much-

1 or 2 Baths

This also depends on the proportion of acute cases

In a General London Hospital For every Ward of 30 Beds 3
 Patients'

there may be only 1 Patient

out of 5 out of bed - W.Cs. & one W.C. sink are not at all too

The Slop (W.C.) sink is

then of most importance- much. These do not appear to be
 indicated

2 W.C.s would be enough

for 30 beds. in the plan, indeed only 1 W.C. & 1 W.C. sink

Where there are a great

proportion of chronic for the Patients appear to be indicated
 on

cases out of bed, the case

is different. *the OTHER side the bridge from the Ward.*

It is hardly considered perhaps enough how

~~^about which there~~ Very much morality among the Patients

~~is scarcely any~~ depends on these arrangements _ how it
 devolves

~~difference of~~ Upon the Nurses, who are always there to

~~opinion now~~ maintain the moral tone of the Wards,

- how it is the only position

where a woman is

in real charge of grown= up men,

& how the Ward

[12] is actually now, with the

improved character of

f158

Nurses, a moral school for the Patients, where they learn lessons of conduct which often they never forget, instead of being **the reverse**; ~~as~~ the time is not very far distant, when it was an *immoral* School both for Nurses & Patients [blue pencil]

Nov 14/89

I have dwelt upon Edinburgh (in these notes) because it is from the Edinburgh Doctors at Montreal that Mr. Saxon Snell ~~takes his opinions~~ says he has to take some instructions & upon St.

Thomas' because he quotes that Hospital- But the Ward Unit is the recognized Ward Unit at all modern or considerable Hospitals - There are London Hospls ~~is~~ quite antiquated & condemned. & many, many provincial Hospitals.

My notes must be read in connection with Mr. Saxon Snell's letter of Nov 6 to Sir Douglas Galton

[13]

Mr. Saxon Snell's building of S. Marylebone Infirmary? is quite

admirable for its purpose [end 16:903]

draft, ff159-67, pen & pencil [16:904]

f159

Note x to 2

Accessibility for Nurses & Medical Officers from their respective Quarters to their own Wards direct, short, covered

No 'up & down' more than necessary:
no 'holes & corners' - least of all in large, intricate Hospls=
nothing which prevents easy supervision, or renders punctuality & strict order difficult.

[1]

Some of These difficulties of administration to be considered in the Montreal proposed Hospl-

1. Emergency cases by night - how to deal with the nursing of them
2. Not only the best arrangements but *what use* will be made of them has to be considered
This especially in the multiplication of small rooms outside the Ward door -

see } in long not well lighted Corridors & tortuous

Note x} means of access

The fewer places in & about the Wards the better

4 {4 overtop 13} In long badly ventilated Corridors kitchen smells

f160

[2]

accumulate mount stair cases & are distinctly perceptible at a distance perhaps in the Wards -

So with foul air

3. Children's Wards: what arrangements are to be made for the sufficient supervision of these?
 4. If there must be Fire Escape Stairs, what arrangement will still keep the four corners of the Wards for its Offices & appurtenances?
 5. *Extra Nurses* - number required depending on the kind of Hospital - accommodation required: one bed room or at least compartment with window to each - same as other Nurses or better- Extra Nurses being most experienced
 6. food for Patients seems to have long & circuitous journeys to perform. So with the stores
To recapitulate
 7. Operating Theatre - accessibility to- above every other Dept= - its position without in proximity to Wards (Surgical) without turnings or narrow entrances - Anaesthetic room before operation necessary. But *not* Recovery Ward
IF Theatre in proper position
 8. No corridor or Bridge especially no want of air & light between Ward & its most important 'Office' (W.C.s & W.C. sink) [end 16:904]
- 5 {overtop 14} Further recapitulation should be made

f161 [this all FN again]

Add questions:

1. address a separate set to each Matron of a Parish Infirmary, substituting word "P. Infirmary" for "Hospital"
- 2 State best position & arrangement for Back Room & Lavatory & for W.C.s & W.C sink off the Ward
3. State what the advantage of or what the objection to a Med. Off.r's room off each Ward as regards the Order & Nursing of the Ward
4. State what should be the arrangement of Ward Kitchen

Question 2. Is that number sufficient for Hospital of 300 beds

" " 600 "

for P. Infirmary? Must there no be

Extra Nurses &c for former? Ward Maids? Should the Probationers & THEIR Assistant Supt= be separate from the other Nurses? in their sleeping accommodation- What number of W.C.s Sinks & Baths to Nurses?

f161v {printed address:} 10, SOUTH STREET,
PARK LANE. W.

f162

Within the last ~~10~~ or ? 15 or 20 years, [6:484]

a certain number of ~~Workhouse~~ Poor Law or Parish Infirmaries for the sick and infirm who used to be harboured (not treated) in Workhouses & nursed by paupers have been built in London & the United Kingdom fulfilling ~~nearly all~~ more or less the requisites of good Hospital Construction - & nursed by trained Nurses -

There are however essential differences permissible between the requisites of the two classes of buildings - Hospitals & Workhouse Infirmaries. The latter have no Medical Schools, no Visiting or Resident ~~or Visiting~~ Medical Officers - except the Resident Medical Supt= & his Assistant -

f162v

no Operating Theatres -

The large majority of Patients in ~~Workhouse~~ Poor Law Infirmaries
are chronic, not acute, & infirm {above line flows into f163}

~~or~~ and incurables. ~~There are no~~
accidents, ~~except by chance~~

A smaller Nursing Staff in
proportion is needed - Some
few of the best & largest have
£ Training Schools for Nurses

Within the last 15 years
Metropolitan Board Asylums supported
also by the rates have arisen near
London for fevers, small- pox,
idiots & imbeciles &c

f163 {line of text transcribed in f162v}

f163v

Some difference exists between the
essentials ~~of~~ for Hospitals & ~~Workhouse~~
Poor Law Infirmaries.

{upside down:} 10 South St Dec 2 89

f164

[2]

Bath- room must contain Lavatory
& be large enough - ~~sh~~ (Else
where is Lavatory?) Should
only open into Large Ward -
sometimes a 2nd Bath- room into
separation Ward is given -
But if only one Bath- room,
must not open into Sepn= Ward -
There must be a *moveable*/Miss C. Bath
Sepn= Ward shd be exceptionally
light & airy.

Medl= Officer's Room if at all must
not look into Ward Nurse's room
must. Neither must have a
direct entrance into Ward

f165 {blank}

f165v

[3]

Is it the Medl= School being
separate from Hospl-
necessitating a Medl- Offr='s room-
St. Bart's not -

~~Bridge~~ Corridor 30 ft long between
Ward & Bridge & dark apparently separate
Ward from ~~some~~ one of its most
important appurtenance (Offices
W.C. & ? sink)

enlarged plan of Wards on
thin paper

Operating Theatre must be
accessible on principal floor-

But each Theatre must have Anaesthetic room
Recovery Ward - not desirable *IF* {'if' underlined 5 times} **[16:904-06]**
Theatre in proper position
see type written notes

f166

[4]

Accessibility for Nurses & Medl= Officers from their
~~Homes~~ respective quarters to Wards must be as
direct & short as possible - covered
of course -

They must not have to pass
along long corridors, ~~to~~ & up & down,

~~stairs~~

to their Wards- Holes & corners
& ways not straight
are so very undesirable even
in small Hospls how much
more so in large ones? Any
thing which prevents easy
Supervision, punctuality &
Strict order should be avoided

f167

which arrangement would tend to secure the best
Nurses & best Nursing order of Wards & Offices?
same for Medl- Offr='s room

draft, ff168-69v, pen & pencil

[6:485]

f168

1 Hospital
Acute Medical & Surgical cases
~~No~~ Accidents -
Constant

~~Hardly any~~ Operations in numbers
No infirm

No incurables
No consumption
~~or other~~

Few ~~No~~ chronic cases.
It may be roughly stated
that there are as few chronic cases
in a Hospl= as there are few
acute cases in an infirmary
And that the 'drive' of a Hospl=

is such that perhaps as many
urgent cases necessitating ~~urgent~~ the closest
Medical & Nursing ~~attending~~ watching ~~of every minute~~ pass
thro' it in a week as in ~~an~~ a Parish Infirmary

x x x

3 ~~No~~ Medical School

No Resident & House Medl= Offrs=
Operation Theatres
Surgeon &
1 ~~Medl- Supt~~
& ~~his Assistant~~

2
x x x Accidents
& even acute cases & not at all the same proportion of Probationers
~~constantly~~ brought in at night

4 Training School for Nurses

1 Infirmary (Parish
~~Very~~ few acute M or S
cases of any kind
No accidents, except by
chance
scarcely any Operations
none of an instant
nature
Large proportion of infirm
incurable
consumptive
Chronic cases the bulk of
the Patients
Rarely or never any
but chronic delirium
easily provided for
beforehand {this & above 3
lines
circled}

in a year 3 No
Large Medical
School
1 Resident Medl-
Supt-
& his Assistant
no House

by Physicians
no Resident Medl-
Officer

2 no Theatres
none
{above line up diag}

4 only in a few of the
largest Parish Infirmar{ies}

f168v

End This is not to say that the Nurse's task is less important in an Infy than in a Hospital - In some respects it is more so -

But whether it be so or not, the conclusion is the same - ~~Unless~~ viz- that it is more difficult to get Nurses to stay, because the arrangements of the Hospl= are more agreeable to women ~~educated~~ especially educated women- Women Unless trained by yourselves, the common run of women stay only one year in an Infirmary, the time stipulated for by the Local Govt= Board, & no more

In the admirable & construction of ~~th~~ St. Marylebone Infirmary of which the details are almost perfect it is obvious that the plans ~~so~~ are skilfully ~~made~~ adapted to fit the circumstances ~~of the minutes~~ & uses of the purpose for which the building is & that these are widely intended/different from ~~those~~ in some things & diametrically opposite in others to those of a Hospital, properly called

End
Other differences will suggest themselves to the experienced Infirmary_ But this is enough

f169

[2]

Consequences

necessitating or producing	1	Few or No emergencies
1 an emerging or emergencies		Head Nurses may
most by		sleep & take all
every nights - perhaps sometimes in the day	their meals away	
too		fro

m
the
ir
War
ds

extra nurses have to be put on where necessary

Nursing Staff
much
less in
proporti
on

when the Hospl- is put up/settled for the night Sister has to sleep off ~~the~~ her Ward

Night Supt=
enough to help
the Night Nurses
in her rounds

Night Nurse can never be left alone without *instant* help at hand - even with these precautions, sudden

is
?

delirium in a Patient necessitates the provision by which instant further help may be summoned -

2 By day Wards ~~are~~ may be full of Students & besides the Residents, dressers & clinical clerks, necessitating a far greater

Very rare
for the
Medical
Officer to be
summoned at
nig
ht

discipline & control on the part of Head Nurse By night House Doctors have constantly to be summoned

Th Minor operations are constantly performed by night & even capital ones, such as Tracheotomy in Diphtheria to save life Sister is summoned

Head Nurse
almost
never

3 Sister & Nurses have the Operation Theatre work

3
None

(Over

No Medical Officer's Room necessary off the Ward But in the Infirmary as in the Hospital the Patients' W.C.s W.C. Sinks, Bath Room & Lavatory must all be within the Ward doors

except in the

f169v

Over
in largest

Add Mss 45820

137

~~illeg~~ Medical School
They have their Medical
School buildings for
Pathological purposes

No Medical School
buildings

draft, ff170-73, pen & pencil

f170 {left side of folio}

e.g *Hospital*

- 1 Acute Medical & Surgical cases
 - Accidents
 - Operations
 - No infirm
 - No incurables
 - No consumption
 - Few chronic cases
 8. } Admissions by night of
 - Accidents & even Acute cases
- and
9. } Medical School
 - Resident & House Medical
 - Officers, sleeping in the Hospital
 - Operating Theatres
 10. Training School for Nurses

{right side of folio}

Infirmary (Parish

1.
 - Few *acute* cases of any kind
 - No accidents, except by chance
 - Scarcely any Operations - none
 - of an instant nature
 - Large proportion of infirm
 - incurable
 - consumptive
 - Chronic cases: bulk of the Patients
- 2 *None*
3. No Medical School
 - One (Resident) Medical Superintendent-
 - & his Assistant

{folio continues:}

{f170 continues:}

- No House Surgeons or
 - Physicians- no Resident
 - Medical Officers besides Supt-
- No Theatres
- 4. No Training School for Nurses,
 - except in the very largest
 - Infirmaries- & even there not
 - at all the same proportion of
 - Probationers

f171 {in centre of folio between two sides:} [2]

Consequences
necessitating or producing

{left side of folio:}

e.g in *Hospital*

1. Emergency or emergencies

by *night* & even by day- for which

Extra Nurses have to be put on

- Sister has to sleep off her Ward

- Night Nurse never to be left alone
without *instant* help at hand

Day Nurses are never alone - there is a crowd
of M.O.s

Even thus, & 9 sudden delirium
necessitates the provision by which
instant further help may be summoned
by night

2 & 3 By day Students in Wards

besides Residents, dressers, clinical
clerks- necessitating constant control
of Ward by Head Nurse. She must
be constantly on the spot, except
for recreation.

By night House Doctors are
frequently summoned.

Minor operations frequently performed
by night- & even capital ones, (such
as Tracheotomy in Diphtheria) to save life

Sister summoned for Accidents & operations

Sisters & Nurses have Operating Theatre work

4 Training of Probationers by Head Nurse
in the Ward

{right side of folio: *Infirmary*

1. Few or no emergencies

Head Nurses may sleep & 'meal'
away from their Wards

Nursing Staff smaller in proportion

Night Supt- in her rounds enough
to help & supervise Night Nurses

Rarely any but chronic Delirium
easily provided for beforehand

~~the students — or House Doctors in the day —~~

2 & 3. Rare for Medical Officer to be
summoned at night- or Head Nurse.

No students- 'No nothing' (of the
other side)

None

4. None to train, except in a few Infirmaries.

f172

[3]

Hospital

Infirmary

No ~~Hospital~~ Medical Officer's room necessary off the Wards
 except in Medical Schools }

say of over 1000 Students}

Hospitals have their Medical

No Medical School buildings

School buildings for such

for no Medical School.

purposes & all Pathological

purposes -

Note

It may be roughly stated that there are as few chronic cases
 in a Hospital as there are few acute cases in an Infirmary
 - and that the 'drive' of the largest London General Hospitals
 is such that perhaps as many urgent cases necessitating
 the closest ~~Medical~~ Nursing watching pass thro' it in a
 week as in a Parish Infirmary in a year.

This is not to say that the Nurse's task is less important
 in an Infirmary than in a Hospital. In some respects
 it is more so.

f173

[4]

[But it may be here remarked that the difference of Nursing accommodation & Nursing ways altogether ~~even~~ in the Infirmary makes it more difficult to get Nurses to stay, unless trained in the Infirmary - than in the Hospital The common run of women stay only one year in the infirmary - the time stipulated for by the Local Govt= Board, - and no more.] Note on necessity of the best Nursing accommodation for a Hospital

P.S. Other differences will suggest themselves to the experienced Infirmaryman: for which there is no time now.

But in the Infirmary as in the Hospital the Patients W.C.s, W.C. sinks Bath Room & Lavatory must all be within the Ward door -

2. Resident Medical Officers -

In the large Hospitals
one House Surgeon to *each* Visiting Surgeon
(& even so the House Surgeons are overworked)
one House Physician to *each* Visiting Physician
one "Resident Medical" & one Resident Surgical Officer
for the whole
are *all* "resident" & *must* have bedrooms in the Hospital-

Assistant Physicians & Assistant Surgeons
being for the Out Patients' Dept= ~~as~~ may be also
lodged in the Hospital -

draft, ff174-77, typewritten, pencil & pen

f174

NOTES.

I. Recovery Ward to a Patient's Theatre not necessary.

The Patient should be put under chloroform or ether or whatever anaesthetic is used, in the little entrance room to the Patients' Theatre so as to be unconscious when taken into the theatre and not to see the crowd. But it is far better that he or she should be taken direct to his or her ward after the Operation still in a state of unconsciousness and the Patients' theatre should be so placed that this can be done. It is better that the Patient should be in his own bed, quiet, when he recovers [quiet?] consciousness and not be moved after it.

II. We do not like a Store for Patients' clothes to each Ward, and generally speaking the fewer places there are in and about the Ward, the better. The Patient's dirty clothes should be put, each lot in a net marked with the Patient's name and carried away to a store else-

where

f175

[2]

in the Hospital. The clean clothes should be put in the locker by the Patient's bed-side and this locker should be designed so as to be perfectly sanitary. The few outer-clothes necessary for a Patient who gets up for a short time in the day, may be kept in some room off the Ward. But in making the very best arrangements, you should always consider what use will be made of them; and where there is a Patient's clothes' store off the Ward, you would be surprised to find the things which find their way in there, including butter- ~~perhaps, ice and a sausage or two.~~

III. For the accommodation of Nurses.

There is much to be said for the Nurses' home under the Hospital roof and, of course, much to be said for the other plan of the Nurses of the block sleeping over the block of Wards to which they are attached.

First - the comparative ease of supervision is a great argument in favour of the Nurses' Home; on the other hand, the dormitories with a little sitting-room for each block

f176 [3]

of Wards may be made very comfortable and it attaches the Nurses to their Sister more. They are more completely a little party to each Sister; but the little sitting-room should be made comfortable with couches and bookshelves and there should be adequate appurtenances, which there very seldom are.

2 W.C.s

stop sink

housemaid's sink

There should be two W.Cs. For 16 Nurses and a slop sink, and all, of

course, with separate doors, otherwise it really is difficult for Nurses to empty their slops, which, of course, they must not do in the housemaid's sink, for emptying their basins, and making themselves comfortable be-

fore the very early time when they must be at work. A part of these 16 would be, of course, night Nurses; they would get up at a different time and they must have rooms in which they can sleep quietly by day.

Bath-room One bath is perhaps enough for the whole number, because they do do not take their baths at the same time, but still it requires management, and two baths would, of course be better. It is so very desirable

f177

Each Nurse should have a
[4]

separate room & a separate large window to herself
that every Nurse should be able to take a bath once in the 24 hours.
& The compartments in the Dormitory, each partition should go up
to the ceiling- & each have a separate large
window ~~be~~
Each Nurse of course has washing convenience in her own room.
These women must not have to go to a common Lavatory

IV. W.C.s for Patients.

In a great busy London Hospital so few patients are able to get up,
perhaps not one in five, so that really you may say that the propor-
tion of W.C.s for Patients should be from I to 15 to I to 10. In the
Workhouse Infirmaries so many are able to get up that ~~a~~ the larger number is
necessary; but the *slop sink* is really of the *first* importance in the
busy General Hospital for the majority of Patients. There must, of
course, be especially for the Nurses in Male Wards, at W.C. at hand.
It is the custom in Female Wards to keep one locked for the Nurses,
this plan, though not exactly objectionable is not so good as having a
separate one for them in the vicinity of the Ward.
almost always 2 Night Nurses to each Ward, one
on special duty.

20 Extra Nurses at St. T.'s

but these are not moved about from their own dormitory -
Probationers' Home has this advantage: Home Sister has only to
housekeep for them & has time for classes &c - [end 16:906] She would
probably
have to housekeep for the
whole
if Probationer took their
meals with
the others But Probrs- had
better sleep & live in
{vert. right marg:} a separate

Home
Medl Offr-'s room must
not have an Inspection window
into Ward - Nurse's must.

ff178-87v, unfamiliar hand, [ca 1867], re: bed counts, widths & lengths of beds for average bed space in Military, Naval, Provincial and London Hospitals Herbert Hosp Woolwich sup ft Netley;

Naval: Haslar, Plymouth, Chatham

Provincial: Brighton, Chichester, Winchester (sq wards) Winchester (long wads); Bristol; York Nottingham Manchester Sheffield Birmingham Norwich Derby (max and min) Newcastle upon Tyne; Glasgow Aberdeen

London: Westminster, St Mary's, King's College UC, Royal Free, London, Guy's (max and min), St T. (max and min), St Bart's, St George's (max min), Middlesex

draft, ff188-92, pencil

f188

Circular Wards

Objections:

ward can never be swept with fresh air from opposite windows- ?diameter exceeds 30 ft

patients cannot look out of window - space too large in central area

too far from fire ? open fires

Nurses equally distant from all beds -

Ward cannot be supervised from any Sister's room -

does Extraction shaft work?

too much superficial area in whole Ward

too little about the beds

superficial area elongated towards fire does not count for beds

What height in Wards?

What diameter in circular Wards?

Points of compass? Sun on Circular Wards?

Add Mss 45820

147

f189

Edinburgh Superb Area

Cubic feet
150

Pavilions

2300 -
2500

too near

88 ft
too

high

63

ft

shut out

sunlight

generally 100-120 ft

2000 -

4000 c ft.

Windows to be within 3 ft of floor

& 1 " ceiling

f190

Will not the Circular Wards be deprived
of sun by all these buildings to the South?

The poor Lady Supts= &c rooms will all be to
the North

Two entrances are objectionable
on the score of discipline

{up diag:} Circular
50 {overtop 56} ~~or 60 fe~~
diameter

9 ft) ~~12 ft 6~~ height
7 " foot) 13 ft

~~1210 ft~~

~~cubic space~~

4 ft 112 sup. area
between side 136 whole
 & side
 of bed 1668 cubic

{returns to normal text:}

Pas

28 ft width
13 "

112 sup area
1456 cubic

8 ft from centre to centre
of bed

5 ft between the beds

3 ft 6 window

f191

{3 separate vert. lines to x-out text}

Nurses' floor: Admn= Block

where do the Night Nurses sleep by day?

where the Night Supt=?

? in Nurses' Home

Head

? 13 in No- 13 rooms x

~~where~~ the Nurses

? Sisters

where Assistant Nurses sleep?

Wardmaids

?

X 2 Baths & 2 W.C.s

& 2 slop sinks not too

much

Lady Supt= seems very inaccessible in her

Admn= Block

difficulty of getting in all weathers into the

Hospl=

has she not a room, an office in Hospl?

is her floor completely cut off

from Medl= Officers' floor?

f192

2nd Floor

Male Surgical Pavilion Wards appear best (in building)

for purposes of supervision, nursing &c

what the width

" height

" superficial area

Cubic space

is there a window between each bed?

Circular Wards

desirable that there shd- be a Sister's room

& a scullery one on each side of farther entrance

that no one shd= come in or go out of Ward

without Sister's knowledge

[9]

draft, ff193-97, pencil

f193

1]

Nurses' Home - separate

You want but covered passage

2 Common Dining Room

? 3 " Sitting Room

5

Probationers not at the loss

{5 of the house - ? where

{ make supervising convenient

6 Supt- taking her meals with

the others

7 Bath room } to each story

2 Baths }

? Fire- place -{dry towels &

Dressing room {clothes

4 Garden, if possible

We give up all idea of

separating by "~~pavilion~~

'pavilions'

f194

1. A separate Nurses' Home with covered passage seems the best arrangement
2. A Dining room for Sisters, Nurses & Probationers- One room might serve with the meals arranged at different hours. Two rooms better, if possible
- 3 One Sitting room for Probationers, one for Nurses, & one for Sisters if possible.
4. A Garden most enjoyable for all.
5. Probationers should be in a wing at the house provided for them- apart from the Nurses
6. Supt- should take one meal each day if possible with the Nurses- The meals should always be superintended by some person in authority -
- 7 Two Baths for from 8 to 10 persons.
It seems better that the room should be kept warm by pipes- a fire place

f194v

write to Miss Masson
 " " Lilly Grillage
 wedding present for
 Nelly Mackenzie
 to be asked at St George's
 {text upside down:}
 Miss Ovans Day Nurse
 Night
 {printed address:}
 10, SOUTH STREET,
 PARK LANE. W.

f195

Separate entrance: to Nursing Quarter
 Linenry= Officers' Library
 Mending room: Orderly Officer's room
 Bath- room miserable condition
 colouring Nurses' cells
 distempering {Bathroom & Sink
 Kitchen
 white washing
 papering {Infirmary
 cleaning Supt-'s rooms

Screens 4 to a Ward

Ward Scullery & Sister's Room
 filthy = horrible all in a muddle
 want - distempering
 cleansing
 & re-distempering

presses may want repainting
 tables Varnishing
 Office-table new leather

f195v {in another hand:}
Cleaning of Quarters

-
~~Wash~~
Furnishing

-
Washing - Nurses
 ___ Bedlinen &c

-
Firing

-
Female Infectious Wards

-
 Servant
{F.N. text down vert. right marg:}
 St Thomas
Foul Linen Shoots
Dust not tight
 now fetched by doors:

f196 notes, pencil, red pencil underlining

*how many Nurses? Night ?
 Day ?*

accommodation

*Assistant Matron in charge of
dormitory?*

*what proportion of children?
 under 5?*

under 10?

acute cases?

*Precautions of the Staff of Nurses
against Infection to
 themselves?*

f197

[2]

Kitchen - man cook?

Steward: Patient's Clothes

Kitchen

?

ff198-99, floor plan and outside view of building, not FN hand, re: position of lavatories, dormitory, attendants cubicle, corridor, servant, Nurse, isolation room, bath, gardens, 2 rooms for Superintendent and for an Officer f199 sketch (whose?)

draft, ff200-02v, pencil & pen

f200

[4]

Children's Day Room very bad

these crowds of beds against *side* walls

most objectionable only one or two

windows imitation of Walter

why no E & W. window at ends?

they don't seem to have made up their minds

whether Hospl= or Conv R

Where is Sister's Bed Room?

Staff all sleep not of building

f201 {blank}

f201v

[3]

Women Patients should assist in
house work

Children shd be mixed with women

Men Patients in garden - gardener
shd sleep in house on men's side

Men & women should only meet at dinner

Promiscuous meeting our of doors most
objectionable

f202 {draft written on sides of a printed name index}

She *is* on duty

"in & about the Wards"

{vert. on page:}

every time she needs this? That is taking
her off her duties. She must breakfast & tea
in her own room. Dinner is the only meal
she ought to take away from her Ward - Even
so, she is often unable thro' press of work to
go to her dinner & must have it brought
to her in her
room perhaps
2 hours after
So with supper

Those Nurses who cannot be
trusted

f202v {draft written on sides of a printed name index} {vert. on page}

In a high class Hospitals
where Probationers carefully
selected from the best classes
are trained morally as well as
professionally to be approved
Nurses, it is a thing unknown

{upside down at bottom:} If they cannot be kept at their duties
except by not having a room of their
own they had better not be in
a Hospital ~~work~~ at all

for them to shirk their Ward duties
You would find them at their post
at ~~any~~ every hour they ought to be there-
But a Head Nurse must put on her
apron or take a cup of tea. Is she to
run to the Home, perhaps 10 minutes off

Add Mss 45821 158 folios, FN drafts for Notes on Matters affecting the Health of the British Army; Adam Matthew reel 45; material on extra sections; clippings from proofs inserted and FN writing with; a few JS notes not transcribed;

On *Matters Affecting* 45821-45822 includes notes by Sutherland

f1 faint pencil, pale blue paper

1855

Jan

Total Deaths 3168

Admissions 11,290

[left col]

Admissions	Deaths
542 Deaths from Scurvy	31
181 Scorbutic Dysentery	44
---	--
723	75

[right col]

Admissions	Deaths
865 Acute Dysentery	210
143 Chronic "	578
181 Scorbutic	44
491 Diarrhea	1199
342 Acute Rheumatism	58
84 Chronic "	3
---	----
761	2253

f2 FN note pen, pale blue paper

1855

Jan

Total Deaths 3168

" Admissions 11,290

[left col]

Admissions
 542 Deaths from Scurvy
 181 Scorbutic Dysentery
 723

[right col]

Admissions	Deaths
865 acute Dysentery	210
44 [more]	

f3 FN hand, pen notes

Arrival of 20,000 lbs* Lime Juice per "Eck" at Balaclava 10 Dec 1854

Return (Communicating the fact to Lord Raglan but called for by Ld R.) 24 Jan 1855

Lord Raglan puts Genl Estcourt in communication with Dr Hall about it 26 Jan

1855, only 2 days after
 General Order, making it part of Ration 29 Jan 1855, only 3 days after
 Note.* Dr Hall informs Lord Raglan that he is expecting this Lime Juice,
 having heard from Dr Smith of its shipment

f8 FN note, pen
 No suggestions as to
 Cooking
 whatever till 27 Jan
 Light Division for Nov/55
 Dr Hall condemns the
 having so many stores
 in hand.
 Mr Alexander's explanation.

f9
 Hall's eyes clearly open to
 the necessity
 but private considerations
 come in. he is afraid of
 being called troublesome
 and the measure not put
 into operation
 whole mystery lies here.
 will not carry out
 inspections for Cholera
 on this account.
 March 19/55 recommends
 Tea Cocoa 7 Coffee on
 alternate days
 21 recommends
 Peter Salt &
 Pepper
 May 22 recommends
 ample provision
 in store

f9v
 May 25 checks Furlong
 for remonstrating
 about Salt Meat
 June 24 recommends fresh
 ration of vegetables
 to men daily.

f10 FN pen, draft

Cause of Sanitary catastrophe at Scutari [was this used?]
 want of ventilation
 " drainage
 " Hospital Comforts
 " cleanliness

frightful overcrowding
 without these, condition of destitution exhaustion
 of Patients sent down from Crimea would
 not have accounted for the morality
 Patients from L.T.C. having been sent down
 in exactly the same condition 55-56
 Sanitary Science accepted by country & Govt.
 why not by Army & Army Hospital?
 Army Medical Officers must be educated in
 Sanitary Science. not had the opportunity
 what are the subjects of Medical education - sanitary not among
 them. Compare healthiness of Huts & large corridor
 Hospitals

Sanitary officer to have the power of reporting
 home to War Dept

Sanitary & Medical Department not to be
 the same.

Sanitary defects in Barracks & Army
 Hospitals.

Sanitary Science growth of last 10 years.

History of Scutari from July to Nov/54
 proof that there was no readiness of definite
 knowledge nor readiness of adaptation to
 organize preparations for Sick & Wounded,
 Sanitary or other water supply, repairs, fittings &
 neglected.

query. would a Standing Commission of Enquiry
 obviate this?

f15 Hospital

[government of General Hospitals Prop VI [arch summaries of] That the
 Commissariat should be restricted to providing money for the purveyor's drafts

f20 FN hand. Note

October/54 Fatigue & exposure to night air/Cholera
 [gives months] Exposure, Bad food, Deficient clothing, Fatigue, Damp, :
 Scorbutus, & Diseases of Scorbutic type
 to wit, Diarrhoea, Dysentery.

Dam, Bad drainage, Bad ventilation, overcrowding, nuisances, organic effluvia,
 Malaria: Typhoid, Continued, Remittent; Cholera

f22 Note, England and Wales, Diseases, deaths by age

f24 Clinical Medicine

The Pupil to be shown and made to practise the various methods of
 investigating history of disease, examining bodily condition of Patient and
 recording his medical history, to be educated in various methods of
 auscultation, in percussion to determine diseased states in the use of the
 microscope in its application to diagnosis.

Nosological classification of diseases as adopted by Army Medl Dept to be
 revised and made consistent with present state of medical science.

Progressive phases of patients' state thro' series of diseased conditions

to be made to appear in his history and on his admission card. [arch see 00345-6]

f27 Warrant for re-organizing the Army Medical Dept

ff32- draft for preface, ink, clean

Since the landing of the British troops

f43 draft for preface to Section I to XXVIII [after p2, Preface to Section I]
The D.G. saw Lord Raglan before the Expeditionary force sailed to the East,
[as in printed]

Proceedings for the Director General
Feb 27/54 Letters of Appointment

f73 ink. 2 cols [as in print]

[left] parag 21 Oct 1854]

Dr Hall thus reports
to Lord Raglan and
also home to Dr Smith
that the hospitals at
Scutari were in a
"satisfactory state". In
his letter to the "Times,"
he subsequently says
that he is ready to
maintain the assertion
that they were in a
"satisfactory state" viz
when he left Scutari
Oct 21/56. He cannot

f73v left

"report I made in such
"a strong manner & with
"such strong expression
"that discretion thenceforth
"kept me silent on the
"Matter. I immediately
"returned & corroborated
"my statement by a
"Personal investigation
"in the Regiment
"There can be no doubt
"that, had the Regiment
"been provided with
"proper means of
"Transport

...re Hall gave flourishing report

f84 Duke of Newcastle gave evidence, no info on conditions

f86 Nov 29/54 4 doz port wine received list

f90 newspaper reports

f95 As many of the Surgeons
& Commanding Officers
state that their sufferings
began in Bulgaria that
the Seeds of the ill health
of the troops were sown
there, that their wants
were there made known
to Dr Hall, who even
then could not supply

f95v

101

those wants - as
the Purveyors say that
they strongly reported
the wants in respect
to Medical comforts
to their Medical chiefs

f97 conclusion from foregoing evidence. Note on sufferings of the army

f104

Sanitary recommendations regarding Scutari
Dr Hall writes to Major
Sillery, request 10 Orderlies

f107 Hall and Raglan

Menzies to Purveyor Nov 17 [1854] re cleaning privies

f110 Notwithstanding this,
the Privies were, up
to a period of many
weeks later than this,
frequently more than

f110v

an inch deep in filth
which flowed even
into the ante rooms.

January 18, 155. Jan 18 Dr Smith to Dr Forrest/Sewerage
When the Mortality
in the Scutari Hospitals
had excited the whole
country, Dr Smith
writes to Dr Forrest,
then PMO at Scutari,

sating that he had
been informed by
Officers returning home
"that the sewerage in
& about the Hospitals
at Scutari was very
defective when the Army
arrived at Constantinople
"I shall therefore be glad
to be informed if it
has since been improved
to the extent necessary
to ensure so far as it
is concerned the health
of the inmates of the
establishment."
"If nothing appears
to have been done, I
require you will
immediately represent

f112

the necessity of measures being at once adopted."

F112v

General Observations upon the above [after Feb 5 Dr Smiths to PMO Scutari
Burials]

There cannot be
a moment's doubt
as to the essential
nullity of the whole
sanitary procedure, as
indicated in the above
correspondence.

None of it was

f111 November 17 re putting hospitals

f109 warming the hospital

f115 Actual Facts, as they occurred at Scutari, to be compared with the above
recommendations.

The entire disaster
was a separate problem

f116 re occupation of the buildings in Oct 1854
fresh ship loads of sick arrived.

F116v

The reduction in the
morality after the
Sanitary works were

begun, is most striking,
& it falls eventually
to a third of what it
was when the Barrack
& General Hospital
were occupied together
in October 1854. ...

F117

Our experience of Scutari
proves that General
hospitals may become
pest house from neglect,
or may be made as
heathy as any other
buildings.

These are the facts
of Scutari hospitals
during the first year
of our occupation.....

f118

Preface to Sec III p XXI
1. Site of Barrack &
General Hospitals good.
Site of Palace Hospital
defective from wetness
of ground, site of
Koulali not good.
2. Vicinity

f119v sanitary evils

f120 mortality and drops in. Koulali, emptied, sanitary works proceed, and in
the three weeks ending June 3- it ranged from 0.65 at Koulali to 1 ½ per cent
at the General Hospital, Scutari

f121 Section III.

With regard to Scutari
it appears
that there is now the
difference of opinion
in acknowledging the
colossal calamity
which befell us there in
the winter of 54-55
At least such is the
assertion of the world versus that of three
men

Regarding the causes
of this calamity, there
is still some difference of opinion

f124 space between patients

f150v [arch p92]

The horrible state of the privies described in\the last extract which refers to the Barrack Hospital continued there more or less, up to March 1855, in which month it was still occasionally our ~~curse~~ ~~& our disgrace~~ crime & our punishment.

A farther horror, & the cause of much disease was, in the autumn of 54, the placing of tubs in those wards farther from the Privies (in the absence of Utensils) to hold the excreta of from 30-50 Patients afflicted with Diarrhea & Dysentery. It is easy to imagine the consequences of this horrible Nuisance And it became Miss Nightingale's duty to see these tubs removed

clipping of printed page, on back gives 7509 paragraphs with questions and answers: House of Commons Committee. ... more than an inch deep. (Is this rc? Or?) The Turks, as it is known to those who have travelled in the East, are remarkably decorous in their habits, and the necessaries on the side of these long corridors.... [arch 152// Matters aff 91;]

7510 printed clipping: Is it not the general opinion that Smyrna is a very unhealthy place? -- There is a strong opinion that Smyrna is unhealthy, but I satisfied myself as to the contrary being the case, with the exception of a few of the summer months.

7512 During those months the hospital would not be salubrious?
[this is clipped from Roebuck Report, testimony of A. Stafford]

F153 clipping We directed the immediate removal of the excreta of the sick out of the hospital [arch p 93, but of what?]

f153 more on bowel diseases

f155 disgusting subject, sickens us

[looks like quotes from San Commiss, then on to cartloads]

It is a humble prero

gative, which no one
will grudge them.

And now I take leave
of this disgusting subject,
only adding that, if
it sickens us to read
it, it was far more
sickening to see it
& go through with it,
involving, as it did,
sickness & death to
an unknown number
of brave lives.

Add Mss 45822, 256 folios, 7 pages, drafts for Matters affecting, almost all FN drafts; Adam Matthew reel 45

f1 Hospital Kit. The Requisition System among other disadvantages, prevents the furnishing of the pre-determined necessaries for each bed, Please to insert this if poss before the MS sent this morning

f9 Stoppages Prop XVII
arch Section XIII

f11 arch 398, 399 The ordinary way of remitting money [yes]

f13 arch: section XIII 400 [yes]
The question of an uniform stoppage is now under consideration....

f16 Dieting and Cooking of the Army. arch: section XIV; 402-07
The cooking for the army has not advanced with the requirements of the times, in the art of preparing the greatest variety and best combination of the most nourishing food with rapidity and simplicity.

F30 sections XV Commissariat
XVI Washing

f33 Commissariat Note: Col Tulloch says" [arch: Section XV] [yes]

f67 Soldiers Wives. [arch section XVII 457-474, 457-473

f86 arch: concluding remarks 492-504

f117 Have you done it (viz. compounded your own medicines) for any "continued length of time when you were a regimental officer?" Dr Smith "Yes." "You were a regimental assistant surgeon?" "I was." "For how long a period?" "I was in the 98th Regiment for not very long, but I also was in other regiments and I always did it." "As a regimental surgeon, did you do it, or did you delegate that duty to your assistant surgeon?" "I never delegated duties, the assistant surgeon made up his own medicines and I made up mine."

Note B to Page vii

f122 material referred to p 439: In continental armies, esp the French, the soldier's trade is enquired into and a certain number kept to the service of that trade for the benefit of the regiment.

It is clear that a very small addition of pay would be given, in our army, with a very large amount of benefit to the troops. The trades of civil life, the baker, the butcher, the tailor, the shoemaker, the tinman, the drain maker, the road maker, the well dinker, the carpenter, the smith, the saddler and harness maker could all be usefully employed in the army and could become instructors to others.

Assuming an enlistment for seven years, of skilled artisans, a very superior class would be induced to enter the army by this means.

When troops are brigaded together, and not in single regiments, either real or artificial work would be found.

The non-exercise of trades resulted, during the campaign, in the entire neglect of men's mess cans, clothes, shoes, &c. A great amount of discomfort, disease and extravagance ensued.

In our army we should probably obtain more skilled labor than is found by the accident of conscription on the continent. For more men would come in at 21 years of age at the end of their apprenticeship than now do....

f124... Irrespective of hospitals, it seems that there are but two kinds of stores either those issued to the regiments or those not issued to the regiments but still in a sense disbursed to the army by the government regularly or specially....

f131 An army seems to have been hitherto considered as a mere fighting engine which has to be supplied only with projectiles and matters of a like nature. It seems to have been forgotten that 40,000 or 50,000 men densely massed are no other than a social body depending upon an organization either within themselves or among the inhabitants surrounding them for support of life. As we gain greater military force by their greater civilization, so they have lost the means of sustaining life, belonging to a savage state. In the wars of Frederic the Great, the Thirty Years War, more especially in the wars of Louis XIV and lastly in one Peninsular War or the German and Italian War of Napoleon, so great was the dependence of the army for the necessaries of social life, on the inhabitants, among whom it was dispersed that, drawing as it did its supplies in extremely minute form from them, or buying on the common markets with money obtained by forced contribution, the great social wants of an army have not been sufficiently estimated.

The one great exception, the peculiar requisite of the British soldier, the necessity of animal food in a greater proportion than used by the peasantry among whom he was, was supplied in Spain by sea transport to the base of his operations.

In the Crimea, however, the true state of the case became apparent--the allied troops becoming the sole inhabitants of the given district they occupied, the little peninsula bounded on the East by the Tchernaya. Thus all the requisites of social life were to be self supplied.

Then the military authority had to contrive the mode of living with all its necessities from beginning to end, as well as the mode of fighting first, sustentation in its largest sense and secondly hostility in the greatest possible degree.

Whatever might have been the amount of success in the combination of the modes of hostility, the support of the soldier in full physical vigor was comparatively far less attended to.

The effect of the absence of population seems not to have been perceived or at least not made up for by contriving that which the population would naturally, almost insensibly, supply.

His shoes or his tin can or his clothes were not mended--his food was not cooked or the quality not neutralized by vegetables as they would have been had not the country been a desert. He had neither time nor instruction to meet the unexpected circumstances. On the other hand, it seems to be held that the necessities of defence and aggression were so urgent that for them were to be sacrificed the soldier's preservation and that there was no time to calculate nicely his physical ability to resist labor, cold and hunger but that there was no choice other than to allow the soldier to labor for a given object, taking the chance of his death in the middle of the work rather than perform half the work in the given time, preserving him in comparative vigor for the future purposes of the war. For example, in the mere question of the munitions

for the siege and the munitions "de bouche," a saving of time as well as a saving of life would have been effected by making a road over a wisely selected line, the road being viewed as a means of economising transport. Again, as to cooking, if twenty five per regiment had been reserved for a systematic cooking, more men would have been practically in the trenches and they would have assisted in the later part of the campaign, whereas, in truth, they were either dead or invalided. An approximation was made to shew that this principle was dimly comprehended, and evidence of two per company being told off in most of the regiments for cooking in January. The Naval Brigade and the Zouaves reserved fully the number necessary for cooking. The Naval Brigade having lost 3½ percent from disease and eight of our regiments 73 percent, there was a positive saving of 70 percent of the men for the trenches. The Naval Brigade, however, gave the men also an advantage over the troops in their shoes and socks, instead of laced boots and the warm clothing. As to the warm clothing in the army, the same argument applies.....[check if used, looks different]

f135 Chelsea Board, p 294 Q 1410 General Airey states ...

F141 Recommendations arch: defects and p 542, X and XII
Defects. On considering the evidence which has been brought before us on the subject of *Medical education*

f156 Prop VI

f158 Engineering for Hospitals. Cooking. The ordinary diets are cooked in the same manner as the rations for the soldier.

F162 The ordinary buildings of common towns (except as used for the offices of hospitals and not for their sick wards) can, in few cases, afford advantages equal to those of huts, unless for very temporary purposes. Such buildings must present great imperfections for the object.

F164v The Barrack Hospital at Scutari being included in what was given up to the British in May 1854, tho not occupied as a hospital till September 54, was reported home in May as having a cesspool within its walls. It was afterwards partially used by the British and occupied as a hospital after the Battle of Alma. Nevertheless the cesspool and its attendant nuisances were not removed till long after the intervention of the Sanitary Commission viz by their officer, Mr Wilson, in May/55.

In a farther stage of the proceedings, when the Barrack Hospital was under a new Commandant and a new Inspector General sent out from England as commissioner, so little were sanitary precautions carried out that fever produced by effluvia arising from drains opening beyond the hospital walls was attributed to the sole influence of the S.W. wind over the Sea of Marmora. But upon sail cloth flaps being placed by the Sanitary Commission to prevent the ingress of wind when it set into the drains and water tubs erected or stands placed so as to flush the drains the effect attributed to the Sea breeze ceased.

The attack of cholera (which spread over the British as well as foreign troops) on the arrival of the German Legion in Nov/55 attributable to their dirty state, to their extremely close quarters in a portion of the Barrack

Hospital and the still unremedied defects in that part of the hospital was confidentially stated to be principally caused by the cemetery which was 3/4 mile off and perfectly well covered in.

Whatever may have been the opinion of the Commandant at that date Nov/55 finding in his office the written opinions as to the intermingling of depot and hospital signed by the Sanitary Commission pursuant to which reported home the preceding commandant had, five months previously ...

f170 2. Air. The true principle of ventilating hospitals is to introduced a sufficient amount of fresh air at as many points as possible and to withdraw foul air at as many points as possible. One or two openings in the floor with corresponding openings above in the ceiling will only allow air to pass, without renewing the body of the air within the ward.

In the London Fever Hospital, not less than 2000 cubic feet of air are allowed to each bed--while in the Lariboisière at Paris, 500 cubic feet only were allowed.

But, in the latter, the architect is pledged to change the whole atmosphere of the ward every *hour*, to maintain the temperature at 61° Fahrenheit, and to provide 8 gallons hot water per bed...

F172 3. In all town statistics, it has been found that, caeteris paribus, the third floor is the most unhealthy, the ground floor the next, the first and second floors the most healthy. This does not refer to houses where a prince lives on the first story, and a cobbler at the top, but where the ventilation, size of rooms, character of inhabitants &c is the same on all the floors. Indeed, where the first floor is usually the most crowded.

The same statistics hold good in hospitals. There is invariably the highest mortality in the third tier of beds (except where the ventilation of the third floor is decidedly superior) because, when all other circumstances are alike, the third tier has the disadvantages of the first and second, in addition to its own.

It is well known to physicians that the exhalations from the bodies and breath of patients are the most injurious to the human being of all influences, whether from drains, decaying matter or others, be they what they may.

And it is well known to chemists that the gases from which we most suffer in hospitals rise through plaster as through a vacuum.

In large towns, like Liverpool and Birmingham, the mortality --all other circumstances being the same, is exactly in proportion to the number of persons placed together upon the same ground.

* The ratios of density of population are in

Liverpool 138

London 50

Birmingham 40

these figures representing the number of inhabitants dwelling in equal spaces of ground.

Mortality increases in a corresponding ration...table

f174 Corridors. To obtain the advantages of the corridor without the disadvantages, each ward should have a row of windows on two opposite sides, independently of the side next the corridor, as is the case with the great hospital at Bordeaux and at the Hôpital Lariboisière at Paris, which represent

the latest improvements in hospital construction.

The fault of the corridors in the great hospitals at Scutari, which induced, as is well known, hospital gangrene, fever &c, is that they lead to the intermingling of the foul air of different parts of the building with the air of the wards, because, from the position of the latter, the only means of obtaining a thorough cross ventilation is by admitting the air for the corridors into the wards.

It is a fact well known that medical and surgical treatment are by no means so successful when the sick are massed together under one roof, and it was to obviate this that the great improvement of breaking up large hospital buildings into smaller connected portions, as shewn by these hospitals in France, was introduced.

The low rate of mortality of the hut hospitals in the Crimea is very remarkable.

The improvement is effected by projecting the wards straight out behind the corridor, so that each block of two wards, where the hospital consists of two flats, constitutes in reality a separate hospital, with a row of windows on each side and independent ventilating arrangements. As each block of wards stands by itself, with a space intervening between it and the adjoining,

The corridor should not be a long passage with windows, but should consist of arched "ioggie" open from top to bottom, and the whole space should be filled with glass, the framework of which should be so constructed that it can be thrown open entirely fine weather....

F178. Miscellaneous Appliances. Water. The water for the use of the sick should be pure and free from organic matter. If the natural water resources of the district do not afford a sufficiently pure water, suitable means of filtration might be provided. It would be found very useful to lay the water on to all parts of the building as well for convenience as for safety from fire. ... Sinks.

F180. Clinical School Should a School of Clinical Medicine a& Surgery be connected with this hospital, provision would have to be made for a museum, library and suitable rooms for conducting post-mortem enquiries, examinations and operations, in proximity to each other, but at a sufficient distance from the sick.

Ff183-235 proofs with corrections. Some from Cumming-Maxwell.

Field Hospitals

f233 is 343 sec III p 133. With corrections.

ff242-45 FN draft, pen

Mortality in the Crimea.... figures. The above calculations are made exclusive of wounds. The mortality of May 1856 is less than half what is in the Line at home, little more than 2 fifths what it is in the Guards at home.

Newcastle told wants in Crimea--being a feeling man, shocked, says how much he is interested and that he had sons out there, finally goes to enquire for himself in the Crimea.

No reason for him to go so far to enquire--he need have gone no farther than St James's Place, and enquired of Dr A. Smith, What have you sent out? Roebuck's committee did ask and received from Dr Smith a return, but got no further. Roebuck's committee never did anything that I know of but furnish

people with breakfast table conversation.

But had Roebuck, who is so sharp, or Newcastle, who is so conscientious, just looked over that list which Dr A. Smith put in, and made a sum of simple division, they would have seen that the hospital supplies sent out for the whole 8 months terminating Dec/54, would last 3 weeks, estimating the sick at 2000, who rose in Aug Sept Oct to 11 000

Nov 16 000

Dec 19 000

Dr Smith expresses amazement at not being able to divine when all his supplies are gone to.

Newcastle was told he must "go out," and he went out, hardly I dare say, knowing why to this day. Had he simply brought forward that list as a reason why Dr A. Smith must "go out" and he be justified, perhaps that alone might have saved him.

And what must Dr Smith think? For I suppose he can count up that list. He must think *how well he calculated* after all, for you are *out* and he is *in*.

Then Roebuck behaves to him like a bear and all is said and done.

So also, people look at the "return" of washing (say) done at Scutari and they see 3000 pieces washed per month, and they think that is a good many--incapable of the arithmetic that with an ever changing population, averaging 2000 patients, that makes 1½ pieces per month *per man* and that man often 7 men and a pair of sock is 2 pieces.

The farce of all our commissions, committees, our House of Commons is this: our people rising up en masse and turning out the two men who had not done the mischief--has all this farce got one single thing altered, except the one organic change of the duke of Cambridge for the staff. Lord P. will show my precis to A. Smith and Dr A. Smith will say, oh the regimental surgeons have told her this and I shall say, No, Dr S. told me himself. But no one will hear.

Either this is true or it is not true. There is no excuse. For this has occurred.

If a regiment starves and there is plenty of food for it on the Black Sea, that is no excuse. Either the Medical Dept is utterly rotten, defective from disease and cannot take charge of the health of an army, or there has been gross neglect.

For there is no excuse. The thing has occurred. When the Prince went down there was a great coat and blanket at B'clava for every man in the army. Unless the Horse Guards make the commanding officer or the medical officer responsible for every death in a regiment, there must be an authority over the medical officer and over the commanding officer, too, viz., from the War Dept, for 6 percent only of the death were from unpreventible causes.

[end]

Add Mss 45823, microfilm, 190 folios, 77 pages, Adam Matthew reel 46; FN material post-Crimea, notes, lists, corrected proofs, almost all undated,

f1 blue paper. FN hand, pen

Extract from the abstract of the French Minister of War's report on the Crimean Army given in the "Times" of Oct 25th

Men embarked for the Crimea	309,268	
Horses	47,947	
Loss of men including 1781 missing & 392 by shipwreck	69,229	
Men returned from the East	227,135	
" unaccounted for	12,904	309,263 as
above		

Horses returned 9,000
Majority sold to the Turkish government
The total loss of the French killed, killed, died, missing would thus appear to be 82,123

list of names, f2, pen

f2 {arch: [Beg. 16 Nov. 1856] 157}

Herbert
Sir James Clark
Gen. Storks
Dr. Smith

Balfour

Dr. Mclachlan X
Mr. Milton X
Col. Lefroy
Mr. Martin
Dr. Farr
Dr. Sutherland

Lord Grey
Dr. Parkes
Capt. Gordon

list of names, ff3-5, pen

f3 {arch: [ca 17 Nov 1856] 102}

My "Pan" here for three hours wrote down

President	Mr. Herbert	}	
	Gen. Storks	}	Jury
	Col. Lefroy	}	
		}	
	Dr. A. Smith	}	
	Mclachlan	}	Army Drs
	Brown	}	

Dr. Sutherland }
 Martin } Civil Drs
 Farr }
 Secy Dr. Balfour } Army Dr
 will have Drs balanced } not fair
 2 soldiers reckon as against Civil element
 Whenever I represented it (I did not know
 old "Pan" was so sharp) he offered to take
 off Col. Lefroy. So I had to knock under
 won't bring back Alexander from Canada
 will have three Army Drs
 so like a sensible General in retreat I named
 Brown Surgeon Major Gren Gds therefore
 not wedded to Dr. Smith, an old Peninsular
 & Reformer -
 left Lord P. his Mclachlan who will do
 less harm than a better man

f3v

he has generously struck
 out Milton,
 seeing him in such a "coming on disposition"
 I was so good as to leave him Dr. Smith
 the more so as I could not help it
 have a tough fight of it
 Dr. Balfour as Secretary
 Pan amazed at my condescension
 in naming a Mily Doctor, so I concealed
 the fact of the man being a dangerous
 animal & obstinate innovator -
 failed in our point - unfairly
 Pan told Sir J. Clark he was to be on
 won't now have him - Sir J. Clark has
 become interested - agreeable to the Queen
 to have him - just as well to have Her
 on our side, as she has done us mischief
 in re Tulloch - an enlightened man, a very
 timid man, personal friend of Smith's -
 besides things Ld. P. finds convenient
 to forget, has really an inconveniently bad
 memory as to names, facts, dates & numbers.
 hope I know what discipline is too
 well, having had the honor of holding H.M.'s
 Commission to ~~know~~/have a better memory
 than my Chief.
 P. has four Army Drs really, accordg
 to his principles I have a right to four Civilians

f4

Instructions general & comprehensive
 comprising the whole AMD
 & the health of the Army, at home,
 & abroad

Semi Official letter from S. of s. or Memm from President,
 giving details

Smith equal parts lachrymose & threatening
 will say "I did not understand
 that we were to enquire into this"

My master jealous - does not wish it to be
 supposed he takes suggestions
 from me, which crime indeed
 very unjust to impute to him

You must drag it thro' - If not you, no one else.

1. Col. Lefroy to be instructed by Lord R. to draw
 up a scheme & estimate for A.M. School,
 appendix to his on Mily Education,- I won
2. Southton Hospl plans to be privately reported
 on by Sutherland & me to Lord P., - I won
3. Commissariat to be put on same foot as E.
 India - I lost
4. Camp at Aldershot to "do for" themselves -
 kill cattle, bake bread, build, drain, shoe=
 make, tailor &c - Lord P. will consider,
 quite agrees, means "will do nothing"

f4v

5. Sir J. Hall not to be Director General
 while Ld P. in office - I won -
6. Col. Tulloch to be righted - I lost -
 unless I can make Col. T. accept an
 Agreement, which I shan't
7. About Statistics, Lord P. said
 1. the strength of these Regts averaged only 200
 2. denied the mortality
 3. that Statistics prove anything
 And I, a soldier must not know better
 than my Chief
8. Lord P. contradicted everything, so that
 I retain the most sanguine expectations
 of success -

f5

Pres Mr. Herbert
Dr. Smith Dr. Alexander
Dr. Sutherland Mr. Martin
Sir James Clark Mr. Tuffnell(?)
Genl Storks Col. Lefroy
 Secy Dr. Balfour
Sir DeLacy Evans ?
Mr. Chadwick ?

f2 FN hand pale paper

Herbert
Sir James Clark
Gen Storks
Dr Smith Balfour
Dr Mclachlan
Mr Milton
Dr Farr
Dr Sutherland

Lord Grey
Dr Parkes
Capt Gordon

f5 list of commissioners evidently, incl Chadwick?

f9 FN hand:
To enquire into

ff10-12 looks like warrant: Victoria by the Grace of God...whereas it hath been humbly (to compare with printed)

f28 FN hand: Is it your opinion that whether in peace or war every portion of the Soldier's food should be supplied by the commissariat?

f42 Col Tulloch [not FN hand]

f85 proof of Answers to Written Questions [with a few cross-outs, by JS?]

f97 another set of proofs with FN corrections

ff115-49 printed Extracts from the Queen's Regulations, corrected by FN hand, Management of Hospitals and Duties of Medical Officers, much written in

f152 FN hand, pen

Statistics p 79
Army Abstracts sent for
use of Commission
extremely defective
contained the admissions

up to week ending May 12
admissions used after
that date because
regularly inserted in
Return

only total sick used
from week ending Ap 7
up to beg of May but
not for comparison with
what follows

f154

In a commission, after the
witness has given his evidence,
the other side asks him his
opinion & the opinion illeg
& very often in direct opposition to the
facts.

A Commn must decide
not upon its own opinion
but upon the evidence before it.
And, therefore, unless there
are one or two men who will
doggedly draw up their own
Report & make the others
illeg you will very likely
get a Report from your
Comm very different from what
you expect.

A man costs £300
therefore if you lose 20 men
from drunkenness, you lose
£6000 - a great deal more
than the improved system
of Canteens wd cost the govt.
from 60 to 80 perct of your
sickness was from epidemics
We reduced it to 16 percent
70 percent of your deaths
from epidemics we reduced
it to 45 percent.

f155 pencil notes,

Your experience is derived
partly from what you have
yourself seen - partly from
knowledge you have yourself
heard - But your evidence
will stand alone. You
could bring up that other
evidence to support yours

It is so in all instances
 You come to a conclusion
 but you are not in a condition
 to substantiate it by
 documentary or other
 evidence. You could not
 bring your witness into
 the witness box.

How can you prove that
 Surgeons want Examinations?
 Have any patients suffered
 from want of proper
 treatment. You could have
 all the PMOs illeg that
 they were perfectly treated
 State DIP Cruikshank
 extra diet rolls
 commangdg gen kitchens illegs
 Yet the most important
 conclusions that are come
 to in life are come to in this
 manner

f156

If nothing is done now, after
 the experience nothing will
 ever be done.

If he will not act upon
 your experience to which
 you have nothing to add,
 bringing to bear upon it
 The best advice at his
 command, he will not
 act upon the Report of
 any Commn.

Up to 18 then even no
 Licensing Bodies - the Archbp
 of Canterbury can to this day
 grant licences to practice
 if he chooses, illeg of
 illegs...[more]

f159 ink, FN notes re the French, pen

What Statistics ack from
 Col Tulloch about
 Returns?

French

The Gen a Civilian?
 Morality Statistics of
 this spring are they to
 be bad, do they prove

causes of mortality?
 French Medical Statistics
 generally
 Intendant Général on
 whom does HE depend?
 would Baudens give
 Statistics
 examens & concurrence
 Le Vaillant's Statistics not
 true
 Sanitary element

f159v
 in French is it Collection
 of Civilians while
 with us a Division
 with grounded arms.

f160 FN note
 Peter Hardy London life
 Saml Brown Guardian
 Finlayson National Debt
 Dr Thompson } Dietetic
 Letheby } Condition of
 Population
 e Simon } do
 what mortality would be
 among illeg lives
 at those ages?
 whether mortality would
 not be less if there were
 invaliding?
 ask them whether they
 did not think army
 excessive sketch

f160 state [not transcribed]

f161
 Mortality from all cases
 What has been the Mortality
 in the Navy, taking a
 period say of the last
 ten years?
 What at home?
10 per 1000 of mean force [bold in another hand]
annually
 What in the Colonial
 Stations? **Mediterranean 14.0**
W. Indies 24.0
E. Indies 21.0
 What in the most

unhealthy stations?

30 to 40 per 1000 of mean force

What, deducting the most
unhealthy stations?

**10 to 15 per 1000 of
mean force annually.**

f163 printed form, Nominal Roll of Officers who died at Scutari, followed by
other lists

f170 pencil calculations

ff175-78 FN hand, Conditions of success, re commissioners

ff179-88 FN Unhealthy Trades (civilian) June 20/57

f194 not FN hand, but sounds like, re SH, Panmure, recommendations see f75 in FN hand.

The enclosure appears the only way of working out Mr Herbert's recommendations. Unless some such check is kept on Ld Panmure & Dr Smith the country will be deluded with the idea that the recommendations are being carried out while in fact they are all being neutralised and negatived by the ignorance of the Army Medical Department working with the most corrupt of systems.

unsigned notes, ff9-13, pen & pencil

f9

To enquire into & report on the operation of the regulations in force respecting the administration, Medical attendance & supplies of Army Hospitals & into the regulations in force for securing the health of the Army, both at home & abroad & into all matters referring thereto -

f9v

Lord Panmure
General Storcks
Mrs. S. Stewart
Miss Morton
Dr. Mclachlan
Dr. Mapleton
Dr. Becker
Col. Tulloch
Sir J. Clark
Harrison's
Dr. Tweedie
Mrs. Nelson

f10

Chairman x. Mr. Herbert
x Dr. A. Smith
x Dr. Alexander
x Dr. Sutherland
x Mr. Martin
x Sir James Clark
x M General Storcks
x Sir Thomas Phillips
x Mr. Stafford MP
Secretary Dr. Balfour

Victoria by the Grace
of God of the U.K. of
Gt. B & I Q D of F
To our right trusty &
well=beloved

whereas it hath been
humbly represented to
us that, considering the
great importance of
maintaining & improving
the health of all ranks
of our Army at Home
& abroad, & of providing
for their medical care
& treatment in cases of
disease, wounds & other
casualties whatsoever
in the most approved
manner, it is expedient
that certain enquiries
should be made into
the constitution of the
Medical Department
of our Army, the mode
of appointment of its
Officers, & the system
which regulates their
rank, pay, promotion
& retirement. Likewise
it is further expedient
to examine into the
condition & administration
of the Hospitals of our
Army with a view to
their increased efficiency

f10v

Now know ye that we,
having taken into our
consideration the premises
do hereby order & direct
you the said

- - - - -
- - - - -

to inquire fully into the
organisation of ^ the M.D. ^government & direction
of our Army - & firstly,
to enquire into the mode
by which candidates
for first commissions
are selected & the system
adopted for their
promotion & routine of
service, also the mode
adopted in regard to
their pay & retiring
allowances - And further
we do order & direct
you to inquire into
the means now adopted
for (acquiring,) keeping
up (& adding to) the
professional knowledge
(as regards the treatment omitted
& prevention of disease)
of the Officers of our
Medical Department,
& to consider whether it
will be expedient to
(encourage them to) S.H.
combine Civil Practice
where compatible, with
military duty - (

f11

proposed to interpolate -
 instead of "as regards" down to "~~to~~"
 "regard to" - the following
 (in Barracks, Hospitals,
 encampments, and as
 regards duties, clothing, ration
 canteens, accommodation
 for families of married
 soldiers &c &c
 having respect to)

(And further we do
 order & direct you to
 inquire into the operation
 of the regulations now
 in force with a view
 to the prevention of
 disease in our army
 both at home &
 abroad (~~as regards~~/as regards
 Barrack accommodation,
 encampments, duties, clothing,
 ration &c &c having
 regard to) the various
 climates to which our
 troops are exposed, &
 the duties & responsibilities
 of the Medical Authorities
 on these matters)

And further, we do
 order & direct you
 to inquire into the state
 & condition of Military
 Hospitals both General
 & Regimental

(Also into the forms
 at present in use for
 registering the Statistics
 of Sickness, Mortality
 & ~~Fit~~ Invaliding)

Also, into the
 system adopted in
 the same Military Hospitals for the
 treat-
 ment of our soldiers,
 & the powers possessed
 or exercised by the
 Medical Superintendents
 (or other functionaries)

f11v

in such Hospitals
for providing (~~illeg~~/diets)
medicines & every
requisite for the medical
& surgical treatment
of the Patients under
their charge (together
with the character of
the diets, medical
comforts, furniture, &c)
Also we do further
direct you to enquire
generally as to the
expenditure of such
Hospitals & the financial
control now exercised
(in &) over the same
(& the relative authority
of the various Departments
whose functions are
exercised within the
Hospitals)

And further we do
order & direct you to
inquire into the system
of management (& reception)
~~treatment~~ of Patients
in Civil Hospitals
whether in immediate
connection with our
Army or otherwise
to consider whether
such management or
treatment or any
portion thereof can be

And further we do order
& direct you to enquire
into the rules & regulations
or the practice in force for
invaliding & discharging the
Soldiers of our Army when
brought forward for
discharge as unfit for
further service

f12

introduced with advantage
into the Medical Department
of our army

And we further order
& direct you to inquire
into the expediency of
making provision in
our Military Hospitals
for the Officers of our
Army, suffering from
disease or accident,
incurred in Our Service
& to consider whether
it will be adviseable
to provide in our
Military Hospitals
for the treatment & care
of Lunatic Officers or
Soldiers, or to establish
a separate Military
Hospital or Hospitals
for that purpose, or
in any other manner
to provide for the treatment
of such cases - And we
do further command &
require you to (report
whatever changes you may)
consider ~~whether it~~
~~will be~~ expedient
~~and practicable to~~
make ~~any other changes~~
in the organisation,
management & expenditure
of the Medical Department
of our ~~illeg~~/Army with a

f12v

view to the utmost
 efficiency of this branch
 of our Military Service
 (& what measures you
 may recommend to be
 adopted with a view
 to) ~~and~~ the preservation
 of the health of our
 troops (at home and
 abroad) -----&

also that you do report &
 your opinion upon such Returns
 or Records as should be kept
 by the Medical Officers of our
 Army with a view to the
 preparation of a well-digested
 & accurate body of Military
 Medical Statistics.

And it is our further
 will & pleasure that
 you or any five or more
 of you do obtain
 information touching
 the matters aforesaid
 by the examination of
 all persons most com=
 petent by reason of
 their knowledge, habits
 or experience to afford
 it, & also by calling
 for all papers, documents
 or records which may
 appear to you or any
 five or more of you
 calculated to assist
 your researches & to
 promote the formation
 of a sound judgment
 on the subject & that
 you or any five more
 of you do report to us
 under your hands &
 seals your several
 proceedings by virtue

f13

of this our Commission
together with your
opinions touching the
several matters hereby
referred for your
consideration

Given at our Court at
this day of
April in the year of
O.L. 1857 & in the
20th year of our Reign

unsigned notes, f14, pen

f14

Army Medical Department

Logical defect - the higher a man in
medical rank, the more he is removed from
medical practice -

who treats the Patients?

what are the duties of the higher ranks?

are they those of Clerks

Book=keepers

General Superintendents?

divide Medical Departments of a Hospital or
Division into

Sanitary

Pathological

Medical & Surgical

Statistical

define duties of Principal Medical Officer

re=cast ranks & functions of ranks

why A.M.D. in Peninsular war before

Civil Medical Profession, now behind it in
medical science

trace young Medical Officer from his first
entrance into Army thro' all his subsequent
steps

ascertain amount of clinical education

before he enters - opportunity of actual

practice & experience afterwards

define actual duties of Acting Assistant Surgeon

Assistant Surgeon

Regimental & Staff

Surgeon

Regimental & 2nd Cl. Staff

Surgeon 1st Cl. Staff

Deputy Inspector General

Inspector General

Director General

unsigned notes, f15, pen & pencil

f15

to contrast the Statistics of
Sickness & Mortality in the
Army with those of Civil Life
at the same ages

to have his opinion as to the
preventible loss of life & as to
the preventible sickness in the
Army

whether there be any
Statistics of Mortality obtained
from India & the Colonial
Stations with regard to
Civilians for the Army ages -
to contrast it with the
Mortality of the Army on the
same Stations -

Consiy Police moveable
body reqd per centage
Mortality from all
classes of disease & also
current per centage of
sickness - Phthisis
amount of night duty
whether always on day
duty & always on night
duty -
mortality in Model Lodging=houses
& sickness Gds do
& in any Public Esta=
blishments in a good
sanitary condition - as
P.O.
as compared with Barracks

unsigned notes, f15v, pen & pencil

f15v

1. Education & Qualification
Sir James Clark

2. Sanitary
Sutherland

4. Supply needs of
Storks

3. Duties of Ranks
Hospital Course / Alexander
Writing Part & } or
Practising Part } Martin
Ration & Diet

Pay & Rank
Alexander

Martin
Alexander

Statistics
Sutherland
Alexander

{written sideways in left margin}

Army	Hospital	Army
Regulations	Regulations	Medical
Hart's Army	Book	Board
List	Army	Farr to be
	Regulations	followed up

unsigned notes, ff16-17, pen

f16

{arch: [By 13 May 1857]

~~Examine Lord Ebrington
on Barracks~~

Examine Col Tulloch
on Dietaries

& his own Blue Books
but avoid asking him
for opinions

Examine Dr. Thompson
on Dietetic Science

Examine Dr. Letheby
Simon

on conditions (destructive
or otherwise) of Populations

Examine

Peter Hardy	London Life
Saml Brown	Guardian
Finlayson	National Debt
& Neison	as follows

f16v

shewing them the Census
of the Army Ages
what mortality would
there be among insured
lives at those ages?
shewing them the Army
Mortality
whether they thought it
excessive?
whether if there were
invaliding among
Insured Lives, the
mortality would not
be less?

f17

Have from
Adjutant General
a Return, (*year by year*,
from 1820 or '30 or '40
as far back as he can go,)
which shall state

	Strength	Deaths
Officers	-	-
N.C. Officers	-	-
Privates	-	-

for 1820

1
2
3
4
5
&c

unsigned notes, f20, pen

f20

{arch: [ca May 1857]}

1. Have the Medical Officers
of the Army any other
source of information
on Sanitary Science
except the same sources
open to all Medical men?
2. Are there any Professors

unsigned notes, f21, pen

f21

Mr. Stent's Remarks What opportunities
The p have you had of making
 yourself acquainted
 with ~~for~~ English &
 Foreign Hospitals?
 Name the Hospitals
 that you have visited
 & the time that you
 have been in each.
 How many years
 have you been engaged
 in these pursuits?

unsigned note, f26, pen

f26

Average of 15 years
1839 - 53

Proportion of men at the different periods of Service

	Under 7 years	7-14	14-21 or 24	Above 21 or 24
Household Cavalry	461	272	232	33
Cavalry of Line	557	249	178	16
Foot Guards	499	281	172	48
Infantry of Line	634	229	127	10

Proportion invalided per 1000 serving at different
periods of service

	General Average	Under 7 years	7-14	14-21 or 24	above 21 or 24
Household Cavalry	32.5	6.2	13.7	35	528 %
Cavalry of Line	32.5	14.7	23.4	36.7	739
Foot Guards	30.9	14.3	16.2	26	331.4
Infantry of Line	32	15.9	21.1	55.6	988

Proportion of Deaths among Troops serving at home
Per 1000

H.C.	10.7
C.L.	13.3
F.G.	19.5
I.L.	16.8

Proportion of Deaths among Pensioners from
Regiments serving at home during first twelvemonth
Per 1000

H.C.	125
C.L.	79.7
F.G.	134.2
I.L.	79.2

unsigned note, ff27-27v, pen

f27

156

Diet Rolls

Reply to Lord Hardinge.
- the subject of
Hospital Diets & Diet
Rolls has occupied the
attention of the
"Regulations" Commission
for some time -
- they have been in
correspondence with
Dr. Christison about it
- the proposed Diet
Rolls will be considered
without delay -
- the result will be
communicated

Ask Mr. Alexander
to draw up the scheme
of Diets
Dr. Christison to revise
it -
then let Mr. Herbert
Mr. Alexander
Dr. Sutherland

f27v

meet & consider the
whole and propose
a Scheme to the
"Regulations" Commission

unsigned notes, ff28-29v, pen

f28 {arch: [Apparently a suggestion for questions to be put by R. Commission on Sanitary State of the Army ie - rather written put to Commissary Gen. G Adam or Majr Gen. Airey]}

Is it your opinion that whether in peace or war every portion of the Soldiers' food should be supplied by the Commissariat?

Would not this involve a very considerable increase of the Staff now employed by the Commissariat, virtually adding to the expence of the Ration?

What objections do you see at home or in large garrisons to the Commissariat providing merely the bread & meat as at present, leaving the soldier to purchase in the market the other supplies which he

f28v

may require in time
of peace? according to a
fixed scale?

Might not this
distinction be drawn
with advantage, so
far as regards these
Stations, even during
the time of war, tho'
a different system
would require to be
adopted for providing/sioning
troops in the field?

Do you see any
objections to either
in the field or in
garrison to the
troops being partially
supplied with
preserved or corned
meat, if there is
difficulty in obtaining
cattle?

The preserved meat
being in tin cases
inaccessible to the air,

f29

& the corned beef in casks, could there be any apprehension of either of their suffering from being kept - say for 3 or 4 weeks, till used by the troops?

Do you think there would be any difficulty in finding persons to contract to supply corned meat, warranted to keep for 6 weeks or two months?

Do you think meat biscuit or pemmican might be introduced with advantage as an issue to the troops in the field, where there was a difficulty of carrying salt provisions & cattle were not likely to be found? _____

Supposing always that the soldier received

f29v

only about 1/3 lb
containing about the
same nourishment
as the 1 lb animal
food usually issued
to him -

In the event of meat
being preserved in
this way or corned
do you think it wd
be necessary or expedient
that the process should
be carried on by the
Govt instead of being
contracted for?, to
avoid such frauds
as have recently
happened?

f30

I

You were requested by the Commission to inspect the Hospitals at Haslar & Portsmouth, with regard to their Sanitary conditions - Are you prepared to state the result?

II Dr. Sutherland

Will you state the differences in Sanitary construction which you observed in the Hospitals of Paris & Brussels as compared with the Hospital of Portsmouth?

1. form of wards
2. number & position
of windows
3. means of natural
ventilation
4. dimensions of wards
5. cleanliness
6. position & distance
of beds
7. cubic space for sick
8. water supply
9. latrines
10. lavatories & baths

f30v

11. apparent effect of
presence of Female
Nurses on neatness
& discipline

12. bedding

You heard the evidence
about the Military Hospital
at Chatham. Is there
any thing in the Hospitals
you saw abroad which
could be so described
at all?

All things considered,
what comparative estimate
do you form of the
British Hospitals at
Portsmouth & Chatham,
compared with those
of Paris & Brussels?

Is there any reason why
the same improvements
should not be introduced
in our Military
Hospitals?

With reference to
ventilation of Hospitals,
do you approve of natural
or artificial ventilation?

How does it happen
that artificial ventilation
has been introduced
into the Hospitals at Paris,
the construction of
which you approve?

In what cases would you
consider artificial ventilation
necessary?

unsigned note, f31, pen {not in FN's hand} {arch: 1857}

f31

4375 The wards in hospitals
built in blocks are on an average
smaller than those of other construction

Thus at Beaujon they are for	20
at Lariboisiere " "	34
St. John " "	24
	<hr/>
	3/78
	<hr/>
	26

St. Louis	84
Val de Grace	52
Vincennes	40
La Charité	120
	<hr/>
	4/296
	<hr/>
	74

unsigned notes, ff32v-33, pencil

f32v

He didn't {illeg too faint to read}

f33

4377 How does it happen then,
if that be the case, that they have
continued constructing every
Hospital they have upon the
same principle, & are now
constructing Vincennes?

4381 2nd paragraph contradicts
the 1st - inasmuch as the
real "danger" is not having an
area for ingress of fresh air
greater than the area for
egress of foul

4385 ditto

4386 - contradicting to Netley
& Laffan's plan

unsigned notes, ff35-37, pen & pencil

f35

State to the Commission
the principles upon which
you recommended men
for promotion
could you put in
copies of all recommendations
made to the Commander
of the Forces
as to food
clothing
duties
cleansing
construction ~~remov~~ & ventilation
of Hospitals
removing of nuisances
& all matters concerning
the health of the Army
~~both at Scutari &~~
in the Crimea
also with regard to the
Hospitals at Scutari?
and in the Crimea? both
as to bedding, clothing, &c &c

f35v

also, for copies of all
Requisitions for the medicines
or medical comforts made
in Bulgaria - by you
on the Director General?
and in the Crimea
up to the end of 1854?

also, for copies of
requisitions to the Commander
of the Forces for transport
for the sick up to the
end of 1854?

n.

In the event of these
Requisitions being obtained,
how shall we ascertain
the circumstances under
which they were made?

f36

copies of
 weekly medical states
 of the Hospitals on the Bosphorus
 shewing
 remaining
 admissions
 discharges
 deaths
 up to March 1855?

{the following not in FN's hand?}
 copies of the weekly Regimental
 & weekly Divisional
 states in use in the Crimea
 during Oct Nov Dec 1854
 & Jan Feb March & April 1855
 weekly Hospital Medl
 states for Scutari
 for the same period
 forms in use wanted

f36v

Admissions & Deaths Remaining		
Synoches	}	
Typhoid	}	Fevers Chiefly
Typhus	}	
Periodic Fever	}	
Bronchial		
Pneumonia		
Diarrhoea		
Dysentery		
Scorbutus		
--		
Diarrhoea		
Cholera		
Acute Dysentery		
Scorbutus		
Fevers		
Wounds		
Other Diseases		

f37

Ask for a Copy of Report
of Board of Health 25 March
assembled when Dr. Hall
heard of Commissions
arriving.

Object to find out the
hitch which takes place
between the opinion &
the practice -

No recommendations as to
Sanitary police for
Balaclava - when our
occupation took place
A Sanitary Inspector
required for this alone -

unsigned notes, ff40-41, pen

f40 {arch: [By 24 June 1857]}

Ask Col. Tulloch

1. Is there an Annual
Return shewing the
Mortality from each
individual disease?
2. Produce copies of all
forms of return used
in making up the
Sanitary Statistics of
Army.
3. Produce forms for
distinguishing Fevers
of different classes
Typhus
Typhoid
continued
Remittent
Periodic Intermediate
& Catacansis
4. Are there any means
of distinguishing Febrile
affections proceeding

f40v

from Intoxication
 sleeping out
 exposure to sun's rays
 &c &c

5. Within what period after admission into Hospital is the Diagnosis entered on the Bed=ticket & Return
6. Can the Diagnosis be altered in case of mistake or change of disease?

f41

1. Can the relative Mortalities for different Barracks, as far as the Guards are concerned, be given, in periods of 6 or 12 months, say for 10 years?

2. Can the mortality among temporary or provisional or other Pensioners be given for the first 6 or 12 months

3. Can the strength, mortality, discharge be given for every year dating from each man's enlistment, or, if not

f41v

in quinquennial periods?

1. Are men of 21 years' service still invalided with only a Nominal Disability - and, if so, what is the effect?

1. Would you dine men off the joint, instead of cutting up their food?

f42 not FN hand

unsigned notes, ff44-46v, pen

f44 {arch: [before 29 June 1857]}

III Dr. Sutherland

1. You have heard ~~of~~ the evidence given on the subject of Medical education & you have also enquired into the system at the Val de Grace, can you state to the Committee your opinion upon the two systems, with special reference as to the question of Military Hygiene?
2. Is it your opinion ~~that~~ from your own experience that such a course of education as you have described is really necessary for the Army Medical Officer?
3. Should he know
 - (1) all the articles of food with the relative value & how to detect deficiencies or adulterations
 - (2) the effects of particular Articles of diet on healthy men in different climates & under different conditions as to labor exposure & fatigue?

f44v

- (3) diseased constitutional states likely to arise from the continued use of the same articles of diet
- (4) under these circumstances what changes are required.
- (5) the means of testing the purity of water & other drinks & also the best methods of purifying water for troops
- (6) the characters & qualities of drinks, which the soldier is likely to meet with in different countries -
- (7) the question of clothing & accoutrements as regards materials, qualities, adaptation to climates
- (8) the science of medical topography, climate - waters & local diseases of all countries where war is likely to be carried on
- ~~(9) physical geography~~

f45

- (9) conditions as to soils
 - sub=soils
 - geological structures
 - natural drainage
 - marshes
 - lakes
 - banks of rivers
- & the conditions connected with these likely to affect the health of troops
- (10) how to detect in the sick indications of the presence of organic matter in the air or water of district by its effect in modifying disease
- (11) the special effects of particular kinds of shelter in tents
 - huts
 - bivouacs
- of damp sorts as influencing the air in these & the results to the health of troops.
- (12) the effects of crowding & defective ventilation & the best means of remedy.

f45v

- (13) the best methods of improving
the surface & subsoil drainage
& the external characters of
military positions, likely to
affect the health of troops
with the means of remedying
these, if remediable
- (14) the local conditions affecting
the health of towns
villages &
buildings
to be occupied for military purposes
with a view of pointing out
Sanitary defects & the manner
of remedying them
- (15) all the Sanitary questions
connected with permanent
Barracks, Hospitals, Garrisons,
including Drainage, Water supply &c,
Cleansing, & the best means of
rendering all Military buildings
healthy as regards these things & ventilation

f46

(16) In short, in your opinion, the
Medical Officer should be so thoroughly
conversant with all these subjects
that the Military Officer could apply
to him for advice & assistance
with perfect confidence.

(17) would you extend the know=
ledge of the Medical Officer to
Military Gymnastics
Exercises
duties

& their effect upon health?

(18) should he be acquainted
with the whole subject of
Camp Diseases & Epidemics,
their nature, origin, causes,
management & prevention

(19) do you consider that, for
sanitary purposes, Chemical &
Microscopic Analysis would be
advantageous?

f46v

(20) should the Medl Officer make himself acquainted with the subject of cooking, especially as regards the preparation of Hospital Diets & Comforts - & also with the effects of different kinds of Baths on/in the Hygienic treatment of Disease?

Would it, in your opinion, be practical to instruct the Army Medical Officer in these various subjects?

would the benefits to be derived by the Service compensate for the cost to the country?

x

Suppose the Army Medical Officers educated in Sanitary Science, how would it be possible to make their knowledge available for the good of the service?

f47 FN hand probably

While introducing the sanitary element into the army it is of vital importance to take care that there is not the semblance but the reality secured unless this be done, matters had better be left out right themselves in time by degrees.

The requirements for sanitary officers are sufficient knowledge & practical experience & these two requisites must extend 1st to the personal hygiene of the soldier 2nd to the knowledge of the typography of camps, positions &c, 3rd to a practical acquaintance with what in England is comprehended under the general name of sanitary science, & which includes a knowledge of the local causes of disease, arising in towns, villages, buildings & country districts.

The first question that occurs is, whether we could find in the army at present & in the absence of all official instruction, sufficient knowledge of use - there departments to enable us to pick out men competent to undertake the new sanitary administration. I am not aware of a

f47v

single individual either in the army or out of it to whom such an administration could be intrusted, on account 1st of the want of necessary knowledge & 2nd of practical experience. I feel perfectly satisfied therefore that to give the army a sanitary head over all these various departments would

be to "keep the promise to the ear, but break it in the hope"

We must therefore enquire whether the end we aim at could be attained by a division of subjects, to enable us to arrive at an opinion we should enquire whether the medical officer in the ordinary course of his duty, is likely to become acquainted with certain departments more than with others, & whether the army officers generally have afforded proof of special knowledge in these departments.

I believe that in all that relates to the personal hygiene of the soldier, diet, clothing &c & in those matters which relate to camping & field duties generally the medical department of the army would have in the present imperfectly educated states afford better qualified sanitary officers than could be obtained in civil life.

f48

But in all that concerns sanitary work generally, such as the drainage, water supply, paving cleansing & sanitary police of towns, the construction of sanitary improvement of barracks, hospitals & buildings generally, whether in towns or garrison, that it would be hopeless at present to seek for competent knowledge in the army. The officers have neither been instructed scientifically or practically in these matters, as is clearly shewn by the condition of military barracks & hospitals, by the defective plans of Netley Hospital, (which were sanctioned by the best men in the Army Medical Department) by the bad sanitary state of the hospitals at Scutari & by the sanitary neglects at Balaklava.

In the course of time, when by means of proper education, the medical men of the army shall have become sufficiently far advanced in knowledge, they will of course be more competent to undertake all sanitary duties, but during the transition period, some arrangement of duties will have to be made, whereby while the Army Med Department is left to administer what it is competent to do, some other special arrangement for the sanitary improvement of buildings, garrisons,

f49

&c, & for affording proper sanitary advice & information on all questions connected with the structure & improvement of buildings & the removal of the sanitary defects in towns, garrisons &c may be provided in connection with the department specially charge with these duties.

unsigned notes, ff63-64v, pen

f63 {arch: F.N. ~~Draft?~~ or questions put to Sir J. McNeill when giving evidence before Commission on sanitary state of the Army [Before 20 July 1857]}

1. You have, I believe, seen the evidence given before the Commission, or a great part of it?
2. You are Chairman of the Board of Supervision for the Relief of the Poor in Scotland
3. In that capacity have you had the principle/al charge of a separate Department?
Are there any Medical men under the orders of that Department?
4. Has your attention been directed to the organization of the Medical Department of the Army?

f63v

5. Have you formed any opinion as to the comparative advantage of directing that Department by means of a Board or of a single Director General?
6. What is your opinion, on the subject of Promotion as to the comparative merits of seniority & selection?
7. Have you read the evidence with regard {written in the left margin} Confidential Promotion Reports

Organization of A.M.D.

f64

- to Confidential Reports, & have you formed any opinion in regard to them?
- Have you had occasion to give particular attention to the Sanitary arrangements of large buildings?
8. Do you consider that the Sanitary knowledge which has recently made so much progress in Civil Life should be applied in the most effective manner to the preservation & improvement of the health of the troops?
- {in the left margin} Sanitary

f64v

9. Have you considered in what manner that could be accomplished?
10. How would you propose to provide immediately for the Sanitary requirements of the Army?
11. How would you propose to provide for the application of Sanitary Science to the improvement of buildings & ~~Hospitals~~ occupied by troops?

unsigned note, f65, pen {arch: [ca July 1857]}

f65

There are 5 Cavalry Regts
out of England -
& ? Infantry Regts
this will affect your result

signed note, ff73-78v, pen

f73

Five methods 59
of constituting a
Sanitary Department
in Army
June 24/87

I

Leave the Army Medl
Dept as at present
constituted

Attach a Sanitary
Officer to the Dept
subordinate him to
the Director-General,
who will be the
Executive & Head.

For obvious reasons,
under present organization,
such an arrangement
would stultify itself.

f73v

II

Re=constitute Army
 Medl Dept
 Make it a *deliberative*
 Board with executive
 power -
 Make Sanitary Officer
 member with vote.

Obviously useless,
 because majority of
 Board are thus virtually
 constituted Sanitary
 administrators of
 Army

f74

III

Re=constitute Army
 Medl Dept
 Make it a *consultative*
 Board, communicating
 with all the Military
 Depts, which have
 any connection with
 subjects of Army
 Hygiene
 Let all questions
 coming from any
 Dept on these subjects
 to the Board, be
 referred to Sanitary
 Officer - his opinion
 be forwarded by Board
 to Executive head of
 that Dept from
 which question came.
 Let all information
 & advice volunteered
 by Sanitary Officer to
 same Departments
 be forwarded in like
 manner to Executive
 heads thro' Board -
 Sanitary Officer to be held
 solely responsible.

This method
 assimilates itself
 to our own Board
 of Health at Liverpool,
 & somewhat to the
 French system of
 War Minister -

f74v

IV

Re=constitute Army
 Medl Dept
 Make General Officer
 Executive Head
 with *Consultative* Board
 of ~~heads~~ of his sub=
 Deptal Officers
 Let one be a Sanitary
 Officer - to whom
 Head refers questions,
 or from whom he
 receives information
 & recommendations -
 Head solely responsible
 for execution -

This might work
 in a highly practical
 race like the
 Anglo=Saxon -

V

Attach Sanitary Officer
~~no~~/to (NOT the Army
 Medl Dept at all but)
the War Dept or the
Horse Guards -
 as a distinct &
 independent Officer -
 Make him General
 Sanitary Advisor to
 Quarter=Master Genl's
 & Engineering Department,

Advantage - he will
 thus insure adoption
 at the beginning of best arrangements
 & original construction for
 Sanitary purposes.
 (In the 4 other plans,
 he can only remedy
 evils that *have*
 occurred)
 most of our Sanitary
 evils in Camp,
 Barrack & Hospital,
 proceeding from original
 defective Sanitary
 construction &
 arrangements -

f75

The enclosed appears
 the only way of working
 out Mr. Herbert's
 recommendations - Unless
 some such check is
 kept on Lord Panmure
 & Dr. Smith, the country
 will be deluded with
 the idea that the
 recommendations are
 being carried out, - while,
 in fact they are all
 being neutralized &

f75v

negatived by the
ignorance of the Army
Medical Department,
working with the most
corrupt of systems -

If Mr. Herbert
should approve all or
any of these suggestions
I would work up the
details -

Sure I am that,
unless he carries out
his own recommendations,

f76

all the good will be
lost

F. Nightingale
July 29/57

Unless there is Mr
Herbert "to the fore" to
communicate with
Panmure, he will ask
8 months' consideration
to each recommendation
of the sub=Barrack Commn,
before appending his "P."

F.N.

f76v

Sub=
Commissions -
July 29/57

f77

in re Sub=Commissions

Private

In order not to put Mr. Herbert into the invidious position of being called upon in the Ho. of C. to answer for the expenditure of public money, while in an ~~illeg~~/unofficial position, (although there are precedents for this), would not the next best course be for a Sub=Commission to be appointed, still securing him for its President, with

1. Power of Entry into all Barracks & Military Hospitals & premises attached thereto

2. Instructions to enquire into the state of Barracks, as relates to position, neighbourhood, construction, drainage, water=supply, latrines, means of ventilation & light, state of repair, cubic space per man, cleanliness &

f77v

all other matters connected with the Sanitary condition of the building & locality

3. Power of calling witnesses, examining records, calling assistance & labor for enquiries & investigations

4. Instructions to report shortly on the defects, with the alterations or improvements required for removing them - to prepare estimates of the cost - to submit the same to the President of the Commission for his sanction - who will transmit them with his counter=signature, if approved, to the Secretary of State for War, to obtain his sanction for the expenditure of the money

6. Instructions to re=examine each Barrack & Military Hospital after

f78

completion of the improvement, in order that it may be certified as satisfactory or otherwise - & that further improvement, if necessary, be made.

Dr. Sutherland, as possessing the requisite Sanitary knowledge, together with an amount of Army experience, appears to be the man best calculated as Sanitary adviser to such a Commission - a Royal Engineer to be added to it - and the Barrack-Master & Army Surgeon of each Station to form a consultative Comtee

II Another Sub-Commission to be formed, also with Mr. Herbert as its President, to carry out the

f78v

recommendations of the Royal Commission as to the organization of the Army Medical Department, the formation of the School, the appointments to the three professional chairs, the organization & government of General Hospitals, the distribution of duties &c.

III. Another Sub-Commission to be formed, also with Mr. Herbert as its President, to carry out the recommendations of the Royal Commission as to the pay & promotion of Medical Officers &c

The sanction of the S. of S. for the expenditure of money to be obtained, in all cases, - through the President of the Sub-Commission -

unsigned notes, ff154-61, pencil

f154

In a Commission, after a witness has given his evidence, the other side asks him his opinion - & the opinion is very often in direct opposition to the facts.

A Commn must decide not upon its own opinion but upon the evidence before it And, therefore, unless there are one or two men who will doggedly draw up their own Report & make the others sign it, you will very likely get a Report from your Commn very different from what you expect -

A man costs 300 - therefore if you lose 20 men from drunkenness, you lose 6000 - a great deal more than the improved system of Canteens wd cost the Govt.

from 60 to 80 per ct of your sickness was from epidemics. we reduced it to 16 per cent, ~~fr~~ 70 per cent of your deaths from epidemics we reduced it to 45 per ct

f155

Your experience is drawn partly from what you have yourself seen - partly from what you have yourself heard - But your evidence will stand alone - You cannot bring up that other evidence to support yours -

You come to a conclusion, but you are not in a condition to substantiate it by documentary or other evidence - You could not bring your witnesses into the witness box -

How can you prove that Surgeons want Examinations? Have any Patients suffered from want of proper treatment. You would have all the P.M.O.s swearing that they were perfectly treated

State D.I.G. Cruickshanks
Extra Diet Rolls
Cumming's

2 years in Genl Kitchen

Yet the most important conclusions that we come to in life are come to in this manner -

f156

If nothing is done now, after this experience nothing will ever be done -

If he will not act upon your experience, to which you have nothing to add, bringing to bear upon it the best advice at his command, he will not act upon the Report of any Commn

Up to 18- there were no Licensing Bodies - the Archbp of Canterbury can to this day grant licenses to practice if he chooses - relic of monkery - at first the monks practised medicine - then it was given up to quacks Only in 18- came the London University - Before that there was only Scotch & Irish Schools of Medicine - & all the Drs in the early part of the century were Scotch - At the late war, the A.M.D. was *before* civil practice in science because they had an examination - At this present time, it is *behind* -

f157

One of two things will happen
Either you will be discredited or

There is more public than
private wickedness - & men
will come to the resolution
to sacrifice Miss N.'s position

Your work has brought you
into direct antagonism with
Dr. Smith - You had to do
what had been left undone -

The results of your experience
are before the country - You
cannot ~~have~~ come now
to other conclusions from
getting more experience
than you have done -

f157v

These are my conclusions.
These are my statements.
They will be contradicted
in every particular - But
they are true for all that.

--

I will not peril the very
good I have gained

--

The results of my work
are before the country

--

Commissions are obliged to

--

I am not in a position to
produce my evidence

--

Board of Health

f158

You should not let yourself
be called in question -

If the Commission is put in
this way

It being an undeniable
fact that these such evils exist,
the thing is to find out
the remedies -

But if your evidence is
now to be called in question,
contradicted & pulled to
pieces bit by bit, you will
frustrate the very object
you wish to serve -

You have A. Smith's final
opinion -He gave it at Mr.
Stafford's Commee - that the
A.M.D. was the most
perfect system, worked in the
most perfect way possible -
Very well - Tell him that
we know his opinion already
& that we will record it in
an Minute of the Commn.

Also that the 2nd Cl. S.S.
ought to be P.M.O.

that there was greater
Sanitary & Pathological knowledge
in the Army than anywhere
out of it.

unsigned notes, ff159-61, pen

f159

What Statistics ask from
Col. Tulloch about
Pensioners?

French

Ins. Gen a Civilian?
Mortality Statistics of
this spring - are they to
be had? do thy prove
causes of ~~illeg~~/mortality?
French Medical Statistics
generally
Intendant Général - on
whom does HE depend?
would Baudens give
Statistics?
examens & concurrence
Le Vaillant's Statistics not
true
Sanitary element

f159v

in French is it collection
of Civilians while
with us a Division
with grounded arms -

f160

Peter Hardy = London Life
Saml Brown Guardian
Finlayson National Debt
Neison

Dr. Finlayson } Dietetic
Letheby } Condition of
 } Populations
Simon } do
what mortality would be
among misused lives
at those ages?
whether mortality would
not be less if there were
invaliding?
ask them whether they
did not think Army
excessive - {sketch}

f160v

	Per 1000			
	Average	Duration	Admissions	Deaths
	Days Sickness	of attack	per 1000	
Guards	15-1/2	18	863	20
City Police	13	9	1123	7

f161*Mortality from all causes*

What has been the Mortality
in the Navy, taking a
period say of the last
ten years?

What at home? {answers in another hand in bold}

**10 per 1000 of mean force
annually**

What in the Colonial

Stations? **Mediterranean 14.0**
W. Indies - 24.0
E. Indies - 21.0

What in the most
unhealthy stations?

30-40 per 1000 of mean force

What deducting the most
unhealthy stations?

**10-15 per 1000 of
mean force annually**

unsigned notes, ff175-78v, pen

f175*Conditions of success*

2 Commissioners

able

honest

without local or professional
interests

written evidence

viva voce evidence no test
of truth of facts but only
of nervous capacity of
ready memory or ingenuity

From office, party politics

jobbing & from all the

deceits of the devil, Good

Lord deliver us

A. Smith "I think we
agree in almost every thing"
makes matters quite hopeless.

f175v

worthy completely in the
hands of Hall who has taken
measure of foot with D.P.
Fitzgerald licked shoes -
both rewarded -

If Army Nurses, Catholic Supt
why?

Because great majority of
Army R.C.

i.e. ~~one~~ the two fifths
Irish - 4/25 R.C.

an arithmetical powers
also R.C.

Arm me for the battle
Commn must be thoroughly
imbued with plan of reform
Lord Panmure bully able

f176

surprise you less than
grieve me {the following not in FN's hand?}

Of all the women, but one
who would not, bit by bit, sell
every inch of ground of work
to any astute or persevering
cross-examiner

formerly four now one
not to be blamed

If logical & ethical perceptions
of highly educated men so
obtuse - son of last Premier,
many other most respectable
officers - telling before high
heaven what they knew
to be lies, knew that we
knew, knew that we knew
that they knew to be lies

f176v

poor women (all women -
of whatever rank more or
less ill educated) shall they
not be misled by skilful
special pleaders -

Sir James C. not A Smith
told me A. Smith had
examined all the women
as they returned.

Reign of Terror
Juniors dare say nothing
unauthorized by Seniors -
women will be called in
by A. Smith - his misapp=
rehensions corroborated
by their statements
public will conclude
women cannot work together

f177 {not FN's hand?}

1. result of governing Genl
Hospl by Depts
2. Sanatary element absent [as spelled]
3. no Hospital kit
washing or cooking
4. want of confidence from
non=uniformed of stoppages
5. expensive checks
6. anomalous A.M.D.
not M.D at all
2nd C.S.S. P.M.O.
superiors M.O.'s only
administrative, like
Intendance
no logical scheme of
professional & admi=
nistrative functions -
treating D. A.S. must
have Reg. ½ gill wine

f177v

countersigned by S.S. in charge

who never seen Patient -

If treating Surgeon fit to

treat, fit to order diet -

fit to invalid.

Board, superiors in rank

inferiors in professional

knowledge probably,

certainly not treating Patients,

sit upon & return them

on hand -

Marked men

f178

Col Tulloch

dignity of historical

document

put M. Generalship aside

These are the facts, this

what has been done

these the results

shew the nation

causes &

of calamity

way to prevent

repetition

shew that she has two

men who, in order

to be her Saviours,

have put personality

behind them

f178v

separate Hospital admn
 & Statistics
 and A.M.D.

Commn on first wd do nothing
 one man wd swear that
 every soldier had on a
 clean shirt twice a
 week all thro' the War.
 on second - into the position
 of A.M.O.s - how enter
 what inducement to work
 how promoted
 how retire
 popular
 on such A. Smith shd be

unsigned notes, ff179-88v, pen

f179

58

Unhealthy Trades

1. The most unhealthy
 trades appear to be
 Cutlery
 Phosphorus Manufacture
 Acid "
 Lucifer Matches "
 Printing, WHEN IN
 bad Sanitary localities,
 and, speaking generally,
 all Manufactures of
 Physical Compounds -
 Millinery & dress-making
 tailoring -
 In Cutlery, the ratio
 of Mortality appears to
 be above that of the
 Army - in some of
 the other trades,
 about equal -

f179v

2. I should think it exceedingly dangerous to press Tulloch - The enemy might ask him questions, which might produce evidence from him far more damaging to our case than any that Hall could give, as a very able & very honest man must always be a far worse enemy than an unscrupulous black-guard.

Tulloch & Balfour have labored for years at these questions - They have done all the work which the Director-General Board ought to have done - But, from want of previous training & from having early gone astray upon one "wrinkle", ~~altho~~

Col. Tulloch
on Tuesday

f180

(which a man of
Tulloch's character
never abandons) -
all the facts in their
"Blue Books" are
right, while almost
all the conclusions
are wrong - as any one
of common sense can
see in reading the
better press -

The "wrinkle" is to
prove that external
conditions have little
to do with the mortality
of the soldier ("It is
all his intemperance
& his night duty")
or rather the fault
of the Blue Books is
the non=estimation
of the respective value
of external conditions.

Now I think we can
do almost better
without the Statistics

f180v

(which Tulloch & Balfour
either can't or won't
give) than with them

I mean our case is equally proved -

Because, whereas the
present Statistical
system of the Army
does *not* give the
Army's real Statistics,
the Queen, in the
terms of her Commission,
expects that ~~these~~/is
information is to be
had -

(1) Dr. Balfour says
that the relative Mortalities
of the different Barracks
cannot be had - & that,
if they could, they would
give no information -
because the soldiers
are a moveable
population, & therefore
you cannot tell where
the Disease originated,
except in acute cases -
This is not true, because
the Guards, e.g. are

Barrack Mortality

f181

-2-

only a moveable
population within
certain limits, & therefore,
if the Windsor Barracks
are more healthy than
the Wellington, the "give & take" would tell
both ways, and, in a
period of ten years,
the truth, if Statistics were taken
every six months,
would still appear.
But granted what
he says, I would then
say, - "The Guards are
unhealthy, we don't
want to prove which
Barrack they are the
most unhealthy in,
why have you a
single case of fever
at all, when you
ought to have none?"

Pensions & Mortality

(2) The mortality
among the temporary
Pensioners of 6, 9, 12
months is, I believe,

f181v

about 80 per 1000 -
though we have not
yet the Statistics to
prove this - Now,
obviously the true
way of calculating the
health of the Army
would be to take off
the first 6 or 12
months of the soldier's
life, when the conditions
have not begun to
tell upon him, &
to put on the first
6 or 12 months after
his discharge, when
the conditions have
not ceased to tell
upon him - I fear,
however, that this
would raise our
mortality to something
like 100 per 1000.

I would ask Tulloch
to give the Mortality
in periods of 6 months

f182

"Friendly Societies"

or 12 months ~~which~~
~~I believe~~ if he cannot do this,
~~if not~~, in quinquennial
periods, which he can.

(3) if any difficulty
is raised about the
comparison with
"Friendly Societies", I
think the way for you
to meet it would be
~~rather~~/to say "This is the
condition to which I
wish to ~~to be able~~ &
can raise the soldier"
rather than to give
up the comparison -
It is obviously possible
(& it ought to be done)
to raise the soldier's
sanitary state
to the condition of the
member of a Friendly
Society - for you have
the means of checking
in temperance, which
~~they~~/"Friendly Societies" have not - 2.the
moral sickly man
can be received into
a Friendly Society, which

f182v

he cannot be into the Army.

(3) the Statistics shew
a much less amount
of crime, ~~as it~~ (i.e.
what we call "crime"
in Civil Life,) in the
Army than in Friendly
Societies - In an Army
of 53,000 men in the
Crimea, there were
only 2 (civil) crimes.
viz. the murder of a Patient,
& the robbing of a
Russian soldier.

You might have
the moral as well as
the physical "pick" in
the Army, if you chose.
But, take it either
way, the Statistics of
the Army ought to
bear the closest
resemblance to Friendly
Societies - The Army
is ow the moral "pick"
of the agricultural
population - after
discipline.

f183

Effect of Drunkenness
on Mortality

-3-

(4) accepting their argument of the soldier's intemperance for what it is worth, still, if you take the Scotch Statistics of consumption of whiskey, it is 3 times as much as what the Army can, by an possibility, be made out to consume, yet their mortality is half that of the Army.

of Night Duty

(5) the night duty question will be solved by taking the mortality of the night populations

printers

police

lead miners

colliers

I don't know the habits of the latter - But those of lead-mines I know well in Derbyshire -
The men go on all

f183v

through the 24 hours
in alternate "shifts"
of 6 hours each -

The great mortality
of printers in small
ill-ventilated ill=
drained places, & the
low mortality of the
princely "Times" printers,
who have exactly the
same amount of
night duty, is
precisely analogous to
what the mortality
of the Army *is* and
might be, without
altering an hour of
its duty.

f184Hall
on Monday

3. I think, as Hall has brought forward these accusations about a "cabal" (if there were ~~ones~~/caballers, they were caballing against the man who had betrayed them & all but lost an Army) and as he seems disposed to attack Lord Raglan, who cannot defend himself, it is necessary to bring his assertions to the test -

All the men are living except Genl Estcourt who can do this - Airey is a rogue, but "set a thief to catch a thief" - If ~~he~~ Hall puts in these letters, which I don't think he will, viz. his, ~~of~~ recommendations to Lord Raglan, it must be ascertained to what Department they went - Probably to the Quarter=

f184v

Master General's - Lord
de Ros could answer
the question about the
12 waggons disembarked
at Varna - Sir R. Airey
the Crimean questions -
Also, could you ask
Hall who chose the
camp at Devna -
My belief is, it was
Dumbreck, one of Hall's
own creatures - But
I will ask Alexander
Also, out of Hall's
own letters in Maxwell's
Blue Book, we can
disprove his assertion
that Lord Raglan told
him only the day
before of the expedition
of the Crimea -

The impression has been
deepening upon my
mind for the last 2
years that, such is
the inefficiency of our
Army Medl Dept, it
may be shewn that

f185

-4-

what little was done
in Sanitary things up
to the arrival of the
Sanitary Commissioners
was done by the
common sense of

Quarter Masters
Engineers &
Commanding Officers,
with little help from
the Medl Officers.

- always excepting
Alexander, who is a
model of ~~common~~ "nous".

I re=echo Hall's
expression about the
Sanitary Commissioners
"they did nothing but
what any child could
have done" - But how
iniquitous then that
this was not done before.

Let Sutherland be
examined last of all -
The fact is Sir J. Hall
does not know what
he has done by making these accusations & how
they can be answered

f185v

4. M. Lévi, Inspecteur
Général &c &c, is very
anxious to come over
& be examined by you.

I question whether
it would do for our case
He is so impressed
with the corruption
of the French Intendance
that he does not see
how many parts of
their system we
could adopt with
great good to ourselves -

In construction, in
artificial means of ventilation,
(whether these be good or
not)

in cubic space,
" cleanliness,
" bedding
&c &c

our Hospitals are not
to be named in the same
category as the French.

In Latrines &
water supply
they are inferior to us.

In Medical school
& in Sanitary instruction
of the soldier, they are

French Medicos

f186

French Barracks

infinitely our superior

E.g. (1)

we have not a Barrack
to compare with the
Caserne Napoléon, behind
the Hotel de Ville, at Paris,
nor with the Petit Chateau
at Brussels, for construction.
Overcrowding is the
fault of both - But,
even there, they have
800 cubic feet *and*
day=rooms -

Inferior of physical
race in French

(2) no Sanitarian

keeps in view that
the life & health of the
French Celt ~~over~~/(compared with the
Anglo=Saxon's) are
much more difficult
to preserve - The first
is a much shorter
lived & weaker
animal - The French
soldier could not
stand ~~a day~~ against any nation on the
field of battle, if it
were not for their
Ecole Gymnastique &
their wonderful Sanitary
education - The French

f186v

race must have yielded to a stronger race & been weeded out, were it not for these things -

Unpractical in almost every things else, the French, in their Military School of Medicine, have shewn themselves far more practical than we are. And when you see the scheme of the "Val de Grace" side by side with Andrew Smith's, (as given in his evidence) I think you will be surprised.

We have not one Professor of Hygiene, even in Civil Life - Their men undergo a course of Practical Hygiene both in the Civil Schools & afterwards at "Val de Grace" -

Just compare our chiefs
Smith Cruikshank
Hall Menzies
Dumbreck Gordon
Forrest

f187

-5-

with such men as

Baudens & Lévi -

Our Medical Department contents itself with just proclaiming the *necessity* of Sanitary Science, about which it knows nothing at all, & does not know that it knows nothing. In fact, what it says about the French is a measure of its ignorance.

Sanitary Dept

5. ~~I begin to think~~

The organization of the Sanitary Office with the present organization of our Army will be a very difficult question, - easy enough to plan for the future, but very difficult to set in action during the time of transition, which must elapse before our Medl Officers are Sanitarily educated.

If the Sanitary Officer had to carry his measures through the *Director General's Office*, as at

f187v

present constituted,
 they would be simply
 negatived - And I do
 not see one man rising
 up, excepting Alexander,
 who will do any
 better in that Departt.
 Till it is better education,
 i.e. during the time of
 transition, I think the
 Sanitary Officer *must*
 be an officer of the War
 Department, with
 Officers under him
 at each Station
 whose Executive ~~must~~ will naturally
 be the Q.M.G.'s Dept
 unless you alter the
 whole constitution of
 the army. But, if the
 Q.M.G. is to be their
 Executive, they ~~must~~/will naturally
 be attached to that
 Dept, & not to the Medical Dept. This is not the
 best possible but the
 best practicable -

I do not see that
 there need be any
 collision.

(1) To the Regimental & Staff

Medical Officers

f188

Sanitary Officer

Surgeons would belong
all that concerns the
personal Hygiene of the
soldier

clothing
diets
treatment in

Hospital
bedding & personal cleanliness

(2) To the Sanitary Officer
would belong all that
concerns the Hygiene
of the building &
locality.

number of inhabitants
to cubic space
ventilation
drainage

cleanliness of site
building
encampment

Now all this does belong
now to the Q.M.G.'s
Dept, therefore the
Sanitary Officer ~~should~~/would
~~only~~ be the adviser
of him who must
be the Executive -

I would thus attach
a Sanitary Officer to

f188v

Canada

3 to India
 1 to Mediterranean
 1 to W. Indies
 3 to England
 2 to Ireland
 1 to Scotland
 &c &c

In the event of war,
 1. to the General Hospitals
 at base of operations
subject to "Governor"
 The Sanitary Officers
 should report to their
 chief in War Dept &
 to the Governor
 Commandant
 or General Officer
 on the Station
 As Staff Surgeons
 become more educated,
 they would be the
 Sanitary Officers.

June 20/57

unsigned note, f189, pen

f189

Bread & Biscuit	We propose that healthy men should have 4 days Bread 3 " Biscuit
	Is this different for Invalids?
<u>Oatmeal</u>	Give 1/6 pint weekly
Fresh Meat	1 lb Beef or Mutton, when procurable, instead of 12 oz. Preserved Meat
<u>Vegetables</u>	Give compressed Vegetables 1 oz} & rice 4 oz. 3 days a week } and preserved Potatoes 2 oz 4 days a week
Re=arrange the Invalid Scale, omitting altogether the two days Salt Pork & Split Peas - & substitute Preserved Meat, when fresh is not procurable -	

unsigned note, f190v, pen

f190v

Farr

Poor Law Medl Officer

Light Apostle

night duty

Condition of A.M.D.

{in another hand:}

sink of corruption & iniquity

Farr

Add Mss 45824, 202 folios, Adam Matthew reel 46, FN notes and drafts largely
ff1-5 FN ink, draft "Draft Instructions for Barrack Commission"

f6 pencil draft

ff7-10 FN ink, Correction of existing Barrack regulations, arch: c1862

ff12- FN pencil Army San Comm
?India & Home note to be
separated
who is to take the place of Dr
Sutherland as to Home & Colonial?
is Capt Galton to be the working
member?...

ff13-18 FN hand pencil Suggestions for Memo re A.S. Comm, [arch 1883?]
[15:525-26]

[early 1880s]

Suggestions for Memo regarding A.S. Commission. Query whether India is to be
detached from Home and Colonial.

D.G. to be the president in lieu of Q.M.G.; what will the C. in C. say to
this? No?

Home. 2. D.G. to make A.S.C. the body to which the weekly disease reports
and all the sanitary and statistical weekly reports from all the districts are
sent in, the A.S.C. to be the adviser to give *immediate* advice to the S. of S.
through the D.G.

Field. 3. A.S. C. with the D.G. at its head should do when an army is in
the field what the D.G. now does, i.e., make recommendations to the C. in C.
as to the sanitary requirements of the troops, etc., be to the S. of S. what
the battalion surgeon is to the C.O., receive the sickness reports from the
field and make suggestions on them, as for the sickness reports at home,

Field. 4. In the field A.S.C. should be the Sanitary Intelligence
Department, i.e., officer on the Sanitary Commission should be the medical
officer on the Intelligence Department in the field, and collect all the
sanitary intelligence, e.g., what diseases prevalent at Suakim, what the risks
to be avoided, the local dangers, water supply, measures to be taken, etc.

Field. 5. Proposal that, for the field, "a skilled non medical officer with
a suitable sanitary and construction staff should be attached to the Q.M.G.'s
Department for removing disease causes."

But this sanitary staff should consist of the Pioneers on working parties
from regiments or volunteers, to do the sanitary execution, and the Q.M.s
Department should be *commissioned*. There is: a battalion C.O., a battalion
adjutant, a battalion M.O., a battalion quartermaster and the regimental camp
is always clean, because the quartermaster does his duty, commanded by the
C.O. There is a brigadier general, brigadier major, no brigadier
quartermaster, no brigadier conservancy staff; no brigadier surgeon major

The outside departments have to be watched: Ordnance, Transport, Bearer
Co., R.E. Co., Intelligence, Sutlers (ruffians), no Q.M.s. The divisional
sanitary officer of the Force, attached to the P.M.O., his *reports* go to the
Q.M.G., but he has nobody to employ, nobody to go to. There are the most

glaring conservancy defects, the men are getting fever, but you have no one to press these; no *commissioned* quartermaster with authority.

6. A. Sanitary Commission should issue a thoroughly vitalized system of sickness reports, to be published monthly (not after two years, as at present).

Every sanitary officer should also be statistical officer.

Every divisional sanitary officer should compile the whole of the sickness returns of his district locally, e.g., the sanitary officer of Portsmouth Division should compile the Portsmouth, Winchester, etc. sanitary, disease and statistical returns, adding his remarks on why, e.g. typhoid prevails at more than one station. P.M.O. and sanitary officer should say what measures have been taken, what measures recommended.

A *divisional* sickness return should thus be compiled and sent to A.S.C., fresh and fresh, hot and hot, countersigned by divisional general. Sanitary Commission depends for its information on efficiency of those officers.

7. Rapid publication of these statistics and sickness reports, to be published monthly.

[end 15:526]

Notes, ff20-23 [arch 1887] Memo on Army Sanitary Commission [15:561-62]

"On some recent occasions buildings have been constructed without the committee having had the opportunity of considering the plans, although they were designed on lines which differed from the principles which had had the approval of the committee. And from the experience of the last few years it may be assumed as certain that unless it had been for the influence of the A.S.C. the principles of sanitary construction laid down by the B. and H. Improvement Commission would long ere this have been departed from by the R.E. Department.

This has resulted from the fact that the principles of sanitation and sanitary construction have not been made a systematic part of the course of study at the military establishments, such as the Royal Military College, Sandhurst, the Royal Military Academy, Woolwich, and the R.E. Establishment, Chatham."

It is true that, at the latter, occasional courses of lectures have been delivered. These lectures have not been followed by any examination, nor have any means been taken to ascertain how far the individual officers have profited by the lectures. If they desired further information upon a disease cause, they could send one or more of the members to inspect the locality (if in this country) or obtain further information direct either from the sanitary officer, the deputy Q.M.G. or the C.R.E. of the district.

The A.S.C. which would thus consist of the best authorities on sanitary subjects appointed from the Medical Department, the Works department and the Military or Q.M.G.'s Department, would be in a position to make definite recommendations to go the D.G. as to the steps to be at once taken either constructional or military to remove disease causes, and immediate advice and recommendations might be sent up to the S. of S. through the C. in C.

Inasmuch as rapid publication of the sanitary sickness and statistical reports is of great importance, it is suggested that these reports might be published monthly.

When an army takes the field, the A.S.C. would collect all sanitary information as to local diseases and disease causes so as to point out at the earliest moment the danger to be avoided. It would draw up the necessary detailed regulations to guide the sanitary officer who was to be sent with the expedition and would assist the D.G. in its function of making recommendations to the C. in C. as to the sanitary requirements of the troops, etc. And it would receive the sickness reports from the field, and report on them through the D.G. to C.-in-C. and S. of S.

Moreover, all questions that arise which bear on the health of the troops should be considered by the A.S.C., such, e.g. as the dress and food.

It is also suggested that it should be one of the functions of its members to give instruction periodically at such times and places as the C. in C. might direct to the officers and men of every branch of the service.

The A.S.C. would thus be supplied with the information as to the health of the troops necessary to enable it to arrive at useful conclusions as to their sanitary condition and as to the cause of disease and it would be composed of persons whose education and knowledge of medical, constructional and military questions would enable them to give immediate definite and useful advice as to the steps to be taken to prevent or to stop diseases And it would moreover strengthen the hands of D.G. by placing at his command the necessary technical advice to enable him to make definite practical recommendations. **[end]**

15:562]

f26 list ASC

f27 FN pencil arch: before June 1873

ff31-34 FN ink Principles of the connection between B & H.I. Commissn & AMD ought to be

f35 JS and other drafts

f39 printed Army Medical Regs with FN comments February 1876

f41v at VI Nurses

[15:226]

36. A Superintendent of Nurses, with the necessary Staff of Trained Nurses; FN crossed out ~~Nurses~~ Sisters; and where "no Nurse will be appointed to or removed from an Hospital without reference to the Director-General." FN added: except by the Supt. of Nurses; to read A supt of nurses with the necessary staff of sisters will be appointed... and no sisters will be appointed to or removed from an hosp except by the supt of nurses.

37. at The Superintendent of Nurses of the Hospital will allot specific duties to the Nurses, ~~in the proportion of twenty-five cases to each,~~ and in the care of these cases the Nurse will be assisted by ~~two~~ Privates of the Army Hospital Corps. and added "who will be" so to read The supt of nurses of the hosp will allot specified duties to the nurses who will be assisted by privates of the Army Hospital Corp. [with more on orderlies duties]

38. at The Principal Medical Officer of a General Hosp where there are Nurses will give his instructions with regard to the nursing arrangements, and it will be the duty of the Supt of Nurses to carry out his instructions to the best of her ability. She will allot he hours and the duties. **[end]**

15:226]

f48 FN ink notes

ff49-53 FN ink draft instructions

f54 FN ink Draft Instrs for commission on Medical School

f57 FN ink notes

Asst Surgeons Life of slavery

like religious disabilities

the more depressing

because they do not feel it

not ennobling like

martyrdom

we fought for the freedom & national life
of half the world - leaving a whole class
of fellow countrymen deprived of the most
essential of all freedoms - & of intellectual
life, viz scientific freedom

St Paul had he been a M.O. never wh have
been St. Paul

I stand at altar of those 23000
murdered men & while I live I fight
their cause - even if it came to itinerating
about the country without the £300
& my expences.

ff58-60 JS notes

ff61-77 FN

JS again

f76 FN

f80 JS

ff85-90 print Report of a com re Removal of AMS from Chatham and its future
position and arrs 1863, signed James Clark, pres, J.B. Gibson, J.R. Martin, JS
April 22 1863

f91 JS

ff92-93 FN

f94 JS

f105 FN note on env

ff107-13 draft to render the army more efficient

ff114-15 FN

f118 printed with FN comments

ff132- printed General Memorandum on proceedings which are advisable in barracks, hospitals or armies in the field attacked or threatened by epidemic disease. stylized printing. with hand corrections by JS c1862, gives materials to be used, stipulating cleanliness and fresh air.

ff136-44 has process of disinfection

f146 JS

f148 print WO 18 Oct 1857 with FN comments purveying

f151 FN ink

ff152-57 FN notes on cadets [edited] **[15:362-64]**

[c1862]

Defects. 1. The present education of cadets of the R.E. Corps is incomplete and does not include sufficient instruction in the planning and construction of buildings to enable junior officers to be employed in works to the advantage of the public service.

Remedies. 1. Cadets of the R.E. Corps to be carefully trained in the principles and practice of construction until they are able to take charge wholly or partially of the construction of public works.

Cadets to be required to attend a special course of hygiene in its relation to barracks, hospitals, camps, etc., at the Army Medical School at Chatham.

When competent, junior officers of the R.E. Corps to be employed in the duties of clerks or foremen of works.

[Defects] 2. The inspector general of fortifications, although responsible for the expenditure of a large amount of public money, has no power of appointing such engineering officers, for the superintendence of works, as from his experience he may consider to be most competent.

[Remedies] Such alterations to be made in the present practice of the Horse Guards nominating engineer officers for works, subject to the veto of the inspector general, as will enable the I.G.F. to select and appoint his officers directly, with due regard to the operation of the roster.

3. [Defects] The inspector general of fortifications, even after having secured the services of a competent officer, for the superintendence of works, has no power of retaining the services of such officer (however valuable they may be) for such period as he may consider necessary.

3.4. [Remedies] The inspector general to have the power of retaining the services of such officers as he may appoint to works for such period as he may consider necessary, due regard being had to the roster.

4. [Defects] Any C.R.E. after having given every attention to the planning and construction of works and superintended their execution up to a certain point, may at present be called away on a totally different service, all his experience of the work being sacrificed, while his place may be supplied by another officer who has all his experience of the work to learn.

5. [Defects] C.R.E.s of districts--although in charge of works requiring continued supervision--may be called away at any time by the officer commanding the district, and required to perform duties interfering materially with those upon which he is engaged.

5. [Remedies] C.R.E.s should not be called away from any special duty by the officer commanding the district without the sanction of the I.G.F. who, if he think fit, should have the power of appointing another officer for the service required by the officer commanding the district.

6. [Defects] At present there is no uniform scheme of constructing barracks, hospitals and other buildings, while sanitary works and appliances have either been very imperfectly or not at all considered.

6. [Remedies] An authorized manual should be issued by the War Department, containing the details required as to accommodation, administration and health.

7. [Defects] The present system of barrack repairs is inapplicable to all barracks indiscriminately and in many cases leads to unnecessary delay and expense.

7. [Remedies] The barrack master (in all barracks) to be empowered to execute certain defined trifling repairs--and the barrack master (in certain barracks to be named) to be empowered to execute all repairs required between the times of inspection.

They have an inspector general who does not inspect and who is in reality not the head of his department and nothing but the nominal head of his office.

The executive head is the Horse Guards, and yet the S. of S. for War is responsible for the expenditure of the money

The R.E. Corps is considered by the H. Guards as a military corps, while in reality the D. of Wellington's reform places in its hands the execution of public works--for the cost of which the S. of S. is responsible. There is hence divided mastership. And the public money is wasted.

1. To be consistent, the Corps should be actually under the I.G.F.

There is no use in blinking the principle that, as long as there is divided responsibility, there will be inefficiency. This being granted, the Corps should be organized with special reference to the execution of works.

Three should be (1) better education of cadets and junior officers; (2) selection of such officers according to their proved capacities for works of different kinds, such as fortifications, buildings, roads, bridges, etc.

2. To have a head for each Department of Works at the W.O. under the I.G.F.

3. All plans and estimates as well as the selection of sites for works to be under the control of the central office.

4. A system of inspection from the central office over all the districts to be carried out frequently.

5. Much stress should be laid on improving the education and administration of the Corps, because the great weight of the evidence is *against the efficiency of the Corps*. **[end 15:364]**

ff165-72 FN ink Sir E. Lugard Sir B. Hawes to f173

f196 JS still War Office hierarchy

Note, Add Mss 45824 f57

[c1857]

Assistant surgeons' life of slavery: like religious disabilities, the more depressing because they do not feel it, not ennobling like martyrdom. We fought for the freedom & national life of half the world, leaving a whole class of fellow countrymen deprived of the most essential of all freedoms, and of intellectual life, viz., scientific freedom. St Paul, had he been a medical officer never wh have been St Paul.

Add Mss 45825, Adam Matthew microfilm reel 47, little by FN, very rough notes, lots by JS not transcribed

f1 blue paper, JS hand: The long ward for 24 men

f3 In the French Military Hospitals, the following articles are provided for each patient Lists: bed and bed furniture, additional necessaries, utensils. What for officers. Cours d'administration Militaire par M. Yauchelle, Paris 1854 vol. 2:451

ff3-4 JS notes to f11

unsigned notes, ff12-14v, pen c1858 [16:501-02]

f12

The arguments on the much controverted point of large &/versus small wards may be shortly summed up -

The French have decided in favor of wards of not less than 20 beds, ~~but generally have/however holding many more, in consequence of greater facility of ventilation~~ the corners of wards always make a whirlpool of still air - ~~and~~ it is as well to multiply these as little as possible - on account ~~of~~ greater facility of attendance & administration -

The London Civil Hospitals seem generally to adopt the same plan - Guy's, London, King's College &c giving/e us double wards with

f12v

from 10-20 beds in
each partition -

The effect of this is
to have four rows of
beds with a partition
down the middle, in
order ~~further~~ to impede
the ventilation.

Military Hospitals
in England seem to
decide the question
in favor of small
Wards, of about 10
~~on~~ beds each, on
grounds of discipline.
It is true that the
~~military~~ discipline
in Military Hospitals
is very imperfect,
but from other causes,
~~as~~ it has been attempted
to shew, than that
of number of beds -
Again, ~~the~~ the question of
facility of attendance,
important as it is,
is not to be put into
competition for a

f13

moment with that
of the Sanitary
condition of the ward.
(It is often urged, in
Civil Hospitals, that
a ward of 40 beds
is the most convenient
for attendance)

When clinical
instruction is to be
given, as at Netley,
another question/point
enters into the question

Dr. Zdekauer, Professor
of the Academy of Medicine
of St. Petersburg, who
has ~~quite~~ recently
been sent by the Emperor of Russia to enquiring/e in
France & England as
to Hospital Construction,
appears to have solved
the question with regard
to all these matters.

~~He was sent by Imperial
command to draw up
plans for a new Hospital
And he is a man remarkable~~

13v

for his acquired knowledge
& ~~inherent~~/natural capacity.

He appears to have
arrived at the following
conclusions:

1. that the "block" plan,
as shewn in the
Lariboisière Hospital,
but with the blocks
farther apart, with
two stories only & each
~~to-cont~~ ward to contain
25 sick only, without
artificial ventilation,
but solely with doors,
windows & open fire=places,
and air=shafts -
with self=acting
water=closets - contain
the elements of the best
Hospitals constructed.

It might not appear
at first sight what
is the connection with
clinical instruction -
The facts are these:
there is more than
twice the room propor=

f14

tionally for Students
in a ward for 20
Patients than in a
ward for 10- on
the other hand, in
a ward for 40 Patients,
the twenty very bad
cases are much
disturbed while the
Students are examining
the other 20 slight
cases - Therefore, a
medium ward for
from 20-25 cases
is considered the best.

This is the only humane
& Christian view of the
subject -

Expencc is another
consideration - and,
on account of economy,
one roof for 100 Patients
is better than 2 roofs,
1 for each 50, according
to the Zdekauer's plan.
But then let there
be four wards for

f14v

25 Patients each
on two flats -But
*all with opposite
windows to each* -
None, double wards -
Vincennes illustrates
the putting wards
end to end -Still
preserving the
"block" shape -

[end 16:502]

ff15- not FN hand. Lifts

f17 Memorandum on Hospital Purveying
not FN hand, drawing store, Commissariat

f23 JS hand The following points are raised in these papers.
1. Married orderlies and married N.C.O.'s of the Army Hospital Corps are
generally men of a better class....

ff39-46 FN note blue pencil on The Military Hospitals contrast unfavourably
[another draft]

Please return to F.N.
for reference
21/8/80

Names &c of all the
following cases & Hospitals
have been furnished to me.

F.N.

[memo continues, with FN hand of hospitals in left margin

f47 FN hand, pencil

1

Is it not the case that
under this system each
Hospl wd be self contained
as regards its Nurses
what opportunity wd be
afforded for those Nurses
who are employed at
Hospls where there is
little to do being brought
back to be re-tempered into a position of
work
such as wd be afforded
if ~~they were all under a~~
~~Supt Genl at some central~~
~~Hospl~~ there was one Nursing
Service, one system

f49 2

Has it been really considered what
will be the effect of
establishing a large No. of
separate small nursing
established staffs, each
responsible to the D.G.
& not forming part of a
General Nursing Corps ~~or Service~~
or system

how are they to be selected, how to be moved, dismissed, promoted
from one Hosp to another

The D.G. appears to be
practically the S.G. of Nurses
how is he to satisfy himself
as to the efficiency & merits of

v

the diffg Nurses

Have you considered th
effect of placing 3 Nurses
n a Hospl of 100 Patients

in peace time, of whom
we may suppose that above
40 half p.c. of the Patients
will be ~~cases not~~ excluded
from Female Nursing under
Reg 127

What proportion of Patients in a Hosp
of 100 beds in peace time, which is to
have 3 Nurses will be
excluded under Para 127 of
the Regns from Female Nursing?

F50

Of the remainder, what
proportion will probably
be in bed & require to be attended to
by the 3 Nurses
of those in bed will require
Night Nursing?

If the Nurses are to
maintain their efficiency
~~it is obvious that~~ must they not
have such an amount of real nursing
work as will fully occupy
their time in the wards.
If they have much unoccupied
time ~~there will be a~~
~~liability to many difficulties~~

v
not only a liability to the
inconveniences

Is it not probably that
they may not only be liable
to the inconveniences
& 'inconvenience' mentioned
but will also become
inefficient from want of
nursing work

f51

3

how are ~~you~~ we to secure as a
Supt over 2 women a competent person of high training
& capacity for nursing &
discipline & management, still more
difficult under the circumstances
Such women are rare
& when/if she is/they are found they
would not stay, would seek a larger
sphere of usefulness.

Perhaps there is nothing to nurse. Perhaps
half the Patients are excluded
& the other half are walking
about the Wards.

V

There must be a
period of observation
after all their testimonials
have been sifted
where is that period of
observation to be
(it ought to be in a Hosp
with bad cases)
Training. The Army Medl Dept has no Hospl n
peacetime for such training.
It would almost seem as if they

should take a large
London Hospl for all
their purposes of training.

F53 pen, plans of a hospital, sea front

ff54-62 Galton hand? On plans, cubic space

FF250-39 another hand, with FN red underling. The military hospitals contrast unfavourably with civil hospitals in the matter of skilful and careful nursing. Except in Netley and Herbert Hospitals and in Aldershot, where some attendance is given by a religious sisterhood, the case of the patients in military hospitals is entrusted entirely to the hospital orderlies who are, themselves, solely under the doctor's orders, except I matters of discipline....

f31 unsigned note, f31, pencil & pen

Please return this Memorandum
with names of each Hospital ~~written~~/added
to Florence Nightingale
4/6/80 10 South St Park Lane
{in another hand: The Military Hospitals con.}

marginal note, f33, pencil

f33

Please put
name of
Hospital
{in another hand: Portsmouth}

name
{in another hand: Gibraltar}

name Hospital
{in another hand: Portsmouth}

marginal note, f34, pencil

f34

where?

where?

marginal note, f35, pencil

f35

name?

Also the man
deaf with
abscesses in ear
cured by S. Jones

name

marginal note, f43, pencil

f43

Portsmouth
what
year?

St. Thomas'
Sidney Jones

Portsmouth
seen daily
by writer

marginal note, f44, pencil

f44

the wife of his
Officer

marginal note, f45, pencil

f45

Cases known
where the
whole of the
Diets have
had to be
furnished
to Patients
by their
Officers
outside

Portsmouth

Sergt of A.H.C.
tried & found
guilty

note, f45v, pencil

f45v

Please return to
F. Nightingale

unsigned note, ff47-52v, pencil

f47 {arch:[Dec 1853]}

-1-

Is it not the case that
under this system each
Hospl wd be self contained
as regards its Nurses
what opportunity wd be
afforded for those Nurses
who are employed at

Hospls where there is
little to do being brought
back ~~returning~~ to be re-tempered into a position of
work

such as wd be afforded
if ~~they were all under a~~
~~Supt And at some central~~
Hospl there was one Nursing
Service, one system

f48

one corps with its esprit de corps

In case of war what would
be the person to select the
Nurses to go out to the
Seat of War?

one service

one system

one Corps

esprit de corps

{in the left margin}

I had not time

to shorten

& should not

you were so

good as to

ask

Send to Miss

I hope it will

meet your

purpose

f49

-2-

~~Have you/Has it been really considered what~~
 will be the effect of
 establishing a large No of
 separate small Nursing
 establishmts/staffs: each
 responsible to the D.G.
 & not forming part of a
 General Nursing Corps ~~or Service~~
 or system

how are they to be selected how dismissed how promoted
 moved

f hou

from one Hospl to another

The D.G. appears to be
 practically the S.G. of Nurses

how is he to satisfy himself
 as to the efficiency & merits of

f49v

the difft Nurses

have you considered the
 effect of placing 3 Nurses
 in a Hospl of 100 Patients
 in peace time of whom
 we may suppose that about
 40 p.c./half of the Patients
 will be ~~cases not~~ excluded

from Female Nursing under

Reg 127 - {diagonal line through last 6 lines}

what proportion of Patients in a Hospl
 of 100 beds peace time which ~~are~~/is to
 have 3 Nurses will be
 excluded under Para 127 of
 the Rgns from Female Nursing?

f50

Of the remainder what
proportion will probably
be in bed & require to be attended to
by the 3 Nurses -
- how many
of those in bed will require
Night Nursing?

If the Nurses are to
maintain their efficiency
~~it is obvious~~ must they not
~~must~~ have such an amount of real Nursing
work as will fully occupy
their time in the wards -
If they have much unoccupied
time ~~there will be a~~
~~liability to many difficulties~~

f50v

~~not only a liability to the~~
~~inconveniences~~
but ~~they~~ will also become
inefficient from want of
Nursing work mentioned
Is it not probable that
they may not only be liable
to the inconveniences
& 'inconvenances'

f51

-3-

how are ~~you~~/we to secure as a
 Supt over 2 women
 a competent person of high training
 & capacity for Nursing &
 discipline & management all the more
 difficult ~~in a large~~ under the circumstance

Such women are rare
 & when they are found/~~if she is~~ they
~~ca~~ would like/~~she would not stay~~ - ~~seek~~ a larger
 sphere of usefulness -

Perhaps there is [ink write in indicated]

nothing to nurse Perhaps
 half the Patients are excluded
 & the other half are walking
 about the Wards

{f52 blank}

f52v

There must be a
 period of observation
 after ~~th~~ all their testimonials
 have been sifted
 where is that period of
 observation to be
 (it ought to be in an Hospl
 with bad cases)
 with us it is the year of
 training
~~You have~~/The Army Medl Dept has no Hospl in
 peacetime for such training
~~You~~/It would almost seem as if they should take a large
 London Hospl for all
~~your~~/their purposes of training

unsigned notes, ff63v-64, pen

f63v

Floors

parquet ciré best
 floors oak not fit
 not hard enough
 pine floor, saturated with
 olive oil & dry rubbed
 better than scrubbing, raises
 mortality
 non-absorbent, non=conducting
 floor which will wipe, not
 wash, required
 a Hospital floor ought
 never to be washed or wetted
 asphalte can never be
 made hard enough, nor any
 fused substance - subject
 to heat, leaves impression
 of foot steps
 looks dirty
 objection of cold to feet
 final

f64

double sashes, unslip in
 summer, let in fresh air
 at bottom, out foul air at top
 Russians open windows
 with thermometer below zero,
 - boards to prevent draught

Parian Cement or white
 marble or Scagliola best
 with strip of matting at
 bedside

Encaustic Tiles, if employed,
 absorbent - if glazed cold.
 fine polish necessary for
 non-absorption -

Plaster of Paris least
 conducting substance & good
 for Sanitary purposes - Combine
 it with something to make a
 hard, clean, now absorbent
 non conducting surface

f64v, JS pencil note

ff65-68 copperplate Hospital Memoranda and Suggestions, with illustrations

ff69 ink JS An English Field Hospital....

Convalescents to be accommodated in a separate pavilion. Casualty wards to be provided separately, and not in pavilions with the sick.

f70 JS ink Requirements for a pavilion, pavilions for gen hosps

f74 FN pencil note

Cubic space	unnecessary in Workhouses	Necessary in Mil hospitals
	If severe cases 10 to 1 of military hospitals {reverse}	1 to 10 of workhouses {proportion}
	light cases in workhouse	called severe cases in M.H.
	large cubic space said to be unnecessary	said to be necessary
	infirm require large cubic space to prevent foulness far more numerous than at Greenwich you can't have them in a breeze	
	Ditto Consumption	Brompton Holmes not correct

Misery of contagious theory

think nothing of foul *consumptive* air
because not "contagious"

ff75-79 War Office embossed. Clean writing, not FN, re women getting into female hosp

ff80-82 War Office Minute Paper. New Hospital for Woolwich. D. Galton 23 Dec 59.

f83 JS note. Specs for Woolwich, Total beds reqd 650, venereal cases 320, other 330

f84 Minute Paper by Galton for DG AMD

f88 Minute Paper. Douglas Galton to Gibson I send the proposed plans for Woolwich Hospital. They provide [lists no. F beds). Glad to attend you at any time to explain the proposed arrangement. Jan 21 1860. [Gibson then deputy inspector general, field hosps, Aldershot]

F90v Galton list of hosps and numbers of patients in hospital: Aldershot 820, Sheerness 45, Shorncliffe 172, Devonport 147, Portsmouth 209, Chatham 528, Woolwich 466, Jersey 36, Colchester 127, Scotland 188, Cork & depot battalion 56, Curragh 296=, dated 14/9/60

continuation of letter in 45797 at f195, ff92-99v, pen (45797 ff188-95 24 December 1860) end of FN's memo for Humbert

f92

-3-

[16:528-31]

it is impossible
for any one to
make a plan -

If at all
commensurate with
what it is in other
countries, the cutaneous
wards should be
separate, under
a Staff of their
own, as to Nursing
Baths, Play=grounds,
&c

9. The Operating
Theatre seems ~~to~~
MUCH too large.
(Croupe operations,
the most frequent,
are always
performed in
ward.)

10. The Baths
seem MUCH too
small.

Out=door Patients
are always, (to their
own great advantage,
& the in=Patients'
great disadvantage,)
admitted to Baths
& Gymnastics in
these Institutions -

This must be
taken into account -

But, in this as
in some other things,
it is very much
to be regretted
that the projectors
of this Hospital
do not make known
their intentions

more precisely

Considering the
above fact as to
out-door Patients,
there should be

1 Boys

1 " (Cutaneous

And neither sex
should ever come
on the side
appropriate to
the other

f93

1 Girls

1 " (Cutaneous
separate Bathing=
place

Each bathing=place
must be under the
charge of a separate,
competent Sister,
with one or more
attendants under
her -

Otherwise your
lists of Mortality
by drowning & scaldings alone
will be fearful -

Each bathing=place
must have a number
of small baths,
separable by a
curtain or slight
partition, with
one or more large
baths, in which
several children
may be bathed
at once - The girls

f93v

must bathe alone -

- the infants
together, unless the
disease is something
special

The Medical Officer
must decide when
the age comes when
boys should bathe
alone -

Girls should
always be bathed
in frocks, unless
the special disease
prevents it.

11. The Bath=room
at the end of each
ward is only (here)
calculated for men.
It should consist
of two small baths,
being for acute cases
or infants - There
should be a portable
bath besides -

f94

-4-

12. I must make
the same criticism
about the W.C.s-
They are not
calculated for
children - They are
too intricate

As a general rule,
there should be no
possibility for a
child to fasten
itself in - to
communicate with
another child, when
in - they should
be self=acting &
well=lighted by day & night

This is one of
the great difficulties
of a Child's Hospital
that, whereas
experienced authorities
utterly repudiate
the *separation* by

f94v

several doors or
turnings of the
W.C.s from the ward,
without this separation
they can hardly
be made healthy -

13. The kitchen seems
good.

I have nothing
to add except that
it requires more
attendants than in
an Adult Hospital
& that they must
be female -

I have already
said that all
cleaning which
must be done by
men (and *frottage*
must be) should be
done by men not
attached to the
Hospital.

f95

No male attendants
must ever be attached
to children's wards-

14. It is almost
needless to say that
the Lavatories for
children must
not be Lavatories
for men, as to
height, handiness
or anything else -
And that the children
who will have to
be washed in ward
are much more
numerous than
~~the~~ adults in Hospital
-consequently, there
must be a much
greater provision
of portable basins
&c-

In this point,
foreign Hospitals
are woefully deficient
To prevent a

f95v

child's skin from
 becoming chafed
 (in certain diseases)
 it has to be partially sponged
 many times a day

15. A large garden=
 ground, laid out
 in sward & green
 hillocks & such
 ways as children
 like, (*not too pretty*
 for the children
 to be scolded for
 spoiling it -)
 must be provided
 for

1. Boys
2. _____ Cutaneous
3. Girls
4. _____ Cutaneous

combined with a
 Gymnastic=grounds, & halls,
 (*in & out of doors*)

A Professor (a

f96

-5-

man) must be
attached to
superintend these
Exercises -[The
girls especially
will otherwise
injure themselves]

I have already
said that out=
Patients are always
admitted to these,
which form a
very important
part of the
treatment -

Singing in
Chorus accompanies
~~the~~/some exercises

A "Sister"
must superintend
each of the play=
grounds - besides
the Professor for all.

The Gymnastic
covered place (for
bad weather) is also
used as a play=room
& day=room -

f96v

16. To foreign
children's Hospitals,
two school=rooms,
one for boys & one for girls,
are generally attached
And these again
are each under
the charge of a
Sister who teaches, -
besides the teaching
in the wards &
the teaching by
the Chaplain.

Special care is
taken to occupy the
children only enough
to conduce to their
recovery - Prizes &c
are given - The
two school=mistresses
need not live in
the Hospital -

[The Day=Rooms
might be retained
as School=rooms -]

IF the habits &

f97v

feelings of the country
would not be
outraged, the Chapel
(in so small a
Hospital) might
be ~~re-ia~~ employed
as school=room -

17. There must be
some place to
deposit the dirty
linen in - which
can hardly be
carried to the
laundry more than
once a day -

A shoot into a
a/light closet in the
basement is the
best.

There must also
be Lifts -

18. I do not like
the position of the
Dead=house.

In R. Catholic
countries, this is a

f97v

matter of ~~vast~~
importance -

~~In a~~/A separate
building, in a quiet
corner, beyond the
possibility of being
overlooked, with
two *separate* entrances,
one into the Dissecting
Room - the other
opening from the
outer wall, (for
the relations to come
in) into ~~the~~ a
small Mortuary Chapel,
which opened/s into
the Dead Room,
where each little
corpse lies on its
own little bed,
separated by white
curtains all round,
so that the friends
see *only it*.

f98

-6-

19. All experienced
Children's doctors
lay immense stress
upon this: - *that*
every Child's
Hospl ought to
have a Convalescent
Branch at a
distance in the
most healthy spot
that can be found
- best a watering=
place - And this,
however munificently
the Hospital itself
is furnished with
air & exercise -

Almost all
the operations required
on children, especially
Tracheotomy, need
to be done in such
a hurry that *the*
Hospital cannot be
very far from the
city -

f98v

20. My estimate
of the Nursing Staff
for a Child's Hospl
is as follows:-

for every ward }	{1 Head	
of 30 beds } =	{2 Nurses	
	{1 Night Nurse	
	This is the minimum	
	& can only be, by having	
for every Bath=place	= 1 Head	= 4
for every Exercise=place	= 1 Head	= 4
for every School=room	= 1 Head	= 2
	(School=mistress)	
for Kitchen	{1 Head }	
	{2 Assts}	= 3
for Clean Linen Store	1 Head	= 1

21. These "heads"

must all be women
of the calibre of
"Sisters". It will
not therefore do to
give them the
accommodation of
"Director's Servant" &c
(as in plan) -
Also, where are they to eat?

There seems an
inordinate quantity
of (much too good)
accommodation for
servants -
The Matron
must have one
woman=servant.
The rest must
be settled by custom

f99

of country. Often the Porter would do for Director & Medical Officers - Or one woman would come in & do for ~~illeg~~both - Any how two grand rooms are not required

25. Even if the little wards are preserved, the corners must be arranged wide enough for beds-

26. The Nurses of the wards *must* dine in the Sculleries These are hardly large enough

22. I don't much understand the distribution of Store-rooms - &c

It must be decided whether the Kitchen & Stores are to be under the same person -

If they are, then the Steward comes in rather oddly - If not, the Cook's & Stewards' jurisdictions ought to be more separate -

23. The Porter must sleep on the premises.

24. Even if the Nurses all do sleep in the Administration, there must be at least two Head Nurses' rooms on the Nurses' Dormitory flat (at each end) to keep order -

f99v

Finally, I must repeat that the perfection of all these arrangements abroad and the obstinate Mortality of the children are equally remarkable -

Sometimes an epidemic disease will sweep a whole ward -

[end 16:531]

ff100v-102

JS pen notes, Basement, scullery. Fittings.

45825 unsigned notes, ff103-25, pen

f102 On JS memo re matron's room downstairs. 1. The linen nurse to be near her store.

Next to JS: Then remove the matron upstairs to the rooms in the same floor as her nurses FN in red pencil added:

This entails giving another room to the females upstairs & if inconvenient must not be insisted upon.

But the linen nurse certainly ought to be down stairs to answer the night bell for linen.

JS memo: The sick nurse room [FN crossed out sick nurse and wrote in matrons servant

ff103-25 FN ink notes

[16:388-92]

f103

Orderlies'
Quarters

Take care as to what these men ask for. They never know what they want.

1. Supply of hot & cold water & use of lifts certainly makes the difference of one Orderly's service to each ward of 32 beds.

A ward so supplied could be efficiently served by 3 Orderlies & half a Nurse -

A ward, not so supplied, would be inefficiently served by 4 Orderlies -

[This includes night duty]

Food, medicines, & linen & fuel, should all, *at fixed hours*, come up by the lifts into the wards

2. I understand that they require

f103v

"twenty=one N.C. officers
rooms."

[I don't know what
they mean by a
"Serjeant Major"

By the new Regulations,
the Captain of Orderlies,
a Commissioned Officer,
has the control of all
Orderlies & N.C. officers.
And the Ward masters
are all equal under
him -

Asst Ward Masters
then are only to be
in Hospitals where there are no
Nurses]

Now a number
of these N.C. officers
should certainly be
lodged in the little
rooms off the wards,
in order to ensure
discipline:-

- one certainly in/off
each ward, (where

f104

One Ward=master
for every four wards
of 32 is amply
sufficient - perhaps
for every six -

i.e. where there
are Nurses

Where there are
not, one W.M. should
sleep off every ward -
tho' it might not
occupy his time all
day -

there are no Nurses,) whether it takes his whole day duty or not.

one certainly in each Pavilion, (where there are Nurses) but probably not more than one.

[Anyhow this diminishes the number of rooms wanted for N.C. Officers.]

I never saw any Medical officer who had any other idea but quartering all his Patients together; & quartering all his N.C. officers apart, probably with their wives & children

3. I think the Governor should decidedly be quartered

f104v

in the Hospital -
 Otherwise he will
 sink into what
 a Governor of Chelsea
 Hospital is.

4. A N.C. officer
 should certainly be
 all night on duty,
 perambulating the
 wards -

5. Two presses
 should be provided
 for every ward -

in the ward - ~~if~~/at the end nearest
 If they can be perfectly Nurse's room
 dry, it is better for
 them to be built
 in the wall -

It strikes me that Dr. Gibson has
 been the worst of all about this
 authority for the "Instrument money"

f105

Private Dr. Gibson's objections

1. The end ward=window
 cannot be given up.
 It is especially useful
 for night-ventilation.

But, by a little re=
 arrangement of the
 W.C.'s, the cross
 ventilated lobby can
 quite easily be
 obtained.

2. The question of
 Nurses' W.C.'s is
 already decided.

3. It is objected that
 fire=places in the
 centre of the wards
 would occupy space
 & would not
 ventilate so well as
 fire=places in ~~wards~~/walls.

a. the wards are
 24 feet wide - 14 feet
 of which would be
 occupied by the beds,
 leaving 10 ft between

f105v

If the fire=place
were 3 ft 6 inch wide,
it would leave 3 ft 3
on either side.

Is there any practical
objection to this?

b. the question of
ventilation you have
already considered -
the question of
sufficient draught
along the flue is
an Engineer's ~~one~~/question

In Manchester,
they are already
planning central
fire=places to wards.

[Is there any
existing instance
of open fire=place,
where the draught
is carried underneath
the floor?]

As there must be
flues in the wall, would
it not be well, in the

event of the draught
under the floor not
being sufficient, to
provide the means
of placing a fire
grate under a
window on each side
of the ward? This would
cost 4 bed=spaces to each
ward.

f106

-2-

4. I understand the Capital operations at Woolwich are on an average

5 per annum

I cannot conceive how more than one (1=bed) ward can be required.

The practice of immediately replacing the Operation case in his *large* ward is more & more gaining ground among Surgeons, because the care is so much more *certain*, the Head Nurse being always on the spot.

But this is a question for Surgeons to decide - If one (1 bed) ward is wanted let it be so.

As the sitter up with an Operation case must be in the same room with him, a Nurse's room

f106v

is hardly desirable
 A Head Nurse
 cannot be told off
 to a single Operation
 case or if she were,
 she ought to be
 sitting up *with* him, which indeed, *anyhow*, a
~~Otherwise,~~ ~~t/~~The good Head Nurse
 always does, the
 Head Nurse of the first nights.
 adjoining Surgical
 ward ought to be quite enough for
~~his~~ Head Nurse of Operation Case as
 well

A W.C. sink would
 be desirable for the
 Operation ward -in
 place of one of the
 two W.C.S indicated -
and is quite
necessary above=stairs
for the "Offensive" Ward

f107

5. The accommodation
 for Officers should be
 strictly limited to the
 accommodation for
 their *ranks* -
 6. There should be
 a Business Office for
 the P.M.O. & clerk
 7. Under the new
 Medical Regulations
 the Purveyor is called
 "Purveyor or Steward".
 And there are two
 rooms allotted to him
 in the 1st floor plan.
 8. How singular it
 is that there should
 be less discipline in
 a Military Hospital than
 a Civil Hospital
 kitchen!
- If "irregularities"
 take place, can they
 not be prevented?

In the latter all the
 cooking is done for all
 classes except for
 married men outside

f107v

According to Dr. G.'s scheme, here must be fourteen kitchens. There should be different cooking ranges but not different kitchens, which multiplies confusion & "irregularities", instead of preventing them

9. Whether you have Apothecary or Dispenser & give him one or two rooms, his sleeping-room should be near his Dispensary

10. If sick Officers are to be accommodated, it should be in a separate building or Pavilion, or in the centre of the administration.

f108

In a Hospital organized with Nurses - there are no Asst Ward Masters. One Ward Master for each ~~Pavilion or ward~~ is Pavilion is enough unless in the Convalescent & Venereal wards, where the Medical Officer might desire to have one sleeping off each

11. The Nurses' quarters are more than enough - as (wherever possible) they should sleep and eat, each in her little room off her ward.

The Superintendent must have a store room, Servant's room and sink.

There is ample space for this.

The ~~Asst~~ Ward Masters must sleep in the little rooms inside their own Pavilions - with the exceptions of those in charge of the Orderlies' rooms

There must be rooms for N.C. Officers (five) 1. Hosp. Corps Steward
2. Coal=store do
3. Provision stewards

f108v

4. Bedding Store do

5. Pack Store do

The "Clothing" should be in the Clean Linen Store (which is under the Nurses, therefore requires no N.C. Officer)

There should be a ~~Cook~~ Chief Cook's room

It is very desirable that the Orderlies employed in the wards should be quartered separate from the Orderlies employed in the Offices -

12. The proportions adopted give 3 ft. 4 between the beds on the wall space, and 6 ft between the beds measured across the window.

f109

Private *Mr. Robertson's Objections*

1. I see that it is better that each Hospital of such a size as this should have its own General Washing Establishment -

But I understood this was decided against

Unless a General washing establishment is within 200 yards of a Hospital, it is quite necessary to have the little Wash-house (here contrived) for washing bandages, wringing out very soiled sheets &c (before sending them away). Otherwise these things will be done in the Ward Scullery -

f109v

a most objectionable
practice -

It would be better
to have even this
little Wash=house
in a separate area
of its own than
where it is.

I presume there
must be a N.C.
Officer in charge
of it - Therefore he
must have a
separate room -

There is plenty of
space in the basements
under the wards
for a teasing room
for hair beds -
also a stove for
stoving hair will
be required.

f110

The best place for
the dirty linen room
would be at the far
end of the Corridor,
whence the linen
could be removed in
a cart

But this is
entirely a
Purveyor's question

2. I should have
thought storage for
500 or 600 tons of
Coal quite too much
Would not 200 tons be enough?

A Ward-Store
is required: Also
one for Coke -

The Straw Store
should be at a
distance -

3. The Scullery of the
Kitchen is more
convenient where
it is (in the plan)
The Purveyor in
Chief should give

f110v

an estimate of the
cubic contents of his
stores -

I agree that a
Bakery would be
a very good thing;
not however to
train bakers but
to make good bread.

It must of
course be at a
distance from the
Hospital.

A "Purveyor or
Steward"'s office,
apart from his
Receiving Room, will
be required for
keeping his books.

4. There is ample
space in the
Basements of the
Pavilions for any
extent of storage.

f111

5. Two rooms, as quarters, have been provided for the Steward or Purveyor.

A room will be required for the servant of each officer

One kitchen is enough for the whole Establishment

6. There appears reason in what is said about the Boiler -

One Boiler establishment, if placed in the centre, sufficiently large to provide steam for the kitchen, sculleries, baths, & ablution rooms & also for supplying

f111v

distilled water, might be best.

In this case, the kitchen=basement distribution would have to be re=considered

Don't have any Committee
Confound Committees!

f112

I have only now seen
the *top=flat* plan -

With regard to
Orderlies, the amount
of accommodation
required for them
must be settled by
the D.G.

With regard to
"Board=room", the
situation is bad,
necessitating an
extra stair case
all to itself, to clean.

With regard to
Nurses, the extra
accommodation
would be only in
the way - The
two stories already
provided are quite
enough, if one or
two additional rooms
are given on the
same floor -

The Bath is dark
& will not do -

f112v

The Nurses' Quarters
in fact should
consist of

- 1 Clean Linen Store
- 1 Mending Room
- 1 Linen Nurse's Room
- 2 Matron's Rooms
 - & Store Closet
 - & Servant's Room
- 1 Sick Nurses' Room
 - & their Attendant's Room

The Dormitory it
is as well to have;
because Nurses
might be put to
wards, where they
could not sleep -

As the whole question of Offices,
together with that of Sick Officers'
Quarters has come up again, would
it not be better to re=consider
the whole Administrative block,
instead of patching it up, adding
to, or altering it?

f113*Sleeping Accommodation
for Nurses**Nurses' Quarters*

One Head Nurse can
very well superintend
50 or 60 Patients -
provided they are
in two adjoining
wards.

Wherever the
Patients are "*sick*"
or *severe cases*,
she should sleep
& eat in her
little room off
her ward.

But Medical
Officers are not
always particular
in classifying
their Patients -
Sometimes indeed
it is impossible.

It may be found
desirable to attach
also

f113v

Nurses to the regular
Convalescent and
Venereal wards,
on account of
the decency, ~~and~~
order & absence
of wrong which is
~~illeg-ly~~/thereby secured.

Nurses of such
wards should
certainly not
sleep in their
little rooms. It is useless, for they
are not wanted
Sleeping accommodation at night. And
must therefore be it is ridiculous
provided for these Nurses to spoil such
in the *female* cases by over-care.
quarters.

Considering the
variable nature
of Military Hospitals,
ALL the female
Staff might have

f114

to sleep in these quarters.

Why not then,
when building these,
provide a few
more ~~stalls~~
compartments, so
as to take in *all*,
if necessary?

After all, it is
only 11 for 660
Patients.

This is not
providing for every thing
"in duplicate."

The little rooms
off the wards must
be there. *Whoever*
is in charge of the
ward must have
a Day=room off the ward. And
a Ward=Master,
if not a Nurse,
ought to sleep there.

f114v

All French Military
Hospitals are now
served by "Sisters".
They do about half
as much for the
~~Men~~/Patients as our Nurses
do & require
just twice the
accommodation.
For, *besides* the day=
rooms off the
wards for their use,
(quite necessary)
they have twice the
"Communauté"
accommodation we
ask for -

[I don't consider
the little room off
the ward as a
question of Female
Nurses at all. It
ought always to be
there, whether the
Hospital is served by
men or by women.]

[16:392]

f115 {arch: [c. 1865]} 111a **[16:363-68]**

Heads of Specification
for WOOLWICH HOSPITAL

Total Beds 650

Venereal Cases 320
to be placed by themselves

Beds for other
diseases 330

(1) The Venereal Cases
require 10 wards of
32 beds each or some
similar accommodation.
- the principle being
that they are segregated

Each of these wards
should have Offices the
same as any other - viz.
Ward Master's Room &
Scullery - and at the
opposite end, Bath,
Lavatory &c &c -

The Exercising ground
should be apart from

f115v

the other Division of
Patients.

Some of these cases
will be Medical, some
Surgical. Let the
Medical Officers arrange
this as they think
best- But let them
not put these cases in
the other Division,
whether Medical or
Surgical, of the Hospital.

(2)	Beds
Itch Ward	12
Scullery & Bath Room &c &c separate	
(3)	Beds
Offensive Ward	2
Scullery &c separate	
(4)	Bed
Noise Ward	1
may be contiguous with (4/5)	
(5)	Bed
Lunatic Wards 2	1
one bed in each	

f116

(6)	Invalid Ward	Beds 6
(7)	Operating Ward adjoining the Operating Theatre	Bed 1
	Total Beds required	650
	Total Beds provided for as above	344
	Beds to be provided for in the other Pavilions	306

Conclusions:

1. The wards to be raised off the ground with ample ventilation beneath
2. The Pavilions to be two stories high
3. A space between the Pavilions double their height.

f116v

4. Axis of Pavilion to be North & South, a little to the East of the North.
5. Query - In these climates, is it not found better for sun light, shelter from winds, and discipline, to accept for the Exercising Ground, something of the Vincennes plan, instead of letting the men exercise in separate slips? There should be but two Exercising Grounds for a Military Hospital - one for the Venereal & one for the other Cases -

f117

6. One Surgical ward of 32 beds must be provided on the ground floor for Accidents -
7. Three Medical wards on the upper floor for severe cases (of 32 beds each) must be provided.
8. All the Administrative Offices will be wanted the same as in Malta Hospital - But some, such as baths, kitchen &c, will require to be larger - the No. of Patients being double at Woolwich.
9. Hot & cold water laid all over the building & lifts are necessary everywhere
10. Kitchen should be near the centre -

f117v

11. Connecting Corridors
should be one
story high - with
foot-way above,
covered in & roofed with glass slabs,
supported by pillars.
12. Flight of stairs for
each Pavilion.
13. Oak floors to wards
with water-tight
joints - Spaces
between ceiling &
floor to be filled
up with some
inorganic substance
to prevent sound
passing through -
Floors should be
waxed or varnished
If a varnish of
sufficient tenacity
not to break could
be procured, it
would be best.
Experience about
this *can be had* from
Christoph, at Berlin,
11, Mittelstrasse

f118

14. Plate glass on double windows - especially on the North or North East sides.
15. Water supply is very bad and will require special filtering arrangements.

NB It is utterly unsuitable for Surgical dressings. For all such purposes & also for drinking, the water will require to be distilled or boiled.

Query. Could not better water be obtained in the neighbourhood of the Hospital?

f118v

109

The number of
N.C.O.s (thirteen)
wanted for
administration
is to me quite
unintelligible -
It is indeed
putting the stores
before the Patients.
It is *more* than
they have asked
for, even in their
"Purveyor's Code"
Three of the largest
Hospitals in Gt Britain
are going to send
me a list of
their servants.
We shall then
see I hope we
maybe able to
make a scheme
for Military
Hospitals of
reasonable economy -
Till then, I suppose
this accommodation
must be provided
as you have done it.

f119

109

1. Administration

~~Ground floor~~

1. We think the accommodation for N.C.O.s & Orderlies amply sufficient.
Ground floor
2. Also for admitting Patients.
3. Also for Offices of Governor, P.M.O. & Registrar.
[One W.C., instead of two, would have been enough.]
4. Also for Orderly Medical Officer's quarters & Paymaster's Office
5. Also for Linen Store &c
[One question
Could hot & cold water be laid all over the Administrative block? For the women's quarters it would be almost essential- I suppose

f119v

it is intended to be
so, by the Baths-]

Question 2.

The more I see of
English people,
who will not go
out for a cold
in their head, tho'
they will be starved
to death in a
Crimean campaign,
the more I feel
that a covered
way for the Officers
from the Administrative
block to the
Hospital is essential,
other than under
ground.

I have received
ample information
now about
Lariboisière & Vincennes.
And it all tends
to this - that Vincennes construction
is much better for
supervision & administration
than Lariboisière

f120

Upon all these quarters I would observe that, if I were any one of these Officers, male or female, I would much rather have my rooms on the INSIDE & my passages on the OUTSIDE so that from my rooms I lose the view, but I gain the supervision of the Hospital.

But I suppose there are objections to this.

First floor

6. We think P.M.O.'s quarters good -

But why does the "store" open out of his bed=room? And what is it for?

7. Also the Governor's quarters

8. Also the Captain of Orderlies.

9. The Dispenser's are too good. Better give him two rooms on one side the passage, with door through - Then the two rooms on the other side will make a separate quarter.

10. Nurses' quarters good.

A very small scullery & sink will be wanted. Why not turn one of the upstairs W.C.'s into one? There are three

f120v

Dr. Sutherland does
not like the darkish
unused space in
Nurses' Dormitory -

I don't see how
it can be helped.

Question 3

Would it not be
better to put the
Officers' kitchens
in the basement,
& their Servants'
rooms in the
first floor where
kitchens are at
present?

I had as lief
have my kitchen
in my bed=room
unless it is
intended for merely
toasting meat
on the end of a
fork.

Basement	}	
Upper floor	}	sufficient

f1212. *General Plan*
Basement

1. Very important that Kitchen & Dispensary should have enough light This must be decided.
One of the Cook's rooms has no windows -
2. There are four water closets taken out of the Coal Store According to scale, this would do for forty Orderlies. Are there so many?
3. Is it intended that the dead shall be carried down the end stair to the basement

A Military Hospital must be a place for curing sick & not for being married in - ~~let married~~

Even in Civil Hospitals, you don't provide for your Nurses & Matrons being married.

There is always danger of old fogies being appointed to the offices in a Military Hospital as if it were a place for being comfortable in -

I quite agree that the question of married soldiers is a much wider one than can be thus disposed of.

But a Military Hospital is not the place to begin ~~it~~/in.

f121v

thence to the
Dissecting Room
& Dead House
 again out
into the hearse,
to be backed
inwards for the
purpose?

 Are not the
turns too many &
too sudden for
this?

4. Is the Itch ward
 in the Basement Qu
 given up?

 We think it
 quite good enough

 All that Itch Patients
 need is to be
 locked up & bathed
& scrubbed

 Give them
 Baths, - a communication
 &c And it will
 do quite well.

f122

There must be
some gross
mismanagement
or miscalculation
about their number,
Dr. Burrell says
there ought never
to be more than
10 at Woolwich at the outside.
But we can't
help it.

~~Fir~~/Ground Floor

1. *Prisoners*
will do very well

2. *Itch Ward*
(if this *ground floor*
one is decided upon),
will do very well.

A Nurse's room
is not needed for
them But you
might put one of
your N.C.O.'s there
to sleep -

Itch Patients are
generally locked
up - the door,
of course, including
all the ward
appurtenances.

f122v

A W.C. sink is not wanted

A Scullery sink is.

A Bath (or even two) is certainly wanted
Bathing is an essential part of the cure - one before the friction, one after do that ~~the~~/each case, which ought only to be in 24 hours, takes two baths during that time.

BATH FOR ITCH WARD

3. Lunatic Wards

1st floor

(a) One dark padded room there must be

(b) A Portable Bath there should be, ~~with a closet,~~

if possible, in which to take ~~it, if the Lunatic can leave his ward~~

Are the Delirium tremens cases, if any, to go into these wards? Each of these cases is better in a single ward

Apparently there are two (two-bed) wards. This is not a point for me to decide. But I believe single Lunatic wards are considered best - Harmless cases may be in one large ward - but two is a bad number, I believe.

f123

W.C.'s at end of Wards

We fear the 3 ft.
passage is too narrow.
A 3 ft. door will do.
But, if possible,
the passage should
be 3 ft. 9 inch wide
at least.

Dust & Linen Shoots
will do.

Shoots should be
ventilated.

f123v

Operating/ion Ward

I approve - under
protest that it is
all an arrangement
for neglecting the
Patient.

Give the Nurse
a window into the
ward - at least.

Offensive Ward
distribution proposed
very good

1. Would you give
them a folding door?
I think not.
2. They must have
a *Bath*. But a
portable one would
do.

f124

Total Accommodation
shewn for Patients
is as follows:

Ground floor		
1st Pav.	Prisoners	28
	Itch	12
	Others	96
	Lunatics	5
2nd	32 x 4	128
3	28 x 2	56
4		20
5	28 x 2	56
6	32 x 4	128
7		128
		<hr/>
		657

This is enough.

f125

Hospital Walls & Ceiling
including Skirting, Beading, Angles.

For coating one man with unpol. Parian Common plaster /at 1500 cubic feet	£2.13
For coating one man with composition(at 1500 c.f.)	£3.6.11
For coating one man with polished Parian cement (at 1500 c.f.)	£5.10.1

P.p. 2/6 per yd

[end 16:368]

ff126-30 JS notes Before the question regarding the hospital linen can be satisfactorily settled it will be necessary to revert to the intention of the Regulations. Re supt in charge of linen

unsigned notes, f131, pen

f131

		500 beds
Provision Store	N.C.O.	2
	Pr	2
Clothing & Bedding	-xN	1
	- P	2
Utensil	N	1
	P	2
Pack	N	2
	P	2
Fuel	x N	-
	P	1
Grounds	N	1
	P	-
Laundry	N	1
	P	6
Kitchen	N	2
	P	4
Barber	P	2
Porter	P	1

Copy of Confidential Report on the Plans of the Royal Victoria Hospital, Southampton [Netley], ff132-35 signed on f134v John Sutherland, Florence Nightingale, on blue paper **[16:241-43]**

The site selected for the hospital possesses certain advantages for the treatment of chest affections, but it may fairly be doubted whether the relaxing local climate and the large extent of muddy beach exposed at low water close to the site be advantageous as regards other classes of disease.

The hospital is intended to consist of three flats of wards, one over the other. It would have been much better adapted for the successful treatment of the sick had these been two flats only.

As far as can be judged from the plans, the wards themselves are deficient in some important sanitary requirements. The larger wards, generally speaking, are deficient in window space and it does not appear that the direct sunlight will be admitted as plentifully as experience has shown to be necessary in hospitals.

One of the smaller wards appears to have one window only communicating with the external air, and there are others which appear to have no direct window light, but are lighted from the corridor.

The arrangement of the wards and corridors seems to be based on that of the General Hospital at Scutari, namely, two windows on one side of each of the larger wards, opening to the external air, and two windows and a door on the opposite side, opening into the corridor. Though the General Hospital at Scutari has been followed to this extent, there are some important particulars in which its arrangements are better than those of the Victoria Hospital, while the hospitals at Scutari cannot be considered as equal in their ward arrangements to other existing hospitals.

The introduction of the corridor is a decided improvement, if it be

properly done. The fault of those in the Scutari hospitals is that they lead to the intermingling of the foul air of different parts of the building with the air of the wards, because from the position of the latter, the only means of obtaining a thorough cross ventilation is by admitting the air from the corridors into the wards.

To obtain the advantage of the corridor without its disadvantages, each ward should have a row of windows on two opposite sides, independently of the side next the corridor, as is the case with the great hospital at Bordeaux and at the Hôpital de la Riboisière at Paris, which represent the latest improvements in hospital construction. It is a fact well known that medical and surgical treatment are by no means so successful when the sick are massed together under one roof, and it was to obviate this that the great improvement of breaking of large hospital buildings into smaller connected pavilions, as shown by these hospitals, was introduced.

The improvement is effected by projecting the ward straight out behind the corridor so that each block of two wards, when the hospital consists of two flats, constitutes in reality a separate hospital, with a row of windows on each side, and independent ventilating arrangements. As each block of wards stands by itself with a space intervening between it and the adjoining block, the corridor serves the purpose of connecting the blocks together. The corridor should not be a long passage with windows, but should consist of arched "Loggie" open from top to bottom, and the whole space should be filled with glass, the frame work of which should be so constructed that it can be thrown open entirely in fine weather.

Each corridor should have ventilating arrangements quite distinct and separate from those of the wards.

In one particular, the position of the water closets as shown on the plans of the Victoria Hospital, is not so good as in the hospitals at Scutari. In the great Barrack Hospital there, the latrines are placed, not only away from the wards, but outside the building altogether, while the plans of the Victoria Hospital represent them as being situated between the wards. There cannot be a moment's doubt as to the risk to health from the arrangement.

If each block of wards were built detached as in the Hôpital de la Riboisière, the proper position for the water closets and urinals would be in the free air at the end of the wards, opposite the entrance from the corridor. They should have a ventilation of their own, quite independent of that of the wards, and should be cut off by double doors, and by a ventilating lobby or passage, from the body of the ward.

No arrangement can be considered safe for the sick in which there is a possibility of any effluvia from them entering the wards. It is hardly necessary to state that water closets of the best construction should alone be permitted beneath the roof of a hospital.

The whole drainage of the hospital should be conveyed away in impervious glazed earthen pipes, well cemented, and if possible without passing under any part of the building used for the sick. The drains should be all trapped, and should be provided with the means of flushing. The outlet sewer should be carried sufficiently far into the estuary to pen under low water, and the main sewers should have free ventilating opening at a distance from the hospital, to prevent the rise of the tide from forcing the sewer gases into the buildings.

The baths and lavatories for each ward should be entirely separate from

the water closets.

Whatever plan may have been adopted for ventilating the wards, it should be sufficient to keep the wards free of odour by day and by night. It might be useful to examine and inquire into the merits of two systems of ventilation which have been in use and on trial, one against the other, for a considerable time in the Hôpital de la Riboisière. Some useful hints could be obtained from the ventilation of this hospital.

The true principle of ventilating a hospital is to introduce a sufficient amount of fresh air at as many points as possible, and to withdraw foul air at as many points as possible. One or two openings in the floor with corresponding openings above in the ceiling will only allow air to pass, but without renewing the body of the air within the ward.

It would be found useful to place the steam engine in such a position that the steam might be used for washing and for heating the drying closet and the engine power would be of service for mangling and wringing.

The wash houses appear made for the size of the building.

The laundry and the dirty and clean linen stores should be placed near each other.

All the buildings used for washing and laundry purposes should be very finely ventilated at the roof.

It would be advisable to have clean linen stores on each flat of the hospital.

There should be a kitchen for extra diets on each flat, or even in each division of sick.

Accommodation for female attendants should be provided distinct and separate from that of the male attendants. **[end]**

John Sutherland, Florence Nightingale

unsigned notes, ff136-41, pen, [from rc report], JS inserts

f136

-12-

At p. 4, Report of the Royal Commission ~~on the Sanitary state of the Army~~, the following recommendation is made as to the construction of new Hospitals -

"we recommend the
"adoption of the plan
"of separate Pavilions
"with lateral windows
"on opposite sides
"& natural ventilation.

At p. 40, the following passage occurs

"we recommend there=
"fore that, for the
"purpose of securing
"efficiency in our
"General Hospitals
"in war, a limited
"number of General,
"in addition to our
"Regimental Hospitals
"be maintained in
"peace."

~~Female Nursing~~

(4) ~~should be introduced~~

f136v

-13-

~~(illeg
both at home & in
the field"~~

The reason given
in the same page for
these recommendations
is "that our object
"should be to make
"them (General Hospitals)
"as good as possible,
"& to take every
"available precaution
"against the recurrence
"of the evils which
"have hitherto marred
"their efficiency"

After the report
containing these recom=
mendations was sent
to Lord Panmure, his
Lordship requested
~~us~~/some members of the Commission to take into
consideration the plans
of Netley Hospital.
And ~~we~~/they did so, ~~under~~
conscientiously enquiring, under the erroneous impression
that conscience was required
of them,

f137

-14-

~~impression that
what was really
required of us/them was
to state "whether the
"proposed Hospital
"at Netley would
"fulfil the requisite
"conditions."~~

~~Our/~~Their reply made
in ~~our/~~a Confidential Report
of March 12/58 was that
Netley was unadapted
for the purpose from
its structure, & from
the enormous cost which
~~that~~ would arise
out of its being
administered for such
a purpose -

~~We have/~~They stated ~~our/~~their
reasons for having
arrived at this
conclusion. And these
reasons are not even
touched upon by the/~~is~~
Netley Hospital Committee,
which has ~~just/~~now published
its Blue Book on the subject.
~~and in/out of~~ which Blue Book
of 200 pages we have culled
~~found all~~ the tit=bits we
have just offered to
our readers.

f137v

-15-

Mr. Sidney Herbert's reasons
~~They~~ remain unanswered.

And it may therefore
be taken for granted
that Netley Hospital
is *not suited for the*
purposes contemplated
by the Royal Commission.
The only answer, if
answer it can be
called, is that Netley
Hospital was not
intended for such
purposes - that it
was in fact intended
for an Invalid Depot.

Again, the R. Comm
recommends, p. 19,
that a Medical School
with professional chairs
for teaching Military
Medicine, Surgery,
Hygiene &c "should
"be instituted at the
"principal General
"Hospital in England."

f138

-16-

~~They/We shewed/~~It was shewn that
Netley Hospital was,
from the single size
of its wards, unadapted
for such a purpose -
the reply to which
objection amounts
simply to this "that
"it was never intended
"as the seat of a
"Military School."

~~It hence follows that~~
~~Netley Hospital is not~~
~~adapted for the object~~
~~aimed at by the Royal~~
~~Commission~~

~~They considered it to~~
~~be our/their duty further~~
~~to state the reasons~~
~~why such was/is the case~~
~~We/They laid down some/certain~~
The general principles
which ought to govern
the selection of sites
in the construction of
Hospitals ~~for sick~~
(5) were laid down by Mr. Sidney
Herbert's Commission

f138v

-17-

And, in order to shew the difference between those principles & the principles which have been adopted with regard to Netley Hospital, ~~we~~/they pointed out the facts in regard to site & construction of that Hospital.

In the report of the Netley Hospital Committee, the principles are not impugned, the facts are admitted, ~~unless~~ with one or two unimportant exceptions.

But, by way of shewing that Netley will, notwithstanding, be a good Hospital, the ~~large amount of testimony~~ the ~~debatable~~/remarkable logic we have quoted above as to the excellency of its site & the propriety of its construction is adduced. And ~~it~~/there is repeated, in every possible form of words

f139

(16/8)

the assertion
 that the site is a
 very good site & the
 Hospital a very good
 Hospital. The practical
 conclusion of Mr.
 Herbert's Commission
 on this point is:
 "that the shores of South=
 "ampton Water are not
 "a desirable spot on which
 "to erect a Hospital for
 "the majority of such
 "cases as will be sent
 "there." It is founded on
 the following facts.

~~"spot on which to erect
 "a Hospital for the
 "majority of such cases
 "as will be sent there"~~
 We do not condemn
 the site absolutely.
 We/The opinion merely expressed are
 founded on
 the facts of the case
 that it would not be
 adapted for the
 majority of Invalids
 These facts which in
 our opinion justify
 this conclusion are
 not impugned in
 any essential particular
 fact. They are as follows:
 - that there are
 ten square miles of
 mud exposed in
 the Estuary twice in
 the 24 hours: that
 the Estuary water
 consists of mixed
 salt & fresh water,

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-19-

with which the mud,
containing as it does
a large quantity of
organic matter, is
saturated:

that the climate is
soft & relaxing:

that the Hospital
itself stands on
brick earth.

~~These~~ facts are not
denied in ~~the~~/any Report.

The mixed salt &
fresh water & mud
charged to a large
extent with organic
matter are ~~shewed~~/shewn
by the committee to
exist in the Estuary.
And the extent of
the exposed mud is
not denied.

The Meteorological
tables shew that the
climate ~~does not~~ is damper than that of

f140

-20-

~~vary essentially from
the S.W. climate of
England, such, e.g.
as Torquay, which are/is
admitted to be relaxing.~~

It is a peculiarity
besides of the local
climate of Southampton
that it is unfavourable
to the diseases of the
digestive system, from
which class of diseases
it is reasonably to
expect that Invalids,
arriving chiefly from India,
will chiefly/mostly suffer.

Local opinion, founded
NOT on experience
~~would~~ says that the
climate is favourable -
~~But e/~~Experience itself
shews that it is
highly the reverse.
Concurrent testimony
seems to shew that it would be beneficial
for Chest diseases

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so far as concerns
 the general assertion
 of the ~~healthiness~~/advantages of
 the district by the
 Medical ~~men~~/referees, ~~whose opinion has been called for~~ it
 would be more to the
 point if they had
 given us some idea
 of the proportion of
 tropical Invalids,
 especially of those
 from India, who
 are sent to Southampton
 for the recovery of
 their health, ~~especially~~/particularly
 during the summer
 months. But this
 is nowhere shewn.

Our conclusions as to the
 whole matter ~~is this~~/are these:
 (1.) Since we cannot stop
 Netley, build us such a
 Hospital at Aldershot,
 (where ~~we~~/there ~~must have~~ be a
~~a/some~~ Hospital) as may serve
 for a model General Hospital
 on the Pavilion plan, & for an
 Army Medical School: ~~it~~
 the climate of which ~~it having~~/Aldershot
 fortunately ~~have the~~ will suit
~~advantage besides of suiting~~
 such cases as that
 of Netley will not.

f141 FN {arch: [c.1857?]}

1. Southton Hospital
 - 4 Requisites
 - by laws of god
 - refer back to us
 - John Bull & Nat. Gall
2. Precis - official Instructions.
3. Woolwich Artillery - Medl school
 - Aldershot plans Nurses clothing
 - Portsmouth
 - Sanitary State
4. Admiralty people at me.
5. Aldershot 3 Reading Rooms
 - {2 South Camp
 - {1 North
 - for Coffee & Games
6. Finnerty about to be referred to him
7. Commission

Lord Panmure always just.

f142-45 Printed Regulations for the Nursing Service at the Royal Victoria Hospital, Netley, with FN annotations. Signed Edward Lugard.

F142. FN blue pencil
Mess Money to be increased

f146 printed
ff147-48 JS hand Enquire how invalids are to get to Netley

f149 FN pencil note

Entire Hospital Diet	d	
costs at Netley /69	10 ½	
Woolwich "	13 ½	
Netley 1869		Woolwich
Joints Mutton /6	?	
" Beef /5 1/8	8 ½	
For Beef Tea /5 ½ d		
Beefsteaks		
& Mutton Chops	/7d	/9d

17/ per 100 lbs Bread
5/9 per cwt Potatoes
3/4d per lb Vegetables
1/0 per gallon Beer?

f150 Memorandum, JS hand

The government are about to build a new military general hospital at Malta at once. The ground (which is limited by the form of the bastions) is marked out on the plans by the outside line. The two plans were sketched by th R. Engineer officers in the employment of the War Office upon a specification drawn up by its directions. The average *per annum* no. of beds is 300.

Medical cases 200 to 250

Surgical cases 100 to 150

of these, venereal 40 to 60

convalescents 75 to 100

[query re nursing, SS asked, venereal cases, then comes FN notes, evidently from seeing plans

unsigned notes, ff151-64v, pen

[16:664-71]

f151

Outline Specification of
Buildings required
for proposed General
Hospital at Malta
[space]_____

The site proposed for the new Hospital is St. Michael's Bastion, together with some ground at present covered with private houses.

The bastion is on the S.W. side of Valetta - & overlooks the quarantine Harbour. It will be sufficiently convenient for the troops & Garrison at Valetta & in the Forts to the W. Sick from the Forts on the E. side of Malta harbour would have to be brought by boats to the Valetta side as at present - and they would have to be conveyed up the steep ascent rising immediately from the

f151v

water side & along a
single line of street
about $\frac{1}{4}$ mile in length
The means of access to
St. Michael's Bastion
are very nearly as good
as those to the present
Hospital.

It is proposed to take
about 10000 sq yds
of ground for the Hospital
& its appurtenances.
The area is an irregular
polygon 500 ft in its
greatest length and
250 ft in its greatest
breadth. It adjoins the
houses of the town on
 $\frac{3}{4}$ ths of one side. On all
the other sides it is freely
exposed to the sea &
land breezes. the highest
surface level is 164 feet
above the sea level.
And so far as we can

f152

judge from the maps & plans,
 the site is a very good one
 for its intended purpose.
 The surface is somewhat
 irregular: 2400 sq. ft
 outside the flanking
 Battery are 24 ft below
 the general level of the
 Bastion: 14000 sq. ft.
 of what is called the
 lower level are 7 ft. 3 in
 below the surface. And
 17000 sq. ft. of Spencer's
 Bastion are nearly
 12 ft. below the level.
 These differences of level
 could easily be removed
 where necessary: part
 of the difference indeed
 might be converted into
 an advantage. Thus
 the Hospital Kitchen
 & Wash-house might be
 placed in the first
 named hollow. The
 Pavilions to be erected
 on Spencer's Bastion.

Fuel Stores & Provision Stores ~~& Wash-house~~ might be
 placed in the first
 named hollow. The

And a space might be found
 there for a small Hospital Wash-house
 for washing the Hospital Bandages
 & dressings.

f152v

might have an additional story under the level which besides bringing the wards to the general level would afford a large amount of accommodation for stores.

In this, as in other instances, the Ground Plan of the Hospital must be determined by the form & extent of the ground.

We find that there is superficial area enough on which to erect a Pavilion Hospital for 300 sick, allowing ample space sheltered from the sun for convalescents to take exercise in the open air.

The longest axis

f153

the ground lies from NE to SW. And we propose that the length way of the building should be in this line. By adopting this principle, it will be easy to shelter the Pavilions to a considerable extent from sun=heat.

We propose that there should be six Pavilions -
- that each Pavilion should have two flats of wards with an arched basement to allow the air to pass below the wards -
- that the Pavilions should be arranged parallel to each other, with their axes running from N.W. to S.E.
- that there should be an interval of 50 ft. between the Pavilions
- and that the whole should be connected together by a Corridor 12 or 13 ft. wide & 430 ft. long running

f153v

from NE to SW

From the conformation of the ground, it will not be possible to make the Pavilions all of the same length. The two to be placed on Spencer's Bastion will have to be shorter than the others. But we do not consider this a disadvantage - as it will enable the Casualty & Operation Cases to be accommodated in smaller wards -

Each Pavilion (~~illeg~~)/should contain two wards - & each ward ~~w~~ should have the following offices attached to it -

1. a Nurse's room with a window to the open air & another to the ward
2. a scullery for washing up & keeping the ward eating & drinking utensils for making poultices, preparing ward drinks &c

f154

The Scullery & Nurse's room should each be the same size viz. about 12 ft square. ~~& the windows~~

3. At the end of the ward opposite the door, a portion of the Pavilion should be cut off to contain the Lavatories, Bath=rooms, Water=closets &c. These should be reached thro' a halfglass double swing door, 4 ft. wide, opening into a passage of similar width - which passage should be thoroughly ventilated. From one side of this passage should enter the Ablution & Bath=room & from the other the Water=closets - These rooms should be about 12 ft wide by 10 ft long. They should have plenty of windows & the fresh means of ventilation. In each Water=closet should be placed a white earthenware pan sink properly trapped; with a water=tap over it for washing out bed ~~bed~~ slops &c

f154v

Each Patient is to have ~~filled~~/1625 cubic feet of (sixteen hundred and twenty-five) space

Each ward should hold 32 beds: 16 on each side - except the wards in the two shorter Pavilions - ~~each/two~~ of which one will hold 20 beds in each of its two wards & the other 10 beds in each ward.

The wards for 32 Patients should be ~~100~~/110 (a hundred & ten) ft long - 30 ft wide & 16 ft high - with 8 windows on each opposite side - reaching from within 3 ft of the floor to 1 ft of the ceiling.

The 20=bed wards should have 5 windows on each side: and the 10 bed=wards 3 windows on each side.

f155

Six or seven small wards of one and two beds each could easily be built out of the ~~Corridor facing the entrance to the Pavilions~~ ~~or the~~ space occupied by the small N.E. Pavilion & the Corridor leading to it ~~might be appropriated to the required number of small ward for a Hospital of the size.~~ In any case, these small wards should have windows on two opposite ~~size/sides~~. In connection with them should be built the Operating theatre with a separate entrance from the Corridor.

These wards must be provided with separate Nurse's room, Scullery, Water=closet, Sink & Lavatory

f155v

The Corridor should be the same height as the wards & should consist of narrow piers supporting arches with glass folding windows capable of being opened or removed - to permit a free circulation of air between the Pavilions - It would be adviseable to consider whether the S.W. side of each Pavilion being the side most exposed to the sun should not be built with hollow walls- with openings both above & below into the interspace to allow of a free circulation of air - in order to carry off the sun heat.

f156

The roof should also be double & should have a similar circulation of air through it. The ward window space which in temperate climates ought ~~not~~ to be fixed at not less than one third of the entire wall=surface, should be less in the Maltese climate.

The entrance front of the Hospital would be about the middle of the Strada Genio - And the buildings to be devoted to the adminis=tation might be erected so as to form one entire side of the Street -

If they were two stories high, they would be about two thirds of the Hospital Façade in elevation -

f156v

The administrative buildings should be connected with the centre of both flats of Corridors - And at the point of connection there should be a wide roomy staircase - giving access to the building. A courtyard would be left between the back of the administrative Offices & the front of the Hospital. And across the Courtyard the communication would be carried.

If for the sake of obtaining more space for the Administrative Offices, it were necessary to connect these with the Corridor at two points, it might be done.

f157

But the first method
would be the better -

The following is the
accommodation which
we would propose should
be placed in this part
of the building:

1. a small Guard Room
& Porter's Lodge with an
Entrance Gate under an
Archway.
2. a Writing Room
3. a Recovery Room
4. a Surgery &
Drug store
5. Governor
2 rooms
6. Principal Medical
Officer 1 room
7. Superintendent of
Nurses
2 rooms & store=
closet
8. Orderly Medical Officer
1 room
9. Medical Officers'
Day & Consulting Room

f157v

10. Steward's Room
11. Paymaster's Room
12. Apothecary's Room
13. Captain of Orderlies
2 rooms
14. Chapel
15. Chaplain
2 rooms
16. Pack Store
17. Clean Linen Store near the Superintendent's room
18. ~~Clothes~~ Rooms for
Dispensers
Storekeepers
Cooks &
Servants
19. A room for sick Nurses should be provided
near the Superintendent's Quarters.
20. Sleeping Accommodation for 30 Orderlies
The space in front of
the Hospital & facing
the Strada Genio,
which could be used
for erecting this
accommodation, appears
to be 230 feet long,
by about 70 feet in
depth. But it would
21. A General Bath=room
for medicated & other
Baths

f158

be necessary to leave as wide a Courtyard as possible between the back of the buildings & the front of the Hospital.

The Chapel might be erected in the S. corner of the Bastion. It might be the whole height of the Pavilion & might be entered from the Corridor.

The Bedding Store, Foul Linen Store &c might be placed in the arched basement of the N.E. Pavilions.

The Provision Store & Fuel Store should be placed near the Kitchen.

All hot water required should, if possible, be warmed by a furnace

f158v

near the kitchen &
hence conducted over
the whole building.

If this be impracti=
cable, a *chauffoir*
for the purpose would
have to be placed
under the Corridor at
the centre of the building.

The Cooking apparatus
should be placed in the
middle of the kitchen
floor - And if the kitchen
be placed under the
flanking Battery, it
should have a Lift
to take up the dinners
to each flat of the
Corridor ~~But -~~ The
Lift should not open
directly from the
kitchen but from the
outside.

The ward windows
should be so placed that
the beds can be ranged
two & two between them.

f159

with one in each corner
The corner spaces should
permit the bed to be 18
inches from the wall.

The walls & ceilings of
the wards should be of
white Parian cement.
The floors of oak or olive
or some equally close grained
wood - oiled & varnished
or beeswaxed. The
Corridor might be done
with tile. The ordinary
Maltese stone should be
avoided for flooring on
account of its absorbent
nature & the dust it
~~illeg~~/creates.

The whole Hospital
drainage should be
conveyed away in glazed
water tight earthen pipes.
- none of which should
pass under any part of
the Hospital. The water
from Lavatories, Baths
Urinals & Scullery sinks should

f159v

be discharged by an open pipe over the trap grating of the drain which is to convey the water away. The Water=closet drainage & that from the Water=closet sink is to be conveyed away in carefully trapped drains which are to be ventilated at a sufficient distance from the Hospital to prevent the effluvia reaching the wards - Or the ventilating pipe might be carried up from the water closet pipe to 3 or 4 feet above the roof of the Pavilion.

The only question in regard to the proposed Pavilion arrangement is whether the distance of 50 feet between the

f160

proposed Pavilions be enough. It would *not* enough in this country, on account of the dull climate. Here the distance should be at least twice the height of the Pavilions.

Information on this point should be obtained from one conversant with the climate of Malta.

Should this be an objection, the Pavilions might possibly be arranged in line.

f161

Required { for a General Military Hospital
 { of 300 beds at Malta.

Medical cases 200 to 150

Surgical " 100 to 150

including Venereal 40 to 60}

Convalescents 75 to 100

} It is very desirable for all reasons that these two classes should form as it were a separate Hospital. Either the whole ground floor should be set apart for them - or a certain number of Pavilions - They may always be reckoned at half the whole number in Hospital. They never require any female Nursing. But the little Nurses' rooms are yet more essential.

f161v

than in bad cases -
as Ward Masters
should always be
within hearing,
especially at night;
when discipline is
too little observed
among these cases -

Offensive cases	3
Noisy cases	2
Operation case	1

One small ward
of three beds - two
of one bed - and
one of one bed
are wanted for the
above respectively
But the two one=
bedded cases (noisy)
should be as far as
they conveniently can
from the others -

f162

They should be dark
& cool.

The Operating Theatre
is so little used that
no great expence
should bestowed
on it - But it should
be near the one
bedded ward -

And *all* these
cases must ~~not~~/never
be on the same floor
or up the same
staircase with
Convalescent or
Venereal Cases -

	{Winter	} 6 to 15
Fever Cases	{Summer	} 60 to 90

	{Winter	} 15 to 30
Severe Cases	{Summer	} 30 to 45

Whatever plan is
adopted, one or two

f162v

Pavilions with not more than 12 to
20 beds in each of
their wards will
be loudly desired
by the Surgeons -
for the severe cases
& the fever cases -

One Nurse may
very well see to
the 12 or 20 bed ward
and to the 3 and 1
bedded wards, if
near to one another.
[It is not at all
necessary to have
one nurse for every
one of the tiny wards.]
The three bedded
ward should have
a sink &c of its
own & means of
washing=up of its own.

Query whether, in the
oblong plan, the magnificent
Double Pavilion is not too good
for the Convalescent Cases - & too
far off from the administration
& too hot for the bad Cases?
I only ask the question.

f163*Malta*

to adjoin each other -
to have a separate
entrance from the street

Day & Night Orderlies to have
separate sleeping=rooms -
N.C. Officer's room adjoining

1. Dead=house & Dissecting
Room, to be kept clear
of the Wards & Hospital

2. Hospital Wash=house

3. Orderlies' Lavatory

[4. Casements to be built
suitable for sick
in case of siege]

4. Offensive ward must
have water=closet,
sink, bath & lavatory
separate.

Ward for 4 requires
some re=arrangement.

Nurse's room would
be dark -

Side=Corridor not good
contrivance. End Scullery not
in a good place.

Scullery next Nurse's
room is probably intended
for the Noisy cases -

It is better, where
possible, to cut off the
offensive cases more
entirely with all
their appurtenances.

Beds for 3 (three)
only were asked in
the Specification.

5. Three 1=bed wards
were asked for (for
noisy delirious cases)

One Lavatory,
one water=closet, & sink
one scullery

will do for all the little
wards, but must be exclusive of the
offensive ward -

No bath=room need be. A
portable bath will do.

Noisy wards should have
inspection holes in doors

Little ward half=way
down stairs very
inconvenient -if avoidable
unless it has every
appurtenance to itself.

f163v

Would it not be better
to have end windows
to the wards?

The whole disposition
of the end Officers of the
Wards might be very
much improved by
throwing them out in
projections and
leaving the end wall
free for a window &
? balcony above with
shade to window below

6. W.C.s of large wards
not numerous enough.
7. To each Pavilion, or
at least to each
Pavilion for *sick*,
two ~~sp~~ separate
W.C.s, one above
& one below, are
necessary, one for
Orderlies & one for
Nurses -
8. Is the Hospital to
be lighted with gas
or with oil? How are
the Ward offices to be lighted?
9. Three sinks per ward
~~necessary~~/desirable (in the
large wards) to make
the service perfect -
one in the scullery
for "washing up"
one for hot & cold water
for the ward
one in the W.C. like
a W.C. pan on
Jennings' principle
with a cold water
tap over -
10. What is to be done
with the dirty linen?
Are there to be shoots?
or closets?
11. A general Bath=room
will no doubt be
provided.
12. Should not the
Corridor windows
have blinds?
13. Half=glazed ward
doors are always
desirable.

f164 {pencil note blue}

The Supt's sitting room
is in reality her *Office*
& should be accessible as an
Office, instead of being
hid behind all the
bedrooms

(Better give those two
rooms to Capt of Orderlies

10. The Supt must have
a Store=room, & Linen
Nurse's and Servants' room
and a sink and a sick Nurse's room
There is ample
space for all this
in the quarters indicated.

11. Must Dispenser
have two rooms?
should he not sleep near his store?

12. Better not call the
"servants" in a Mily
Hospl by that name.

13. Does the room
marked "Apothecary"
(Ground Floor) mean
Apothecary's Store?
or where is ~~it~~/this?

14. Store=rooms should
be near the Kitchen,
not distributed about

15. Must there not be
a Stewards' receiving
Provision=room?

16. Does not Mrs. S. Stewart
now ask for a small
Nurse's kitchen in the
Nurses' quarters?

N.B.

All will want kitchens,
though I do not see
that they need them.

[end 16:671]

f165v

Day=room must have
superintendence from
N.C. officer

They will complain of having
to carry all the linen up
to the 3rd floor [blue pencil]

Nothing of all this
has been done

[faint pencil note]

1. South End=wall of
Administrative Offices
to be double
2. Roof all the way along
to admit of ventilation
3. Kitchen & Day room
require shelter from
sun.
4. Will not kitchen
being under day=room
make it very hot?
5. Inner Corridor of
Mezzanine will be
very dark.
As much light as
possible must be
introduced from
stair=case.
6. Inner Corridor (1st floor)
must be lighted
from the roof.
7. Administrative offices
all require very
good ventilation.
8. Principal Stair-case
should be lighted &
ventilated from the
roof. Two open arches
should be put into it
from Mezzanine,
instead of dead wall
at present there.
9. Call the "Nurses' Day
Room" Clean linen
Store & the opposite
little room "Mending
Room" & put a door
across, so as to
isolate them - from
the ~~more private~~
women's rooms.

(ff165-66v

Nursing in German Field Hospitals, Stationary & Reserve Hospitals about Metz &c. from first to last, whether by Deaconesses or nurses or Soeurs-- not what we call "Nursing" at all.

(I can remember but one instance, in all my Crimean War experience, when our Hospitals were at the worst, of anything so bad, that being when I took over the General Hosp at Balaclava from the Irish nuns & found one Patient *dying* of bed sores, others lying in 3 days' filth, others whose bed sores had not been looked at for 6 days.)

This was the constant experience in German Field Hospitals:
 no bed sores appear ever to have been looked at;
 no black Typhus mouths ever cleansed;
 no Patients ever washed;
 no bedding ever cleansed;
 no windows ever opened;
 no sick kitchen ever established;
 no fresh water drunk.

You took over Patients from Deaconesses & Soeurs in this state, feet off which you had to *scrape* the dirt before washing, typhus cases with black moths took hours to cleanse (as soon as done, Patients begged for food, took it & recovered);

bed sores which had spread over the whole back;
 death rate in Fever unexampled;
 windows they had never tried to open (Patients crying for air);
 food uneatable for Fever & exhausted cases;
 water which gave Dysentery unless boiled (this not always done);
 typhus bedding (saturated) stacked in a narrow entry, leaving barely 3 feet for attendants to pass;
 deaconesses dirty, unpunctual, prudish, ignorant, disobedient to doctors so disobedient that Doctors "liked Roman Catholic Soeurs [sisters] better, tho' quite as ignorant "because they are obedient."

In Reserve Hospitals, some good *lay* Nurses, almost all women of bad character (in fact, what I knew at Vienna).

Ladies who called themselves "Deaconesses" *by their own brevet* as a rule knew nothing.

H.R.H. the Crown princess's own hospitals the only ones up to the present standard of Sanitary experience (but *she* taught the Doctors- not the doctors *her*).

Medical Officer knew no better himself than to let his Patients lie in dirt & bed sores....Why should he blame his Nurses for not doing better than himself?

It is no criterion to say nursing good enough, if Doctors find no fault--no reform would ever then be made. In all my experience I have seldom or never seen what was the *normal* state of these War Hospitals.

Beautiful French Military Hospitals (in time of peace) at Metz, Strasburg &c, in German possession after war was over, in time of peace as follows:

floor & bedsteads going to ruin from uncleanliness;
 typhus cases gasping for air--windows all bunged up;
 patients who ought to have been fed every hour sinking for want;

deaconesses at "Gottesdienst";
 patients' dinners 1 hour after time;
 bedding dirty;
 smell sickening;
 patients lying in saturated bedclothes;
 no *polishing* of the floors & lockers (only wiped);
 floor always half-damp & yet not clean, with mopping.
Versailles Red Cross Stores:

unsigned notes, f167-78, pencil notes

f167

Versailles (Red +) Stores

Monopoly in German hands complete & exclusive
 Needs great & piteous
 French & English Dépot giving lavishly &
 almost entirely for Germans
 German Society grabbing wholesale at the
 English & French stores
 Then came Col: L.L. with the £20000
 This was no help
 No goods were given to wounded at Chateau
 or to sick at Lycée
 "To ensure unity of action (the great word &
 excuse of the German Society, he (Mr. Furley
 had arranged to give out nothing that
 was not countersigned by Baron Neithammer
 - not even his own English stores.
 what a pressure must have been put on him
 In a few days, Mons. de la Roch of the
 French store, ~~was~~ put "la corde au cou" to
 himself in the same way - Neithammer's signature

f168

"Nous donnons sur leur signature
 ensuite que cela aille à leurs malades
 ou non nous nous en maquons parfaitement
 pourquoi nous inquieterions-nous de leurs
 blessés plus qu'eux-mêmes"
 France herself very poor
 If we had at this time given warm clothing
 au Château we should have been turned out
 my card countersigned by Pr Puttons,
 or I must have lost my footing.
 my card countersigned by Pr. Puttons
 or I must have lost my footing
 Genl Walker: "if you choose to peep deeper than
 you have any business to the Prussians would
 think nothing at all of sending either of you
 off to a fortress in Prussia, and I could not
 help you."

(of my plans) "I don't want to know anything about
it."

He could not interfere & so had best ignore

f169

-2-

The Prussian Military Doctors & Inspectors
were under the same pressure as the
English & French Societies. This occult
tyranny was exercised by the Johanniters
for the benefit of the Government &
ultimately of the sound & efficient soldiers
All went into the Lycée stores but never
appeared in the wards

Dec. 15 - German Depot

tone all changed. Johanniters gone -

Democratic come - "we are truly

'International' - give to the French as well.

[at the beginning of the war, Johanniters insisted
on German branch of the International being
incorporated with them - i.e. swallowed up
paralysed & reduced to 0

They remained while the inflow of gifts was
enormous & swooped down on entire convoys
securing all -

Now the Johanniter Grands Seigneurs are gone away.

f170

& democratic German 'International' allowed to assist itself - & get a little credit for German aid & generosity with the pickings & gleanings that may still dribble in from England & the very inferior & common German goods.

When Pless, Puttons & Thons û Taxis were here beautiful English goods were swarming in every Depot

Thons û Taxis directed a certain amount of goods back into the right channel

Landwehr man in Hospital - Berliner -educated mechanic has his warm clothing from home not from hospital

thousands on thousands England has sent for the wounded & sick

Yes, but they are not given here - they go to the Army.

(his fear, in saying this, gave the measure of the gravity of an indiscretion in the Prussian Military Code)

f171

-3-

Prussians have taken the Hopital Militaire
 Troppeau, the head French Dr, Doctors, Staff
 wounded & sick may go where they can
 [Prisoners & Germans alike sent off to Prussia
 before they are fit for it]
 Parisians - very young, bright, saucy, full of chaff &
 carelessness - different from Provincials - in Hospital

German Depot all back in the old groove
 Baron Neithammer had been nothing should
 be given without his signature - The iron
 band of the Knights of St. John
 Depot keeper - a member of the German international
 (frantic) xx a groan, a hiss & a roar
 all in one - Yes

Br Neithammer - a Johanniter
 Johanniter claimed direct everything & extinguished
 the International - Yes xx
 Furley's face only expresses - please don't - pray don't
 - one dodge of the Johanniters he has learnt -
 to bolt abruptly - when hard pressed

f172

Prussians neglect Bavarians in Hospital
 scarcely feed them
 [Sisters of Charity frightfully partial]
 Bavarians turned bodily out of the Château
 cannot stand the Prussians
 Dutch Ambulance staff complete
 did ditto for same reason back to Holland
 in disgust
 Prussians ~~are~~ going to govern the world

Css de la Torre gets any amount of things
 from German & English Depots
 brings signatures they cannot disregard

f173

-4-

Bismark closer (to the shells) than we are -
something to have the incarnation of United Germany
between oneself & a bomb!

Is it an idea of mine that the finer natures
wither away most under Hospital influences

with a pardon for the foes who hate
and a prayer for the friends who love

Rumpff wants tact & character & so vacillates
hither & thither

f174

Bavarians - 80 pr cent dead in Hospital or Invalided
30000 Army = 25000

withdrawn from the life & activity of a small State

Bismarck & that pious old King as bad
as destructive to friends as to enemies

What difference between unoccupied part of
France & Bavaria?

Both equally prostrate in sorrow & misery
& lost blood

I had rather be France than Bavaria
free to reconstruct her Govt rather than
bound head & foot to fall under Prussian
supremacy, the prey of Junkers & Generals
- the worst Military despotism of the century
the most intolerable & aggravating
expression of it, because the most contrary
to all liberty & progress

What difference, if not for the "honour of the thing"
between Moscow fatal to the French & Paris
fatal to the Germans? I can see none.

f174v

What difference between Napoleon I
& Bismarck in the mischief each has
done to his own country?

I can see none.

Each has decimated the life blood of his
own people

But we shall have to invent a new word for
'decimation' -

Since to 'decimate' means now - to take
not one in 10 but 8 in 10 -

Altho' or rather because I am more German
than French I see more future misery for
Germany than for France -

I see Germany delivered up to Junkers &
Generals - all her culture & education
availing her nothing against a
Mephistopheles who has indeed
entrapped this poor Faust to his
'damnation'!

f175

In all this, the beautiful spirit
of the poor, the middle class of England -
The £300000 mainly contributed by them
Would the Germans have raised £300000
for us? - £3000? £300?

Not they -

They would have said

England is rich - we poor -

But our poor Subscriptions are greater
than their rich subns for themselves.

If we were at war they would say: -
the English were rich enough to give to us -
now they ~~are~~ may be rich enough to give
to themselves

German character runs to vacillating
between arrogance & agony -

English "Education of the Heart"

Few know so much as I did once of Prussians,

f175v

working people, in her Schools, her
Institutions, in which I served

Their frugality, sobriety, saving, intelligence
put us to shame

But the Education of the Heart!
give on the English working people!

I thank the Silesian lady for giving me
that word

Johanniter - a lot of Princes who deserve
& have 'curses, not loud but deep' -

f176

Rumpff

oh it was not all my letter
it was arranged for me
it was only a letter, I wrote in German
to Mrs. Schwabe giving her the
organization of the German Relief Societies
- indeed I did not mention the
Johanniter at all! - that was put in
for me

A set of

Soeurs - most indifferent & sometimes
careless & ignorant Nurses
German Infirmiers are valuable

same outcry against the German Relief
Societies in Germany as against the
Johanniters

what does become of all the things?
don't believe they go to the wounded or sick at all

{f177 blank

f177v

but to the Military stores for soldiers
"Clearly those Johanniter should ask Mr. Furley
for anything they want"

Yes, but Mr. Furley is to give nothing
except what the Johanniters want
nothing except asked for (requisitioned)
by them.

f180

King supported them in this pretence.

But the whole common sense of the German people rebelled against this - They revolted at every Station & in every Hospital - They declared that their gifts should NOT go thro' the Johanniter: The Hospital Surgeons on the other hand declared that if they had to ask the Johanniter for "extras" or gifts or necessaries (for they were all three) - they would not ask at all - but that, practically, it came to the same thing whether they asked or not. For they never got - they never received the things they wanted -

It was observed that the *Prussian Surgeons* who did not ask the Johanniter *obtained promotion*- But it was also observed that their Hospitals were no better off than other people's -

Why?

The things, the gifts, went into that Surgeon's Hospital Store - But they never reached his Patients, his wards -

Most of the German Patients who received anything received it *direct* from their friends at home or from English agents who gave *direct*.

From the vast mass of concurrent testimony of disinterested *practical* observers, it appears
1. that the main part of the gifts which the Johanniter (?) "embezzled" found its way not to the Patients at all but to the Army - and in this way they paid their court to the King - [The Johanniter themselves subscribed only

20000]

that large quantities of these gifts were, even in the very greatest distress of the Hospitals, packed up & sent back to Germany to Institutions favoured by the Johanniter [there is positive eye-witness's evidence to this]

f180v

that the same happened with the English gifts of money & stores, where these fell into the hands of the Johanniter & were not given direct by British agents.

2. that the German International Hülf's Verein looked upon the Johanniter as a huge incubus which they endeavoured with all their mights to throw off or to evade - And succeeded, more or less.

But what are the Johanniter?

It is said the Johanniter "are not volunteers in the sense that Capt Brackenbury ~~is~~/was a Volunteer" - That is perfectly true.

The Johanniter are: Purchase run mad.

Royal favour run mad.

The Johanniter are an Order who purchase their places.

f181

No qualification is wanted but
 a certain grade of nobility
 the nomination of the King -
 and the price.

It seems scarcely necessary to say another word -

All the rest follows: {printed address:} 35 South Street,
 Experience is hardly needed to say what ~~it~~/this is: - Park Lane.

- the immense rebellion of all the "German
 International" Societies against their Johanniter
 pretensions to absorb the gifts. W.

- the "curses not loud but deep" because in Prussian
 Militarism the favour of the King is everything

without that favour the Johanniter could not have
 maintained their pretensions for a day. [It is said: "they

f182

"have a position for the purpose". For "position" read **pretension** & the statement will be correct.]

"Prince Pless is Royal Commissary, directly under the King" quite true for Prussia -

Another was named - also directly by the King - e.g. for Bavaria - And so on -

These men were the curses of the Hospitals.

Their manners & politeness were exquisite - But Without them, it was almost impossible to reach the Hospitals. To them, black mail must be paid of all the English gifts - [E.g. There is probably more truth than falsehood in the supposition that the English gift of 20000 to the Versailles Prussian ~~Army & ackn~~ Hospitals, & acknowledged by PRINCE PLESS went direct for Royal & *not* for Hospital purposes.]

To English agents, except those positively serving as Matrons or Surgeons *in* the Prussian Hospitals & thereby *incorporated* with them, it was forbidden, or at least made impossible, "*to know too much of the secrets of the Hospitals.*"

English Military Diplomatic attachés positively declined to be told. And in one case warned two Anglo-French ladies, serving as Agents of the English Socy, that if they dived "too deep" into the mysteries of the supply of the Prussian War Hospls, they might be "hurried off to a Prussian fortress" - and "we, (i.e. British diplomacy,) "shall not be able to help you."

Much of the reporting, therefore, on Prussian Military Hospital Service by British Officials is derived from the Prussian mouth & unsupported by British *personal*

f182v

observation & experience -

It is so far from actual fact that Prussian War Hospitals are the expression of the German people - the representation of German "Socialism" - that they may strictly be said to be the expression of *Prussian Militarism* - the representation of Prussian Czar-ism tempered a little by the kindness of popular Germanism - which finds its expression also in the King's always addressing his soldiers in Hospital - even while he is starving them - as his "children."

N.B. Von Tour û Taxis is the only Johanniter Prince, of whom real good has ever transpired. That they spent much in "picnics", if not in worse, is undoubted. But it is indeed to be feared that Lady Courtezans obtained British stores thro' them.

f183 {arch: ca 1871}

Note on Mr. F's note

The "explosion" to which Mr. F. refers was the smallest item in Miss L.'s experience

& does not refer at all to her experience before Metz

[The "explosion" was produced by a discovery of immorality & in nurses who were *very good* - therefore it can scarcely be considered as referring to *Nursing*

It was produced by one Nurse being the Doctor's mistress (this woman was never dismissed at all) - one the Infirmier's (Wärter's) mistress - & one having been detected in immorality towards a Patient, not fit to repeat

It is curious here to note that *this Lady Supt* states that no instance of immorality or even impropriety ever happened within her knowledge between *French* patients & their Nurses (German or other) all between German Patients or Doctors & German Nurses -]

The Supt's experience about *Nursing* can [~~illeg~~] as little be limited by the "Hamburg explosion" of Mr. F.

as the War by the Hospitals of Hamburg

[pencil] What she describes under the head "nursing" as in the *field* hospitals about Metz *from first to last*

as in many *stationary* hospitals--whether by German deaconesses, or nuns, or French "Soeurs de Charité, or German nurses- down to the time when she visited the great Hospitals of Metz, Nancy, Strasburg, Belfort, &c by the Cr Princess' order in April last (when there was no pressure at all- & when Metz & Strasburg Hospitals were just as much Prussian peace Hospitals as they ever will be) is not what we call "nursing" at all. And in my whole Crimean experience

f183v

when war hospitals were at the worst, I can remember nothing, which is to be compared with what she found the general state of things- except in one instance when I took over the General Hospital at Balaclava, from the Irish nuns & found one Patient *dying* of bedsores others lying in 3 days' filth - others whose bed sores ha not been looked at for 6 days - This was the *constant* experience in the Prussian *Field* Hospitals. No bed sores appear ever to have been looked at- no black Typhus mouths ever cleansed no Patients ever washed - no bedding ever cleans, no windows ever opened, no suck kitchen ever established - no fresh water boiled

This English Supt *constantly* took over Patients from German Deaconesses & French "Soeurs" in this state viz. Feet, off which she had to *scrape* the dirt before washing. Typhus cases with black mouths- which took her 1 ½ hours to cleans, but, as soon as done, the Patients begged for food, took it, & recovered- bed sores which had never been looked at & spread over the whole back. Typhus *Mortality* unexampled windows which had never been opened & which they had never *tried* to open, tho' Patients were *crying* for air.

Food which was uneatble for Fever & exhausted cases water which gave Dysentery - tho' other was to be boiled Typhus bedding (saturated) stacked in a narrow entry, leaving barely 3 ft for the attendants to pass.

The German Deaconesses were dirty, unpunctual, *fine* prudish, ignorant, disobedient to Doctors, so disobedient

f184

that the Doctors constantly said" "we like R. Catholic
"Soeurs better, tho' quite as ignorant, because they are
"obedient."

In *Stationary Hospitals* there were some good lay
nurses - almost all women of bad character
(in fact, what I remember at Vienna).

The ladies, who called themselves "Deaconess" *by their
own brevet*, as a rule knew nothing.

As for the "Medl Officer in charge being always
pleased with his nurses,"

of course if the M.O. knew no better himself
than to let his Patients lie in dirt & bed sores
unwashed, their mouths & backs unlooked to,
Dysenteric water given to the Patients, windows
unopened, food uneatable - of course he would
not blame his Nurses for not doing better than
himself.

But what should you have said if I at Scutari had
adopted Mr. F.'s criterion - & had thought the
nursing good enough if the Doctors "found
no fault," if the Doctors "found no ground to
complain," In that case no reform wd ever have

f184v

been made - not even in the Orderlies - in the
Crimean War.

But in all the experience of my life I have never
or scarcely ever seen what was the normal state
of the Prussian War Hospitals

That of the beautiful French Military Hospitals of
Metz & Strasburg when in Prussian possession
in April last beats it all: however:

It was as follows:

floors & bed steads all gone to rack & ruin from
uncleanliness

Typhus cases gasping for air- windows all bunged up Patients who ought to
have been fed every hour

sinking for want. Deaconesses at "Gottesdienst."

Patients' dinner one hour after time or more
bedding indescribable for dirt. Patients lying I
smell sickening.

unsigned notes, ff185-86, pencil

f185 {arch: [ca. early 1876]}

Never give your *name* without your *work*
Never give your *work* without your *name*

The Turkish Hospital will have Servian wounded
if they do not murdered them - What better plea for atrocities
could the astute Turk have than our refusal
to help their Sick & Wounded?

f186

Miss Irby is feeding with bread, Indian corn & salt
above 12000 naked & starving Xtian fugitives at Knin
in D. - besides more than 2000 children in her
Schools fed & clothed & taught besides which
she has more than 100 orphans entirely under her
charge - Flax & wool given out to the mothers
to weave into coarse clothing
Huts built for as many as possible of those
dwelling in caves -

Notes, ff151-64

Outline Specification of Buildings required for proposed General
Hospital at Malta

~~The site pr~~ proposed for the new Hospital is St Michael's Bastion, together
with some ground at present
covered with private houses.

The bastion is on the
S.W. side of Valetta -
& overlooks the quarantine
Harbour. It will be
sufficiently convenient
for the troops & Garrison
at Valetta & in the
Forts to the W. Sick
from the Forts on the
E. side of Malta harbour
would have to be brought
in boats to the Valetta
side as at present -
and they would have
to be conveyed up the
steep ascent rising
immediately from the

v

water side & along a single line of street about $\frac{1}{4}$ mile in length The means of access to St. Michael's Bastion are very nearly as good as those to the present Hospital.

It is proposed to take about 10000 sq yds of ground for the Hospital & its appurtenances. The area is an irregular polygon 500 ft in its greatest length and 250 ft in its greatest breadth. It adjoins the houses of the town on $\frac{3}{4}$ ths of one side. On all the other sides it is freely exposed to the sea & land breezes. the highest surface level is 164 feet above the sea level. And so far as we can

f152

judge from the maps & plans,
the site is a very good one
for its intended purpose.

The surface is somewhat
irregular: 2400 sq. ft
outside the flanking
Battery are 24 ft below
the general level of the
Bastion: 14000 sq. ft.
of what is called the
lower level are 7 ft. 3 in
below the surface. And
17000 sq. ft. of Spencer's
Bastion are nearly
12 ft. below the level.

These differences of level
could easily be removed
where necessary: part
of the difference indeed
might be converted into

an advantage. Thus the Hospital Kitchen, Fuel Stores & Provision Stores
might be placed in the first named hollow. And a space might be found there
for a small Hospital Wash-house for washing the Hospital Bandages &
dressings. Pavilions to be erected on Spencer's Bastion

v

might have an additional
story under the level which besides
bringing the wards to
the general level
would afford a large
amount of accommodation
for stores.

In this, as in other
instances, the Ground
Plan of the Hospital
must be determined
by the form & extent
of the ground.

We find that there
is superficial area
enough on which to
erect a Pavilion Hospital
for 300 sick, allowing
ample space sheltered
from the sun for
convalescents to take
exercise in the open
air.

The longest axis of

f153

the ground lies from NE
to SW. And we propose
that the length way of the
building should be
in this line. By adopting this
principle, it will be easy
to shelter the Pavilions to
a considerable extent
from sun=heat.

We propose that there
should be six Pavilions -
- that each Pavilion
should have two flats
of wards with an arched
basement to allow the air to pass below the wards -
- that the Pavilions
should be arranged
parallel to each other,
with their axes running

v

from N.W. to S.E.

- that there should be
an interval of 50 ft.
between the Pavilions
- and that the whole
should be connected together
by a Corridor 12 or 13 ft.
wide & 430 ft. long running from NE to SW

From the conformation
of the ground, it will
not be possible to make
the Pavilions all of the
same length. The two
to be placed on Spencer's
Bastion will have to be
shorter than the others.
But we do not consider
this a disadvantage -
as it will enable the
Casualty & Operation
Cases to be accommodated
in smaller wards -

Each Pavilion should contain two wards - &
each ward ~~w~~ should
have the following offices
attached to it -

1. a Nurse's room with
a window to the open air
& another to the ward
2. a scullery for washing
up & keeping the ward
eating & drinking utensils

for making poultices, preparing ward drinks &c.

f154

The Scullery & Nurse's room should each be the same size viz. about 12 ft square.

3. At the end of the ward opposite the door, a portion of the Pavilion should be cut off to contain the Lavatories, Bath=rooms, Water=closets &c. These should be reached thro' a halfglass double swing door, 4 ft. wide, opening into a passage of similar width - which passage should be thoroughly ventilated. From one side of this passage should enter the Ablution & Bath=room & from the other the Water=closets - These rooms should be about 12 ft wide by 10 ft long. They should have plenty of windows & the fresh means of ventilation. In each Water=closet should be placed a white earthenware pan sink properly trapped; with a water=tap over it for washing out bed ~~bed~~ slops &c.

V

Each Patient is to have 1625 cubic feet of (sixteen hundred and twenty-five) space

Each ward should hold 32 beds: 16 on each side - except the wards in the two shorter Pavilions, of which one will hold 20 beds in each of its two wards & the other 10 beds in each ward.

The wards for 32 Patients should be ~~100~~/110 (a hundred & ten) ft long - 30 ft wide & 16 ft high - with 8 windows on each opposite side - reaching from within 3 ft of the floor to 1 ft of the ceiling.

The 20=bed wards should have 5 windows on each side: and the 10 bed=wards 3 windows on each side.

F155

Six or seven small wards of one and two beds each could easily be built out of the space occupied by the small N.E.

Pavilion & the Corridor leading to it.

In any case, these small wards should have windows on two opposite ~~size~~/sides. In connection with them should be built the Operating theatre with a separate entrance from the Corridor.

These wards must be provided with separate Nurse's room, Scullery, Water closet, Sink & Lavatory.

The Corridor should be the same height as the wards & should consist of narrow piers supporting arches with glass folding windows capable of being opened or removed - to permit a free circulation of air between the Pavilions - It would be adviseable to consider whether the S.W. side of each Pavilion being the side most exposed to the sun should not be built with hollow walls- with opening into the interspace to allow of a free circulation of air - in order to carry off the sun heat.

F156

The roof should also be double & should have a similar circulation of air through it. The ward window space which in temperate climates ought ~~not~~ to be fixed at not less than one third of the entire wall=surface, should be less in the Maltese climate.

The entrance front of the Hospital would be about the middle of the Strada Genio - And the buildings to be devoted to the adminis=tation might be erected so as to form one entire side of the Street -

If they were two stories high, they would be about two thirds of the Hospital Façade in elevation.

V

The administrative buildings should be connected with the centre of both flats of Corridors - And at the point of connection there should be a wide roomy staircase - giving access to the building. A courtyard would be left between the back of the administrative Offices & the front of the Hospital. And across the Courtyard the communication would be carried.

If for the sake of obtaining more space for the Administrative Offices, it were necessary to connect these with the Corridor at two points, it might be done.

f157

But the first method
would be the better -

The following is the
accommodation which
we would propose should
be placed in this part
of the building:

1. a small Guard House
& Porter's Lodge with an
Entrance Gate under an
Archway.
2. a Writing Room
3. a Recovery Room
4. a Surgery &
Drug store
5. Governor
2 rooms
6. Principal Medical
Officer 1 room
7. Superintendent of
Nurses
2 rooms & store=
closet
8. Orderly Medical Officer
1 room
9. Medical Officers'
Day & Consulting Room

v

10. Steward's Room
11. Paymaster's Room
12. Apothecary's Room
13. Captain of Orderlies
2 rooms
14. Chapel
15. Chaplain
2 rooms
16. Paint Store
17. Clean Linen Store near the Superintendent's room
18. Rooms for
Dispensers
Storekeepers
Cooks &
Servants
19. A room for sick Nurses should be provided
near the Superintendent's Quarters.
20. Sleeping Accommodation for 30 Orderlies.
21. A General Bath=room for medicated & other Baths
The space in front of the Hospital & facing the Strada Genio,
which could be used
for erecting this
accommodation, appears
to be 230 feet long,
by about 70 feet in
depth. But it would

f158

be necessary to leave as wide a Courtyard as possible between the back of the buildings & the front of the Hospital.

The Chapel might be erected in the S. corner of the Bastion. It might be the whole height of the Pavilion & might be entered from the Corridor.

The Bedding Store, Foul Linen Store &c might be placed in the arched basement of the N.E. Pavilion.

The Provision Store & Fuel Store should be placed near the Kitchen.

All hot water required should, if possible, be warmed by a furnace

f158v

near the kitchen &
hence conducted over
the whole building.

If this be impracti=
cable, a *chauffoir*
for the purpose would
have to be placed
under the Corridor at
the centre of the building.

The Cooking apparatus
should be placed in the
middle of the kitchen
floor - And if the kitchen
be placed under the
flanking Battery, it
should have a Lift
to take up the dinners
to each flat of the
Corridor ~~But~~ The
Lift should not open
directly from the
kitchen but from the
outside.

The ward windows
should be so placed that
the beds can be ranged
two & two between them,

f159

with one in each corner
The corner spaces should
permit the bed to be 18
inches from the wall.

The walls & ceilings of
the wards should be of
white Parian cement.
The floors of oak or olive
or some equally close grained
wood - oiled & varnished
or beeswaxed. The
Corridor might be done
with tile. The ordinary
Maltese stone should be
avoided for flooring on
account of its absorbent
nature & the dust it
~~illeg~~/creates.

The whole Hospital
drainage should be
conveyed away in glazed
water tight earthen pipes.
- none of which should
pass under any part of
the Hospital. The water
from Lavatories, Baths
Urinals & Scullery sinks should

v
be discharged by an open pipe over the trap grating of the drain which is to convey the water away. The Water=closet drainage & that from the Water=closet sink is to be conveyed away in carefully trapped drains which are to be ventilated at a sufficient distance from the Hospital to prevent the effluvia reaching the wards - Or the ventilating pipe might be carried up from the water closet pipe to 3 or 4 feet above the roof of the Pavilion.

The only question in regard to the proposed Pavilion arrangement is whether the distance of 50 feet between the

V

than in bad cases -
as Ward Masters
should always be
within hearing,
especially at night;
when discipline is
too little observed
among these cases -

Offensive cases	3
Noisy cases	2
Operation case	1

One small ward
of three beds - two
of one bed - and
one of one bed
are wanted for the
above respectively
But the two one=
bedded cases (noisy)
should be as far as
they conveniently can
from the others.

F162

They should be dark
& cool.

The Operating Theatre
is so little used that
no great expence
should bestowed
on it - But it should
be near the one
bedded ward -

And *all* these
cases must ~~not~~/never
be on the same floor
or up the same
staircase with
Convalescent or
Venereal Cases -

	{Winter	} 6 to 15
Fever Cases	{Summer	}60 to 90

	{Winter	} 15 to 30
Severe Cases	{Summer	} 30 to 45

Whatever plan is
adopted, one or two

v

Pavilions with not more than 12 to
20 beds in each of
their wards will
be loudly desired
by the Surgeons -
for the severe cases
& the fever cases -

One Nurse may
very well see to
the 12 or 20 bed ward,
and to the 3 and 1
bedded wards, if
near to one another.
[It is not at all
necessary to have
one nurse for every
one of the tiny wards.]

The three bedded
ward should have
a sink &c of its
own & means of
washing=up of its own.
[on diagonal]

Query whether, in the oblong plan, the magnificent Double Pavilion is
not too good for the Convalescent Cases - & too far off from the
administration & too hot for the bad Cases? I only ask the question.

F163

to adjoin each other -
to have a separate
entrance from the street

Day & Night Orderlies to have
separate sleeping=rooms -
N.C. Officer's room adjoining

Malta

1. Dead=house & Dissecting Room, to be kept clear of the Wards & Hospital
2. Hospital Wash=house
3. Orderlies' Lavatory

[4. Casements to be built suitable for sick in case of siege]

4. Offensive ward must have water=closet, sink, bath & lavatory separate.

Ward for 4 requires some re=arrangement.

Nurse's room would be dark -

Side=Corridor not good contrivance. End Scullery not in a good place.

Scullery next Nurse's room is probably intended for the Noisy cases -

It is better, where possible, to cut off the offensive cases more entirely with all their appurtenances.

Beds for 3 (three) only were asked in the Specification.

5. Three 1=bed wards were asked for (for noisy delirious cases) One Lavatory, one water=closet, & sink one scullery will do for all the little wards, but must be exclusive of the offensive ward -

No bath=room need be. A portable bath will do.

Noisy wards should have inspection holes in doors

Little ward half=way down stairs very inconvenient -if avoidable unless it has every appurtenance to itself.

f163v

Would it not be better
to have end windows
to the wards?

The whole disposition
of the end Officers of the
Wards might be very
much improved by
throwing them out in
projections and
leaving the end wall
free for a window &
? balcony above with
shade to window below

6. W.C.s of large wards
not numerous enough.
7. To each Pavilion, or
at least to each
Pavilion for *sick*,
two ~~sp~~ separate
W.C.s, one above
& one below, are
necessary, one for
Orderlies & one for
Nurses -
8. Is the Hospital to
be lighted with gas
or with oil? How are
the Ward offices to be lighted?
9. Three sinks per ward
~~necessary~~/desirable (in the
large wards) to make
the service perfect -
one in the scullery
for "washing up"
one for hot & cold water
for the ward
one in the W.C. like
a W.C. pan on
Jennings' principle
with a cold water
tap over -
10. What is to be done
with the dirty linen?
Are there to be shoots?
or closets?
11. A general Bath=room
will no doubt be
provided.
12. Should not the
Corridor windows
have blinds?
13. Half=glazed ward
doors are always
desirable.

V

Day=room must have
superintendence from
N.C. officer [pen]

1. South End=wall of
Administrative Offices
to be double
2. Roof all the way along
to admit of ventilation
3. Kitchen & Day room
require shelter from
sun.
4. Will not kitchen
being under day=room
make it very hot?
5. Inner Corridor of
Mezzanine will be
very dark.
As much light as
possible must be
introduced from
stair=case.
6. Inner Corridor (1st floor)
must be lighted
from the roof.
7. Administrative offices
all require very
good ventilation.
8. Principal Stair-case
should be lighted &
ventilated from the
roof. Two open arches
should be put into it
from Mezzanine,
instead of dead wall
at present there.
9. Call the "Nurses' Day
Room" Clean linen
Store & the opposite
little room "Mending
Room" & put a door
across, so as to
isolate them - from
the ~~more private~~
women's rooms.

Nothing of all this
has been done

{faint pencil note)

[end]

Add Mss 45826, microfilm, 234 folios, most undated
Egypt ff78-79 to f84 (gets rough),

ff101-06 questions to Dr Longmore about Netley.

f199- very rough notes

ff1- first section very rough notes; then drafts; then corrected proofs,
with a lot of writing on;

ff109-12 Army Medical School Netley Dr Longmore's evidence 10/3/83

ff113- AMS re nursing Longmore

f151- not FN hand

f157 women nurses for war

f159 proposal, back to FN hand

f178 Revised Draft Report Apr 5/83

f190 not FN hand

f203 [July 1883] Netley nurses

f232 March 24/85 FN notes on nurses

unsigned notes, ff8-10, pen & pencil

f8

-1-

After many changes, beginning with the great creation by Sidney Herbert in 1857-8 after the 2 years' Crimean war, a crisis seems to have been brought about by another War, ~~that~~ the 58 days' War in Egypt, last year or 28 years after, in the fates of the Army Medical & Sanitary Department & the Hospital Services - Another enquiry has been held: a Committee has again collected voluminous evidence - & issued its Report. But unlike the practical results of Sidney Herbert's Royal Commission, as yet whatever a wise Department has been doing - we have heard nothing but crimination & re-crimination ("Whom Shall we hang?) & - nothing as to *what is to be done* even in the House of Commons - The *recommendations* of the W.O. Committee are not so much as criminated. They are not discussed at all. Singular result - seeing that the Committee have been so conscientiously anxious to avoid it.

We are all effervescence as to the personalities of the Doctors: what Doctors

f9

-2-

shall we hang? We do not care to form our own opinions. We care to oppose others' opinions: ~~those~~ to adopt or to laugh at the views of the newspaper or article we read, or those of the House of Commons speeches - But we do not care to form a deliberate opinion of our own. It is so much easier to criminate & re-criminate - the "irresponsibility of opposition," as D'Israeli called it.

Defervescence will begin as soon as the medical vote is taken - And then everything will sink to its former level, of the Medical Dept & who themselves do not bestir themselves the Mediterranean will close over our viewi-ness as far as public opinion is concerned till a new War which perhaps will last over 58 days - & a new cry of disaster begins. And then the same process - disaster - grumbling - who is to blame? - And little or nothing done - except polishing

up here & there

This little paper will give no analysis of ~~charges~~/accusations or of ~~misfortunes~~/of justifications: not even ~~my~~/the writer's

f10

The Unification system under which the M.O.s from a separate professional Dept. This system proceeds on the principle of removing them from intimate connection with the regiments & from the duties that would there devolve upon them. & of attaching them to Station Hospitals

In war it becomes necessary to revert in some measure to the Regimental system.

unsigned notes, ff12-18, pen & pencil

f12

-3-

own conclusions as to misfortunes. It will give simply

1. what appears to be the views & common sense & therefore of many/~~some~~
of the Medical Officers themselves & regards ~~regards~~ ~~the~~ ~~personalities~~ ~~of~~
of common sense, must come first, & therefore it is of course the view
based upon the *present*

of all the Medical Officers, who have common sense
system, IF it is to be made efficient

2. some of the recommendations of the
Committee which appear to confirm
those views.

The writer writes not from Sidney Herbert or the Regimental
point of view nor from her own -
not from the 187/57 R. Commission &
Regulations departure - but from the
~~present~~ Army Medical Department
point of view & the so-called "unification" x
departure.

I feel as if the writer were deserting
her colours. Yet it is not really so.

It is obvious that if the proposed new "Royal
Medical Corps" is to be an efficient Corps
in the sense in which the other scientific
{in the bottom margin}

General Hospital Sanitary Organizn

Reg of 1878

-what S. Herbert did - preventive

entirely

ignored

here & in Egypt

Note: definition of

"unification"

f13

-4-

Corps, the R. Artillery & the R. Engineers,

are efficient, & all Military Corps are now becoming scientific, it must
be made so.

The training & discipline & form &
organization of a Military & a Scientific
Corps must be given to it.

The crisis which may be noticed is
this: we have deprived the Medical
Officers of the Regimental spirit:
we have given them no professional spirit, no *esprit de corps*
in return: the *esprit de corps* is
below zero: It is not calling them a
Corps which will make them a Corps:
while there are none of the essentials
which constitute a corps.

It is most important to weld together
the Army Medical ~~of~~ Department & the
Army Hospital Corps. At present
~~there are~~ Medical Officers are Officers without
men: & the Hospital Corps are nurse-men
without Officers or rather they are not *nurse men* at all. The
recommendations of
the W.O. Committee are intended to obviate
this. quote Committee's Report

f15

-6-

training must correspond with this *

~~7. The Medical Officer must be~~
above

7. The Hospital of the future
as recommended by the W.O. Committee
foolscap sheet

8. The recruiting, training, promotion
& organization of the Army Hospital Corps
must all be adapted to the purpose
for which alone it exists: viz. to serve
the sick & wounded of the Army in peace & in
war.

8a Bearer Companies

9. Employment of trained female
Nurses in its relation especially
to the Army Hospital Services -

[blue pencil written on angle: Must be most fully trained.
If to be Supts. Nurses must be of higher education
not Supt to walk the wards, must work with & show Orderlies
p. 2 (3) (pencil)]

10. The Medical Officer must be
above all a Sanitary Officer whether ~~both~~
in peace &/or in war. Prerogatives of
the Army Medical Officer in this respect

f16

~~7~~

2. The Medical

There is no discipline in the Civil Medical profession.

The crushing out of inefficient members, the rewards & the punishments have to be given by competition

There is no competition in the Army Medical {in pencil Civil Professorship} profession. From its tyrannies & its

incentives Army Medical officer are alike free

And at present there is ~~no~~/hardly any discipline.

What is to take the place & the powers of competition?

The military element.

What is the Military element? discipline & organization.

Discipline is not drill as the Commander in-Chief truly says: tho' drill is a very important element -part of discipline.

What is discipline?

discipline means the discharge of duty with the greatest accuracy & perfection possible as to time, including the requisite number of visits to the Hospital. [Otherwise the Doctors may

f17

~~-8-~~

{in the top margin}

Civil

want of

discipline

good

preparation

for Civil

Life

only be an hour a day in their Hospitals.

not be masters of their Hospitals

as to carrying out superior orders

as to whether all the Patients' wants are

thoroughly met - as to investigating &

remedying complaints/defects. X [But we are

not to wait for the Patients' complaints. The

essence of good nursing is that the

Patient shall not have ~~no~~/to tell his wants - shall not

have to make complaints, except unjust ones.†

And we must take great care not to ~~think~~

to mistake the just for the unjust.]

The Medical Officer should first of all be

an Officer a master a leader of men. The name *Medical Officer*

an Officer with an Officer's responsibilities, an Officer's character

is indeed a misnomer. *He* is no Officer

who does not train & lead his men.

He is a *Medical man*. *That* is not a

Royal Medical Corps where the Medical

Officer is not trained to take the Officer's

duties & responsibilities ~~be~~ put upon him over his Orderlies,

as a R. Engineer Officer does over his

sappers.

He is a *Medical man*.

{in the bottom margin}

Nursing not

taught on the

well man

on the dummy

as at Aldershot.

Blair Brown

X

Orderly Medl Officer

& the Field Officer come in

every day & call out Any complaints

But that is not the way to

elicit them

f18

-9-

{written in the top margin and in between the lines}

Two visits a day to his Hospl don't
make a M. O. He must be the master

of
his
his Hospital as master is master of

servants

a master of his men a printer

Spottiswoode

inviting his men

to Seven Oaks
affecting to be a soldier. He must
learn to train & to command, to
discipline & to inspire Nurse men
as the Commanding Officer does
his men.

An Army Medical Officer is not only a Doctor
He has resigned that position & assumed
Another - that of Manager & ~~master~~ of his Hospital
& master of his men nay more he is responsible for

his
over

What should we say of a Commandg Officer who did not know how to lead & to post & to time x & to inspire his men for ~~their~~ the fight & ~~the sentry duty & the picket~~ - who went away after giving his orders & left them? Now the fight of the Nurse-man is a fight of every day - it is a fight for the lives, not for the deaths of ~~the~~/his fellow-men.

This is the kind of Commanding Officer the Medical Officer wants to be. To lead them wisely & well in such a fight is what he wants to do: ~~and in sentry -~~

The work of a nurse-man is to save life instead of to lose or to take it. It requires x law of energy a steady, thorough-going enthusiasm hours which needs all the influences of his own Commanding Officer & Non-commissioned Officers, of *esprit de corps* & high training -

ff20- pen, notes dir gen, AMD f21

unsigned notes, f21, pen & pencil

f21

~~-12-~~

But do they not often fall into abeyance?

Unless Reports are to be made concerning how these orders are obeyed - unless promotion depends upon these Reports they are of course almost certain to do so & that is the difficulty - seniority - the having to give an reason - for passing over a man

E.g. if the Director-General were to say After July/September 1, every Medical Officer is to teach the Orderlies once a week, it must be done. Something of this kind is doing

If the D.G. were to issue an order that the Medical Officers should always pay an evening visit, it must be done.

[In War the Doctor must always be in his Hospital.] Something has been done

Woolwich & Aldershot

If the D.G. were to issue an order that the Principal Medical Officer is to have a monthly scientific meeting of the Doctors, whereat a paper is to be read, it must be done Something

will be done

If the D.G. were to send out an order to each Principal Medical Officer that the Medical Officers are to teach the rank & file of the Army (with Diagrams) the simple ~~principles~~/elements of how not to get sick

f23

~~-13-~~

or Sanitary principles - the elementary notions about their own bodies -
 how many ribs they have -
 what the kidneys are for -
 What the liver is for -
~~so~~ so guiding their lives -
 it must be done.

The Director-General can make the Medical Officers Pathologists laundry master - cook-masters - what he pleases. He has only to issue the order - (tho' that in itself is non-effective, as we have seen) to require reports to be sent in to him & to make promotion dependent upon these - That is the difficulty
 He is all-powerful - an Autocrat for good. - provided he sees that his wishes are obeyed
 D.G. the great teacher of the A.M.D. by his orders foolscap sheet

f36 pencil note, Sanitary, reg medical and san offices abolished
 f40 how not to get sick
 f42 teach artillery sergeants
 f48 pen notes re military

ff48-52 FN pen draft; followed by ff53-57 Nurses, pencil draft, also on printed paper f64v

ff53-57 pencil note

[16:472-73]

Nurses

should be very wary of recommending the employment of Female Nurses -i.e. the placing of Female Nurses in the Hospital Wards. She cannot remedy the defects of the Army Hospital Corps.

And if they are not efficient & well conducted Nurses, it would lead to grave scandals.

But before recommending any extension of the training of Netley, very full evidence ought to be taken from the Medical Officers themselves who had the opportunity of seeing the Nurses as to what were the qualifications of each of the Nurses in Egypt

The mere general report from the Army Medical Dept ought not to be taken- but questions should be asked of the individual Medical Officers who had the Nurses under them

f54

The proposal to cure the Orderlies' want of training only by having "trained Female Nurses" resembles much the case of disinfectants.

Don't remove the evil but order a disinfectant.

Don't improve the Orderlies' training, but have Nurses to act as disinfectants.

It is much more to be feared that, in other than *large* Hospitals, x the Nurses if introduced will be dragged down to the level of the Orderlies than the Orderlies be dragged up to the level of the "Trained Nurses."

Not to mention the probability of scandals where Nurses are put down in twos or threes, which would discredit the whole system.

X such as Netley, Woolwich, Aldershot, Portsmouth, &c &c

f55

Nurses: great danger
 half trained
 woman

[right col]

will fall into discredit
 If the trained woman is indispensable [left] col]
 the trained man is so too.
 Neither must cause us to
 dispense with the other.
 Or they will all come to grief.
 So hamper the D.G. as [right col]
 that he can't take any
 woman who comes
 Make such a Code of
 Regns as won't take in any
 body
 Nursing is a profession [left col]
 you must stand out against
 social pressure
 Let the D.G. have a [right col]
 printed form to answer
 all applications
 how many years have you served? [left] col]
 What training have you had?
 What is your education?
 Medical certificate of health
 you may dictate your [right col]

f56 Egypt, Mrs Fellowes no poss

F57 FN pencil note

The practice of Nursing makes such rapid progress
 that every year a nurse, whether man
 or woman, is required to do & to know more.
 And every ten years, or less, the standard of
 Nursing is so raised, the art is as it were so
 transformed-that if you are to keep up to
 this standard, if you are not to be left behind stranded, the education &
 training in
 nursing (of the N.C.O.s particularly)
 of the A.H.C. must be continued by the
 Medl Offrs in every Station & other Hospls.
 But how can hey do it if they don't know
 it themselves?...
 Sisters } Among the "required examinations" there must
 N.A.S. Probrs } of course be a *practical* examination: one
 every Quarter. The Netley Probationers see very well
 that it is not answering the present printed questions
 that will make them Nurses. They say themselves' 'doing is a different thing
 from describing.' Questions
 about cases which are *not* at Netley they would not
 know the case when they saw it. They see that answering
 questions does not teach them to know cases, to do dressings.

F57v

to change helpless Patients, to give enemas, to prevent bedsores, &c &c

It does not teach them to do *what was not there* to do: to observe *what was not there* to observe

It does not teach them to *know* and to *do*.

Tho' they had answered well about Operations this would not

ff58-75 proofs, AMD corrected with copious FN notes

f58 Printed paper with FN comments, pen, these comments are written out in f13

printed: Army Medical Dept and Army Hosp Corps to be united (rec of com) FN; Most important, to weld together the A. Medl: Dept & the A. Hospl Corps. We have deprived the Medl Offrs of the Regimental spirit have given them no *esprit de corps*. none of the things which constitute a corps or professional *esprit de corps*

e.g. no discipline

no mess with grant

" library " "

" meeting room to exchange professional information

no professional meetings say once a month

no examinations for promotion - we have abolished these

no head quarters

no opportunities (qy make theme compulsory) for

studying their profession in Civil Hospitals

No instruction in

administration, tho' all

administration is to be

in their hands.

- no making their promotion

depend upon their training

clinically the A. Hosp Corps

N.C. Officers 7 men.

- no periodical training of

IN FIELD Hospital work

common experience discussed,

that makes a corps

To be a Royal Corps have a illeg & live

up to that Standard, that

makes a Corps.

For the Medical officers & his

men to be of the same Corps,

that makes *esprit de corps*.

Now he speaks badly of his

men - a sure sign of

'they are not our fellows.'

F58 [section on changes: a Medical Officer shd be placed in command of each Garrison Hosp for a given period **FN comment: most desirable** and each Regiment shd also have a Med Officer attached to it for a lt term of not less than three years." FN comment: ? *five years*

Military appointment are all for *five years*. As foreign service is (most wisely) intended to be included, should the 'term' not be for as long a time as possible? The advantage is great of having the same medical officer who has been with them at home to be with them on foreign service, is it not?

F59 printed: These regimental medical officers to be required to do duty in the garrison hospital where the regiment is stationed.

FN comment: O yes: attach your young Medical Officer to a Regiment for 5 years

Let him attend on the sick of his Regiment in the Station Hospitals at least twice a day:

[the C.O. would see that they did do it.]

And let him, the M.O., watch over & advise the C.O. on all the SANITARY conditions of the Regiment.

Printed: The duty of those belonging to the Bearer Company is to collect the wounded after an action....

FN comment: Will not the Bearer-companies always be 'nowhere'? Regimental Stretcher-bearers, can alone do the business. They must be attached to the Regiments to be of any use. Certainly abolish the Bearer companies, draft the men into A. Hospl. Corps.

Keep a distinct service for Nursing: with one for assistant-nursing & sanitary things: /pioneers/ & a distinct service for purveying.

f60

printed: Proposed unit for Field Hospitals

FN comment: This proposed Unit is excellent.

We assume that the Field Hospl of 50 beds will go out attached to the *Regiment* under the orders of the Commanding Officer- in charge of the Medical Officer attached to the Regiment.

f61 comments on same report. at It will follow that the good org which is found in the field hosp will also be seen at the station or base.

FN: 10 rabbits will not make one horse.

And 10 Field Hosps united will not make

one base Hosp.

It was not found in the Crimea that *Regimental Hosps* well organized would make one well organized *General Hospital* at the base.

The organization of a Field Hospl will not do for a Station or Base Hospl must not this have *a distinct organization of its own?*

Should there not be once a week meeting to parade a field Hospital at Aldershot - to pitch the tent Hospitals?

The Horse Artillery parades every morning. Is it too much to ask that the Field Hospl should parade once a week?

[The Medical Officers going to Egypt to have charge of Field Hospitals did not know of what its equipment consists.] But each DISTRICT should have its Field Hospital with tents & equipment- should it not? - which should parade & practise & be mobilized in time of war? Organized
go on to p 5

f61v

p. 5 "*Examination for Medical Officers*"

Is it not all important to have an examination for M.O.s At the end of the 3rd year's service? And if a M.O. cannot pass it, not to give him his 5 years' increase of pay? This Examination to include Military Law, *Hospital administration, Nursing* in fact all things needed for an Army Surgeon, & corresponding to the Examination for Captain's rank in the Combatant line.

2. Again at 10 years' service a very full professional & *general administration* Examination: and promotion to Surgeon Major to depend on its being passed.

3. But if the A. Hosp Corps men are to be efficient teaching must go on *through all their service*, and the senior serjeants should instruct the men every week & go over minor points, and the Medical Officers once a month to examine them & explain & lecture The Med Officer's promotion to depend on this.

4. Further in every Garrison the P.M.O. once a month (from Oct to June) to assemble the Medical Officers for a Scientific Meeting & assemble (by order) all Medical Officers to read either voluntary or *compulsory* papers on Medical or Medico-Military subjects, and to have papers by scientific civilians on Medical question.

[Would it not pay the State to send special civilians or

other Lecturers round the Garrisons to teach any special subjects?]

5. Medical Officers passing first on the 3rd year's Examn to get 6 months' full pay leave to visit Berlin or Paris or elsewhere (say in a *London Hosp*) to study specially and these men to have a claim for staff billets or Secretaries or to get promotion at 11 years instead of 12 or to get money *honorarium* as is given for passing high in languages in India: and the Officer who passes first in the 10 years' Examn to have the same or similar boons?

6. [Perhaps opportunities for studying heir profession in Civil Hospitals should be made compulsory on Medical Officers say on returning from foreign service or say every 3 years. A certificate should be required of them by the Director Genl from the Civil School that they have so attended.]

7. Is there not need of a Corps Journal to teach Military Medical knowledge, for which today no medium exists?

f62 printed Whenever practicable, it would be desirable that the Field Hospital, with staff and stores complete, should be embarked in the same ship with the Regiment to which it is affiliated.]

FN comment: the districts (it is quite possible now) with Field Hospitals. Then mobilize the compact, whole, & not send men one by one from all parts to Aldershot, as was done for the late campaign. The M.O. ought to be able to ask the Serjt Major (who ought to be the Supg Nurse) 'who is a good Nurse?' 'who drinks?' &c &c

District Orderlies once a month to organize Field Hospital.

FN comment: What would be the transport necessary for 50 Beds to keep up with the Battalion? Would 2 mules with panniers supposing there to be no tents or bedsteads take, be enough?

F62v [FN comment pen]

p. 6 training, promotion, & organization of Orderlies
The Medical or Nursing must be kept paramount
& separate from the Storekeeping element

The A. Hopl Corps must be divided into 3 classes

the Clerk-ing "

Nursing-ing "

Assistant Nurse-ing or scrubbing

At present there is no encouragement at all to a good Nurse.

The promotion must be IN the wards: to take care of the sick: (not to be a P.M.O.'s clerk & make 'States' nor to take care of meat or blankets)

The system is for the men to be nursing fever cases & tomorrow scrubbing the door step. Fatigue men should be separate.

The Orderly A.H.C. gets 6d a day more than the ordinary Light soldier [but this is only a commutation of the Hospital free ration, which had better have been left them.]

Should he not, after a year's successful probation in the Wards, get a mark on his arm as a good Nurse carrying 6d a day extra & never to be promoted to be N.C.O. without this:

then up to 4d a day extra.

[There is extra pay (office pay) for *keeping returns*, but nothing at all for good Nursing.]

It would be a splendid backbone to have N.C.O.s

All serving for pension.

The *Nursing qualities* should be paramount in these men, to be raised to be N.C.O.s & these to be N.C.O.s IN WARDS. Now it is the inferior men who are in Wards.

[N.B. The Capt. of Orderlies who commanded in an important Hospital in Egypt knew nothing whatever of Nursing, Ward management or anything to do with Hospitals.] Medical Officers in every District to be perpetually teaching the A. Hospl Corps men clinically.

Netley & Aldershot alone will never teach them The need local, continuous & unending repetition. It is only in this way that average men learn efficiency.

f63

printed: It is suggested that the details of admin work might more fitly devolve upon one of the Junior Medical Officers

FN comment: Is it not the case that, do what you will, the Principal Medical Officer *will* take charge of the administration & make the juniors do the professional work, because it is not interesting enough. The Medical Officers *must* be trained in time of peace. The Hospital cannot be placed in charge of a Junior Officer. The Senior must be in charge of the Junior merely his Assistant more like an adjutant.

The A. Hospl. Corps is a body organized to crush out Nursing. The weak idiotic man becomes a Nurse.

[end 16:473]

Printed: A better class of men shd be obtained by recruiting, partly from the Line and partly by direct enlistments.

FN comment. Qy. Pay should be raised after the year's training & then after successive periods of good conduct & good Nursing.

f63v FN pen

continuation of p. 6 [[above]]

The mobilized & permanent Field Hospital at Aldershot & the mobilized Bearer Company there to be perpetually training Medl Officers & men either by short courses or special classes The Volunteer Surveyors to be eligible & the Volunteer Ambulance Dept also

Model of Tent Hospitals in wood-
Models of Stretchers, cacolets, litters, Railway Ambulance fittings, Hospital ship models or pictures to be supplied to every District Head Quarters & placed in the Library or Model Room.

Some aid to be given by the State for Libraries for Medical Officers.

Netley

If Netley is to be made the Head Quarters professional & administrative School for the A. Med. Dept. Officers, the scope & usefulness of Netley must be very much extended & means found to keep it up to the standard of the day:

Netley Professors must not have fixity of tenure 7 years ample. There is nothing now, no Professorship for the Medl. Offices to work up to.

Means must be taken to give an administrative course.

There must probably be a Director, one of the Professors, over the course of studies.

f64 printed [The Committee further strongly advocate an extension of the system of Female Nursing.]

FN comment: Should we not be very chary of recommending the employment of Female Nurses, i.e. of placing Female Nurses in Hospital Wards - without defined & well-restricted conditions & certainly not as if they could remedy the defects of the Army Hospital Corps.

If they are not efficient & well-conducted Nurses, it will lead to grave scandals.

There is a great danger ahead- that of having half trained women when the whole service will fall into discredit.

Printed [not a substitute for the services of trained Orderlies.]

FN comment: Certainly, if the trained woman is indispensable, the trained *man* is not less so. And neither must cause us to dispense with the other. Or they

will all come to grief. Many say: "we are not to reform the Orderly, but we are to put aa woman to look after him."

If there is to be an extension of Female Nursing, the Army Medical Corps must be so hedged in that they cannot take any woman who comes. Nursing is a profession. And we must stand out against social pressure. Such a Code of Regulations must be

f64v

made, must it not? as will not take in anyone woman.

Let the Director-General have a printed form to answer all applications

What education have you had?

What training have you had? in Civil Hospitals?

In Military "

How many years have you served? in Civil "?"

in Military"?

Medical certificate of health

references

one of which must be your last employer &c &c &c

These must be very carefully drawn up

You may dictate your own terms. [red und]

Before recommending any extension of the training of Netley, ought not very full evidence to be taken?

from the Medical Officers themselves who had the opportunity of seeing the Nurses at work as to what were the qualifications of EACH of the Nurses in Egypt

The mere general report from the A. Med Dept ought scarcely to be taken alone: should not questions be asked of the individual Medical Officers who had the Nurses under them?

f65 printed [on nurses] Their pay should be made sufficient to cover the reasonable expenses of ladies, and the attraction should be added of some military distinctions, such as the right to have the war medal of a campaign conferred on them.

FN comment: Is not this doubtful, as attracting the very class of women you least wish to have?

[None shd be employed who have not gone through a regular course of tr, usually at Netley....']

FN comment: Do not the best Army Medical Officers

tells us that Military Female Nurses *must* have had a previous Civil Hospital training- & that we might as well say that Army Medical Officers should have no medical education but

what they get at Netley as
think that we can train Nurses
at Netley without previous
Civil Hospital education?

f65 [It is moreover of vital importance that the social position of Female Nurses shd be sufficiently high to prevent their associating on any terms of equality with the Orderlies. Their influence shd be due to their higher position...." define relations...Their pay shd be made sufficient to cover the reasonable expenses of ladies, and the attraction shd be added of some military distinctions, such as the right to have the war medal of a campaign conferred on them.]

Is not this doubtful, as attracting
the very class of women you
least wish to have?

F66v FN comment, pen

p. 6

To enable thePrincipalMedicalOfficer to exert a
more frquent supervision over the Hospitals, shd
he not have a secretry underhim who would conduct the
routinecorrespondc, compile Statistics, & free the P.M.O. of
detail work. If there are 12 districts, this would cost
12 Secretaies. It would deprive the P.M.O. of the rampart
of 'States,' behind which he is entrenched, which is now
all his employment.

The P.M.O.s (te authroties) are not a living force but a
dead ting. It ought to be like 'the good Physician' coming
among theM.O.swhen the P.M.O. comes.

The D.G. ougt to bemore professional. There should
be as his right hand, an *Inspector Genl* to inspect the
P.M.O.s, like the Inspector Genl of Artillery. He, the
Inspector Genl visiting all England ^scotland, & inspecting' the P.M.O.s
would keep everyone up to the ark.

The PM.O. nowknowsnothing of what is going on
neither inpeacenor in war. He sees nothing. The
Reports, forwarded ot the D.G. may be simply misleadng.

Before all, are not District Secretaries to be
appointed to P.M.O.s needs

Secretaries whose duties shall be &c &c

2. A Military Hospital in London.

You cannot teach men a system if no system exists.

f69 [contd report Number of beds of a field hosp founded on no. of sick and
wounded calculated for one brigade)

FN comment: Some of the *best Medical*
Officers are most strongly
in favour of *this* Unit
viz. that the Field Hospital of
200 beds should break up

into 4 Unites of 50 beds. x

[Unit of a Hosp of Fifty Beds]

FN:

For the field: 50 beds

1 Wardmaster

1 Store keeper

2 cooks

1 compounder

10 Nurses/Wardmen

2 Conservancy

2 Water men

2 Washer men

1 Messenger

--

23

plus, for the whole 200

1 serjeant major

1 quartermaster serjt

1 Clerk

x There should be a mule unit

We do not pack our ammunition

in asses as we do our Hospital

Stores in huge boxes

which will not go on any

thing but in small units

f72 [re increasing AHC men, partly from line and partly by direct enlistment to get better class of men]

FN comment: The danger of direct enlistments is that "ne'er do weel" chemist's assistants & broken down clerks enter: & because they make "good compounders," & read & write & 'sum' well, they are welcomed.

It is never said whether they make good Nurses or have good characters

This is one of the Strangest parts of the whole evidence.

f73 [same report some form of exam for wardmen]

FN comment: As a matter of fact the Order was sent down to Aldershot by the Director- General years ago that the Medical Officers were to give clinical instruction on the treatment of cases to the Hospital Corps. But - it feel into abeyance.

[FN write-ins: Interest of men to be maintained by MOs at stn hosps "devoting ~~more~~ attention; FN: "the great attention necessary"

FN: It is of the highest importance that

this should include a *thorough*

PRACTICAL examination: [the men

in Egypt hardly knew how to do the commonest offices of Nursing: e.g. how to give an enema, how to administer the commonest medicines of different kinds &c &c &c. This was stated by the Medical Officers under whom they served, who yet did not show them.]

Some of them do go thorough a *theoretical* Examn at Aldershot. But this does not teach them to *nurse*.

That the future *N.C. officer=Head Nurses* or Wardmasters should have the most searching *practical* Examn in order that *they* may know *best* what they have to teach the men under them, & that the *head* Nurses should be the *best* Nurses in the Ward, is too obvious to need repeating.

Examination should be passed, including a *practical* Examination, before every step in promotion.

The practice of Nursing makes such rapid progress that every year a Nurse, whether man or woman, is required to do & to know more. And every ten years, or less, the standard of Nursing is so raised, the art is as it were so transformed that, if you are to keep up to this standard, if you are not to be left behind, stranded, the education & training in nursing (of the N.C.O.s particularly) of the A.H.C. must be continued by the Medl Offrs in every Station & other Hospitals

f73v

7a

The following proposals are by Medical Officers & appear very much to tally with the Committee's views.

1. "That in future the serjeant majors of Army Hospital Corps should be *chief wardmasters*, & should belong to the professional side of the Corps & not be stewards. The custody of stores is in no sense so important as the nursing duties & the serjeant major of a hospital should really be the chief gnawer under the Medical Officers. In no other Corps is the chief warrant officer merely a keeper of stores. The number of serjeant majors to be increased at least to one for the twenty-five hospitals needed in an Army Corps. At present there are but 12.

2. "The post of Quarter Master Serjt to be established fo custody of stores. 2 needed.

3. "A definite Staff of Medical clerks, like Engineer clerks,

to be established, so that a man can rise in his own branch & not get pushed into the Nursing duties & the discipline for which he is untrained. To supply London, P.M.O. of districts recruiting

4. "That the rule of giving higher working pay to barbers, gardeners, washermen & other non-nursing orderlies, be abolished & that the *Nursing* orderlies always draw the *largest pay*. It is on them & not the gardeners that the efficiency of the Corps depends.

5. "That the departmental pay of recruits under training at Aldershot be abolished & be given to them only *after being duly trained [where & how?]* & passed examination."

A most important point appears here, to be omitted if the Orderlies are to be efficient, teaching must go on thro' *all* their service. *are the Senior Serjeants instructed themselves?* and do they instruct the men every week in *Nursing* & go over minor points and do the *Medical Officers* once a month examine them & explain & lecture?

It would appear by the evidence that 2 or 3 months' drill at Aldershot & 3 months at Netley make the recruit a soldier & a nurse!! [One year's training is considered the very least for an educated woman in Nursing.]

1½ years are considered necessary to make the R.E. recruit a soldier.

The 3 months at Netley considered sufficient to make the recruit a nurse are: 1 month theoretical; 1 month surgical. In Civil Hospitals 1 month in either Surgical or medical Wards is considered for an educated woman merely the trial month.

Of further training during all his service for the nurse-Orderly
NIL.

F74

printed: the required examinations.

FN comment: Certainly: but a month the "required examinations" there must of course be a *practical* examination one every quarter. The Netley Probationers see very well that it is not answering the present printed Questions that will make them Nurses. They say themselves: 'doing is a different thing from describing.' Questioned about cases which are *not at Netley* they would not know the case when they saw it. They see that answering questions does not teach them to know cases, to do dressings, to change helpless Patients, to give enemas, to prevent bedsores &c &c. It does not teach them to do *what was not there*, to do, to observe *what is not there* to observe. It does

not teach them to *know* and to *do*. Though they had answered well about Operations, this would not teach them to wait at Operations.

They are not accustomed to do the first things required from Civil Hospital "Sisters." They have never seen the cases which fill the Civil Hospitals: and the Military Hospitals in time of war (as several Surgeons under whom some of them served in Egypt stated).

Above all, if the Female Nurses are to train the Orderlies practically, they must be examined *practically* as to what they can do themselves.

F74v

Page 2a Continuation of previous page 7a

6. That two classes of extra-paid Nurses viz. Class A. & Class B. Be formed in the Corps, corresponding to Class A and Class B of the Royal Engineers, drawing high special pay as *qualified Nurses*. That these men wear a special badge in gold on their arms, & that any neglect of duty drunkenness &c should cause their reduction to the ordinary pay of the Corps.

7. "That annual prizes for proficiency in nursing be given with gold badges & laurel wreaths round them.

8. "That the dismissal of inefficient men to made more easy.

9. "That a certificate of character be required from recruits.

10. "That Serjeant Majors in Hospl Cps be eligible for working (say) like Serjt Majors R.E. & Commisst & Transport Corps.

1. "That the depot A. Hospital Corps be removed to Netley but that at Aldershot a complete mobile field Hospl & complete bearer company be kept up for training Medical Officers & Army Hospital Corps.

12. "That the crops be divided into *units* of field Hospitals one or two to be stationed IN EACH *district*, & that in war time the Hospitals be *mobilized*, one or two in each *district*, & not at Aldershot.

13. "That the pay of the private man on joining be 1s/4 per diem--that is, the pay of a horse artillery man & that 200 supernumerary men be on the strength of the Corps for employment as *officers' servants*. Such men to receive no departmental pay, & to consist of men who do not care for or are unfit for nursing duties.

14. "That all military police about a Hospital should be abolished & that the A. Hospl Corps be so increased as to supply men for this purpose, thus contributing a small reserve for special occasions.

15. "That it be considered whether it is advisable to largely increase the warrant grade & to diminish the Quartermasters' number by some 6 or 8 officers, dividing the money saved by creating Warrant appointments.

"16." Finally & chief of all that the title, uniform

crests, badges & motto for the Army medical Department & Army Hospital Corps be the same, viz. *Royal Medical Corps* with the motto 'Semper & ubique fidelis' & the Red Cross."

End of pp 7a & 8a

f75 *Continuation* from M.O.s' document p. 10

V. At most of the out stations in England, the nursing is done by men borrowed from Regiments - the Corps being so small in numbers- e.g. Winchester Station Hospl 60 beds A. Hosp Corps 5-10 men (compounders, clerks, cooks &c) When a bad case comes in, Med. Off has to indent on the Regt for men to help to nurse, if it can be so called.

Strength of A. Hosp. Corps so small that Medl Officers have no opportunity of instructing Orderlies And, as they are mostly (except in large Hospls) employed as cooks, compounders, &c, they have no chance of learning.

VI. The present Officers of Orderlies are most dissatisfied & useless; they think their rank too exalted to do Quarter 'Master's work; they always endeavour to assume command of the men, & consequently the Quarter Master's the conservancy work & &c is altogether neglected, or thrown on the shoulders of the Medical Officers whose duties should be to inspect & report, & not almost do the actual cleaning themselves.

[From all the evidence taken it would almost appear as if no man either did or supervised the cleaning of the Patients, the washing backs or feet, the making their beds, the changing their shirts, or the Wad management generally, That the medical officer is not instructed in Ward Management, Nursing or Hospital administration= that the Capt. of Orderlies is employed entirely in writing that the *Ward Master* knows nothing of *wards*, or of nursing, & hardly enters the Wards & that the Medical Officers does not interfere as to Patients' cleanliness, or in training the Nurse-Orderlies in what they do not

know.]

The Medl Officers' Memo ends thus: "The sooner the present class of Capt. of Orderlies is done away with the better."

End of pp. 10 and 9

then drafts

f76 pencil re Transport

then corrected proofs, with a lot of writing on

ff78-85 Questions to Dr Marston 14/12/82, pencil notes re Ismailia, Egypt,
f80 more [15:948-50]

Questions to Dr Marston. suggested. 14/12/82

1. Taking into account the habits of orientals and the deficiency as to certain W.C. arrangements in an Eastern palace, what arrangements were you able to make to meet these deficiencies for our Western habits?

1. What engineers or other workmen were supplied to you at Ismailia, or elsewhere, to make sanitary appliances, what boxes or tools for such?

2. What cleansing staff was there at Ismailia, municipal or other?

3. What facilities had you for carrying out, e.g., any dry earth system that you advised?

4. What instructions did you give regimental quarter masters or others?

5. You kept Ismailia Hospital free from pyemia or erysipelas? by what means?

6. To what *insanitary* causes do you attribute enteric fever, as it existed, at Cairo? at Alexandria? When did enteric begin?

7. What cleansing staff did you apply for, e.g. for the Abbasiyeh Barracks (or hospital) at Cairo? and what did you receive? Please state numbers. Please describe state of that building.

8. Give the same particulars as to Abdin Barracks (Cairo).

9. Could you get labour on the spot? If so, what? could you get prisoners to work at Ismailia? at Cairo? Were there difficulties, e.g., in language, in setting natives to work?

10. Could our own troops be set to work as night men, etc. Did the Q.M.G.'s Department provide labour? and what? Did they organize a sanitary police? and what?

11. Was the sanitary officer's advice asked and taken by commanding officers of regiments as to water supply, etc., when they encamped? Please mention instances.

11 a. Were sanitary officers consulted about camps? at all?

11 b. Tell us what you did or advised in the way of filters or digging wells. And was your advice taken?

12. What information and advice can you give us as to the presence or absence of pioneers (*conservancy* men) on field hospital staffs?

13. Could you have had a dieted hospital in Ismailia?

14. What advice can you give us as to the feasibility of every (divisional) general arranging for his field hospital to go with him in the same way as he would arrange for his ammunition?

15. What inspections were made of *buildings* for hospitals at Alexandria,? at Ramleh? To whom did you report upon such inspections? Qy, in writing? Please produce such reports.

16. Give same particulars as to inspection of *ships* for taking sick and wounded home.

17. How ere dead animals dragged away? or buried?

17a. What precautions did you advise as to burying them? Were they taken?

18. What were the *causes* of ophthalmia? How ere they successfully averted or removed?

18a. What precautions did you advise? Were they taken?

19. In what time were patients raised from the floor on bedsteads after occupying the various hospitals at Cairo?

20. In what respects should you consider the Army Medical Department sacrificed avoidably or unavoidably to the Army?

21. Did you always have fresh meat for the hospitals? Or have you any complaints to make on this score?

22. In hospitals, supposing there were wants owing to medical officers not having a sufficient command of money, tell us what these were?

23. Were the medical officers themselves frequently in want of food, sufficient?

24. Had you *clerical* help? and sanitary officers' sufficient serving under you? If so, what? State how much.

25. Did sanitary officers arrive in Cairo with, or not till after the troops?

26. Do you think the wounded sometimes mistook antiseptic surgery for neglect?

27. Were men sometimes sent home by superior orders who might have been cured in so short a time as to be on duty again?

28. Do you consider that it was possible for orderlies to neglect patients, or, e.g., to take their diets or stimulants without medical officers' knowledge?

29. Were the hospitals always in a sanitary state good enough for patients to *get on*? or were there three drawbacks, either in sanitary state, food, or nursing, which prevented the patients *getting on* as they should?

[end 15:950]

f86 Dr Marston's evidence good

unsigned notes, f86, pencil

[15:950-52]

f86 PRIVATE [8 x]

Dr. Marston's evidence
admission of & defence
of failures
failure in every way
as to system
not as to men

They say the system
has broken down
the system has never been
tried

no workable system
no real Sanitary
appreciation, problems
at stake

Dr. Marston says that Civil

What is to be done?

Hospitals are efficient,
because the Medical Staff
has supreme power

It is easy to say - take
better care next time.

It is just the reverse

But the machine itself

Civil Hospitals are efficient should be put into
because there are three distinct better working order
elements 1. Medical

2. Administrative

[& observe this is all lay, or civil] The failure of the

3. Nursing

system will have to be

each with distinct duties,

taken as a basis of work

not doing one another's work,

Add Mss 45820

434

but each working to keep
the whole machine
in order

*The supporters of the
system should be made
distinctly to say how they
propose to render similar
results in war all but
impossible*

f86v (continues from above)

2. Lord Wolsely, who knew all the political reasons for rapid action, does not consider that these were in any way an excuse for the misfortunes. *He* thinks they were preventible.

The only answer to him is to prove the alleged facts untrue. This is not done. Only an attempt is made to lessen their importance. "Qui s'excuse s'accuse." "Je suis de l'avis contraire pour la même raison.

The *sanitary* question has apparently been considered as *scarcely worthy of effort*. Everyone knowing the subject would disagree with what is said. And anyway there is one undeniable fact that the officer was taken away and sent to Ismailia, and then home just as the sickness had reached its height.

ff88-89

Second part of Dr Marston's Evidence. Far better than first part; first part simply defence of what is indefensible. Second part much more candid, but really amounts to this, admitting that every medical officer did his very best--and this we believe entirely--they had to administer a hospital system which broke down. Almost every reply admits as much.

Given the system, we fully believe also that the A.M.D. made ample provision, but instead of the provision being with the troops where it was needed, it was in the hands of different departments, and wherever this is the case, with England, the difficulty is to bring the departments together when they are required to co-operate. Then there must be suffering from this want of or impossibility of co-operation.

We have partly copied from German organization of 1870, and there were cases of hundreds of German sick and wounded lying without any food whatever, not even bread.

If you have equipment for divisions, as the R.C. of 1857 provided for, and equipment for brigades, as they provided for, you must trust neither to the one nor the other, because of want of absolute regimental control. Your chief reliance must be placed on regimental equipments, as we provided for. Had the regimental C.O. had with him, and under his direct responsibility, everything required for sick and wounded, tents, marquees, bedding, cooking utensils, food, comforts, could all this have happened?

No. Unless he had been so careless as to allow the *enemy to cut off his baggage*, but, *this is precisely* (in its results) *what was done by the new hospital system*.

All that has been said about Cairo Barracks true, but *why* were troops placed in tents on bad ground? This might have been prevented.

The campaign predisposed troops to sickness at Cairo. but was it not preventible? Were the men properly fed?

Sanitary engineer officers must be attached to Q.M.G.'s Department to go with expeditions. Poor M.O. has no experience *as it is now*, and yet is held responsible.

Case against orderlies complete. They require training and discipline, which they have not....

[f89v] *Crimean experience influenced subsequent reforms. This inquiry may lead to others. Well to frame some more general principles applicable not to this or that class of conditions but to the interests of the service everywhere. The advocates of the present system will stick by it, but they*

should be required to produce some method by which the failures disclosed in the evidence may be averted.

[f90] Refer to Miss Solly. If the doctor is to be all-powerful, he must learn the A.B.C. of administration. [He] teaches gunshot wounds, but no one teaches administration. No one teaches them to look after cooking, washing, nursing.

After two or three years there should be an examination, conducted by Netley?, on hospital administration, on regulations. No one tries to make the medical officers better after they come into the army. Selection begins at twenty-five years, when he has done all the mischief he can.

Dr Marston says civil hospitals are efficient because the civil surgeon has all the power. It is just the reverse. Civil hospitals are efficient because there are three elements, each with its distinct duties, not clashing but each keeping the other up to their work, each working to keep the whole machine in order: medical, administration, female nursing.

A.M.D. at a dead level of inefficiency. Examinations must be restored. A.H.C. = organized to crush out nursing, weak idiotic man - becomes a nurse. Officers of orderlies = totally inefficient.

[f92] Questions to put to Sir James Hanbury: What was Dr Marston's position as sanitary officer? Under what regulations did he act? What instructions did he receive from yourself?

ff101-06 questions to Dr Longmore about Netley. Ink

Questions (to Dr. Longmore) about Netley
& general training of Army Medical Officers

1. The Professor of Hygiene
gives special instruction
in Hospital construction
Ventilation, water supply,
sewage, warming
furniture &c
does the examination
deal fully with these
questions at the end
of term?

Are *Tent Hospitals*

dealt with also as to
Site, space, *latrines* &c.

[answer at right, presumably from an interview] pencil

We have a Tent Hosp [Netley
but we put the A.H.C. in it
& not the Patients
is the number of
rooms needed in a
Hospital for *administrative*
purposes,

& tents in the field
likewise dealt with?

2. The Professor of Surgery
& his Assistant deal

f101v
with equipment of
field Hospitals, and
by *models* at lecture,
qy by *practical*
pitching in the Netley
grounds? [pencil we can't get one
show the M.O.s a field
Hospital at work in
tents? In
summer are certain
numbers of cases
treated in tents at
any large Hospital, as
with actual advantage
from a Sanitary point
of view. [pencil might be done?
No: we put the A.H.C. in first
3. As regards
nursing training
is the Orderlies course
made *thorough?* [pencil the Sisters don't teach the Orderlies
They see the Sisters do it. That is all. Ansrdr.
and are the YOUNG
Medical Officers put
through it? [pencil This makes part of their Civil
Hospl training- Longmore

And *examined* in it
at end of term?

f102

In the same way, is
Cooking explained?
 Are they taught how to
 make certain dishes?
 And do they make them
 and are marks set
 at the end of term
 for it? [pencil they inspect the food & the diets. And this teaches them
 cooking- Longmore
Laundry. Is this
 visited & explained
 to the young M.O.s?

WARD MANAGEMENT

Is this taught to the
 Orderlies? Is it taught
 to the M.O.s as to
 the Orderlies?
 & questions given it in?
 4. Is the organization
 of Foreign Medical Services,
 German, French, Italian
 &c and their Field
 Hospital system taught
 by Professor of Military
 Surgery? And are they
 examined in it at end of session?

f102v

III. Is the equipment
 of a Bearer company
 opened out? [pencil None are at Netley
 and a *Dressing Station*
 shown to them at
 Netley [pencil None
 IV. Are *Sick* men
 ever treated in a Camp
 Hospital at Netley
 as if in the field?
 [pencil] No. The A.H.C.
 V. Is *Nursing* in its
fullest sense part
of the Netley course? [pencil No: it is taught them in their Civil Hospl
 courses -Longmore III
 VI. Where are the
 young M.O.s taught
 to understand *cooking*
f Hospital diets
of all kinds? [pencil they inspect the diets.
 VII. Is *Laundry work*
 explained to them?

F103

VIII. Are they taught
Ward management
as to *cleanliness*
bed making
changing helpless
cases

AND ARE THEY QUALIFIED
AFTER NETLEY TO TEACH
THEIR ORDERLIES? & to teach
Sanitary PRACTICE
to their Orderlies?
IX. Is the French
or German or Italian
Medical organization
explained to them?
[pencil] All this is taught them
in their Civil Hosp;
training - indirectly
Doctors & Clinical Clerks
supervise the Nursing !!!!
Longmore

ff113-15

[March 1883]

Army Medical School, Netley. Question V. "Is nursing in its fullest sense part of the Netley course?" *Dr Longmore's evidence. Nursing.* 13345.

"Certainly" it is a "part of the regular training of medical students in the *civil* hospitals; dressers and clinical clerks supervise nurses who act with them."

"Dressers" and "clinical clerks" are only occupied about a particular patient to do a particular thing during a certain short time, and may be helped by a nurse or probationer nurse for that time. They are not in charge of the general nursing of the ward in any sense, and know nothing about it. To "supervise" implies a certain length of time. "Dressers" and "clinical clerks" do not supervise.

(In different hospitals the medical school does different things. More is left to the dressers at Edinburgh. More is left to the sisters and nurses at St Thomas' Hospital, London.)

Resident physician and resident surgeon may be said to be in charge or to "supervise" (which implies a certain length of time) the nursing or the treatment of the ward, inasmuch as if any change of treatment is to be made, it is the resident who does it, who orders change of medicine, baths, etc. But he is in no charge of or responsible for the general nursing of the ward, though of the treatment of the patient he is. And he is in no charge of the discipline of the nurses.

Neither can the visiting physicians or surgeons, who are there as a rule one in forty-eight hours, be said to "supervise" the nursing.

(But how many who have been resident physicians or resident surgeons, at London civil hospitals, are among the medical candidates at Netley? Probably none.)

Netley medical school was in fact established to supplement the want of

practical knowledge in medical students at civil hospitals.

What is the proportion of dressers, clinical clerks, resident and house medical officers, to the whole number of medical students?

The *sister* is in charge of and responsible for the nursing of the ward and the discipline of the nurses.

Dr Longmore says so well, 13294: "Nursing is now almost as much a science as the practice of Medicine & Surgery itself." He alludes to the great "difference" "twenty years" have made in this. He might say, that the last ten years have raised nursing to entirely a different position. And the next ten years will do so yet more. And so on. The last ten years have revolutionized nursing.

13295. Dr Longmore says well that the orderlies do not take the instruction from the sisters at Netley now as they formerly did, when it was, by regulation, and by arrangement, part of the work that the orderlies should be trained by the sisters in practical nursing (as it ought to be), but he speaks of "information" to be gathered by the orderlies. It is not "information" but practice that is wanted.

(Dr Longmore states most forcibly that nursing has been created in the last twenty years, that he has more than twenty years' experience of Netley, and of Netley only Mrs Deeble has fourteen years' experience of Netley, and of Netley and Woolwich only.

Dr Longmore says that he has twenty years' experience of Netley. But does that constitute experience? I snot what constitutes experience the power of *comparing* with other institutions?

And does not all this together seem to constitute the conclusion that there must be a perpetual influx of fresh blood of the improved method from the civil institutions where there is constant emulation and constant friction and light emitted from it, in nursing as well as in other things? Dr Longmore admits this very forcibly as regards surgery and medicine the advantages or rather the necessity of refreshing *military* medical practice in *civil* hospitals and in learning what civil medical opinions are--is it not still more necessary in nursing?

f117 Mrs D's evidence, pencil

Mrs D's evidence. 12751. "They (the orderlies) see the sisters do it, that is all. How then do the sisters instruct the orderlies?"

Dr Longmore's evidence. "The wardmasters may have never been in a ward before when they come as N.C.O.s. They may have been employed solely as clerks." How then can they instruct the orderlies?

Dr Longmore allows that the nurse orderlies ought to be learning nursing during the whole time of their service. But there seems to be absolutely no provision for teaching them, neither by *sergeant instructors* who have been themselves taught, nor by medical officers, nor indeed by sisters, who are to be seen nursing, "but that is all."

Notes for Robert Loyd Lindsay, 45826 ff118-19

[blue pencil] 13 March 1883 [15:958-59]

Would Sir R. L. Lindsay be so very good as to regard this sheet as quite *confidential* and return it to me today? I meant to have shown it to him when I saw him, *for himself alone*, but think it better to send it now. F.N.

PRIVATE. Question VIII. "Are they (the young medical officers) taught ward management, as to cleanliness, bed making and changing helpless cases? Are they qualified after Netley to teach their orderlies?"

The universal evidence as to these matters from the sisters who were in Egypt is: patients "hideously dirty." No set times for washing backs and legs. (At Netley they do it "when they have time," which means never.) Doctors never look after patients' cleanliness, except when, at an operation, they may discover the dirt.

Patients' beds not ~~always~~ made, just smoothed over. Patients never complain of the orderlies. Doctors never look after bed making. No regular change of shirts or sheets, all "a scramble." (Sisters not to know anything about stools or urine, the most important part of the case. Doctors thought "sisters should do nothing but superintend." Sisters cannot "supervise" if they do not know *how to do* what they are to *teach*. Doctors always asked why ~~London~~ civil hospital sisters were taught to make beds, wash patients, cleanliness, etc. Sisters answered: how are they to teach others what they did not know themselves or "superintend" in others what they were not taught themselves?)

Question: "How are the medical officers taught as to night nursing, as to the hours during which men can be continuously worked?"

Orderlies' hours (on *Carthage*) 6 A.M. to 6 P.M., then off till 1 A.M. then 1 A.M. to 6 P.M., every third day a whole night in bed.

Medical officers knew nothing about orderlies' hours, let it all be done by wardmasters, who knew nothing about ward management or the cases and never came into the wards about *nursing*, or the captain of orderlies, whose whole time was occupied in writing. He was the P.M.O.'s secretary (all P.M.O.s should be allowed a secretary or adjutant in order to liberate them for their proper duty).

There was little or no discipline. The orderlies snatched "a smoke" during the day, but time off duty was not fixed. The men slipped away when they liked, and the medical officers, who are supposed to have the supervision of them, said, when remonstrated with as to the long hours, "O

they are not on duty as long as you think; they are often an hour or two off." i.e., they were to revenge themselves on their long hours.

If civil hospital nurses were "to slip off when they liked," instead of having regular fixed and well considered hours for sleep, meals and recreation, etc. what would become of the patients?

The fact is, in the *civil* hospitals there is discipline, in the military there is none.

Orderlies are not considered tipsy if they can walk straight. The orderlies on night duty will go to bed in the ward, or one will lie down and go to sleep between two typhoid cases he may be set to watch.

Bad language used by the orderlies to such an extent that they were reprove even by the men: "You stop that."

Question. How are the medical officers taught ward management as to the discipline of the patients?

Convalescent, or so-called convalescents, *employed to work in the wards entirely at the discretion of the head orderly* (even enteric fever convalescent so employed). No leave of the medical officer needed!!

There *is* an appeal to the P.M.O. But the patients never use it except in extreme cases. They would "pay for" it if they did. *The medical officer should order WHAT convalescent may be worked*, just as much as he orders any part of the treatment.

Orderlies complained that they were "cuffed about," sent this way by the medical officer, that way by the wardmaster, another way by someone else. Good orderlies always trying to get promoted *out of nursing*.

[end 15:959]

f120

2

p. 42 But how can the
"responsibility rest with
the Med Off, if he is not
trained in the things
necessary for carrying it
out?

"Organization not very
complete."

This scarcely defines
either evil or remedy
sufficiently - does it?

Female Nursing.

About p. 521

P. 42 Will not you insert
the word "*trained*"-
Before "female Nurses"-
Wherever it occurs-
or "Nursing sisters"?

This was laid down in the
Regns of 1859.

P. 43 should not what
Is meant by superintendents"
I.e. As capable from their
Superior practical knowledge
& experience of each
nursing duty to teach
how it can be done.
be defined?

f124

v124v

p 59 Orderlies

men scattered in small
detachments- want of
discipline - see how R. Engineers secure
discipline- in such cases

p. 56 not drill but
discipline

f125 pencil notes hard to read re Portsmouth Hosp, Dr Ferguson, Sir O. Lanyon

Pencil note

[15:942]

Was it a List of the things wanted that Dr. Ferguson was asked for? Or of the order in which he should want the things on arriving that he was asked for?

He was shown a List & asked if he wanted anything more & said No, tho' everything was wanting.

Pennington, forth meat wanted ? Sir O. Lanyon would not buy it on board the ships = bad coarse tough meat from Malta & Alexandria on board Carthage & at Ismailia Dr Pennington applied for meat wh. was there & could not get it.

Orderlies drunkenness excellent

orderly 6 yrs at Herbert in charge of 2 critical cases found drunk in bed by Mrs Fellowes. Lost a stripe spoke to Miss Solly said she wdnt have done it over [cont Indeed...] Was there Carbollic Oil? Plenty. Plenty of Gauze, but no spray.

Spray engine wanting

Iodiform. Good where no suppuration

Antiseptic treatment by night. Carbollic dressing key. What did you see by day. Good treatment.

What did Orderlies expect

Sisters to do? Make beds & Wash Patients

[end]

f125v

Netley Orderlies best

Herbert " not good.

Aldershot had only been 4 months

at Aldershot, knew nothing

Herbert man -degraded to ranks

very nice man but drunken.

[contd over]

Miss S. Said Indeed I shd suppose you had been on sentry-well here you'd 2 lives in your charge took pledge after (Miss King a Blue Ribbon always got drunk when they went on shore & always put on night duty afterwards. Begged that they might not be allowed on shore before going on night duty.

f126 Portsmouth Hospl abominable man with smelling wound in a

corner without ventilation
man with chest opposite a door
Dr Western returning to Portsmouth
Orderlies employ Convalescents to
do the work a great deal too
much: permitted to do it
of their own authority
no redress but *the Patient*
complaining to *Med: Off*
& then of course Orderly
pays him off.
[FN everything is to depend in
Miily Hospls on *complaints* of PATIENTS]

Notes, 45826 f130 pencil notes

[15:957]

[March 1883]

Non-dieted Hospitals. Questions.

Was *Ismailia* a non-dieted hospital? By new regulation of 1878, p 32, 219 non-dieted hospitals are limited to those formed for detachments of less than 100 men, but by 286 all field hospitals are non dieted.

Was *Ismailia* a base hospital? By 288 and 289 base hospitals are all dieted. The arrangements for non-dieted hospitals are given in 473.

What was the base of the army? *Ismailia*? Was Alexandria a base hospital? Was Cairo a base hospital?

1. What was the number of *dieted* hospitals in Egypt?
2. What was the number of *non-dieted* hospitals?
3. Who provided for the non-dieted hospitals?

It seems a very strange arrangement that men taken into *base* hospitals should have to depend upon Commissariat rations. Contracts impossible in desert? Dr Marston? There was the Commissariat? and there were the ships?

[end]

f133 re medical evidence okay, poss pen

STRICTLY CONFIDENTIAL. The latter medical evidence, e.g. Dr Veale's and Dr Clarke's, almost surpassed in strangeness anything there was in the Crimean War. The former says that they *did no washing* BECAUSE there was *nothing to wash*, nothing but the "towel" which the orderlies could wash themselves, that it was *better* for the patients to lie on the floor on dirty great coats in blankets. Had the patients no *shirts*? (Or was it as at Scutari in the month of October 1854, when the hospitals were full and yet it appeared by the returns that only "six shirts" were washed.)

He says that the orderlies were "*not* the worse for liquor, but had more liquor than they out" (sic), i.e., they did not drink because they *did*.

(Dr Veale says that he was selected to *organize* and administer the hospital at Somalia, because he was great in "diagnosis" at Netley and because he was wounded at Lucknow.)

Dr Clarke 9647. The strange way in which a "good" general "education" and a "good character" are thought the only requisites for the Army Hospital Corps men--not good nursing or good training in nursing. And for chemists' assistants" who he says make "good compounders" he does not even think a good character necessary, not for any A.H.C. men does he think whether they make good nurses at all, a matter of importance.

9547. But, stranger still, he considers that the way "I brought in (to Aldershot) N.C.O.s and men of the Army Hospital Corps *from all the hospitals in the kingdom* (sic) to form the field hospitals for Egypt." is the model of organization.

It is a fact that each field hospital sent to Egypt was a *scratch* team of medical officers and orderlies, one collected from every place who had never seen one another before, nor their equipment, and were sent one by one to Aldershot.

f134 FN pen

The confusion of the field hospitals suddenly assembled--the various parts ignorant of each other--not in the habit of working together--collected from all parts of the United Kingdom--pitchforked into places they were not in the least fit for--brought into intimate connection without previous knowledge of each other or of heir equipment or matériel or indeed personnel--no habit of doing work together--want of system and method--was what might have been expected.

How would a captain command a company not one man of which, nor the matériel he had ever seen before? The wonder is rather how well they did than how badly, rather how they hung together at all than how they broke down....

f134v Will you not have, say six week continuous, training i.e. every day (1) a proper course of *field hospital* for every medical officer at Aldershot? (2) a proper organization of the DISTRICTS with field hospitals, e.g. No. 1 from Woolwich, 2 from Netley, 3 from Cork, 4 from Dublin, 5 for Aldershot, etc., let the district orderlies once a month exercise the field hospital. Then you can mobilize by the director general ringing his bell.

Perpetual changes of medical officers, e.g. Dr Beath at Ismailia five days!! in charge.

f135 *Field Hospital* at Aldershot. Every medical officer to go through six weeks' training every day in a field hospital at Aldershot. Mobility a hospital with all its wagons, march it every two days, have a moveable hospital at Aldershot, pitch a hospital on Woolwich Common. This is the only way to make the units of hospitals good. Then the thirty-seven men were not fitted and able to do the work. Train them and add to them.

The field hospital in war is in a savage state: no water laid on, therefore two water men necessary; no laundry, therefore two washermen; no latrines, therefore two conservancy men; no post, therefore one messenger. Was the transport good?

f136 Both Herbert Hospital and Netley were founded with the view of the staff going out bodily to war. Why were not Dr Wyles and his staff sent out bodily to Ismailia? It would not then have broken down.

f137 *Purveying*. C.O. to be responsible head of all in the field for regiments? In proposing to attach a medical sanitary officer to each battalion for say five years, would the committee propose that the *commanding officer* should become the *responsible sanitary and medical head of his regiment* and should be responsible for making all the requisitions for medical stores and medical equipment, and should requisition for Army Medical Department for the necessary doctors and for the necessary men of the A.H.C. *The medical officer would thus have no functions in regard to the purveyor.*

Evidence tends to this, e.g. 6510. "We had all the supplies that we anted (we wanted no purveyors to carry out what we wanted) because the medical officers were supreme. And we had *no* supplies that we wanted, because our duties were looking after the sick. We wanted no purveyors to carry out our orders because our duties were looking aft the sick and our orders were not carried out because we had no purveyors. When there is an question of *defect* then it is "my duties were to attend only to the sick." And when there is any question of *power*, then it is "the doctors must be supreme."

f139 Suggestions as to heads of *Sanitary* part of Report. Sanitary work with an army in the field is quite inseparable from hospital work. However

wise a decision is arrived at about the hospitals, the same results will follow in future campaigns as to the health of the men if *sanitary executive work* is not done.

The committee have examined a competent witness on the execution of the regulations. *What was done? what left out? and why?...*

f140v Sidney Herbert's letter of 9 July 1858, at the beginning of the Regulations of 1858, p 8, third paragraph: it says that the whole responsibility of the sanitary arrangements should rest on the commanding officer, and that if the education of the military officer comprehended a knowledge of the principles of sanitary science, commanding officers of regiments ought safely be left to their own judgment in adopting sanitary precautions for protecting the health of the men.

So long as a medical officer was looked upon by the commanding officer as one of his people, and as his friendly adviser, subordinate to him, he would probably invariably follow his advice, or at least discuss it with him. But when, as now, you abolish the regimental medical officer and attach medical officers of the *district* only, who therefore are necessarily perpetually changing their regiments, the commanding officer cannot possibly be upon the same terms of confidential intercourse nor can he have the same dependence upon the medical officer's advice, seeing that he knows so little of him.

The efficiency of the regimental executive for doing sanitary work depended on the personal influence of the medical officer with his commanding officer. You have abolished that which formed the keystone of the arch and necessarily the arch has tumbled down.

Paragraph from p 8 already quoted says that the problem is how to supply the commanding officer with the means of forming his own judgment safely, the C.O. being necessarily the final sole authority.

The committee now propose to attach medical officers to regiments for say five years. And they will probably introduce a paragraph insisting upon medical officers being thoroughly *trained* in *sanitary work*, so as to leave absolutely nothing to be done by any outsiders in the sanitary (personal hygiene) administration of the regiments, either at home or in the field, the C.O. being the executive.

f142 As has been remarked, there appeared in the late expedition to Egypt actually no necessary connection between the sanitary officer attached to the Q.M.G.'s Department and the Q.M.G.'s Department. And the failure seemed so complete that not only has an engineer (general) officer *without* sanitary training or experience actually been despatched to Cairo (and has returned) to do the work of the sanitary medical officer, and to remedy that which he had left undone, but it has been proposed that a competent *sanitary engineer officer*, that is, *with* sanitary training and experience, should be attached to the *Q.M.G.'s Department* to go with an expeditionary force (the medical officer having no experience *as it is now* and yet being held responsible.) Whether the committee recommend this or not, they will probably insist that, though the Q.M.G.'s sanitary engineer officer could do all the work appertaining to *buildings*, he could have nothing to do with the *clothing, dieting, all the PERSONAL hygiene* of the troops which could only be done by the *sanitary medical officer* attached to the battalion, by whom only could the personal sanitary wants be met.

That *properly trained* sanitary officers are wanted for the army, that

labour in sanitary works should be proved for, even for regiments, and that all this is not inconsistent with the station hospital system at home, but that this system cannot without risk be carried into the field, in lieu of the old regimentals system, *for which the committee now proposes to find a substitute.*

From notes for a Netley report, 45826 ff143-44 FN ink note, Suggestions for Report NETLEY [16:467-69]

If the Army Hospital Corps is to be entirely under the Army Medical Dept. It is manifestly necessary that the army medical officers should train the men of the hospital corps in their several duties. And therefore that the young medical officers themselves should receive some form of instruction at Netley and Aldershot or elsewhere so that they shall be able to instruct the orderlies in the methods of taking care of the wards, methods of preparing diets (cooking), methods of the general charge of the hospital (ward management inclusive) and above all instruction so as to qualify them for teaching the men to nurse.

Nursing. A. It is a matter of primary importance that the medical officers should be able not only to teach the men to nurse, but to train the head nurses, i.e. the N.C. officers, the wardmasters, the sergeant major (the chief of the nursing) to carry on the instruction of the men in the same way as the "sisters" (the head female nurses) in civil hospitals, train the probationer and staff nurses under them. The medical officers must be taught all the duties of nursing. (For who is to teach the orderlies all these things, if the medical officers do not?)

Yes, but. Q. 3695. At present we *have no* wardmasters. Neither captain of orderlies, wardmaster or sergeant major know anything at all about nursing.

Q 3696. Teaching the nurses to manage helpless patients in the ward is the head nurse's work, and not the medical officer's. Most medical officers do not know how to do it themselves. They *must* be taught and taught how to teach the sergeant majors.

As a matter of fact, medical officers at Aldershot did not give clinical instruction to the hospital corps men, even when the order to do so had been issued.

Q 1769. Medical officers never look after the A. Hospital Corps men-how they are carrying out medical orders, nor how they are nursing. (Nor is this their business in a civil hospital, but the business of the head nurse.) But the wardmasters, the N.C. officers must be taught to be head nurses--by the medical officers.

Q 3698. Netley and Aldershot must both teach. Take care that the sisters at Netley do teach the men (not doing what they like themselves and leaving the orderlies to do what *they*, the sisters, don't like to do). Do the "sisters" see to the beds themselves? It is said *not*. Then the sisters must have had a thorough training themselves.

Nurses who have only had a year's training at Netley have not. There are many things they do not know how to do by the bedside, much less teach to orderlies how to do.

Trained women cannot be *substituted* for medical officers to train the men. Also, how can the medical officers know whether the *women* are good nurses or not, whether the *women* are well *trained* or not if they, the

medical officers themselves, know little or nothing about nursing, and have never been taught, as in the case at present?

To *substitute* trained women for trained men, or to *substitute* women for medical officers to train the men is equally impracticable, however valuable the women as ward sisters and as teachers (of what is taught by the sisters to the nurses in civil hospitals) to the orderlies.

[end 16:469]

From undated notes, 45826 ff147-50, similar to f101-02

[16:469-70]

Netley. As the great fault of the Army Medical department is want of discipline (the young medical officers come from the hospitals in London where they have had professional training but no discipline), whilst they are at Netley, what attempt is made to train them in discipline? As well as in the special matters which army surgeons are supposed to require? What distinct military supervision is there by means of their own officers? What one head over the teaching? Head over the professors: who directs the studies, who sees that the young medical officers are systematically trained in the various departments of hospital organization, how far does Netley admit of it? How far is the whole time of the officers while there occupied in one form of training or another? In the washing establishment? In the cooking [establishment]?, cooking?, purveying?, nursing? etc.

What functions of hospital administration are they taught? As to cleaning wards, washing linen? Disinfecting hospital equipments or clothing? How are the medical officers taught as to what extent men are capable of physical exertion? As to the hours during which men can be continuously worked? What charge of orderlies do the medical candidates have?

Orderlies *eat*. There should be a free hospital ration, not accommodation of sixpence a day *plus* barrack ration. There should be no temptation for the orderlies to eat the patients' diets.

Orderlies *drink*. How can they help it? In Egypt, even where they had no fatigue duties they had only 3 ½ hours in bed out of the twenty-four.

The doctors say the Army Hospital Corps are not more drunken than "other soldiers." One might as well say, civil hospital nurses are not more drunken than their patients. The thing is that nobody who nurses in a hospital should drink at all.

There is *no professor of nursing, no organization of night nursing*. There is a law of human energy of course, a law of nursing power. But *the laws of nursing power are not known*. There should be a professorship of hospital administration, hospital construction and hospital nursing.

2. Professor of surgery and his assistant to deal with equipment of field hospitals, and by *models* at lecture and by *practical pitching in the Netley grounds* to show the M.O. a *field hospital at work* in tents, in which in summer a certain number of cases might be treated. (In summer, sick might be treated in tents at any large hospital with actual advantage from a sanitary point of view.)

3. As regards *nursing training*, the course of the Army Hospital Corps must be made *thorough*, and the young medical officers must be put through it. And they must be examined in it at the end of term.

They must be taught the organization of night nursing, the laws of nursing power and human energy. There should be a professorship of nursing

and hospital administration (*not necessarily a separate professorship*).

Cooking in the same way should be explained. The young medical officers should know how to make certain dishes and should make them, and have marks at the end of term for it. *Laundry* to be visited and explained to the young M.O.s.

Ward management to be taught (as to the orderlies) and questions given in it.

4. Organization of foreign medical services, German, French, Italian etc., and their field hospital system taught by military surgery professor. M.O.s to be examined in it at end of session in it.

5. Examinations for all medical officers at the end of three years' and of ten years' service on *hospital administration and NURSING* as well as on professional subjects, promotion to surgeon with five years increase of pay and to surgeon major's rank to depend upon these.

6. Further course. If the orderlies are to be efficient, teaching must go on through all their service, and the senior sergeants must instruct the men every week and go over minor points. The medical officers must examine *them* once a month and explain and lecture.

7. In every garrison scientific meetings once a month for all the medical officers.

[end 16:470]

examined in it at end of session?

f151-58 not FN hand, women nurses for war

f159 proposal, back to FN hand, but very rough notes

Proposal

Modification of Regimental

C.O. System

fix the Medical

responsibility on C.O.s

Modification of Purveying

System

See. Restore it so as to take

away from M.O.s their functions not

short service system

Modified Regl System means

that a M.O. wd be permanently

attached to each Regt

You would have to give

Reg. M.O.s not only to every

Reg but to every Battery

& Engineer detachment.

Why? You never did before

1. To several Batteries

in war - attach an assistant surgeon

to a Battery

having one Regimental officer

per Regt who wd be always

with the Regt & always
attached to it & be the Rgtl
Surgeon- & having a certain no.
Of Staff Med Offrs who wd be
attached temporarily when required
to assist Regtal Officer

right col
all the best M.O.s would
volunteer back & idle
in their Regiments
beef tea & quinine
Do the best M.O.s
wish to be relieved of
looking after discipline
or do they like the
militaryism & the
blankets?

Ff163-63 printed address by G.J.H. Evatt, surgeon major, AMD April 13 1883
at meeting of Volunteer Surgeons and Reps London medical schools,

ff171-72 clean notes on medical corps

unsigned notes, ff171-72, pencil

f171

If there is to be a Medical Corps, then you must give all this training & education, if you are to fit it for its responsibilities & its duties

What does that mean?

It means an education which would entail as long if not a longer training than that given to create a Royal Engineer Officer.

It means taking the medical students before they have gone through the Civil Hospitals & having a training establishment for them.

And this is the system which you must have if you do not return to your Regimental system

And having done all this, is it possible that any men or body of men who have such a small amount of work to perform during peace could be kept up to the standard of perfection which is required?

If ~~you~~/we are not prepared to give it them, we had better revert to Sidney Herbert's plan -

What is to be the training of the Steward's (Purveyor's) Dept of the A.H.C.?

f172

-2-

1. Sanitary: Now that Regimental Medical Sanitary Officers are abolished, the Commandg Officer must be depended upon for the sanitation of the Regiment.

Therefore you must instruct Officers & men in Sanitary matters.

The Captain of a Company should look after the Sanitary condition of his Company

The Commandg Officer after his Regiment

A Regiment is an agglomeration of units

An Army is an agglomeration of Regiments

This simplifies very much what the Quarter Master Genl's Department has to do

f178 Revised Draft Report Apr 5/83
f179 revised draft added

unsigned notes, f178-89, pen & pencil

f178

Private

Revised Draft Report

April 5/83

p.p. 41 & p. 59 60

p. 39 "existing" system
of general & station
Hospl" There can be
no practical or
personal knowledge
of what its "existing"
condition is, if it is
considered to be even
"fairly" good.

"Discipline". There is so much ~~ab~~ of
p. 41 almost technical detail as
to punishment -
so little about how the
men of the A.H.C. are
to be trained & supervised
so as to prevent the
necessity of punishment

- so little about how the
Medl Offrs are to be
trained to look after,
supervise, teach, train,
discipline & command
their men, if the A.H.C.
are to be their men, in
duties which, as the
Committee say themselves,
p. 59 are *far, far*
above ~~its~~ "ordinary" sphere of
"punishment".

Punishment is not discipline
or training
2. There is nothing at all
about *re=modelling Netley,
Aldershot or Woolwich*
as a proper Training School

f178v

-2-

for the Army Med. Offr
under their new responsibilities
or for the A. Hospl Corps,
(which is admitted to be
so deficient) under their
new Officer.

E.g. If the Medl Officer
is to exercise the
the *Purveying* business,
how is he to be fitted
for such function

3. But how are the *Medical*
Officers to be trained
for this "close supervision"?
They might exercise it
now but *they don't*
know how Is not "hoped for"
a rather hopeless word?]

Medical
supervision
p.p. 42,43

Nursing
Sisters

p.43

4. Is it not a pity to call
the Sisters (twice over)
"Superintendents" of wards,
& to ~~define~~/lay down that they
are not to "take the actual
bedside attendance" How
can the ~~Sisters~~/Orderlies
"Nurse" "under their directions"
if the Sisters do not
show them how? Nursing
can't be taught by
giving "directions".
The very fault at Netley
~~now~~ is that the most
important "actual bedside

f179

-3-

(p. 45.)
marked in pencil

Attendance" is not done
by the Orderlies, & *the Sister* far from
"taking it upon
herself" *knows nothing about it,*
& shows the Orderlies
nothing about it. viz.
personal cleanliness of
Patient, bedmaking, &
changing, & other most
important duties, Yet
the Sister may be said
to "superintend" now?
5. Surely "Harmony must
be obtained at any
price" is a very indefinite
sort of recommendation.
~~Is no~~ After stating
"Arguments" & "objections"
are there to be no
definite recommendations
in favour of a better
system?
And if Medical Officers
are to be, as a kind of
'forlorn hope,' attached
to Regiments, must not
some (modified) Regimental
Medical system be \dagger
proposed by the Committee?
& defined?

f179v

6. May not Regimental
stretcher bearers become
compulsory?

-4-
Bearer Companies
p.48

7. Why abandon the
unit of 50?

Field Hospitals
p.49

8. Is this *all* that is to be
said about Base Hospitals
after the voluminous
evidence given?

Base Hospitals
p. 51

With regard to "civilian
cooks", as you are going
to train cooks, do not
you take away the prize
from Serjeant Cooks &
Serjeant Instructor Cooks,
if you appoint Civilian
Cooks in time of war?
These are the last
resort in the PRESENT
state of *untrained=ness*
which is not to continue.

f180

Private

It is "practical demonstrations" & clinical work," (together with written examinations,) that will improve the Army Medical Dept.

-5-

p.53 Sir R.L.L.'s Para:

most important
9. Examinations

In addition to written examinations, there should be practical examinations, & clinical experience, forming part of the test: could "practical, as well as written" be inserted before "examinations"? end of 6th Para from top "greater facilities" would you think well to make ~~it~~/these "facilities" compulsory?
next Para:

most important But if they are to have "examinations" in all

these most necessary things, (Hospl administration," down to "cooking" &c) must there not be something about the previous TRAINING the young Medical Officers are to have in them? Where are they to learn these?

f180v

-6-

Sanitary

p.p. 53,4

very excellent

But *Regimental* Sanitary

work is as important

as Quarter Master Genl's

Sanitary work

most important

p.54

p.p. 56, 59

10.

"disciplinary control cannot Discipline

be as efficient"?

p. 59

Is not this rather helpless?

Because the "disciplinary control" over "small detachments"

is difficult, the more

reason why the Committee

should solve the difficulty

It has been solved

for the R.E.s.

Could not a Head Quarters

& Depot at Woolwich

(with Herbert Hospital)

& with all the requisite

machinery for training -

for the new 'Royal Medical

Corps': (i.e. Ay Med. Dept &

Ay Hospl Corps)

f181

-7-

solve the difficulty?
The difficulty will not be
solved by ~~making~~/calling it a
"Royal Medical Corps",
if that which constitutes a Corps
in the sense of other ~~p. 58~~ scientific Corps
is not organized & constituted for it
~~p. 60~~

But there is an exceedingly
strong conviction abroad
that the Medical Officers
do not know how to
obtain obedience in
the Wards ? how to
enforce discipline
among the Orderlies?
"They don't mind him"
meaning the Medical Officer,
"they don't mind him
in the Wards" is the
constant complaint.
This is very natural.
The Medical Officers have
no kind of previous
training or experience
in the ways of training for
commanding obedience -
It is a ~~perfect~~ science,

f181v

-8-

a study, a 'theory & practice', an experience [Military Officers are learning it for years.]

Netley does not give it. Netley has no discipline itself. no uniformity.

[And by the way, a man will get twice the punishment for the same offense ~~to~~ in one Division of Netley as he does in another.]

The two months' riding drill, company drill &c at Aldershot does not give it.

Will not the committee devise some better Training=School or initiation for the Medical Officers themselves? to give them the power of "disciplinary control" & all that this comprises) in the Wards?

With regard to the *Regulations* of the Army Hospital Corps, they are *on paper* but nowhere else.

f182

Private

p. 58
pay of A.H.C.
Quarter Masters

-9-

Soldiers volunteering from
Regiments for A.H.C.
It is said that as yet
only 23 have volunteered
from Regiments
in answer to the Circular
or Order to C.O.s to
send in names, which
was expected to produce
200 or 300 volunteers to
choose amongst.
It is said that what
would bring in volunteers
would be a *free*
Hospital ration -
1 - after training begin at
1/4d a day & free Hospital ration
& *no deductions*
when on furlough
or in Hospital

There is the very strongest
evidence of the mischief &
speculation which has
followed the abolition of
the free ration. The best
or Patients' meat finding
its way to the Stewards' men
or orderlies - the worst to
the Patients -
the meat sold the bones
making the beef Tea -
the mischief being between the
steward & the cook
The Medical Officer so lax
does not know how to inspect -
~~good~~ - bad meat, bad milk passed
by him.

necessity of restoration
of Purveyor's Dept
making it subject to
P.M.O. of District

f182v

-10-

Serjt Major or Senior N.C.O.s
 should be the Superints/chief Nurses
 & over Wardmasters *and*
 Stewards

p. 58
 Serjeant Majors
 of Hospitals

But should they be

"Quarter Master Serjeants"?

N.B. The promotion of Officers of Orderlies
 (QuarterMasters) has been most unfortunate.

~~There Out of 51,~~ Four fifths of the existing number,
 40 were promoted from being Clerks,
 (out of these 5 eighths from being Office Clerks,
 and 3 " from being P.M.O.s Clerks)
 & had never even been inside a Ward

They were promoted not from wardmasters
 but from Clerks.

f183

March 13

Notes on Draft Report

~~p. 18~~ In the enumeration
 of the great preparations
 & stores sent out
 could we not have been
 told when & where
 these were available?

SANITARY 19 20 Para [enumeration
 of causes of disease:]

Will not the Committee?
 recommend some other
 machinery to be in
 the place of the
Regimental Machinery
 which has been
 destroyed? Otherwise
 the fatal want of
sanitary work in the
 Egyptian campaign
 will be always repeated

Also qy notice the apparent
 lack of 'entente cordiale'
 between Q.M.G.'s Dept &
 Sanitary Officer, even as
 shown by their own Regns?

add after "occupation

"of foul buildings & camping
 grounds"

*but mainly to the absence
 of Sanitary preventive
 measures* whether in

the Q.M.G.'s Dept

or the Sanitary Officer's

[Doubtless something

about Sanitary work is

coming in the Report:

Or it will seem to have

been systematically

ignored.]

The Regulations even of

1879, were either ~~ignored~~/neglected

or, from the want of C.O.'s

(Regimental) or Q.M.G.'S co=

co=operation, not carried out.

f183v

? Evidence was given to show that in consequence of the way stores were packed on board ship - the first to be wanted being put on the first, instead of the last, as they ought to be the first were not to be had first.

f184

p.32 &c &c
personnel of field Hospital

? add

there is no training whatever of N.C.O.s to Ward duties
- & no continuous or sufficient training of orderlies

p. 40 Medical Commandant

p.p. 40, 41

the Report does not notice that all this (relative duties of Medical & Military authorities) was settled & "defined" in the "General Hospital Regulations see Report of 1859.

recommended as head of Hospital with absolute administrative power
The "friction" (for the reasons given in Report) would scarcely be less between Medical Commandt & P.M.O. than between Military Commandt & P.M.O.
would it?

Sidney Herbert's Regulations prescribed a *Hospital Commandant, specially selected, WHETHER Military or Medical,* (there was no exclusion of the Medical?

f184v

p.p. 40, 41

? no inspection but

current inspection of much

use. "Genl Officer"

just as likely to make

mistakes as not.

stet "to Regimental Officers"

But discipline implies

a great deal beyond

punishment

A.H.C. orderly 'answers

back' so little does the

Medl Off. know how to

command him.

punishment is so very

small a part of discipline

p. 42 Med. Offrs who

consider themselves of

superior rank will not

bring men before a

Military Officer of less

rank.

Is not the Report
here dealing with
symptoms rather
than with causes?

{ff185, 186v pencil - not clear)

f187

Paras 185,6

A

Nothing has been done in organizing Field

Hospitals to work in peace -

The men, Officers & equipment were

pitchforked together in the present

Egyptian campaign just as they were in

the last. scarcely any one of them

having seen any other before - none having

been accustomed to work together in a

Field Hospl none having seen the

equipment before or knowing anything

about it, or how to put it together & work it

f188

B. p. 714

Paras 193-9

No progress in Field Hospital unit -
 150 men from all parts of the country
 & 30 M.O.s pitchforked together &
 started off for Egypt

'Not my men: here to-day & gone
 tomorrow: (changed every 2 or 3 days) -
 how can I train them?'

Also: 'if I am to be responsible for
 clean linen, I must have washermen:

'if I am to be responsible for the Sanitary
 state, - - we write & discuss drainage &
 conservancy - & we have no sewage men

no watermen

no messenger -

No provision for Field Hospitals

Smash at Ismailia -

There ought to be this sort of Examination

Do you wash? I've no washermen

Do you water? I've no watermen

Are you Sanitary? I've no sewage men

no messenger

f189

B. 2

At home you've drainage

laundries

water laid on

post

At p. 714

is a Field Hospital organized to fail

A.H.C.

A.H.C. should be organized by companies

f190 not FN hand, but some FN notes in margins

ff196-98 FN hand again, notes re nurses, up Nile [15:948]

unsigned notes, ff196-98, pencil

f196 {arch: [1882]}

With regard to the two Nurses sent
up the Nile, it is most satisfactory
to learn in the utmost detail
the excellent work suited for &
worthy of trained Nurses which
they did ~~there~~ at the Hospl at Assouan
~~Hospl~~ when stopped there by
the Assouan Commd Officer
at a time of the greatest
pressure for ~~the~~ half-starved
Patients from high up ~~the~~ Nile -
chiefly cases of complicated
Enteric, were sent down there -
This alone was worth their going out

But for the Convalescent Dahabiah,
was it quite fair to give it trained
Nurses or women at all - tho' if
women were to be there, it was

{f197 blank}

f197v

matter of thankfulness that these
were the ones chosen - So fit were
they to make the best of such a position

But were not an Orderly & a
cook all that was wanted?

It wd be easier to explain
the unfitness of the position in
words than in writing - as
unfit for the Patients as for the
Nurses -

These Nurses also had real
Nursing fit for trained Nurses
& plenty of it on board the
Bulemba coming home - the
cases were very severe

{arch: [1889]}

f198~~-2-~~

I could not be too thankful
for the Assouan interlude.
It had been arranged indeed,
tho' this arrangement was not
adhered to, that the trained Nurses
shd only be employed in fixed
Hosppls such as Suez, Souakim
Assouan, where there is a great
press of acute cases, requiring
the best trained Nurses, one of
whose most important functions
is of course to train & supervise
the Orderlies (as is indeed set
down by W.O. Regn) And
without this function & without
Orderlies or indeed Patients - they are virtually
wasted - are not they? **[end]**

f199 FN note, rough

f200 FN note on nurses

Miss Gibson

Mss Ehrenborg

Miss Winterton

& the 3 Sisters At St T's

Miss Norman

Dr McKinna

Netley Jerard

My Article

Fanny

Workhouses - St Pancras'

essential points

through discipline

efficient supervision

isolated Nurses

in small Hosppls

[on diagonal] Better not have Nurses at all

head must be a thoroughly

trustworthy well trained woman in every respect

Where are they get these women?

Going too fast

such an amount of regn as will ensure their not being under the M.O.

f203 [July 1884] pencil rough notes

Sisters at Netley still do all themselves
" at Cairo ordered to do
nothing themselves but teach the Orderlies
Regimental Orderlies
poultices
Lampman
not nurse enough
3 mo.
Drs no voice with Sergt Major
Soldiers' Club
Drs. No
Orderlies
Dr O. Dwyer good order [illeg]

f204v
extras taking cases. Drs
No good nursing
stripe
sisters as spies.
Doctors more careful
Staff Sergt Fowler good master
capital wardmaster
why was he moved?
Only really good man
Staff Sergt Clark
good
not always sober

[on right] Thursday 24th for Claydon
not to sleep
Tuesday 29th
10 St. St.

f205 pencil rough notes

Alexia Patients from Cairo fever & dysentery arrive
exhausted & dying
Ophthalmia one eye gone
severe
from lying in the open
"Arab" comfortable
Plates, mugs, bread bowls &
provided for Sir G.W.'s inspection
Miss Airy. Real roughing
Sisters in her old vacated Typhoid Hospl
bad Enteric cases all to herself
bedsores prevented

f206v

Sisters on shore hard worked
& can't spare one for night duty
On board Carthage 6 nothing to do
now.
Helen Norman gone to Cairo.

F207 not done

f208 FN ink note

2

Now, which it would not have
done, save for N.A.S. example
as e.g. 'rations' of oranges
twice a week.
With regard to fruit, other than
oranges, Medical Officers of
course are the sole judges
about its Supply, both for
well & sick & the nature
of the supply, whether it be
in Coffee huts or otherwise

f209 FN pencil note on nurses

What instructions? [not transcribed, duplicate]

f214 FN note pencil

Return showing the distribution of the Medical Staff Corps (in Egypt and the Soudan during the recent Campaign) approximately in each Stationary Hospital

" Field Hospital

" General "

" Base "

" Hospital Ship

in their ranks & duties as Bearer company

Serjeants Major (Wardmaster, Quarter Master)

Serjeants (Wardmaster, Stewards, Compounders
Cook, Clerk &c)

Corporals (Steward ~~Compounder~~ Cook)

Ward Orderlies (First Class, Second Class, Nurses)

Orderlies (Cooks, Pack Storekeeper, Clerk, Messenger,
Washermen, Supernumeraries.

Where & how trained

advancements ~~promotions~~ for good ~~conduct~~ Nursing

reductions ~~punishments~~ for bad ~~conduct~~ Nursing

Regimental Orderlies.

How shall

we prevent

the answer

that they were changed

so often no return

can be given?

Note, 45826 f215 FN pencil note [15:1005]

Daily Ration of Provisions for Force at Suakim

Meat fresh or preserved 1 to 1 ¼ lbs.

Bread biscuit or flour 1 " " "

Tea 1/3 oz.

Coffee 1/3 oz.

Sugar 2 ¼ oz.

Salt ½ oz.

Pepper 1/36 oz.

Vegetables fresh or compressed 12 " [align]

Erbswürst occasionally

Lime juice ½ oz.

Sugar for do ¼ oz.

Rum 1/64 gall

Jam or Marmalade}

Oranges & Lemons} 29/7/85

Jam - large quantities remaining at Suakim

Jam & Pickles are being issued

[end]

f215 v. Right col

W.H. Smith to Genl Commr in Egypt
"requests he will report more
"fully" (on my letter) "& take
"such steps as may be necessary
"to remedy any faults that he
"may find to exist in the
"arrangements for the health
"of the Troops" 29/7/85

C.H. Wilson

B

Telegram sent
"asking whether H.R.H.'s
"Canteen hut at Suakim
"has been erected & for what
"purpose it is being used"

[15:1005]

[end]

P 5

f217 FN pencil note

Dr Munro now at Gibraltar
the whole hospital orderly service subject to
constant medical parades: practice parades
training parades

f218 FN pencil note

Civil Schools (Medical)
up to 1868 10 branches of study
in 1869 made 14
by Medical Council
without increasing the 4 years
teaching by lecturing increased
practical work diminished.

Army Medical School
15 years old.

Men who came to Netley entirely
ignorant of the diseases of camps
& armies & hot climates
In India nearly 70,000 British Troops
this costly body of men
to be committed without appeal to
Medical Officers like these
& who Over

f218v on diagonal

each

Nurse for herself
to work out the
subject & to find out
her mistakes by sad &
bitter experience.
this can scarcely be intended
more than two thirds of men from the Civil Schools
never had a chance of using a microscope
the difference of looking at prepared
specimens & preparing them for themselves
Same as the difference between
trained & untrained Nurses.

Nurse should go thro' a second training
some years after rather than
Not have at first
Senior nurses see the advantages
which their juniors have
derived from their training.

From a note, 45826 f222 pencil note

Netley
Candidate & orderly in Ward
Sister doing nothing
waiting in Corridor
hernia case. Sister was doing nothing.
Prof Longmore dates from Crimean
War - has seen nothing since

[16:470-71]

instructions for Nurses may be good
but no personal practical training
They have not got the cases.
Their cases can all walk about
most of them dress themselves if they
have dressings to do, not confined to
bed. Our wars are all at a distance by
the time they get to Netley they are well
Abscess of Liver - in incurable they are discharged
Ague
Phthisis
these are the cases

f223 pencil note

Netley tide's running out
& Netley's stranded
fixity of tenure its ruin
Professorships should be for 7
years.
No one will work up for the
post if it's in the running
men ~~people~~ will work up for it
not a question of Netley
but of human nature
Ophthalmoscope Netley
Ophthalmic Professor of Charing Cross Hospl
butter dish not in time
well that Surgeon Major had the sense
or order - employ him on stores
but wd not stand the Lachrymal
duct stopped

[end 16:471]

f224 pencil note

3a

Netley professional

no discipline

young men

come from the Schools

despise Longmore's

gunshot wounds

despise their

seniors who don't

look after them

unhappy at Netley

& Whitehall Yard

Aldershot discipline

Aldershot & Netley

at daggers drawn.

F225 pencil note, black-edged

All Orderlies now trained at Aldershot

theoretic course. Dr. Moore

no training at Netley

Netley

Orderlies changed 3 times a year

Wardmaster 2

Serjeant of the Guard for night

Corporal

have been promoted from Orderly

work

All women who have been trained

1 year in Civil Hospitals *conceited*

won't stand Orderlies instead of

Staff Nurses

Won't stand candidates

nor M.O.s as inferior

to Civil Doctors

but women who have been some

years in Civil work not conceited

f226 pencil note

The introduction of

Female Nurses is by no

means the only thing to

mend the Hospitals.

f227 pencil note

Wardmasters at Netley excellent, but they have nothing to do with the *nursing*. Sisters & not Ward masters are the upper nurses.

This something to do with the capital fault of the nursing y the A.H. Corps in Field Hospls where women nurses are not. viz making promotion in the A.H.C. *out of* the wards into the stores - the officers of dignity are all among the blankets, the N.C. officers *in* the Wards are inferior dignities. The Sergt Major is not *IN* the Hosp at all- he has nothing to do with the *nursing*. Good nurses are not promoted. The Nursing is quite a second rate object. A.H.C. training taken from Netley &

f227v

transferred to Aldershot because Sisters at Netley did what they liked themselves, left what they did not like to the Orderlies, did not train them
24/8/82

f228 FN pencil notes

Dec 12/84

How to organize a Hospl
without nursing
To specialize the Nurse
to make the Nurse a grader
They see that not only one but two
Assistant Regimental Surgeons
are wanted.
Brown Institute
Burdon Sanderson
Batterson
Trustees.
Ammonia [illeg]
Peroxide of Hydrogen
Consumption
bronchitis
Voice

f229v LL notes

f232 March 24/85 FN notes on nurses, pencil

f232

March 25/85

decline to recommend any more Nurses
conditions of engagement are not
such as that we should consider
it safe to recommend Nurses, to
be sent out (recommend to what?x)
unless they can be placed under
trained Acting Supts in fixed
Hospitals, it is not desirable that
they should be employed at all
afraid of the responsibility
x If only two together, then one Nurses
must be responsible to the other
distinctly - Miss Airey & one under her
~~they~~/these are responsible to nobody
- ~~they~~/these are under nobody - (a young Doctor
his idea to talk

with)

if one is sick, where is she to be landed
2 Nurses at Assouan without Supt impossible

f232v

in charge of a young Doctor
whose idea of Nurses is to
have some one to chatter with
Mr Hughes, wise man,
refused consent to *his* daughter.

F233v

If you will have a fixed Hospital at Souakim & appoint an Acting Supt, competent n pint of age & otherwise to be an Acting Supt then we will give you Nurses.

Major Young: ask them to get the Govt to allow Miss Airy to go to Souakim to take charge of the Hospitals there -we will send out Nurses to be under her

Base Hospital
Stationary "
Field "

we put a stamp upon them upon which we have no control.

f234 pencil note

Sir H.N.

You go out on the same footing as the Netley Nurses & we have had nothing to do with the arrangements.

End

Notes from meeting with Fellowes? 45826 ff125-26

Ff125 Was it a List of the things wanted that Dr. Ferguson was asked for? Or of the order in which he should want the things on arriving that he was asked for?

He was shown a List & asked if he wanted anything more & said No, tho' everything was wanting....

Meat wanted. Sir O. Lanyon would not buy it on board the ships; bad, coarse, tough meat from Malta & Alexandria on board *Carthage* & at Ismailia. Dr Pennington applied for meat which was there & could not get it....

Orderly six years at Herbert in charge of 2 critical cases, found drunk in bed by Mrs Fellowes. Lost a stripe.

Spoke to Miss Solly....Miss S. said, Indeed I shd suppose you had been on sentry-0 well here you'd 2 lives in your charge.

[He] took pledge after (Miss King a Blue Ribbon). [Orderlies] always got drunk when they went on shore & always put on night duty afterwards--[they] begged that they might not be allowed on shore before going on night duty.

Netley Orderlies best, Herbert orderlies not good. Aldershot orderlies had only been 4 months at Aldershot, knew nothing.

Herbert man -degraded to ranks, very nice man but drunken.

Was there Carbolic Oil? Plenty. Plenty of Gauze, but no spray. Spray engine wanting. Iodiform. Good where no suppuration Antiseptic treatment by night. Carbolic dressing key. What did you see by day. Good treatment.

Portsmouth Hospital abominable. Man with smelling wound in a corner without ventilation, man with chest opposite a door. Dr Western returning to Portsmouth. Orderlies employ convalescents to do the work a great deal too much, permitted to do it of their own authority. No redress but *the patient* complaining to *Med: Off* & then of course orderly pays him off.

[FN everything is to depend in Mily Hospls on *complaints* of PATIENTS]

material to add to hosp vol.
add ff101-06 to hosp

Notes for a Netley report, ff143-44

Suggestions for Report NETLEY.

If the Army Hospital Corps is to be entirely under the Army Medical Department, it is manifestly necessary that the army medical officers should train the men of the hospital corps in their several duties. And therefore that the young medical officers themselves should receive some form of instruction at Netley and Aldershot or elsewhere so that they shall be able to instruct the orderlies in the methods of taking care of the wards, methods of preparing diets (cooking), methods of the general charge of the hospital (ward management inclusive) and above all instruction so as to qualify them for teaching the men to nurse.

Nursing. A. It is a matter of primary importance that the medical officers should be able not only to teach the men to nurse, but to train the head nurses, i.e. the N.C. officers, the wardmasters, the sergeant major (the chief of the nursing) to carry on the instruction of the men in the same way as the "sisters" (the head female nurses) in civil hospitals, train the probationer sand staff nurses under them. The medical officers must be taught all the duties of nursing. (For who is to teach the orderlies all these things, if the medical officers do not?)

Yes, but. Q. 3695. At present we *have no* wardmasters. Neither captain of orderlies, wardmaster or sergeant major know anything at all about nursing.

Q 3696. Teaching the nurses to manage helpless patients in the ward is the head nurse's work, and not the medical officer's. Most medical officers do not know how to do it themselves. They *must* be taught and taught how to teach the sergeant majors.

As a matter of fact, medical officers at Aldershot did not give clinical instruction to the hospital corps men, even when the order to do so had been issued.

Q 1769. Medical officers never look after th e A. Hospital Corps men-how they are carrying out medical orders, not how they are nursing. (Nor is this their business in a civil hospital, but the business of the head nurse.) But the wardmasters, the N.C. officers must be taught to be head nurses--by the medical officers.

Q 3698. Netley and Aldershot must both teach. Take care that the sisters at Netley do teach the men (not doing what they like themselves and leaving the orderlies to do what *they*, the sisters, don't like to do). Do the "sisters" see to the beds themselves? It is said *not*. Then the sisters must have had a thorough training themselves.

Nurses who have only had a year's training at Netley have not. There are many things they do not know how to do by the bedside, much less teach to orderlies how to do.

Trained women cannot be *substituted* for medical officers to train the men. Also, how can the medical officers know whether the *women* are good nurses or not, whether the *women* are well *trained* or not if they, the medical officers themselves, know little or nothing about nursing, and have never been taught, as in the case at present?

To *substitute* trained women for trained men, or to *substitute* women for medical officers to train the men is equally impracticable, however valuable the women as ward sisters and as teachers (of what is taught by the sisters to the nurses in civil hospitals) to the orderlies.

Add Mss 45827, 196 folios, 165 pages, notes, drafts

Draft, ff1-4, pen, notes of interview with Sir Wm Muir

flr

Please return

to F.N. {pencil, u/line in blue}

Sir Wm Muir{red u/line} April 30/78

- Will gladly be on the N.F. Council {blue u/line}
- is exceedingly occupied

----- {pencil line}

Miss Caulfield, {blue u/line} Sup.t at Herbert, is
one of Mrs. Deeble's nurses, & the nurses
at Herbert were all 4 found by
Mrs. Deeble, except Kate Holland,
who is still there.

[15:843-45]

Medical officers perfectly satisfied with them.

they are not in any way under
Mrs. Deeble.

Mrs. Deeble has volunteered to
go out in case of war:

is she fit to be Sup.t Gen.l? "I
should think not."

[F.N. explains, why not ?]

----- {pencil line}

Sir Wm Muir{red u/line} does not {blue u/line} intend
to send out Nurses with the
two Army Corps, 70000 men,
all ready to embark:

but he intends as soon as he
knows his base or rather centre
of operating to establish
several Central Hut Hospitals,{red u/line}

[no buildings, because typhus of a
low type is every where at the
Seat of War]

he intends to have Nurses in each,{red u/line}

flv**{all shadow + italics = red underline}***and a Sup.t Gen.l.**a few days will determine**whether we shall have War or not***{pencil:}***& we may be at war in a few days* **{end pencil}***everything is ready except the Nurses**Sir W.M. will send F.N. a**calculation of the ~~number~~ proportion of sick**to the number of troops:**& wishes the Nurses to be in**the proportion of 1 to every 25**or 30 {pencil:}sick {end} all trained Nurses, of**course. A trained Supt. to every Hospital**a trained Sup.t Gen.l to the whole**Sir W.M. must have a thorough**lady as Sup.t Gen.l: a person of
weight.**Sir W.M. was in great fear about**not getting his Nurses:**wishes F.N. to help him & think**about it immediately**trained Nurses, of course**wishes F.N. to recommend what**these women are to have PER MONTH: outfit, clothing & the
rest:**rations &c. {red u/line}*

f2r

the Huts are all ready.
the *Orderlies* are all trained men,
the (Wounded) *bearers* are all
trained men: **{blue u/line}** very different
from what were in the Crimean
War

Yes: the *Medical Officers* are
now Commandants in their
own work: they *command*
the *Army Hospital Corps*: **{blue u/line}**
Sir W.M. thinks the Sup.t Gen.l
must not correspond with
the S. of S. for War:
the Nurses must be part of the
Hospital Establishment
not a parallel power

there must be symmetry:

the Nurses must obey the Medical officers
F.N. explained how Sup.ts & Sup. Gen.ls
were necessary to make the nurses
obey the Med.l Officers' orders:
& how trained Nurses did obey
& untrained nurses did not:
[F.N. ~~the~~ waived the question of
correspond.s with the S. of S. &c &c
for with such Sup.ts as we have, it
would be absurd.]

f2v

Sir W.M., as War is the object
of an Army, always makes
War Hospitals the model, to be
imitated in time of peace.
He believes he is *thoroughly prepared,*
all but the Nurses. **{red u/line}**

He thinks there will be no War,
Russians so exhausted, financially
& every way: low typhus all
the way from S. Stefano to St.
Petersburg: [everywhere where
Turkish prisoners have been
is low typhus:] besides, they are so afraid
of our fleets.
but there may be *a collision* **{blue u/line}**
at any moment: **{pencil:}** & then War **{end}**
& it is supposed our Govt. mean
to make a dash at Armenia:
a few days **{red u/line}** will determine it.

Yes, everything must be under the
Principal Medical Officer,
subject of course to the general
officer in command.
[F.N. knows *Lord Napier of Magdala* **{red u/line}**
but did not say so.]

f3r

[2]

Army Med.1 Reg.ns quite obsolete.

have brought you the new ones, {red u/line}
not yet published
it is all *Divisional* now, not Regimental.

very find troops: the Indian
troops: coming to Malta:
knows them all:
enchanted first of all to fight:
then to ~~be~~ fight for England:
does not think them inspired by
Mussulman feeling.

Sir W.M. was with Probyn's horse
in China:
men & horses always clean,
always ready.

Despatch from India about
very great changes in Army
Med.1 Dept.:
250 European Surgeons too many
- those to the native Troops -
one to each Regt. - nothing to do.
I want them for my War purposes
- Surgeons degenerate with nothing
to do, even more than other men:
as they did in Regimental Service in
England

f3v

As to the Sanitary Service,
but I think the Sanitary should
always come before the Medical,
the Dr, should keep his troops
in health, rather than cure
them when they are sick:

As to the Sanitary Service,
not having examined much into
it, yet I think it should
be military & responsible to
the Military: there must be
symmetry.

I think in any appointment
less than the Presidency Sanitary
Commr., the same man ~~should~~ might
be Medical advisor say to the
Punjab Lt Governorship & Sanitary
Commr.. **X**

But I think the Sany. Commr. should
be taken from the best men: not
by seniority. They must be young
men: after middle age, the Indian
climate exhausts them, & they become
un-energetic.

Dy Sanitary Commrs. taken from the
Public Vaccinators: too many of these

X Dr. Cunningham differs with me
[Dr. C. is quite right. F.N.]

f4r

I was in the American Civil War
- the Nurses knew nothing at all
about Nursing: very kind:
at last they got some nuns,
poor creatures, they crammed
the Patients with everything
they could get of niceties,
thinking to be good natured,
& would have killed them.
And they called this nursing.

f4v

Our *Army Hospital Corps*
 now, a very good set of men
 Warrant Officers promoted from
 among them
 Officers of Orderlies generally raised
 from the ranks

{from here in pencil:}

Sir W.M asked for copies of any Reports I might
 have made on the Crimean Army Nursing

Confidential reports {red u/line}

Are there to be any confidential
 reports? against the Nurses?
 these must be communicated to the
 Sup.t Gen.l

[end 15:845]

Draft, ff5-10, pen

f5r

Dr. Evatt. July 11/81
 10, South Street,
 Park Lane. W.

[15:531]

Nat. Aid Socy. Probationers at
 Herbert Hospl.: Woolwich
 they ask to be shown the instruments
 to be taught the use of the instruments
 to be shown the Surgical cases. to
 be taught Surgical work -
 there are none - there *is* no Surgical
 work.

I tell Dr. Slaughter he must
 give them lectures.

Orderlies
 At the Military Hospl. at *Houndslow*,
 Doctor said: why the Orderlies
 are no use at all: they know nothing
 always drunk - - - - - *Yorks*
 they are the worst set of fellows

I ever met with.

I have a Serjeant & two Orderlies
 at the Cadet Hospl. (private house,
 close to R. Military Academy) they
 can do nothing but clean. they

f5v

know nothing.

[I made Cadet who had made
a scompiglio apologize
to Orderly who had to clean up
after him]

At the Herbert Hospl. the Orderlies
(the Army Hospl. Corps) are a
better conducted set of men:
but they are absolutely untrained
they know nothing.

No acute cases of disease -except pneumonia
no severe surgical cases.

Only a kick from a horse &c
among the Artillery at the Herbert
cases from India ~~so~~ many
then the Soldier's disease

f6r

woman: a Serjeant's wife.
 I was looking for a Nurse if I
 should want one at the Cadet
 Hospl. Serjeant said, Army
 wife has the Lady Strangford
 certificate. I went to her: she
 said she had been taken into
 a room & lectured. She knew
 nothing. She could do nothing
 she had never seen a sick
 bedside - did not

know the liver
 from the heart,
 tho' she had the
 answers all at her
 fingers' ends -
 did not know a
 bedpan what
 it was like
 much less
 a motion

{following inserted from bottom of f5v}

Soldiers' wives - not the pick but the reverse
 of domestic servants.

Married quarters always the focus of
 epidemics - always the dirtiest part
 of the Cantonment - don't know how to
 nurse their own babies - how can they be Nurses?
 the greatest difficulty to get a Midwife. Matron
 among them. When Regt. ordered to India, all the
 soldiers Men to marry

Was an epidemic of injuries) wives take up the
{f6r} best part of the troop ship - scrouges the men
 together. This forms an immense item in
 the Long Service question

War Office to take over a
 London Civil Hospl. to train
 their men

[end 15:531

f6v

Dr. Slaughter: one man:
he does the House Surgeon's work
the Secretary's work, the
Steward's work, at the Herbert

He is ruining us - If he
were to be thrown from his horse,
the machine wd be at a stand
still. Hospital administration
- that is making beef Tea - laundry
&c. [At Netley Professor Longmore
gives Surgical lectures. Maclean
Medical. De Chaumont on

The Queen
telegraphs her
sympathy. but
that does not
nurse or cure
the wounded
or sick man

f7r

India. Hospls.
all, the Doctor, the subordinate
medical Dept., the compounder,
the dresser, &c &c *all* give orders.
- all give orders to the Coolie
the Ward nurse - he only nurses.
All the highly paid men are there
to give orders - the four rupees a
month man nurses. Only the
low paid Nurse is to do them.

friction - we go to C.O.
too many men in this room
- ~~diet~~ bread bad.

f7v

Everything is done now for the
men in Barracks &c. but
nothing in the way of Hospitals
or nursing.

'Who has the responsibility in the
Hosppls?' Gen.l - said to me
He looked over our medical
code - 'but no one has the
responsibility'

No medical code about the

WORKING OF HOSPITALS

each new Doctor landing in
India guiltless of the language
has to make his own

f9r

[3]

If there are no Army Hospl. Corps
men trained fit to send to
India, then

let ~~the Medical Officer~~

~~pick out among~~ men be

allowed to volunteer from

the Regimental ranks

to ~~each~~ the Garrison Hospitals

- let the Medical Offices

pick out from among them

- let there be an elementary

vernacular Examination

- then let them be sent to a

central Nursing School at

Lucknow or Meerut -

[I would not have them sent

down to Calcutta - there they

lose all conduct - learn to drink

- better to have a well conducted

man without the Calcutta

polish.

Eurasians drink as much

f9v

as the soldiers. Eurasians
taken at 14 as apprentices
in Hospital -
serve for a year - then sent to
Calcutta

50 Eurasian boys training
for 3 years at Calcutta.
every year - for the
Subordinate Medical Dept.-
they don't nurse.
they are trained to be assistant
apothecaries
[men hate & despise them]
they are another lot to give
orders to the nurse & not
to nurse.]

After a year's training at
the proposed Central Nursing School at
Lucknow or Meerut the
Orderly should return to his
Hospital - he might then
serve 5 or 6 years - then
pass an Examination for a
Warrant.

f10r

they should be Warrant Officers
then another 10 years. Another
Examination - rise to become
apothecaries
If the Eurasian misconducts himself
he can never be got rid of.
I don't like to dismiss him,
because I know he will go to
grief, because he can't go
anywhere else.

f10v

the Hospital Servants - the
coolies - they are there to be
a football to the men - to be
kicked about
you have no idea of the trouble
we Doctors have with assaults
by the Patients on the Ward
Coolies - they say, we didn't
know, Sir, who the man was.

You should always dress & reward
& promote an Army Hospital native *on the*
Army lines. the soldier
never strikes a sepoy:
the native must be like a
soldier to be respected by
a soldier.

Draft, f11-29, pen

f11r

~~Dr. Evatt~~ May 22 1882

[15:536-37]

A. Hospl. Corps

I.

All the Hospital Orderlies see that the most dignified man in their own class is the storekeeper.

Instead of the Senior Serjeants being employed as storekeepers they should be employed at nursing duties as chief & under Wardmasters. The Serjeant Major should be the **{pencil:}**Superintendg. nurse & **{end}** Chief Wardmaster (for the sick) Instead of that he is not to ~~looking~~ after the sick but after the blankets.

[The Serjt. Major at the Herbert said, to the young Doctor - I've nothing to do with the nursing of the Hospital.]

Now the blankets-work **{pencil:}** is mechanical - the store-keeping work is not professional work - only honest work **{end pencil}**

f11v {pencil:} Any **{end}** Clerk that ~~if~~ could be ~~get~~ got from the Commissariat stores would do it as well or much better.

Promotion in the A.H.C. is *out of* care-keeping of sick into care-keeping of blankets The *higher* posts are those which take care of meat & sugar. the *lower* those which take care of the human being. Effect on the minds of Orderlies disastrous.

There is no difference in Store Keeping for the Commissariat & for the sick. But there is all the difference in the world between Store-Keeping & Nursing - I give classes to the Orderlies at Woolwich. & I tell them - the Artillery man has only to

f12r

deal with ~~arti~~ guns. but we
 have to deal with human beings
 [By the way when the Officer
 at a gun is disabled, the
 Serjeant takes & serves the
 gun. But when the Medical
 Officer is away with his
 other Patients, there is no
 one to overlook the nurse Orderlies
 The Serjeant is in charge of
 the blankets, not of the sick
 & wounded.]

There can scarcely be two
 employments in the world,
 both requiring conscientiousness,
 more unlike than store-keeping
 or clerical work - & nurse
 tending. The Nurse must have
 kindness & patience & self-
 sacrifice & professional trained skill -
 the clerk & store keeper - what?

f12v

Is the Serjeant Major a Chief
 Wardmaster of a Store
 Keeper? that is the question.
 By the *Regulations* (for Field Hospitals)
 the 3 Senior Serjeants
 are all store-keepers.
 The Serjeant Major (one of these)
 = Steward.
 The Serjeant Major, the Store-
 Keeper, parades the Nurse
 Orderlies - is their head - **{pencil:}** but
 is **{end}** not the chief Nurse.
 The Chief Nurse, (chief Wardmaster)
 at the Herbert & at all the
 Hospitals is a person of no
 importance.
 The highest Nurse is a corporal
 The Nursing is very like
 India after all where all
 the other well paid ranks give orders
 & the ward coolie at 4 rupees
 a month is the nurse.

f13r

A. *Hospl. Corps* {red u/line} [2]

-[Whether men occupied in attending the sick or in store keeping hold the responsible posts in the Hospital given to N.C.O.s?]

The Serjt. Major must be the superintending *nurse*.

Nursing is not mechanical -
 it goes to the root of everything.
 it requires nearly all the qualities put together which are required separately for other things

It is the art of *life* {pencil:} & death {end}

You must get at the man's spirit, (if you want to make a Nurse Orderly)- you can't get that by machine drilling - he must have sympathy - "we are brothers". {pencil:} the Doctor & the Nurse Orderly {end}

[end 15:537]

f13v

II. The Army *Hospl. Corps* & The Army *Med.1 Dept.* must be one Corps.

From Sir Wm Muir down to the lowest boy just enlisted for the A.H.C. they must feel that they are one Corps in identity of duty & of work. {pencil:} - must be welded into one *Army Medical Corps* {end}

f14r {pencil:}

[N.B. I should like to have more evidence about this - whom could I ask?]

f15r

{pencil:} Nurses should not go to India unless sent out **[10:782-84]**
thoroughly trained & ~~so~~as enough to nurse in at the very least
two Hospitals. **{end pencil}**

II. *Nurses for India.* **{red u/line}**

What would 'handicap'
their employment in Indian?

1. the language - could not
speak it for the first year

2. Climate

All officers have 2 months'
leave in hills annually

4 or 6 months' leave in hills
every 3rd or 4th year.

Women can't have less than
this.

Then women can't go to a
Hotel in India.

You must send them to a
Hill Depot.

That would necessitate say
sending out 9 Nurses -

3 at a Hill Depot

6 in plain

the latter to go up 3 at
at time to the Depot.

{pencil:} interchangeably with the 3 there. **{end pencil}**
3. Chaos in Hospitals. They

f15v

cannot learn the organization
- I cannot learn it myself.
There *is* none. Gen.l Biddulph
says: there is *no one responsible*

Women can only be sent out in
India to *superintend* -
but *all* the well paid ranks
superintend.
They cannot do the bedside
cares about the Patient
Which none but the *caste less*
will do **{pencil:}** without being looked down upon **{end}** These are done
by a Ward Coolie at 4 rupees
a month - a *caste less* **{pencil:}** man. **{end}**
It amounts to this that
nowhere is the woman so
much wanted as in India
to *nurse*: & that nowhere
would it be more impossible
for her to do anything but
superintend, which is *not*
wanted.

f16r

4. How ~~would~~ far could native men, Hindoos & especially Mahometans, (in the native Army Hospl. Corps) ~~take the being~~ supervised & trained by English women?

A very difficult question. They certainly would not brook seeing a woman do what only the caste-less may do. The mehter=sweeper=caste less.

is the nurse. all the other ranks give orders.

[N.B. As far as the new native Army Hospl. Corps has gone **{pencil:}** yet, **{end}** it has only enlisted a good many of the actual Ward Coolies=mehters. A good many more, accustomed to their liberty, to desert whenever they liked, averse to restraint, have refused to enlist. **{pencil:}** but are still employed. **{end of pencil}**

⌘ It is credibly reported

f16v

that the European Hospital Orderlies are to be withdrawn from all the Hospitals.

In that case how any organization at all can be attempted - or how women can be introduced at all must be quite problematical at present.]

Mahometans=cooks

=bheesties (water carriers) how would these brook women?

[N.B. Hospital cooking atrocious] Chumar=the lowest caste (not casteless)

lowest of the *conquering* grade

= Lance Corporals

All the highly paid servants **{pencil:}** are **{end}** in Dispensary not in Wards.

Apothecaries} Eurasians

&c &c &c } superintend

f17r

Nurses **{red u/line}** [4]
 poulticing, blistering &c &c &c
 done by compounders & dressers,
 (trained Eurasians)
 not by the Coolie-Nurse.

This is the work of the trained
female Nurse **{pencil:}**at home **{end pencil}**. But this is
 done already.

[All the well paid ranks
 apothecaries
 apprentices
 compounders
 dressers
 &c &c &c

Sit in the Dispensary making
 envelopes &c (except when
 poulticing) giving orders to
 the native Hospl. servants -
 ward coolies.

~~Some~~ One very zealous Med.l Offr.
 has insisted upon some of
 these being employed as
 Ward Superintending Nurses].

Cooking in Indian Hospitals
 atrocious. Yet the Hindoo has a genius

for cooking (under a cart in a

{continued vertically up right side of folio:}

storm of wind he will turn you out the most excellent dinner

f17v

5. Lucknow is a good
 centre where a Central
 School might be established
 It is indeed at present the
 only place where trained
female Nurses could begin

A good quarter must
 be built **{pencil:}** for them **{end}**

Wherever they are, Sisters
 must have a bungalow in
 Hospital compound -
 with probably covered way
 to Hospl. - only it must
 not be made a part of the
 Hospl.

Meerut } might follow

Umballa} **{pencil:}** as Stations for female Nurses **{end pencil}**

& possibly

Meean Meer. which has always
 fever - but no *Death*-rate
 from Fever.

f18r

Then there *must* be Nursing
 at a Hill Depot as an appendage
 Nynnee Tal:

always 70 or 80 men
 in Hospital -
 must not be too many
 as it is to be for a
 rest for the Sisters

Mussoorie: **{pencil:}** Landourie **{end}**

Kanee Khet

a new Hill Depot

f18v

6. absolutely impossible
that English trained Nurses
could have been useful or
taken at all in the Afghan
war.

They must have had their
tent, their means of carriage
&c &c. They would have
been impossible impediments

~~The~~ Medical Officers themselves
did not survive the march
back from Cabul to Peshawar

How could women have
done it?

-----It is
only where ~~the~~ say the
immediate base is ~~only~~ but
14 or 15 miles from the fighting
as e.g. Newcastle in the
Transvaal War
that women can be possible
as *War nurses*. {pencil:} Dr Blair Brown {end}

f19r

Nurses for India {red u/line} [5]

7. *If Nurses (women):* trained)
were sent out to *India*
you would *force the hands*
of the authorities, to *define*
nurses' work, & other people's
work {red u/line}

And that would be the
grandest thing you could do.

[end 10:784]

f21r

go on to 7 [6] This is an episode
para p. General - don't mind then. **{blue}**

8. The whole course of Medicine
is changed. Sanitary ideas &
Nursing have knocked out
the drugging.

Nursing **{red u/line}** is a new subject.

Now, could not the nation
say, in the case of the Army
Medical Dept, : 'we will
pay them for the *health* of
the Army'. (not for the
sickness of the Army:)

If you could make them
a model profession, the Civil
profession would follow. But
if the latter were to do this
now, it would starve. Suppose
a Doctor were called in to
colds & scarlet fever & &c &c
to children in a house he
attends. And he had said: you

f21v

must dress these children
warmly when they go out;
& he had seen the
drainage set to rights, &c &c
& seen to the food & exercise - why,
he would starve.

Army Med. Offrs. could be
put to do it & not starve.

It's wrong for the nation
- the whole basis of the
Medical profession.

I go away on leave & leave my
people to the care of a friend
When I came back, all my
people were taking physic.
I thought I was wrong in
not having done all this
tonicking. But those were old
days. Nursing & Sanitary ideas
have superseded all that.

f22r

The profession of Medicine,
like the profession of the Church,
is an establishment.

We are established to give
physic.

But let it be living by
the *health* of the race not
by ~~the~~ the sickness of the race.

There *is* a great improvement
in Army Doctors thro' the
new system.

The old Regimental Doctors
were all employed on
non-medical questions.
the Black Watch.
the mess.

Now they have nothing but

22v

Medical & Hospital
questions to think of &
to care for.
they have only their Patients
& Orderlies to care for

f23r

A. Med.1 Dept. [7]
9. To enable the P.M.O. to
exert a more frequent
supervision over the Hospitals,
he should have a Secretary
under him who would
conduct the routine
correspondence, compile statistics,
& free the P.M.O. of detail
work.

12 districts

This would cost 12 Secretaries
- would deprive the P.M.O.
of the rampart of 'States'.
States-making- [how different
from Statesmanship] is now
all his employment.

that's not professional.
The P.M.O., the authorities,
are not a living force
but a dead thing. It

f23v

ought to be like a good
Physician coming among
you. **{pencil:}** when the P.M.O. comes. **{end pencil}**

The Director Gen.l ought to
be more professional.

he should make a dash
down to York, to everywhere.

There should be an Inspector
to inspect the Inspectors
like the Inspector Gen.l of Artillery.

He **{pencil:}** the D.S. **{end}** should inspect the
Inspectors.

They never ask: Is the nursing
good?

The first question should be

Is the nursing good?

It was the first question
with Dr. Crawford in India
(the new D.S.)

f24r

- "menial"!!! A M.O. called
the Orderlies A.H.C. "menial"
in print. "Menial" indeed!!!
Why they are not gunners [?!]
they have to do with living
human beings, living ~~souls~~ &
bodies & souls.

Why all the M.O.s & A H.C.
ought to be dear brothers.
in identity of duty & of worth
- one Corps. the Serjeant
Major the superintending nurse

{written vertically up centre of page, in brown pencil: Sir L.L.}

The visit of an Inspector Gen.l
visiting all England & Scotland
& inspecting the Inspectors
would keep every one up
to the mark.

I want to go to a superior for good
professional advice in any difficulty,

- when I go to the P.M.O. for
professional advice, I find him
behind a rampart of states

T. Over)

f24v

We never hear any complaints
 about the purveying now.
 The Quarter Master is the Purveyor.
 Everything is done to the
 requisition of the Medical Officer.

[When the Purveying Dept. existed,
 it considered itself a separate
 Dept.: & the Purveyor would
 not come to the P.M.O. and
 the General could not interfere]

 (over from last page)

[Dr. E., Dr. B.B., all the Doctors.]

The P.M.O. knows *nothing* of what
 is going on. He stays down at
 P. Maritzburg, (Natal War) overlooking
 stores. He sees nothing: knows nothing
 Then the S. of S. for War sees him
 when he comes home. The P.M.O.
 tells him, ~~the~~ Mr. Childers,
 everything has been efficient &
 perfect - & very likely he thinks
 so - (he has seen nothing.) Only for

f25r [8]

the ladies who have been
 troublesome, he says, every
 thing would have been perfect.
 & perhaps honestly thinks so.
 The officers of the A.H.C.
 cannot bear the female
 nurses (the Sisters). because
 they manage to see that the
 milk & brandy for the
 Patients are not stolen -
 stolen aye by the officers
 themselves. And they, the
 ladies, the Sisters, go to the
 stores, & say: We know
 you have that. We *will*
 have that." And the officers
 are obliged to give it.
 Capt of A.H.C.=quartermaster now
 Lieut " =under quartermaster.
 never gentlemen
 don't like the Sisters
 who are a check upon them

f26r

[8]

10. *Soldiers*

An annual course of instruction in ambulance work might be given in Barracks to the soldiers. This would tend to interest men in nursing work & might induce volunteering to the Corps.

The St. John Ambulance Classes have done good work ~~in this way~~. And examining the classes has done more: I was sent for to examine the Plumstead Monitresses - 28 of them - I passed them all. On the structure of the body they know more than all the A.H.C. put together.

f26v

Sandhurst. I had to examine the Staff College there - they had learnt nothing - quite ignorant. But it's a great thing that these young officers in the staff College should *wish* to know anything about Ambulance work

Now the Medical Officers should give Ambulance classes to soldiers.

f27r

A. Med. Dept. [9]

11. The Army Med. Dept.
would like to be under the
War Office.

Every body is coming under
the War Office

The S. of S. represents
modern opinion instead of
professionalism.

Hiss carrying Sir G. Wolseley
as Assistant-Genl. shows this.

Military Officers are glad
when ordered on active service.
The Medical Officers grumble:
oh we've had enough of that:
- they have no promotion or
decoration to expect for good
Hospital Service in the field
or elsewhere.
The Military Officers have.

f28r

Summary of previous pages {blue}

Union } 1. A.M.D. & A.H.C. to be
of Corps} welded into one Army
Medical Corps

Serj. Major} 2. Instead of the Senior
to be Chief} Serjeant being employed
Wardmaster} as Store Keepers they
should be employed at
Nursing duties as Chief &
Under Wardmasters

Training:} 3. A definite course of
training in *Nursing* to be given
before the man is pronounced
qualified: training in Hospital

2nd Class} [Only 2000 men: no
men } selection possible]

A second class or junior
section of Hospital servants
needed: to be paid at the
same rate as ordinary private
soldiers & to be employed
as labourers, fatigue
men, watchmen
& Officers' servants. From this
class 1st class nurse Orderlies to be recruited

f28v

Into this class an inefficient man could be reduced before remission to an ordinary Regiment.

Older} 5. Whether it would
men } not be advisable to
allow men who are sent
to the Reserve to volunteer
for this service:

or even not to allow
men to volunteer under
25 years of age or--
years service with the
colours, with good
recommendations from
C.O.s.

Instruction for} 6. An annual
the Army in } course of instruction
ambulance work } might be given
in Barracks to the soldiers
This would tend to
interest men in
nursing work, & might induce
volunteering to the Corps.

f29r

[10]

7. Ay. Med Dept.

Secretary for} 7. To enable the
P.M.O. } P.M.O. to exert a
more frequent
supervision over the Hospls.
he should have a Secretary
under him who would
conduct the routine corresponde.,
compile statistics, & free
the P.M.O. of detail work.

8. 8. The visits of an
Inspector Gen.l visiting all
England & Scotland - &
inspecting the Inspectors
would keep every one
up to the mark.

Draft, ff31-34, pen

f31r

~~Dr. Blair Brown~~ May 23 1882
10, South Street,
Park Lane. W.

A.y Hospl. Corps: {blue u/line} Enlistment {pencil. red u/line}

I. There should be no *direct* enlistment. These men [15:537-38]
are all recruited in London.

they get boys out of Whitechapel.
out of the slums - too young.
17, 18. should not be admitted
till 25.

financial advantage to some
subordinates at Whitehall on
these *direct* enlistments. some
fee or bonus.

neither should there be
volunteers from Regiments.
C.O.s & Captains won't part
with their best men: if a
good man volunteers to the A.H.C.
they will move heaven & earth
to make him Orderly Room clerk

These men should ~~have~~ be
from the Reserve. they should
~~have~~ be *recommended* from the
Reserve. should have a clean

f31v

defaulter's sheet. A good character as many good conduct ~~marks~~ stripes as can be had.

Should be not less than 25 **{pencil:}** years of age **{end}**

They should have had their drill over in their Regiment. & several years' service besides.

You would get plenty from the Reserve, if direct enlistment were abolished & its appurtenances

These A.H.C. men have only 3 or 4 months drill & training at Aldershot. which is all gilt gingerbread. then they are dispersed all over the

world. **{pencil:}** in small detachments. **{end}** *A Regiment dispersed all over the world*

{pencil:} *in detachments.* **{end pencil}**

They are neither better nor worse than other soldiers would be under such circumstances

[N.B. their Officers are all ~~risen~~ risen from the ranks.]

But what is the discipline of a soldier?

f32r

He has as many months' drill as the A.H.C. man has training: but he is not then a soldier - it is 2 or 3 years before he is a real soldier.

Your men for the A.H.C. must be prepared before you by being such men as those **{pencil:}** - who have had as a rule their 5 or 6 or 7 years' Service in Regiments. **{end pencil}**

f32vII. *training* {red u/line}

The 4 months' at Aldershot
is purely useless.

The Stretcher drill. I've been
in all these campaigns & have
never seen any good of it.
If all the A. Hospl. Corps
were together, attached to a
great Army, & in constant
practice the Bearer companies.

{pencil:} might be worth something. {end pencil}

What *is* the use? {pencil:} of the Aldershot training? {end pencil}

A *well* man & a wounded
man are the direct opposites
- a dummy & a Patient
are the difference between
death & life. At Ulundi
an {pencil:} Aldershot nurse {end} Orderly put a tourniquet
on a wounded man, if I had
not taken it off, there would
have been gangrene in 10 minutes

f33rA.H.C. *training* {red u/line} [2]

I was at Aldershot. [I was
sent away for suggesting it
was not perfect] a well
man is labelled: 'tibia &
fibula broken'- well, what
the Orderly does for him
won't do for a real compound fracture
When he comes to deal with
a real compound fracture
it's another sort of thing.

He never sees a sick or
wounded man {pencil:} at Aldershot. {end pencil}

He bandages on a dummy
- & the General puts on his
spectacles & looks close -
& says: "beautiful!"

When there's real blood &
wounds, he's quite at sea.

Ask an Aldershot man
(you always know those that

f33v

came from Netley) the bones
of the orbit or any superficial
veneering knowledge, such
as Mamas like their
schoolboys to be asked,
because they know the
answers. & he will
answer you **{pencil:}** glib - **{end}**
but put him about the
sick man, & he knows
nothing.

They bandage **{pencil:}** like a picture **{end}** as I could not
do it myself. but ~~the~~ on
the real Patient it's so
tight that it will kill him
Aldershot has nothing but
the Patients of a remarkably
healthy Division -

Netley is the Invaliding
Establishment of the world
- India has a larger army than
all the rest put together

34r

[Convalescents mean = broken down men]
We have 1000 beds full now -
last ship this season just
come in (from Mediterranean)
but *all chronic* cases -

{pencil:} Nurses (female) learn only at
Netley Military practice -
what the soldier is -

they must have been trained
before in Civil Hospitals **{end pencil}**

[end 15:538]

Draft, ff35-41, pen

f35r

Netley

May 30 1882

[15:247-50]

Private {red u/line}~~Miss Stewart~~ {pencil:} VERY nice woman

10 years at K.C.H. St John's Home

unpaid Sister & private nursing

Leicester: very good practice for them

Night Sup.t at St. Bartholomew's

2 months before Miss Machin left till....{end pencil}

November till May at Netley. N.A.S. Probationers

Netley: {red u/line} 1. *That the Staff Sisters* arenot {pencil:} of a class {end} favourably to ~~impress~~ influence,

to train, or to raise Probationers:

especially gentlewomen:

nor to raise or give the
tone to orderlies - too much
on a level.2. That a previous Civil
training is essential. for neither
are there the cases nor the
discipline nor the organisation
for training at Netley -
nor ~~do~~ upon such cases as
there are do the Sisters get the
practice or perform the
duties which are their first
duties in Civil Hospitals.For in the first place
the Staff Sister never gives the bed-pan

f35v

(the Orderly does that) -
tho' she is supposed to do so, she
never sees the motions.

{pencil:} consequently cannot report or observe them for the Doctors. **{end
pencil}**

then, almost the first element
in Nursing duty is wanting.

[And how are they **{pencil:}** the Probrs. **{end}** to be trained
in the most important part
of observation of the sick.

viz. the observing stools & urine?]

Sister does not measure nor
test the Urine:

She does not superintend or
do anything in Lavatory:
that is all orderlies' business.

She does not make the beds.
never touches the beds

Staff Sister goes round with
the Doctors

all stimulants} given by her
all medicines }

Hypodermic injections given by her
does all cooking for bedridden
Patients

f36r

Staff Sister does all the dressings
such as they are
not Perineal sections
no Hernia
attends at operations, {pencil:} such as they are {end}
- Wardmaster nothing to do
with the nursing
If orderlies misbehave
Sister speaks to orderly first,
then to Wardmaster
in last resort to Surgeon Major
Wardmasters an excellent set
of men: old soldiers

May, June, July the busy months
at Netley. last ships come
in in May
time expired men give us
excellent cases - but they
are now to be kept at Portsmouth.
November till May this last
year has been a good time at
Netley. we had the cases after
the war: secondary amputations: excisions: refections
gunshot wounds.

f36v

Patient unconscious who
passed everything in his bed
left for hours in his dirt
without being changed
without drawsheet or Mackintosh
Could not give either without
Doctor. Sister did not see
to it.

Very good footing of Sisters
& Doctors. Sisters dependent
on Doctors

Mrs. Deeble cannot change
Sisters without Doctors -
that is a pity (?)

f37r

Most Privat [2]

5 Divisions at Netley.

Division B not always occupied

8 Wards to each Division:

[3 Sisters instead of 2 there
should be to each 2 Divisions].

Surgical

2 Sisters Gray:
oldest: (the one
who was not at
Newcastle with the
Sick Officers).
not of a class
to train & influence
properly

Medical

- Macmahon very objectionable
- Edith King
Stafford House nurse
neither of a class
to train & influence
properly. rough -
laughing with orderlies
- making favourites

Orderlies pretty good

not always

but always willing to be taught

& always respectful with me

Wardmasters always good.

have heard an Orderly say: I
don't want no Sisters - not in
scullery till 6 o'clock - won't move
for them.

f37v

Mrs Deeble not once a week in Wards - but she asks to be told anything wrong that goes on. & she does manage to put her finger on the wrong thing when she does go. She promised to rectify the Sisters never seeing the motions Staff Sisters & Probationers never see her. she takes no meal with them.

[She sees the P.M.O., I suppose, & her sons & daughter give her a great deal to do.]

A Home Sister is wanted above all things:
no Classes given neither by Home Sister nor by Mrs. Deeble
Prof. Longmore the only one who gives Bandaging classes
Bandaging was done on dummies, one one another & a little in Wards.

f38r

MERE PLAY the Sister's work compared to any Civil Hospital Sister
{pencil:} never in Wards in the afternoon **{end pencil}**

Probrs. should have another sitting-room
should not take their meals with Staff Sisters
need a Home Sisters so much

Miss Gerards: 2 neither of them any training -
one is Home Sister
one Officer's nurse.
(one was Mrs. Deeble's child's governess)

f38v

Sisters don't train properly
 in Wards
 They don't teach -
 measure's & giving of
 medicines taught by no one.
 M Probr. (Wallis) gave a wrong
 medicine. under a bad
 Staff Sister but she **{pencil:}** the Sister **{end}** is dismissed

[In the last 10 years, Nursing
 has taken the place of
 physic. Typhus case in K.C.H.
 left to the Sister to pull him
 thro' with stimulants. Dr. Johnson
 said to the students: we have
 not the credit of this case -
 it is all due to the nursing
 Wife came to see him -
 took it & died

one Typhus }
 Typhoids }
 measles } in that Ward
 Erysipelas } K.C.H.
 Scarlet Fever}

f39r

Netley [3]

Probationers see very well
that it is not answering
those printed questions
that will make them nurses
They say themselves: doing
is a different thing from
describing.

Quite useless at operations
tho they had answered well
the operations questions.
when she was asked for
something her head was
turned the wrong way -
questioned about cases
(which were not at Netley)
they would not know the
case when they saw it
- they know this.

they saw that answering questions
did not teach them to know
cases, to do dressings, to make
beds &c &c - did not teach
them to do what was not there
to do - to observe what was not there
to observe - did not teach them to know & to do

f39v

Abscess of Liver
 Scirrhus "
 (hot climate diseases
 fits
 Psoas abscess

Pneumonia
 Bronchitis

Medical cases at Netley

 Military routine is what you
 learn at Netley
 play compared with Civil Hospls.
 At night there is sometimes not
 one case that wants anything
 - all asleep.

2. Night Sisters - **{pencil:}** alternate months **{end}**
 one for the whole Hospital
 8 p.m. to 12
 one 12 " 8 am
 they do nothing during the rest of
 the 24 hours - walk out.
 They ~~are~~ their night duty supposed to be to do any bad
 case - but if there were bad cases they would
 have no time to do them in that great place

f40r

Sister King does the good
 cases herself - does not
 take the Probationers with her,
 unless one is a favourite.
 - not of a character to raise
 the tone - not enough above the Orderly
 - rough.
 would make favourites among Orderlies
 in Transvaal War.

 M Netley: very severe secondary Syphilitic
 cases.
 What they call Venereal cases
 sisters don't attend.

f40v

There can be no real training
in a Military Hospital.

Doctors at Netley come up to
London Hospls. to brush up
their Surgery. Tobin, Longmore,
all come.

Netley is antiquated. Candidates
from St. T.'s, St. B.'s, K.C.H.
want to introduce the new remedies

Mrs. D. a good nurse. but
she does not know what strides
nursing has made in the last
10 years. In ten years Nursing
has taken the place of Physic.

~~K.C.H typhus case - left for 2 days to the
Sister. pulled thro' by stimulants.
Dr. Johnson to his students. 'Gentlemen
we can't have the credit of this.~~

A propos of what was said in
the Ho. of C. by Sir R.L. Lindsay & Mr.
Childers against the Sisters (Brit. Med.
Journal) Doctors said to
Mrs. Deeble. "oh we don't want H.M.'s
nursing service: we can get nurses
from Civil Hospitals in time of war."

f41r

[4]

Then why be afraid of Civil
Hospital training?

What can be done with these
N.A.S. women after their 2
years' service? that's what
I want to know. Civil
Hospitals would not have
them. They are not accustomed
to do the first things required
from Civil Hospl. Sisters.
They have never seen the
cases which fill the Civil
Hospls. What is to become
of them? No Civil Hospl.
would take them. Whereas,
if they had had previous
Civil Hospl. training, they
would find places afterwards
in Civil Hospls. **{pencil:}** (when they have
done their Service in the Military **{end pencil}**)

f41v

The new (N.A.S.) Sup.t for
Chatham who has herself
had nearly 13 years'
training & experience in
Civil Hospitals (London)
& who only received 6 months
training at Netley: 3 would
have been enough. will
~~have~~ find everything to do in
training the 3 (so called)
Netley-trained ladies under her,
who have had none but the
year's Netley training,- at ~~Netley~~ Chatham
and how train ~~them~~ nurses on such
cases as they have at Chatham?

Chatham: 200 beds: hardly any
bed-ridden cases. Dr. Fox, M.O.
says none that need
nursing. Good man.
Portsmouth: declines the N.A.S.
nurse. needs them very much

f42r

[4]

Netley - so bad as a Hospital
draughty - all glass.
~~no~~ bad ventilation
agony of *cold* at night for
dysentery & pneumonia in winter
- & then so *close*. Dysentery
wards - offensive - *when* all
the windows must be *closed*
at night.
no ventilation & all draughts.
beautiful as a Convalescent
Home in summer. men
convalesce so fast.

[end 15:250]

4 Divisions: & Division B **X** not
always open
1 Sister}
8 Wards } to each Division
2 Supernumeraries 3 - 6 p.m.
should be 3 Sisters to each Division

X Miss Cannell has it now - the N.A.S.
Probr. who is to head the next batch
to a Mil. Hosp. Only 4 Probrs. to be admitted
this year.

Letter, ff43-44, pen

f43r

General Drury Lowe: June 8 1882
 Enquiry into A.H. Corps} 10, South Street, [15:883]
 § in Natal.} Park Lane. W.

[Epps: to give his Evidence]

All must depend upon
 "whether a Report has been
 "received from the Gen.l Officer
 Commandg. in S. Africa of
 ill-treatment of Patients in
 the Hospitals in the Natal
 "Command:"

Gen.l Lowe may be quoted
 as "vouching for complaints
 "having been made by
 "Patients during the time
 "he was in S. Africa.
 "& that they were brought
 "to the knowledge of the
 "Genl. Off. Commandg."

f43v

May to October 1881
 Gen.l Lowe in command at Newcastle
 M.O.'s always among their Patients
 then.

Patients always said: if
 it had not been for Sister,
 I should never have lived to
 come out of Hospital.

this was universal,
 it shows how they were
 neglected by Orderlies.

f44r

In all Hospitals
 the discipline should be
 settled by the Officer of the
 day of the week
 = visiting Military Officer
 appointed by roster

what drill is wanted in
 Hospital life?
 It should all have given
 before.

[end]

Draft, or notes? ff45-55, pen

f45r

Dr Blair Brown June 19 1882
 Most 10, South Street,
 Private Park Lane. W.
 N.y perfect hot bed of clique-ism

[15:885]

Newcastle. Miss Williams, trained
 Nurse from P. Maritzburg, &
 Mrs. Hawthorn came up:
 ask them what it was
 when they came up - you
 could smell the pus across
 the park.

Dr. Stokes - succeeded by
{pencil:} Scott: (Newcastle)

Dr. B.B. **{end}**

Dr. Crawford must summon
 Dr. Blair Brown to give
 evidence. but if he did he
 would ask beforehand what
 evidence he wd. give. And he &
 the Duke would forbid it.

[end]

 Dobson: Curator of Museum: Netley
 Private Secy. to Sir W. Muir & then
 Dr. Crawford in India
 No one goes to the Museum: Dobson

f45v

stuffs & writes upon bats &
 hedgehogs - wants to be a
 Civil Museum Curator
 at £1000 a year.
 little dyspeptic man:
 Museum no use at Netley.
 mischief making

Jobson: Surg.l Registrar
 good fellow.

"glad you've come: we've heard
 no more of that letter Dr. Stokes since
 you came"

Longmore converted now

Gangrene at Mt Prospect
 Smell the pus all the way across the
 park at Fort Amiel Newcastle

f46r

A.H.C. as ignorant as ignorant
 could be: Aldershot Orderlies
 they know nothing: can do nothing -
 when there was any Nursing & or
 dressing to be done, the Medical
 Officers were the Nurses & dressers
 - the system is for the men
 to be nursing fever cases -
 & tomorrow scrubbing the door-step
 - they should be marked as Nurses

{pencil} commutation of Hospl. free ration {end}

The Orderly A.H.C. gets 6d a day
 more than the ordinary Light
 Soldier **X** -
 after a year's successful probation in Wards
 to get a mark on his arm as
 a good nurse - never
 to be promoted
 to be N.C.O.
 without
 this

and 6d a day extra
 This would make him go in
 for it & learn it.
 then up to 4d a day extra.

X i.e. 4d a day for buglers
 6d " " orderlies
 Dr. S. Moore

f46v

There *is* extra pay (office pay) for *keeping returns* - but nothing at all given for a good Orderly being a good Nurse.

fatigue men **{red u/line}** in Hospitals should be short sighted men
old fractured limbs
detached from Regiments
(*not A.H.C.* **{red u/line}** men)

Yes - it would be a splendid backbone to have the N.C. Offrs. (1 in 3) all serving for pension.

The Nursing qualities should be *paramount* in those men to be raised to be *N.C.O.s*: & these to be *N.C.O.s in Wards*.

Now it is the inferior men who are in Wards

f47r

[2]

N.C.O should never be promoted
as such in the A.H.C.
unless he has gone thro' the
probation of actual nursing.

Dr. W.A. Mackinnon (from Malta.
laughs at this mockery of
Military ism

if you get his assistance
you can do anything

{pencil:} sun

[15:538]

on the

horizon {end pencil}

They have stopped the bayonet exercise
at Aldershot. {pencil:}for the A.H.C

[Moffitt]

Dr. Moffat (P.M.O. to Chinese Gordon in China at Netley originated
[Went to India

the training of orderlies. [died at Southampton
one hour a day in the afternoon. [on his way back
teaching splints, names of instruments.
he found it was not satisfactory.

Aldershot Orderlies as ignorant
as ignorant could be. {end pencil}

[end]

f47v

We A.M.D. officers should
like 3 months every 2 years
to study in Civil Hospitals
- you see practice in Civil Hospls.
that can't be seen at any
Station in the Service

f48r, pencil

Dr. B.B.

Zulu War. Dec '78 to Dec '79.

Helpmakaar. typhoid.
exonerated

Ulundi

left Newcastle in July 1881

P. Maritzburg}

& Durban } Dec. 1881

Dr. Sandford Moore Ashanti War

9 years ago

under Sir Anthony Horne

who has succeeded Dr. Crawford in

India

Manual of Instructions for N.C.O.s

& men. A.H.C.

Dr. Moffit's

revised by Dr. Sandford Moore **{end pencil}**

f48v

You see there's a pope
at the A.M.D.

A.H.C. **{pencil:}** Aldershot training **{end}**
shoved thro' the whole course at
Aldershot
in less than a month
even a fortnight
it's just changing their clothes.
{pencil:} it's just for the *name* of training
when there's a scare
You remember the Eastern scare

when there's the full course
then there's 1 mo. Stretcher Drill
 2 " in Wards

{written vertically}

Chatham
Dover
Shorncliff
Colchester
Aldershot
Portsmouth

might do
for Hospls.
for year's
probation
of Orderlies. **{end pencil}**

f49r

A.H.C. {red u/line} [3]

III. *promotion & organization* {red u/line}

- the *medical* must be kept
paramount & separate from
the Store Keeping element.

The A.H.C. must be divided
into 3 lots:

the Clerk. ing lot

the Nurse. ing "

the Assistant-Nursing
or scrubbing

At present there is no
encouragement at all to a
good nurse. except that
he is put on night & day to
every bad case - while the
idle bad fellow sits & smokes.

The promotion must be IN
the Wards - to take care of the
sick - not to be a P.M.O's clerk,
or to take care of meat or blankets
or to make 'States'.

It is the same with the A. Med.
Dep. as with the A.H.C.

f49v

The former is promoted out of the Surgical to the Clerical the P.M.O. is only a State-maker - promoted to the *quill* there's Mackinnon, a true Surgeon, he's promoted to be Head of the Medical branch, of Medical stores.

The A.H.C. man - if he can write, knows the first four rules of arithmetic, he is promoted to be P.M.O.'s clerk - he leaves the sick for whom he is there. The A.H.C. are not attendants on the sick at all.

I made a boy of 18, a Serjeant: **{pencil:}** I passed him - **{end}** because he was the son of a Serjt. Major & could read & write- without any preliminary service at all & there he is Serjt. at Dover over the Western Heights. Yes, he has something to do with the sick: but he knows nothing about them.

f50r

The A.H.C. is twice too many already,
instead of being too few.

It has a lot of quill-men
who should be in the Army
Service **{blue u/line}** Corps, & not under
the A. Med.l Officers at all.

They should all be enlisted & begin, the
three proposed lots, at the
same pay as the Nurse-
-Orderly has now.

then those for storekeepers,
Commissariat clerks, butchers, bakers, for the clerking
lot, should be selected &
drafted off to the Army Service **{blue u/line}**
Corps, & not be under the
Doctors at all.

I can't look after them -
- I must mind my Patients,
- I can't be distracted with
keeping & writing & Checking &
States & Returns & Inventories
{pencil:} all non-professional {end}

{written vertically up right side of page:}
but is not this taking Purveying again from under the Doctors?
{blue}

f50v

Then those selected for the Wards, the Nurse-Orderlies, & who are to be constantly recruited from the Nurse-Assistant **{blue u/line}** Orderlies, are to begin on the same pay as now. After 6 months' good & efficient conduct in the Ward, carefully taught & supervised by the M.O. & N.C.O.s, they should have 1d a day extra pay - after another 6 months' another 1d - up to 4d a day extra - & after 2 years a 'staff of Aesculapius on their sleeves - as a good marksman in a Regiment has a 'crossed swords'. Then all promotions of *good* men to be made out of there to be Wardmasters **{pencil:}** Superintending nurses **{end}** of the *sick* **{blue un/line}**

f51r

A.H.C. promotion **{red u/line}** [4]
 - Serjeants in the *Wards*.
 [Staff Serjeants who are compounders, should be promoted out of these, after having passed their Examn. for Compounding.]
 The Assistant Nurse Orderlies should be the scrubbers & cleaners - but those men who show aptitude for Nursing (& some are born nurses as some women, only some, are born nurses) are to be constantly promoted into the Nurse Orderlies lot.

f53r

A.H. Corps: 6 defects {blue, with underline}

V. If wine or brandy is ordered

[15:888-89]

for a Patient, the A.H. Corps

always takes a part:

the Commandg. Officers the same.

The milk is stolen bodily.

Drink & pilfering from the Patients are

the whole order of the day

- the occupation, the life of

the A.H.C. (Commandg. Officers

& all)

But it would be just the

same with any other

Regiment under the same

circumstances as the A.H.C.

- Whitechapel boys of 17 -

with 4 months' training -

in small detachments all

over the world.

The D.G. does not know -

he does not see - he is in his

f53v

office at Whitehall -

he never asks - how is the

nursing?

But the Transvaal War

was a baby, a walk over the

course, compared with the

Zulu War.

We could not get a drop of

milk. There were no stores

- not even arrowroot - for the

Patients.

I had Typhoid Fever myself.

in a tent. A Commissariat

Officer (I kept crying out

for water) who was slightly

wounded in the same tent

went out at night at great

risk to himself & brought

in a bottle of milk for me

& another sick officer. We

had each a sip - And then

before morning the Orderly

drank it.

f54r

[I could not have undertaken the operations I did at Newcastle with the A.H. Corps. Certainly not. I could not have done them without a good Sister. & one who had been trained at a first-class Civil Hospital before she went to Netley. Certainly not. Sister Gray was my Operation Sister]

I was taken down on the top of an open cart to a Colonist's house 100 miles from Helpmakaar in torrents of rain who took me in & nursed me.

It was in the Zulu War that the A.H.C. used to risk the Patients' lives with their tourniquets & their bandages if the M.O. were not by to rescue them.

f54v

They are always drunk these boys of 17 - What else could they be? They have had no discipline - they are supervised by no one - unless there are ~~fem~~ Sisters - their N.C. Officers, themselves under 20, are not in the Wards - they are doing something else - & are as bad as the rest. What would you have?

Their Officers are not Gentlemen. There is no pride in the work - no esprit de corps. And they are dispersed, raw & untrained, in detachment, all over the world.

f55r

[7]

MOST PRIVATE

If we were to give our views of Nursing, either of the A.H. Corps, or of Sisters', so that it should reach either the Netley authorities or the Director Gen.l, we should be removed directly, probably ordered to a small detachment in Ireland. E.G. I have written a paper on Typhoid for the Alexander prize. You know what an element Nursing constitutes in Typhoid.

I have not so much as touched upon it. I dare not. If I did, no hopes of the prize - but I should be ordered away - instead of having a

f55v

first-rate post ~~in~~ at home to train others.

E.g. again I have written Surgical notes (on my campaigns) And had made arrangements with the Lancet to publish them. I dare not. it would tread on somebody's toes.

[end 15:889]

Draft, ff57-62, pen

f57r

Dr. Sandford Moore: June 20 1882
10, South Street
Park Lane. W.

Order sent down to Aldershot
by D.G. years ago M.O.s to
give clinical instruction on
treatment of case to A.H.C.
But - it fell into abeyance.

Wardmaster ought to be the
Senior Officer - not the Store-
Keeper or Steward.

But the Steward is made
the Superior Officer for the sake
of the pickings:

the pilfering from the Hospital
stores is a thing of course -
that's what he is there for -
- he takes bribes from the
Commissariat. does not
report bad milk -
half the number of blankets
sometimes not found

f57v

The waggon was upset.
or the rats have been in the stores
there is no one to check
them.

the Capts. of Orderlies
promoted from the ranks
- they don't become Gentlemen
with changing their buttons.

The Wardmaster ought to be the
Superior Officer -
but now it's the P.M.O.'s clerk
who is recommended for promotion
- not the Wardmaster.

f58r*A.H.C. enlistment*

Direct enlistment is done
 away with
 (man is gone. who made £150
 a year]
 a Serj.t could be made for £5.
 [he had not to pass thro' any
 probation in the Wards or any
 probation at all]
 now in the hands of a M.O.,
 a Dr. Clark.

This is a great thing -
 But I should like to see
 Volunteers of one or two
 years' good service -
 not below 21 - but not above
 21

The Class A. reserve man,
 at 24 or at 25 - is too much
 of a machine. he will only
 do just what he is told.
 he would give the medicines
 at 10, at 12 at 2, but would

f58v

not go on giving them every 2
 hours - his hands are stiff.

The common soldier has 1/2 a day
 - the A.H.C. man has **X** 6d a day
 4d a day
 above this

{pencil} X Yes: but only as a commutation
 of his Hospital free ration **{end pencil}**

A.H.C.
 training

4 months at Aldershot
 viz. 2 " bearer & stretcher drill
 tents. &c &c

Instructor gives his whole time
 [Dr Bradford - present Instructor
 at Aldershot]

2 months in Wards -
 learns routine of Wards
 no bedridden cases
 no Clinical teaching from

M.O.s

f59r

[2]

Dr. Crawford all for *concurrent*
~~instruction~~ training: wards & instruction
I tried it - men so sleepy
in afternoon after dinner
- no good.

We tried it at Netley - Dr. Moffit
& I - no good.

class of 60 - very stupid
men among them -

As the chain is no stronger than
its weakest link, so the class
= stupidest.

Dr. Crawford wants to find
scapegoat at Aldershot.

Will make non-concurrent
training the scapegoat

f59v

3

promotion & organization

2 drunks should ensure
dismissal

In Life Guards Colonel can
dismiss for 2 drunks. **{pencil.}** & Sir R.L.L **{end}**

[But you could not do this
abroad - in Natal.

therefore it is the more incumbent
to sift them before they go.

These are a skilled Corps]

f60r

Don't put the store keeping
& feeding branch of the A.H.C.
- the feeding is a part of the
cure -

into ~~under~~ the Army Service
Corps under the Commissariat
the P.M.O. } should see after
or the M.O. }
the blankets if there are ordered
200 blankets, he should count
them - else not 100 will
be there. his Patients will
die of cold & bad food.
it will not take him an
hour a day.

[Perhaps it is the difference
between peace & war.]
~~There is~~ "villainously imposed upon"
- see what men who complain
of too much work, want only
"professional work,"
are at home.

f60v

// I used to tell the A.H.C.
men the importance of their
work: try to rouse them to
their position
// Yes: the unification has made
us more professional

// tourniquet fallen into disrepute
- slips off - haemorrhage goes on -
- arm blown off - you must keep
your finger on the artery.
- I was in Franco-German War
- Germans don't use tourniquet
- don't trust it

f61r

Training: A.H.C. [3]

Nurses at Netley - too fond of
doing things themselves - do
too much themselves.
leave all to Orderlies to do
that they don't like to do themselves
Orderlies not trained by Sisters
at all

That is why, they A.H.C. School
was moved from Netley to
Aldershot. ~~But~~

But I should like to see
Sisters who would train the
Orderlies at Aldershot.

{pencil}

just been to China - no Doctors.
no Hospl.s: some trained by
our men **{end pencil}**

f61v

Promotion: A.H.C.

If you promote simply in Wards,
what is to be the final promotion?

These men will look to final
promotion.

Is it not to be out of the
Wards? **{pencil:}** If not **{end}**

Then they can't reach the last
step

f62r

Captains of Orderlies still
look to be restored to their
position: keep appealing to the Duke
beset the C. in C.

that is what this second enquiry
is to be for:

many have chosen less pay
& keeping their rank,

hoping for this.

their name was changed to
Quarter masters with
more pay.

f62v, pencil

Sir Anthony Horne always to
the front. Ashantee War.
German P.M.O. always with the
General
not so P.M.O - P. Maritzburg.

Dr. Blair Brown: Hardy - moved
him 30 miles in a cart - died
in my arms: Dysentery -
got Stafford Ho: stores for him
after Ulundi
Dr. Blair Brown. Why I was in
the Square at Ulundi - the
men dropt at our feet. such
a row was made about a few
men being carried
on stretchers by the A.H.C. in
Secocoeni's country. Stretcher Drill so
valuable. Which was the greater feat?

Draft, ff63-80, pen

f63r

Dr. Evatt Oct 30/82
5 to 10 p.m.

Our interest is not to hush up:
- not to deny ~~any~~ every thing.

I only hope that Dr. Hanbury
will not deny every thing.
Let him say: this is what
was wanting: this is what
we want. England will
give it. England wants the
Hospital to be the home of
the sick soldier. She wants it
not to be a prison cells but a home
You have the ball of progress
at your feet. you have only
to kick it. The wave is coming
in: You have only to come in
on the wave.

3 months hence it will be
all forgotten. **{pencil:}** all de fervescence **{end pencil}**

The Commission should last all
the winter: nothing bad can
happen in war for the next year.
If it is hurried now it will be all over

f63v

They must wait to take Dr.
Hanbury's evidence: & I only
hope he will say all the
failures & all the wants.
not hush up anything. not
shut the gates. as they did
at the Herbert. When some
thing went wrong with the
wounded coming in: & the
P.M.O. said: shut the gates.

Lady: Typhoids could not
have meat or grapes.

Let the public in but explain

The Herbert has a surgeon
in charge who does everything
- the young men go to London
at one. he does not keep
them: he has no Secretary,
no Medical Assistant to take
the States, the Returns off his
hands: the Hospl. is denuded
of Doctors: he can't be everywhere.
Then the Lady comes & writes to the
newspapers.

f64r, pencil

Doctors much depressed by the
way Med. Dept. in Egypt has
been talked of as a failure.

Don't let them deny everything. {end pencil}

f65r

[2]

~~2. We want a Field Hospital
at Aldershot to train us:~~

{pencil:}2. A.H.C. See 4 **{end pencil}**

Serj.t Major = Quarter Master Serj.t

this should not be. Temptation
to peculate with stores enormous.

Serj.t Major should be head of
the *nursing*: the Q.M. Serj.t for
the stores. Then there would
be two men who must unite
to steal. And two are as good
as 1000 to prevent of to
quarrel over the taking of booty.

There should be a Sub. Dept.
clerical - separate from the
Nursing

England wants the men to be
nursed

You have the ball at your
feet: and you won't kick
it.

f65v

Outcome of Aldershot is *not*

NURSING:

you never see a sick man
it is all lecturing & drilling
Outcome is: the spirit of discipline
The tradition of Netley is Nursing

then let the Depot of the
Army Hospl. Corps be there.
but a field Hospital &
bearer company to be kept up
for training at Aldershot
A.H.C. & Medical Officers
who have never seen their
field Hospl. equipment when
they go to war, don't know
what it is nor what they've
got: don't know one of
the men they've got with them.

f66r

At Aldershot you can't say there's no esprit de corps - it's 100 degrees below zero.

no mess till they got it with their own money.

Medical Officers living in public houses at Aldershot. actually these men who are many of them refined young gentlemen whom you want to be refined gentlemen for the sake of the sick man are living at the bar.

Dr. Greer, the young fellow who got the Albert medal for sucking a Diphtheria child ? at Malta actually had to go to the Canteen to buy a loaf like a private soldier.

You want the Medical Officers to be proud of their Corps.

They must have a place to see their friends in.

f66v

Esprit de corps means a good dinner. ~~You can~~

Man must eat. & you can't have esprit de corps without food. good food.

Dr. Sandford Moore did a great deal for Aldershot.

Library: Herbert Hospl. disused: not known. now forms a nucleus & a reading room & a billiard room But W.O. did not do this.

Now Circular medical subjects to be discussed once a month.

{pencil:} But only 7 or 8 Doctors left at Woolwich **{end}**

This might be made into a Medical nucleus - professional esprit de corps.

Young men - Woolwich Doctors - go up to London - their Club in London is their esprit de corps - you can't

{pencil:} catch a Doctor at Woolwich except between 10 & 11. a.m. **{end}**

f67r

[3]

3. There is no discipline in the Army

Med. Dep:

10 years of non-union &
no mess.

Now discipline in A.M.D
means devotion to sick man:

In the Regimental days there
was discipline Regimental of
course among the Doctors

That has been taken away. We
are now a *corps*.

And there is no discipline, no
esprit de corps, in the new
Corps which is not a Corps.

The men if you were to ask
them had *rather* be let alone
& let go up to London to their
Club which is their only
Corps than be a real
professional Corps with
professional interests &
mess & all that.

If the S. of S. for War had given

f67v

{pencil:} grant of mess-money to all
Stations ~~is~~ with M.O.s enough. **{end pencil}**

but they give us pay & coals,
more pay than we want,
we did not ask for it,
{pencil:} [I had £40 a year added]
instead of grants for mess.
instead of discipline
instead of professional esprit
de corps
Royal
motto
badge **{end pencil}**

& no examination

{pencil:} no professional examination
Everything is done to destroy the
professional esprit de corps
- running up to their Clubs in town **{end pencil}**
they make us Captains on entrance
with high pay - & they abolish
the Exam. to become Majors.
Why even the Capt. in the army
must undergo an Exam: to become a
Major.

f68r

~~The ball is at our feet. and
we won't kick it.~~

{pencil:} To put us back **{end}** to the old Regimental
system won't provide for the
field & base Hospitals. The nicest
Young fellows will go **{pencil:}** volunteer each to their
Regt.s.

{pencil:}

the Army Med.1 Dept. &
the Army Hospital Corps
are two not one.
different uniform
those are not our fellows.
as in the Engineers
& Artillery **{end pencil}**

f70v

ground which is worth
millions of St. Bartholomew's
& have the Hospital in the
country with a College
for students. But at all
events] you want
esprit de corps in your
Medical Dept.. And you go
the way to destroy it if you
had any which you have not.
When I was made Surgeon Major,
I got £40 more a year - & a
large allowance for coals -
which I did not ask for &
did not want. How much
better to have commuted that
into Mess allowances.

The mess is like the refectory
in the old monastery.

[You have much to copy from
the Church of Rome].

In old days the spiritual method
Now you must have the military method

f71r

You have the coals allowance
 & no mess
 But men don't live by coals alone
 You want the Doctors to be
 the priests of humanity.
 Human life will dignify us.
 You want Doctors to see the
 dignity & value of human life.
 You want the Hospital to be
 not the murder-house but the
 home of the sick man.

There was no mess at Woolwich
 till they made one themselves.
 make us Royal &
 make us efficient

{pencil:} This Commee. will give us
 transport & perhaps more
 coals. But they won't
 make us men & gentlemen
 & Doctors. [over to p. 6 pencil

f71v

They trust us with human
 life but not with money.
 the Doctor can't spend half a
 crown. (see Dr. Pennington
 at Ismailia)
 Until the agricultural labourer
 (from whose class the private
 soldier is drawn) gets the franchise
 the Army Med: Dep. won't get
 what it wants.
 But England means the
 soldier to be nurses.
 Now is the time to come
 in on the wave.
 The theory is I believe for
 the Red Cross to have a
 Civilian paymaster. He ought
 to be a chosen Army Medical
 Officer: & the M.O. ought to be
 made capable of it.

f72r

[5a]

IV. *Female nurses.*

*Military female Nurses must have
had a previous Civil Hospital training.*

*You might as well say that
Army Medical Officers should
have no Medical education*

*but what they get at Netley
as think you can train*

*Nurses at Netley without
previous Civil Hospl. education*

Netley can only teach us,

Netley can only teach them

Military ways & regulations -

what the soldier is. {red u/line}

*[Sister Gray & her sister trained
at Liverpool.]*

No nurse is worth anything who

has only been trained at Netley {red u/line}

f74r

[6]

We used to be the pets of the Regiment. You brought in Sanitary work: we were to be Sanitary Officers - to do work disagreeable to the C.O. & altered all that.

How is it that the Medical Officer of Health is obliged to propose nothing disagreeable to the Guardians - the land-owners don't want to build new dwellings &c &c.

You may guess what it is in the Army.

{pencil:} They say to us:
You shall come in as Captains. You shall have no professional examination - neither when

f74v, pencil
you take a step - (tho' all the Army ~~does~~ has examinations)
you shall be highly paid
(no branch in the Army so highly paid)
You shall have your coals allowance raise
Yes you shall go up to town every day if you like to your Club.
but you shan't have any esprit de corps - any bond of union among yourselves.
any pride in your profession
any care for your men
who shall wear a different uniform from you.
any title, any motto, any badge
you shall not be Royal.

f75r, pencil

You shall have no
decorations, the Queen
shall take no notice of you.
you shall not be mentioned
in votes of thanks - nor
in despatches - not even
when you are killed in
the field

-----There is
no link between
the Medical Officer & his
men.

*he speaks badly of his
men.*

a sure sign
they are not our fellows
over to Boycotting **{end pencil}**

f75v

It makes me mad to hear
the Gen.l go round the Hospl.s
& if the beds are all to live
& rule put in his Order of
the day that "there was
the most perfect order"-
when not a drop of beef tea
was to be had. & no
nursing at all at night.

Medical Officer is
Boycotted {at mess if
{he is Hon. member of
{Regimental mess

The

We want to be a Royal
Corps - we still ask to be
made Royal - & they give
us coals - (we have to go to
the canteen & buy a loaf)
There is an annual grant
of money £25 in support
of its mess from W.O. to
every Corps.

f76r

[7]

We have none **{red u/line}**

there are but 10 (12) or 12 (15) Stations
where there are M.O.'s enough
to make a mess - Woolwich, Aldershot, Dublin & it would
not ruin the W.O. to make
a grant to these.

Govt. ~~runs~~ rams money
down our throats - it is
not that which makes a
corps.

Common experience discussed
{pencil:} that makes a corps -
(we bring information,
professional experience
from all parts of the world)
~~that~~ badge or motto,
to be a Royal Corps,
to live up to that standard
(you can't live up to the
Standard of coals)

f76v, pencil

Men ask to be made a
Prince of Wales' Regt. (India
a Princess of Wales' Regt. (Leeds

We can't go to Buckingham
Palace & ask to be made
a Royal Corps. **{end pencil}**

f77r

A.H.C. [68]

The Engineers have their centre
at Brompton (Chatham
The Artillery at Woolwich.
Let the A. Hospl. Corps have
their centre at Netley
where is the nursing tradition
- their Field Hospl. at Aldershot

25 field Hospitals

to a Corps

30000 men

(1 to every 1200)

8 field Hospl.s

2 Bearer companies

{pencil:} allowance to Exped.y force
to Egypt {end pencil}

f78v

No pioneers to the A. Hospl. Corps
At Ismailia the ground was so
soiled that Miss Caulfield could
not pitch her tent.

It is the first fortnight that
kills every body.

Clothes won't be washed.
Unless England gives us men.

At Woolwich (landing of wounded)
things went wrong.

close the Arsenal gates & let
no one see. was the order.

I said open the Arsenal gates
& let every one see - [For every
one was talking about it.

"no new patent {FN's spelling} stretchers" that is
with less to set it down upon]

Why could they not explain in
Herbert Hospl. that Typhoid cases
must not have grapes & meat,

instead of staving off Visitors, & letting
that Lady write her sensational letter to Times.

f79r

[9]

Give the Hospl. Orderlies a
free Hospital ration. **{brown u/line}** They used
to have it: a free Hospl. ration
with butter & milk. Now
they have a Barrack ration
{pencil:} & 6d a day. The 6d a day
is not extra over the common
soldier. It is a commutation
of the Hospital ration.

Sir W. Muir did that 6 years
ago.

But they suffer nothing by it
They steal the Patients' diets.
They *must* steal them. **{end pencil}**

f80v, pencil

Seriously interferes with recruiting
that the sick man is not cared for
Genl. Gordon Nov 16/82
Sick men cannot bear the Medical Officer
being always changed (as at Portsmouth

f84v3. ~~B. de Surgn.~~

a What system of Night Nursing?

b. ? new orderly ~~to every bad~~ every night to worst cases: 36 hours

c. ? Sisters every 3rd night

d. Night Serj.t all night? or till 12?

e. Orderly M.O. (what fixed hours)

what does he notice? (day & night? }

does he swear if called up?

12 - 3 am deaths

f. another M.O. to inspect him?

P.M.O " "

D.S. " "

Night sentries supervised?

4. Can Dr. order what Extra Diets he likes without writing out case?

5. Are Orderlies trained by M.O.s?

Number Sufficient? of paucity?

a. how enlisted? b. how trained?

c. how promoted? do M.O.s

d. how organised? report to

D.S. on

their

training?

6. Militia Med.l Reserve.

? called out for 2 months ever year

Draft, f83, pencil

f83r

Dr. Gribbon Jan 4/85

Night System

Orderly M.O. goes round at 5 pm in War

5 & 12 pm peace

noticing blind awry

not bad cases

Night Serj.t goes to sleep at 12 p.m.

Corridor orderly

Sisters one night in 3

Orderlies for 36 hours

are they changed every week?

impossibility of training

Orderlies not trained. & think

themselves trained - 2000 {illeg.}

can Dr order extra med.l comforts

without writing out whole case?

hours of food bad

if Orderly M.O. called up, does he swear?

do orderlies make a row?

Draft, f84, pencil

f84r

Dr. Gribbon Jan 4/85

if trained in Civil Hospl.s

how ought they to be selected?

Nurses: selection of

dismissal " for unfitness?

? woman to select them

certificates?

probation?

how select (done well *in charge*) for War

for Ganges? (how transferred from one port [post?] to
another?)

2 What your system of Night Nursing ~~in Army?~~

3 points making efficient Nursing impossible

- 3 a. is Serj.t Maj. ~~no~~ head nurse - no discipline
 b. Orderlies ~~not~~ how promoted? for good nursing?
 Typhoid cases died of Orderly
 c. not train-able by Sisters
 d. Wardmasters - don't arrange with Sisters
 men cleaning }
 fetching Diets} not about Patients
 under Warm's orders
 e. Diets. What your system of hours?
 d. What ought to be the Sisters' relation
 to the Orderly in training him?

Draft, ff85-95, pencil

f85r

Major Young March 14/85
 between Souakim & Suez
 Stella (Sir Allan Young's) 40 beds
 2 Sisters on floor
 Dahabiah ~~with~~ in tow of Steam-launch
 holding men holding 6 Officers
 7 or 8 if any
 to 24 including 6
 Mr. White St. Thomas' man (Surgeon
 on board the Steam launch
 from Wadi Halfa to Cairo
 11 days
 6 1/2 " did it in Steam launch
 New vessel 16 - 30

f86v

Soda machine man. Civilian
 to manage the Soda water machine
 Garden near Cairo of our own
 to send out vegetables via Suez
 to Souakim for sick &
 Coffee Tents (prevent dysentery
 Fruit: only oranges & dates
 figs - water-melons}
 sweet " }

Yes: we may have a discharged
 man - best Tea & Coffee
 we will have. Flour sent out
 for bread excellent.
 C.O.s won't lend their men
 in such a campaign.
 Yes: hope that men will be
 Set to work out of doors - not
 Smoke in tents - Work, the thing
 even on the rail-roads.
 Wooden hut *is* for privates one at Souakim
 one at Korti

f87r

[2]

Mosquito nets. No:

A.M.D. has sent out more than enough.

Men in camp won't use them.

If any, give gauze to be had at Cairo.

Mrs Young makes them up on hoops.

Night caps: No

flannel shirts for kit: Yes

Shall organize Alexandria

Ladies Commee. for the men going home.

pyjamas - loose drawers.

Yes - but to be made in suits

- with sleeping jackets & sleeves -

according to instructions - tapes

sewn in - With medallion of Pr.ss

f88v

Frederica's Socy.

[Hon. Sec.

St. George's Bank

East Molesey. Surrey]

they might throw it away

without such medallion

4 or 5000 might be wanted.

So much disease from men

always wearing the same clothes

the pyjama they can sleep

in at night & walk about it

if called up by day.

f89r

[3]

Washing machines & soap

(Hudson's Extract of Soap)

Bradford & Co: London.

~~they~~ have given them at Asouan

Wady Halfa

3 Souakim

things are washed in 1/4 hour.

& mangled.

no washermen or washing done

they shall have them at Suez

Stoves

Sent 20 to Souakim

they *shall* have them at SuezCairo - not appreciated - tho'
make all the difference in comfort
- relegated to Serj.ts' Mess.**f90r**

[4]

No Sanitary Detachment

Sanitary Detachment ought to

~~have~~ provide washermen

sewage men

watermen

whom Dr. Evatt wants to

attach to each Field Hospital.

but you may have each Field

Hospl. divided into 4 units

of 50. You may have

5 p.c or 15 p.c sick -

better to have a Sanitary

Detachment to give these men.

But there is no Sanitary

Detachment - no washermen

no nothing.

Washing machines N.A.S. gives

- therefore

f91v

very good
Mr. Wm Bullock (Gibraltar)
Army Chaplain to the forces
Souakim

Slaughter - Chaplain Gen.1
Edgehill
So good
best

{written vertically up bottom left corner:}

D of Cambridge

f92r

[5]
Mail every Friday
by Brindisi & Alexandria
6 days arrives Thursday
at Cairo
mail goes thro' Cairo to Suez.
days
London to Brindisi 2 1/2
Alexandria 3
Cairo 1/2
Tuesday by Naples 8 or 9 days

That there should be no
short comings in anything
the Ladies Comm: does.
Standard of comfort
Dahabiah with 2 nurses
& Mr. White
towed by Q. Victoria
Stella with 2 nurses
incurables or
convalescents

f93v

Lord Morley's Commee.
 dragged a red herring across
 the scent: professional attainment
 Sir W. McCormac did a world
 of harm
 Supply was the thing: the scent
 and (F.N.)
 organiz.n & exercise of
 Field Hospl.s: Nurse Orderlies

f94r

[6]

Netley Sisters want a Sup.t **X**
 who can frown on them
 if they are not discreet
 Senior Nurse not enough
 26 Sisters in Egypt now.

Net. Aid Socy.'s boats
 cooks: 1 Assian [?]
 2 Berbarines [?]
 all the good cooks
 are Berbarines

Servants: only Arabs to clean
 not a servant to be had
 not one can be spared by C.O.s

X Miss Yardley & Miss King

in one tent
 segregated from the others
 Miss Gray & 3 others
 in 2 tents.
 no common room - no authority
 not only afternoon teas. but a young naval
 officer in there two tents in the morning. very
 refining. but
 no discipline
 Col. Duncan.
 too sad

f95v

There should be none but official
 intercourse between Sisters & officers;
 except with the Surgeon in charge -
 & that should be as free & open upon
 all questions of duty as possible,
 so that the M.O. should feel them
his Sisters & that he could
 consult the Sup.t

Notes, ff96-97, pencil

f96r

Major Young wrote to March 19/85

Stella

a {illeg. month}

Port Said

April 12

Souakim

April 18

1. Coffee Tents

one or two discharged men

{currants

to make cakes {custard powder

{baking " "

Butter

Eno's Fruit Salt

kit up the

Nile replenished

"excellent flour" you

Water melons none in Egypt (fruits

Tobacco

Autumn Campaign

2 1000 Pyjamas & flannel shirts

p.s for men *not* in Hospital

27 000

gone out from with Rej.1 trousers

Pimlico *not* thinner lighter & softer flannel

stores own flannel shirts worn out

if trousers

Pr F.'s Socy. Govt. pattern

Adv.t of Pr. F.'s Socy. & pyjamas - not

only for "sick & wounded"? for men *not* in

Hospital

Notes, f98-99, pencil

f98r

say

To Major Young

Hospital

Feather of Paper Pillows for the very sick

Reg.n Pillow terrible

(covers among Pr. Fred's

Small Pillows to be made by Sisters

comfort

up to

Ganges

standard

Very light woollen coverlets neat for
sheets (like shawls)

Base

Wounded & fever

Hospital

no {illeg.}

washing provided

Towels. Reg.n often fell short.

Handkerchiefs

must be washed

stick to his dirty pkf. *Camp*

Commonest pillows {to be thrown away

no transport

Handkerchiefs

Stout leather slippers Certainly

loose leather but wait

with fluff inside to get off their boots

good roomy slipper

or back

piece

Gordon's Books: send? to whom?

Sorted

in sizes.

Lined

slippers

lambs's

wool

without

heels

f99v

Cairo

From down the Nile

convalescents from Enteric &
Dysentery

food chiefly wanted

not hard food

more comforts wanted

bad arrowroot & no sugar

had milk & slops up to coming on
board6 sick on Nat. Aid treated just
like Officers

Citadel Hospl. Cairo.

half curtains for Ward doors

Screens Patients cover with pictures
collected by Sisters

cooking Stoves for Sisters to use

oil - do all sorts of cooking

much appreciated

{following written vertically}

Socks

one

exception

wanted

not knitted

important

Draft, ff100-11

f100

Major Young

March 25/85

Every thing at Souakim will be up to the standard of comfort of the Ganges: every thing for Hospitals at present provided there. pillows & all. now the heat is come, nothing but sheets wanted over the Patients. no coverlets Base Hospitals amply provided at present Towels & Handkfs - no washing Hkfs must be washed - *Camp* the same - if you give the soldier a hakf, he will stick to his dirty pkf. Pillows most desirable in Camp. but no transport up the Nile. found canvas bags for my newspapers made into pillows. Stuffed with chopped straw

f101v

Camp

Slippers: {certainly
 { but wait
 loose leather (with fluff inside
 good roomy slipper
 with good back piece
 Sorted in sizes
 Slippers lined. with lambs' wool
 without heels

 as
 Socks. the one exception
 wanted. at present.
 because socks wear out so fast
 & ill-conditioned man wd. give away
 his coat but not his socks.
 knitted too clumsy & heavy

-----Cancelled
 the Pr. Frederica's
 N.A.S. distribution of work in
 Counties: follow the demand
 from the Pr. of Wales' branch

f102r

[2]

The men's kits up the Nile
have been replenished
27000 flannel shirts have
gone out from Pimlico Stores
to replace the worn out

The Autumn campaign
we shall have to provide for.
Certainly

1000 "pyjamas" I have ordered
complete suits

Souakim Base Hospitals
in 6 or 8 months.
not just now - will want you
& your yellow leather slippers & all

f103v

No carriage up the Nile.
remember -

Nile has fallen.

If I get up my Soda Water &
Ice making machines
all I shall be able to do. for
want of transport

Plenty of Ice making on
board the condensing water-ships
in Souakim harbour.

Flour so good managed by
the Commissariat this time
we sh.d indent on Commissariat
for cakes in Coffee hut.
Or Trieste flour excellent
we sh.d get it from Trieste

f104r

[3]

Pith helmets bulky - not
transportable

Newspapers via Brindisi
to Major Young
Shepherd's Hotel
Cairo

but pay postage out.

every Friday

no later date than the previous
Saturday

Maj. Young requires receipts
then they expect & count & value
the newspapers.

Tobacco plenty

5 Soda Water machines going up
the Nile

f105v

Stella 8 knots an hour

Will be at Port Said April 2

Souakim " 18

New Steamer to be on Nile

Steam up by May 25.

carry 50 Patients.

Want Lady Cook to instruct

& train a succession of Arab cooks in

European Sick Cooking

under a Lady nurse.

2 for this vessel

but perhaps she will have

to go to Indus.

Nile Exp.n perhaps to be

withdrawn if Afghanistan

Wolseley at Dongola. great

Trade route from Kordofan

thro' Dongola - the only one

he is right to be there as he was

right to be at Korti holding the reins.

f106r

[4]

Wanted

Umbrellas

China yellow silk outside
green inside

not heavy

Size of ladies' large parasols
strong but light handles
to Major Young
or to Souakim

~~Pr. ss of Wales~~

English sailors want berths

Orientalists want none

2 native Engineers on board Q. Victoria
quite delighted to find on each side
boiler-space to lie in.
Cold nights

107v

[Barnes are the Shipping agents
of N.A.S.]

Send *Gordon's books* to &
address your parcels to
Major J.S. Young
Comm.sser N.A.S.
Cairo

via Suez Egypt

[Labels to be had at N.A.S. Office
(Mr. Vokes)]

parcels to be sent every Tuesday
to (Mr. Vokes') Office
weekly steamer to Suez
every fortnight by sea
Wednesday & if too late for this
Thursday
Australian line
but this slower

f108r

[5]

Dahabiah (with nurses) will probably only make *this* trip.
Nile has fallen

Stella will probably only take convalescents on trips
- not want nurses

Our nurses will probably be used for Suez &

will try for Miss Airy (but she is not a N.A.S. nurse) to be in charge of a Hospl. at Souakim & we want nurses to be under her. Miss A. has all the personal qualities as well as skill for the service but is a little too modest

Lady

Cook nurse }
& Lady Sup.t nurse} wanted for the new Steamer

f109v

Mr Kennett Barrington has 3 Assistants **X** from Cairo
must turn himself round first
must get butter

materials for cakes

Eno's Fruit Salt

&c &c &c

from thro' Major Young's store at Suez

no transport up Nile

X Can his Assistants make
lemonade good Tea?
ginger beer good Coffee?
cakes ? is it gone out?

we have 1000 bottles

Eno's Fruit Salt

men like it for Medicinal properties
every morning

f110r

[6]

Very good Soldiers' Club
at Cairo
Set on foot by Gen.l Off.r Comm.s

Princess of Wales
has given a letter to form
Ladies' Committees at
Cairo
Alexandria
for Invalids going away
Suez (not many ladies)
there
affiliated to the Princess of Wales'
Society
(great thing this in Egypt)
to work for the men not in
camp or in Hospital

f111v [very rough notes]
canvas bags for newspapers
turned into pillows by men
& stuffed with chopped straw
{illeg. Alex? illeg.}
few troops
not worth while

Tufnell
Souakim

Van Sommers [?]

Notes, ff112-13, pencil

f112r

Ladies' Branch
to concentrate their efforts
on one thing. not to
fritter them away on many
different things.

to wait for a demand -
else there may be twenty
times too much of one thing
& the demand for another
not able to answer

can
recommend
only two

not throw things at their heads [very rough notes]

The Durhams
Epsom
3 nurses & a
Supt. can be
seen

Lansdowne House
Hospital to
recommend
any nurses

f113v

Miss Curry

Miss Enderby
Miss Squier
Miss Hull

Draft, ff114-15, pencil

f114r

Miss Caulfeild Oct 3/85

Nurses

How selected? by W.O. Clerks of D.G.'s office

" dismissed? ditto

" trained? & where?

no longer at Netley

How *ought* they to be "

"

"

If trained in Civil Hospl.s

how ought they to be selected

how dismissed if incompetent?

how ought they to be selected for

war service?

how transferred from one post

to another - either in war or

peace? Is a Sup.t Gen.l wanted?

never will have

what ought to be their relation

to the Orderly in training

him? Orderlies are cleaning, doing Diets

under Wardmaster's orders - there sh.d

be two as Probr.s under Sisters

f115v*Orderlies*

how promoted? always said to be so

- best not get

for good nursing?

is Serj.t Major a nice young man

has nothing to do with

Ward Masters nursing

the highest & best in

Nursing? Wardmasters nothing to do

with nursing in Sisters' wards

- cleaning & dieting.

No Orderlies for night duty - a man told off

for night duty is on duty for 30 hours.

of course he goes to sleep - Orderlies not

~~Regulations~~ told off for night duty

released at 4 p.m. till next morning.

Orderlies here one week - away the next

~~field Hospital personnel~~

Supervisor

Orderly M.O

at Herbert

goes round in

the afternoon.

after about midnight

- not again unless

sent for

no supervision

since Dr. Slaughter

Notes, f116, pencil

f116r {arch's date: before August 1889}

Genl. Smith

the A.S.C. likely to be revived.

hitch that all vested in {illeg. Q/A?}.M.S. & A.S.C. does so little work except for India

but home work will be given it & it re-organized
If Sir R. Buller wd. say he wanted it, it would be done directly.

aware some things ~~neglected~~ not done or ill done, which formerly came under A.S.C & were done

[London Barracks want a great deal doing to Lavatories in Wellington Barracks - such a long way off rooms. This so bad for men. Wellington oldest

Draft, ff117-20, pencil

f117r

Dr. Mackinnon 1 Aug 24/89

Senior

Orderlies on duty during Sisters'

Recreation?- Yes

Orderlies on fatigue duty or parade

250 not now ordered off

matron p.1 "she was dismissed"

private information - interview with matron

putting unknown candidates under Sup.ts

p.2 "who together with them"

a lady to assist

245 "infectious wards" much wanted

246 fixed by? Med.1 officer

Night orderlies & Wardmasters don't

mind their Patients. Night Sister

doesn't find the food given Yes

Serjt. doesn't attend. 4 hours at night

do Orderly Med.1 Officers go round every

Are Orderlies promoted according

to excellence in practical *nursing* to *nursing*

posts? (over) Yes

reporting Orderlies - are they sent to the Guard 10000

- by Gen.1 Order

Do Orderlies look to the Sister for instruction? Yes

f118v

Is the Serjt. in charge the best *nurse* in
the Hospl.?

drinking among Orderlies
got rid of now

Mrs Deeble

do the Med.l Officers of Orderlies
take some care of them as
Military officers do of theirs?

Yes

Sisters up the Nile - none

O Are the Sisters asked about
the Orderlies' *practical*
proficiency in nursing - conduct
& kindness - Yes - Acting Sup.t always
Sisters' making favourites
among Orderlies & Patients - No

f119r

[2]

Orderlies & ~~Camp~~ Field Hospl. complete
exercised at every Station one month in
year? With Officers & Stores?
of their own No
at Aldershot? Yes

or a scratch Staff?

is each Field Hospl. kept complete?
// not at Stations
always cutting us down
Weekly Sanitary reports of disease
epidemic remedies things tried
& result
made up at each Station } & sent
countersigned by Gen.l Officer} No
up to W.O - Yes - but not made up
& seen monthly by S. of S? Yes, or
how often from Colonial Stations even
Indies? 2 months 2 months weekly
Nash
Marston? [illeg]

f120v

Orderlies let typhoid cases
 get up - have improper food
 unless Sister eagle-eyed
 Not so bad now

Draft, ff121-22, pen [vol 10]

f121r

Dec 8/77 Mr. Cunningham (first question to be asked)
 Why are ryots unwilling to accept the water? [10:475]

Because it puts them in the power of minor official,
 (all natives) Tehsildars & c Bribery, & oppression, corruption,
 bullying, is the rule, the universal rule with these.
 They have unlimited power to make themselves disagreeable
 & must be bought off with a bribe.

Collectors (all Europeans) quite invulnerable to bribes:
 but second-rate, dunder headed men, (not little
 Gods)

the official network of petty administration does
 require improving

the indebted ryot & the usurious} banja pretty much
 the same all over India

Govt. the first mortgagor on the land: has all the

f121v

machinery ready for lending: but it is taken
 advantage of in an almost infinitesimal degree:
 perhaps in all India only a quarter of a million:
 interest about 7 per cent.

again indebted ryot prefers going to his own banja
 to putting himself in the power of minor officials
 of govt.

banja seldom takes a bond: it is more often 5
 rupees, 6 rupees to be repaid next month: but
 it is quite true that the land is passing into
 the hands of the banjas: that the ryot's crops
 are not his own but the banja's: all over
 India land changes hands: as in Ireland the
 moneyed man buys Ireland from the gentry:

it is true the banja sells the ryot up & gets his land: for a tenth of
 its value: so does your Banker sell you up: so does a
 country attorney get farmers absolutely in his power [end 10:475]

f122r

Zemindars most worthless set in the country
 £10000 to £50000 a year more: do noting with it
 but sensuality: some brilliant exceptions,
 e.g Rajah of Travancore:

in general when an indebted ~~Zemindar~~ Rajah dies
 & there is a minor adopted by himself or his widow
 govt. takes him in ~~his~~ hand, sets his property
 on its legs again, & in 10 years it is all wasted
 with again some brilliant exceptions]

I have seen bonds for 18 per cent. sometimes for
 25 per cent. but rarely
 Does not think limiting recovery to twice the principal
 would do: Banja would sell up Ryot just before

Thinks Banja must have made the hoarded grain pits
 to sell as highest prices (not ryot)

f122v

Boards of Revenue: consisting of 3:
 a poor lot: a Secy. to govt. much preferable

don't think much of teaching trades to orphans
 rather teach better agriculture
 Mrs. Carmichael (Madras) very energetic

Mr. Edward Prinsep: Punjab:	arranging for Cashmere
enthusiastic about ryot.	now in England:
I wanted to make settlement	Punjab settlement:
	{illeg.}

Draft, ff123-24, pencil, very rough notes

f123r

₹ for every rupee to Govt. another rupee to the
minor native officials

whole village women & all cattle {illeg. lifting?}

3 times 3 months for stealing geese.

I sent him to the Andamans

I am dead for a goose

minor officials chosen for cleverness,
never for honesty of character

Col. Sandeman: always a mare's nest

clouds of complaints:

bribery [illeg]

if one punished the others unite to a man

to ostracize the complainant

{pen:} Talookdars of Oude {end pen}

beef

Auckland Colvin N.W.

Morris Central

Pedder Bombay

Dalyell Madras

Prinsep Punjab

a policy & not the right

evidence to be bought in any quantity

{pen:} Genl. Strachey

Waste lands

fifth hoard grain Railways take away {end pen}

f124v

healthy if they manage it themselves & take only just enough
& they gladly pay if they have not to bribe too

unhealthy if they take all the water at once in order not to
have to bribe a second time & swamp this land
& sit down in the swamp & have Fevers

always think we want to annex & eat beef

Sir S.C. does not love India:

If they fear us, they love us: but they must fear to
love. Sometimes they neither fear nor love us.

If they do not fear us they do not love us.

Sir J.S. says the ryots won't use the water: only put it
into their own hands: & see if they don't & pay for it too

Draft, ff125-36, pen

[10:475]

f125r

Mr. Prinsep

Feb 2/78

Irrigation in Punjab:
must be by little channels from river to river of the
5 great rivers: 20 or 30 miles long.
then the people to erect their little wells or rather
pumps like the Egyptian shadoof on the channels
which cost £3 instead of £30 which a masonry
well costs: & can be worked with one or two
prs bullocks instead of 4 prs.
The Irrigation, when made to be placed in hands
of Village Communities: for them to distribute
among themselves - with certain Regulations
such as, not more than one third of your
territory to be irrigated: then they will not
waste the water, then there

f125v

will be no taking all the water & leaving none
for lower down:

then there will be no bribery: the people gladly use the
water & gladly pay:

[If it is left in the Engineers' hands, the Engineers
don't understand the people: &] perhaps they spoil the
people's own little irrigation arrangements, (take the water from them)
in making their great schemes which don't meet the people's wants]

For ~~one~~ every rupee that goes to the govt. another rupee
goes to the minor outside officials.

Bribery is universal, invariable.
If the people complain the higher official always
wants to give them their rights: but if one minor
official who has taken the bribe is punished
the whole of the others unite to ostracize the
unhappy complainant, to make his life a
burden to him, & he never complains again.

f126r

Col. Sandeman, the man now at Quettah,
received & was convinced of the justice of clouds
a blaze of these complaints. but the Lt. Govnor.
said: oh Sandeman has always a mare's nest

The next Lt. Gov. came & then the complaints all blazed out & numbers of
the
minor officials were punished: the complaints
having been found just.

But I don't know that the cultivators were
the better off for that

The petty officials can always take their revenge:

Irrigation is healthy if the people manage it themselves:
they take only just enough: & they gladly pay if they have
not to bribe too.

It is unhealthy if they take all the water at once, in
order not to have to bribe a second time: then they swamp
their land & sit down in the swamp & have Fevers:

f126v

Evidence can be bought in any quantity:
the Judge says: 'Oh this mass of evidence!' It has
all been paid for.

I have known suits, where the plaintiff has
been personated, the defendant personated, the
evidence all bought: & the real person
personated knew nothing of the matter.
A native Judge will take a bribe: every officer
in his Court will take a bribe: the real
plaintiff will never appear or never be
able to reach the Judge:
& no word of truth ever reaches the superior
official.

Much is said now about admitting natives
to higher posts: much ~~better~~ rather should

f127r

[2]

all this be looked into.

No discrimination is exercised in choosing
the petty native officials. They are chosen
for their cleverness, wealth or position: never
for their character or honesty.

Not one of them but will take a bribe:
If one is punished, the others will unite to a man
to ostracize the complainant & make him
miserable.

Punjabees on this side the Indus disarmed: on
the other side armed: will kill ~~their~~ men
who come between them & their rights in land &c

have an idea that an Englishman has a better
chance in the Courts, than a native

Englishmen treat the native as if he were an inferior being:
but the calling the natives 'black' has gone out.
Still we don't love India. Sir G. Campbell doesn't love India

[end 10:476]

f127v

Village Communities in Punjab
 N.W. Provinces
 part of Central Provinces
 & to these we must look: yet everywhere else
 they have been destroyed.

The ancestral tree of 200 years back (this survived the Sikh tyranny):
 with
 their menials, the barber &c forms now the
 ancestral or village community: but the lands
 have often been taken away from the ancestral
 proprietor & given to the former menial
 And this will tell against us some day.
 Maine's Village Communities doctrinaire. not
 founded on facts: yet has become the text book
 for Examinations.

f128r

Ld. Lawrence Irish: he & Sir G. Campbell doctrinaire
 about Tenant-right. not from facts

Irrigation: Sir A. Cotton:
 Show how the Madras tanks can be *fed*
 if not kept full in drought years, yet one
 tenth of Irrigated land would prevent Famine

The authorities do go on with Irrigation
 but they won't avow themselves beaten

Railways take away the grain too if they
 bring it:

Now no one, not even the Govt. hoards.
 In old days when the govt. was paid in grain

f128v

there was a govt. granary in every province:
against famine.

And every man when there were no Railways
to distant markets hoarded.

Now the Govt. is entirely paid in money.

I would have, say, 1 fifth of its dues
paid in grain: these should not be removed
from the village but hoarded in pits or granary
& placed under the charge of the headman.

Then the govt. would have the grain ready
on the spot in case of famine: instead of
having to bring it from a distance:

it need not be used the first or second season
of a famine but the third.

f129r

[3]

If govt. dues were all paid in grain, there would be
no end to corruption: bad grain or short
grain. The Sikks cured that by cutting off the
noses: but we can't cut off the noses.

Beef: Maharajah of Cashmere told me he could **[10:808]**
not accept the P. of Wales because of the beef
Maha-Dhuleess Sing who is a Xtian can't think of killing cows without
a shudder [Dhuleep?]

Beef: the real reason of the social differences
(increasing every year) between natives & us:
natives will never mix with us socially
while we kill cows:
they open the Bible & show us St. Paul about
causing our brother to offend, meat.
& think our Xtianity consists in eating beef

f129v

~~thousands~~ it is the main bar to natives being socially on terms with us: to their becoming Xtians: If you talk to a Mahometan about Xtianity he will listen:

Mahometans about one half Punjab population if to a Hindoo he walks away. he says, I can't bear it: I must then kill cows.

it is made a political question, a red rag. you are thought a rebel if you do not maintain the beef question:

if English would give up eating beef out of courtesy the natives would believe us, would be friends with us & many would become Xtians [end 10:808]

f130r

Waste Lands & Water the govt. says it must have money:

but it doesn't utilize its waste lands: Madras is overpopulated:

So is Oude: so are parts of Punjab & N.W.

but Central Provinces have large waste tracts colonize these: 50 years say & then absolute proprietorship on certain conditions

No, says the govt., because the govt. is sole owner of the soil.

Increase the assessment in the Punjab: but always increase slowly so that it cannot be felt.

f131r

[4]

Tell Sir Arthur Cotton that he must
give particulars

show that he does not ~~want~~ make water run uphill

show *how* he means to connect N. India with Bombay

by water communication: what is the mileage:

which ~~way~~ direction the Canal is to go: ~~which way the water~~

~~communication~~: what area to be irrigated

not generalities not authority

have diagrams, maps, figures, calculations (not levels,)

point to them in his Lecture

show how the Madras Tanks are to be *fed*, so as ~~not~~ never

to be empty in time of drought

let him give facts, real facts for each Province in India: & put

them before the public in a well-supported meeting: carefully & with plans

&

diagrams, so that they cannot be successfully challenged

[does he wish the Engineers to treat directly with the

[XX p4

f131v

people? (bribery petty native officials)

have Lord Northbrook in the Chair

good people on the platform to speak

Lord Lawrence, Bright - Fawcett, Sir G. Balfour,

Sir G. Campbell, Mr Lowe,

[on diagonal: Thornton, Sir Williams, Col. Fife

invite Ld Salisbury & the India Council:

if they do not come & hear, then they expose themselves

{pencil:} Sir Andrew Clarke & Sir Jas. Stephen can readily be defeated in

this way: but not in any other **{end pencil}**

A. If a powerful & accurate scheme can thus be laid before
the public, Ld S. will be compelled to take advice (possibly
that of the Assn. of Engineers) & the thing cannot be shelved
by ignorant officials. Or if it is questions can be asked in the
House. Impossible then to dismiss it with a foolish platitude
or a reckless assertion.

But let not Sir A.C. hold up a 'red rag' to the bull by attacking
Railways, however much they deserve it.

B.

f132r

I

Sir James Stephen had the best of the argument but he had not the best of truth. Now Sir A.C. must not let him have the best of the argument.

Think of a man like Sir J.S. telling ~~you~~ us gravely of an old ~~woman~~ lady at Simla who tells him that her native servant ~~distrusts us~~ is conservative & always pulls his

unkal the same way: the ~~same~~ way his forefathers did.

& ~~drawing an argument~~ coolly arguing from this that all

natives ~~distrust us~~: are conservative & won't use the

water: If it tells anything, it tells the other way when there are the

tanks & works of hundreds of years

of native rule. And it is we who have let them fall into disuse.

Ld. Salisbury saying that the natives don't want

the water: didn't they use the water ~~in the~~ under

native rule? *F*

C. Let Sir. A. Cotton show the public by *real facts* that Andrew Clarke's 18 millions is in no sense the truth: that at least 6 times

Andrew's numbers is nearer the truth D/

*F***f132v**

have a sort of Private Committee to obtain real facts from each Province in India to lay before the public

get from Auckland	Colvin	N.W.
	Morris	Central
	Pedder or	
	Temple	Bombay
Dalyell: now in		
	England	
or self	Sir A.C.	Madras
	Prinsep	Punjab
C. Bernard		Bengal

real facts for each Province

& put them before the public in a

~~grand~~ well supported meeting:

carefully so that they cannot

be challenged

a form of questions might be drawn up to be sent out to each of them & show up Sir A. Clarke

with his 18 millions.

but don't fall foul of the Railways

& don't let Bright air his hobbies about separate

Indias

f133r

[5]

The Sikh must hear us if he is to love us:

whole villages, women & all, cattle-lifting
our justice too light

in Cashmere no drinking (the only man I
saw drink was a British soldier)

your tents & property may all be left about
whereas in Punjab would all be stolen:

in Cashmere there would be summary bodily
punishment which we can't give

3 times (in Punjab) man convicted & had
3 months for stealing geese:

I gave him 5 years at the Andamans for
the fourth time

he said to me: I am dead for a goose.

f133v

In Cashmere no drinking

Now we have our own drinking system for the
revenue in Punjab.

if natives think we are afraid of them, it
is all up with us
they must fear us to love us

Ld Lawrence about the Tenant-right in Punjab
- rather a policy than because it was their
right.

Inseparable the land Tenure question & water
question
have a sight assessment & assess the water
as you do the land. See p.1: & they will
gladly pay

f134v

 Genl. Strachey is gone out about buying
 up the Railways:

Sir John Strachey's eyes failing:

supposed he is to succeed him as Finance
 Minister:

Genl. Strachey from having been a ~~complete~~ bitter
 opponent a complete convert to Irrigation
 will very likely have Sir A. Cotton out to consult

Sir Andrew Clarke. ~~that~~ with his only
 18 millions can be irrigated
 Sir Arthur Cotton must show that 6 times
 that quantity can be irrigated
 show it by figures & maps
 That is the way to win:

f134v

Talookdars of Oude ousted the ancestral
 proprietors

did not wish for our Canal: didn't want to pay:

they did not wish peasants to be benefited

they wished to keep their power: & sent a deputation to Ld
 N.

And Ld Northbrook was taken aback &
 said they don't want the water.

We have destroyed the Village Communities in Oude

Hindoos ryots are dumb animals: no one
 to represent them: minor native officials
 if they complain against for their corruption
 & tyranny, these to a man unite against
 the cultivator. And there is no redress. Hence
 the richer people - the {illeg. Talookdars?} &c - can say what they please
{following written vertically up right side:}
 they did not want to pay.

f135r

----- [6]
 They always think we want to annex
 Cashmere does:
 Now Quettah makes them think so:
 we want to annex
 & eat beef:

 Sir J. Stephen says the ryots won't use the
 water when for hundreds of years before
 we were in India at all under native rule
 they had & used these magnificent works
 which we have let fall into demise
 Give them the water thro' their own
 village communities & not thro' their
 terrible petty native oppressors
 & see if they don't use it & pay for it too
 only put it into their own hands

f135v

you have all the machinery ready

f136r

If they do not fear us they do not love us.
 An Oriental must fear to love.

f136v

F from 4
 We must take a lesson from our enemy, Sir J. Stephen.
 & make the best of our arguments for our real issues,
 as he did for his false issues
 Indicate the plans Mr. Prinsep's letter
 down to
 where it is to be done:
 then go on to VIII I X Mr. Prinsep's letter
 then XX p.4

Draft, ff137-40, pen

f137r

April 5/78

Mr. Long

[10:809]

Native press: conducted by young adventurers: Editors -
bribed to a vast extent by natives not to show
them up: but even European officials will ask
these Editors to dinner.

wild of D. News to liken Indian press to that of a
civilized country:

you would not object to my smoking a cigar but
to me smoking it in a gunpowder magazine you would
these people are wholly ignorant

[but majority of native press, good]

As for Courts of Law. Why that is the way to multiply
the circulation of pernicious matter tenfold:

just as prosecuting Mrs. Besant has made her
to be read

f137v

No danger from Mahometans:

poor people never heard of Sultan of Turkey:

to interest the Suni in the Shia (Persia) would
be like trying to interest a Baptist in Cardinal
Manning

but great danger from Russia

She is all powerful in Afghanistan

could she & England but proclaim common cause, an alliance, in civilising
Central Asia

if there is war She will proclaim an Emperor of

Delhi & the Mahometans will rally round him

no solidarité in Mahometans

Enhancement of rent papers: is the Ryot to
have 10 per cent. or 75 per cent. of increment? Govt. will
do nothing now: these papers are before the Legislative Council
of India: & were to be made basis of a law: but it was not to be hard &
fast

f138r

- it was to vary according to circumstances. Now the Ryots league together & go into Courts of Law they are too many for Zemindars

Ashley Eden a capital man: all right
about the ryots.

[end 10:809]

not so his predecessor Temple

Indigo planters. Proposals of govt. in favour of
ryots - - - all handing fire

Russians translate everything from English sources
as to "serfdom" of ryots & bad English govt.

I looked into 1200 (2 months') newspapers (Russian): they make great
capital of our despotic government of India
Tcherkasski's toast: Mr. Long's health. & the emancipation

of Indian *and* English serf. I was not allowed to answer:

Russian epidemics: want of ventilation & of cleanliness in
Russia incredible: worst of all in Winter Palace: in Dss. of
Edinburgh's governess's own rooms: no Epidemic in Army would surprise me:
filth
indescribable

f138v

Russian power of intrigue: Ld Derby right in his
condition: they would have twisted the
Congress into anything:

Tcherkassky wd not go into office with Schonvaloff:

Schonvaloff against the serf emancipation
the Crimean ~~fa~~ thrashing emancipated the serfs:
Russians now nearly bankrupt: when ~~they~~ army go
back to Russia they will have to reckon with
their people, they will have to impose fresh taxes
& then the people will say we must know how
the money is spent: & then they must give
representative institutions

ruin of Austria the Russian treaty
show a firm, not warlike, front to Russia: Austria & England should -
a firm front it the way to manage Russia

f139r

[2]

Sir Arthur Cotton

that resting one's argument upon who is the oldest: why it's as if you were to say that the oldest man should be on the India Council or that the oldest Nurse must be the best authority: it's like drawing out two threads to see which is the longest:

Ganges Canal: Sir A.C. said it had neither head nor tail i.e not a weir at the top (which would cost half a million £ more: it had already cost 2 or 3 millions £:) nor was it continued at the bottom: We called in a Madras, a Bengal & a N.W. Engineer. They differed in opining with Cotton - & he said we aught to take his because he was the oldest. he had 50, they only 25 years' experience

f139v

Engineers are not the best men to judge of the effects upon the people:

then you can't have Europeans to deal directly with the people: there are too few. you must have intermediate class of native minor officials

chosen for intelligence: recommended by European because he knows their families. I can't say much for their characters: I couldn't say much for my boy's character: they prey upon the people chiefly by living upon them with horse & man

f140r

Engineers are Engineers & don't know the people
You must enlist the people in an Irrigation work
Engineers are not the best men to judge of this

Have on a Committee Military men, Administrators,
Engineers:

Campbell is worth 10 Balfours.

In Oude [?] the water is only 10 or 12 ft below the
surface: for 2 or 3 years a well with a bucket
will irrigate the land with little labour:
then you move your well to another place:
the people did not want the ~~water~~ Canal:
Then they were told that they would have to
pay for what they didn't use: or want. So

f140v

The Talookhdars of Oude [?] made a
deputation to Ld Northbrook against the
Canal.

Sir Arthur Cotton

His Public Meetings only irritate:
they only raise the devil in his opponents
& he can't give detailed schemes before a
Public Meeting. there isn't time:
but he could before a Committee.

Cotton must remember that he is not going
to execute the works himself: that makes
all the difference: he is asking confidence

f142v**{pencil:}** Krishna **{end pencil}**

Can well afford to ~~pa~~ begin with 18r. ~~to~~ waterrate
for sugar-cane: 100 per cent profit

development of works people never understand
this: don't pay at first: will afterwards

20 per cent interest in Sind you may expect: **{pencil:}** after 15 years
beginning at **{end pencil}**

5 " " " Dekkan rising to ~~to~~ 4 1/2?

{pencil:} after 15 years. **{end}**

Great tracts of Deccan we never can reach with
water not because we *can't*: but too
expensive: ~~tho~~ you *can* reach all but the
highest level: it is a question of expense.
Navigation easier than Irrigation:

f143r

[2]

Debiting works with permanent Establishment:
tho' it does nothing {illeg. to?} the works:
other works with-drawn: all the Estt comes
upon me, tho' it does nothing for it
Such are orders of govt.

Cost of Collection debited to works:

Sometimes 80 per cent **{red u/line}** of whole expenditure
to collect 5 pr ct.

See Krishna p.140

Skrook shew men **{blue, with**
other page **red u/line}**

Krishna

1/2 acre irrigated
p.188

Chiefs buy water rates
p.139 **{blue}**

Skrook Tank supplies Sholapore: 53000 people
with drinking water: **{pencil:}**but gratis **{end}**

p.100

Skrook: (82 per cent. Collection Charges
debited to it.) p.103

f143v

Man (labourer) told off to lead & regulate the water: paid by a row of each field's cultivation

Village officers (native) paid: (all bribe & are bribed) & this of course we are glad of: fairly chargeable to the work: but this is only from 3 to 5 per

cent. of sum collected: but over & above this is charged the work by govt. orders, a percentage on the revenue realized = percentage of cost of

Civil Revenue Establishment on *whole land & Irrigation Revenue*. This may be 24 per cent:

& had actually been 80 per cent. When other works have been discontinued by govt.

tho the Revenue Officers were not employed on the work debited with the 80 per cent.

Also the Irrigation Revenue for collection is always small in comparison with land Revenue: & *not one* **{red u/line}**

f144r

Civil Officer the more is employed for it: {red u/line} ??? {red}

Azhar; Lakh (Ahmednuggur) very poor: {village on canal-gardens
{ " near deserts

Jamda Khandeish {red u/line} very poor How to don't take the improve

water them **{red}**

average holding 22 acres: cotton & '*bajri*' **{red u/line}** ? **{red}** grown alternately: can be done by ryot & family without other labour

won't cultivate better crops: no labour, no manure

? **{red}** *jowari*, **{red u/line}** cotton & bajri crops cultivated

Model farm at Poona.

was one at Khandeish

They don't use much manure in Sind

lease 3 years' fallow: no manure.

Dekkan: 1 year fallow: no manure.

f144v

Lakh: very poor: only scratch the ground with scraper **{red u/line}**
 not with plough
 how to very little manure
 improve very few cattle
 them **{red}** over flood their crops
 deeply in debt to money-lenders
 no spirit to work
 not labour enough for wet crops
 which take dear manure: & water does no
 good without manure
 they pay for the water but the profit
 goes to money-lenders
 worst off in Dekkan

p.82 Statistics of Sugar: Presidencies. vegetables: sale of

p.74 Marwaris pay for fishing to prevent
 destruction of life

Draft, ff145-54, pen

f145r

Col. Fife

June 1/78

we deal with the individual cultivator in Bombay Dekkan
 as in Sind **{pencil:}** p. 48 my Booklet Part I **{end}**
 cultivators entirely at the mercy of the Public Works overseers
 (natives) who pass an examination at the P.W. college,
 receive a certain training there, & are appointed
 overseers for a year, than are promoted:
 are generally respectable, often Brahmins:
 if one is a greater villain than the next (?Lakh) the
 cultivators are entirely at his mercy.

This is the process

[10:485-86]

A cultivator goes to the P.W. overseer & says I want water
 for the field. Then he has to sign his name to ~~his~~ a paper
 & submit to certain conditions. Now he has never
 signed his name before & he knows of no conditions but
 the money-lender's.

One of the conditions is that he shall have a channel
 made thro' his field to the next: that the channel which
 carries water to his field shall be prolonged to his neighbour's

f145v

This he does not like.
 And this also may make a delay of a year.
 All these are reasons why in ~~reg~~ districts where the people are poor & ignorant there is great delay in availing themselves of the water:
 Then the cultivator is utterly at the overseer's mercy who will do nothing without a bribe.

And afterwards too: the overseer will say: Now if you spill ~~the water~~ a drop I will stop the water

And then there must be another bribe.
 If the Executive Engineer in charge of the works talks Marathi, goes about among the people, knows their crops & their circumstances, they will come to him as a resource against their overseers
 But if the Ex. En. is a careless fellow & ~~the~~ there happened to be an overseer a greater villain than the next, they are utterly at his mercy: And this is one of the main causes of not taking the water. [end 10:486]

f146r

At Lakh where there was a good soil, small rain fall, plentiful supply of water & where they were so slow in taking it that at Azah just above [end 10:]
 (where it was not at all wanted in comparison) they have done as much in 3 years as in Lakh in -- years I remember there was a very lax fellow an Ex. En. who trusted to the overseer & did not look after things himself.

[I wrote him a private very kind note (to show you the difficulty of dealing with these cases) advising him to resign: making no public complaint because he would have lost his pension

He showed this note at Bombay against me: I was had up: there was a long 'row': he is now appointed in Sind which he knows nothing of.

One wished then that all Departments of government were knocked on the head.]

This was the case at Lakh & quite enough to account for their being so slow in taking the water.

f146v

3000 miles of Canals with Channels we have made in Sind:

not 1000 in Bombay Dekkan:

Indus does nothing but tear up the country within 2 or 3 miles wide: may leave 1 1/2 mile bare on one side & encroach as much on the other.

but there are certain places as at Sukkur where the river passes thro' a rocky forge & does not change its bed

that Canal at Sukkur delivers 3 times Ganges Canal for a time & twice Ganges Canal for 4 months

f147r

[2]

Sind: at first we let them take as much water as they liked & exhaust the land: & they were charged

& they would move after having quite exhausted the land in 2 or 3 years somewhere else & do the same thing. they would

waste the water & there would be none left for those farther down & over flood land

which ought to have lain fallow:

This I altered:

they were obliged to pay so much *per acre*: & then it was worth their while to make the most of their land. see p.7

Sir B. Frere when he was Commr. in Sind seemed to like this: but when he went to Bombay he sent up a lot of people to make the settlement who knew nothing about it.

Sir Wm {illeg. McCrewrather?} ~~seem~~ Commr. in Sind seems to approve it.

f147v

I had done what I proposed to myself to do:
~~inaugurated~~ set the Sind System going: (3000 miles)
 & inaugurated the ~~Bomb~~ Dekkan Storage System.

Young Engineers will try experiments: when they
 are entrusted with repairs. I only gave them
 just the money necessary for repairs.

I own I was more interested in the new works:
 but I cleared & maintained the old.

weeds in Bombay Dekkan: make terrible work:
 have to lay the Canals bare triennially: sun to bake
 & kill the weeds.

f148r

they say in Progress Report p.7 I le did not clear old
 Canals. I did.

but it was the waste in the people taking the water
 than prevented the from having water farther down

don't know that model Farms would do Lakh people
 good: they have every mile specimens of what
 well irrigation can do with cattle manure
 (very dear) in vegetables for market sent to Poona
 by our Canal. vegetables considerable article
 of for market - have a special rate
 little silt in Lakh Canal:
 water discoloured but that is all for a time
 weeds will only grow in clear water: 30 ft long:

f148v

 No publicity in Secretariat: everything is decided
 - nothing leaks out.

Should have loans brought before Legislative
 Council, of whom many are natives.

it gives a great deal of trouble & makes much
 delay: but there is great publicity: every one may
 go in & hear, as here -

& it is much better in the long run

So says Sir G. Campbell too.

f149r

[3]

Dekkan people very poor & indebted:

Yes, I think, money does go into ~~pockets~~ stomachs of cultivators but more into money-lenders' ~~of~~ pockets: comfortable farmers on Krishna

only one village yet {red u/line} (on Jamda) manages it own Irrigation

they have it on different days: each takes care that he gets his own share: does not let it go till he has: but ~~is th~~ does no one get more than his own share?

do not people nearest Canal use too much? {red u/line}

In Poona Neera river storage **{red u/line}** & Canal begun.

Yes: they don't like to apply for water.

f149v

Indus Delta {red u/line} Still better adapted in some respects for Irrigation than Gadaveri

I ~~wa~~ could do works without a weir:

not yet ~~d~~ carried out. plans & estimates done:

but great works have been done in Sind: much

greater than on your map:

Jacob's Desert Canal: {red u/line} near Jacobabad: **{red}**

another, 200 miles: {red u/line}

works on Delta too

but people are all for small works now

& wells: by works are Engineering vanity

cost of Irrigation much greater in Dekkan

than in {illeg. deltaic?} countries like Sind

water must be stored **{red u/line}** in tanks as well, as distributed

f150r

but Dekkan people will pay much higher
 water-rates
 will begin at 18 R. for *Sugar-cane* in Khandeish
 & Krishna
~~besides~~ separate rate everywhere for the land
 in Dekkan - *not in Sind* **{red u/line}** ? **{red}**

Yes: we could make good navigation of
 Bezma & Ristna to Carwar (& Toombuddra Canal **{pencil:}** & Madras **{end}**)
 Navigation easier than Irrigation. Irrigation
 to parts of Dekkan a matter of immense cost
 system of large tanks could be extended -
 but we have not the advantage of having a large
 city like Poona to supply with water with all
 as we have with the Moota: **{pencil:}** Skrook. Sholapore **{end}** people took

f150v

the water-supply directly & connected it
 with their houses. **{pencil:}** Sholapore did not pay **{end}**

No silt: Skrook: all rain water:

percolation **{red u/line}** only produced fever in N.W.P.
 & in one place with us

f151r

[4]

Is land going out of cultivation in Dekkan? **{red u/line}**
 Not that I know of

Do comfortable farmers &c find work for people in times of drought or when staple dry crops may not be sown? **{red u/line}** No. they ape the English have a fine retinue of mock sepoys in ridiculous uniforms

Do they wealthy natives employ the people? **{red u/l}** No:

Is there Agricultural School in Bombay or Sind? **{red u/l}** There was one near Karrachee, for cultivators of cotton. Don't know whether it is there still.

Fodder: people cut their grass when it is dry.

Could the pit system in S. Africa be introduced? **{red u/l}**
 Do not know it.

Profits ~~go~~ of wealthy farmers go into their own pockets:
 of cultivators' into money-lenders' pockets.

Did the Poona natives take up the water-supply **{red u/l}**
 directly?

I agreed with Municipality before ever I sent up the plan to govt.:
 municipality took water

{following written vertically up right side of folio:}
 set up their own mains: each native had his own pipe-water.
 Muny. paid 20000 R. a year. & very cheap too.

f151v

East of Hyderabad in Scinde poor people coming
 over from Rajpootana to Irrigation Works

Falleli Canal

Eastern Nara 290 miles to sea near Kurrachee **{red u/line}**
 coast lands a salt marsh

cannot cultivate sugar because sugar requires 11 or
 12 months' irrigation
 all Sind Canals Irrigation Canals for only 4 or 8 months
 & water often interrupted
 & lifting; Persian wheels: very expensive
 as much as Land Revenue
 & now twice as much owing to rise of price of Labour
 Statute Labour abolished: genl. Jacob, Commissioner,
 did it of his own head:
 Statute Labour was right: channels got silted up: it
 was for the people's own use: they had to clear the

f153r

[5]

In Dekkan it must be 15 years before it pays

4 1/2 per cent. **{red u/line}**

In Sind it may begin at 5 per cent. & in 15 years reach 20 per cent

Skrook **{red u/line}** only just pays its expenses. ? **{red}**

Canals: not like Railways.

constant wear & tear of stock & sleepers on Railways

but not much wear & tear on Canals:

when once water is used, net returns increase:

whereas on Railways you always have to be

repairing & renewing stock & revenue or net

returns do not increase

Krishna where rich deep soil, & good rain fall

& water least wanted takes most water

because people well to do farmers

f153v

Ahmedmygur}

Lakh} &c where least rainfall people

won't take water because too poor.

too much indebted

Weirs not necessary on Indus

deep gorges where we can dam up the water

but all these not yet taken advantage of

6 Storage Tanks **{red u/l}** map ?8 **{red}** in full operation in Dekkan **{red u/l}**

not counting those which are new

storage necessary in Dekkan

Morta Tank over 9 ? square miles

90 ft deep **{red u/line}**

bottom water not made use of

f154r

largest Tank of all

Than comes Skrook 7 sq. miles

These cannot be expected to pay yet

Draft, f155, pencil (written on envelope)

f155r

Mr. Caird

April 28/79

Sir R. Temple thought him a fool.

low servile race. worshippers of power. appear to worship
us - deceitful. low morality. cheating. corrupt
Our 2 native members (of very high caste. 6 cooks travelling)
Said: not one of their countrymen, not one headman
can resist a bribe - they only see the lowest sort of
officials.
prosperity & education the only thing to raise them
but education only makes them expect a govt. apptmt.
Govt. to do every thing.

Military men better than Civilians - more disciplined
less self-satisfied
Civilians come out from their Examns. placed as not
petty princes but large princes - not brought up by
Parlt., no public opinion - no newspapers
or only a few worth having. Come to think themselves infallible

not men of the world - don't know the people they're
among - don't mix with them - don't know
human nature - certainly not Indian human
nature.
native judges judge nine tenths of the cases
& do it well. Only too much in the
hands of pleaders

f155v very rough notes

I remember I used to think in England - we pay our judges highly. Yet people ruin themselves in costs to get justice. (like Poor {illeg.} & charity to keep them off Poor Law) So pleaders & judges in India.

Now all the time of Europeans taken up in judging: let them go about - & let natives judge

Cotton. never on irrigated land - 40 or 50 lbs
poor cotton grown in India without water
Where 400 or 500 lbs grown in Egypt of cotton
twice the worth with water.

Cotton not remuneration crop in India.
if grown with water 10 times the quantity & twice
the quality. In Southern states damp climate
while cotton is growing.

Tobacco next remuneration crop to sugar.
worked by Americans
from Virginia - as
good as Virginia

[upsidedown on env flap]

Sugar: Mr. Milne (Behcca near Arrah)
invented a little sugar press wh. each man
can work himself - sells immensely
don't know whether it had reached Bombay
each man does it all himself
must not press out good
sugar can or {illeg.}
the rest
{last 2 lines illeg.}

Draft, ff156-57, pen

f156r

Mr. Pedder Dec 27/79

Headmen: people say that our
govt. has abolished the headmen
- made no use of the headmen.

The fact is the people are
afraid of the headmen: say
they mis-use their power

There is as often as not a
conspiracy against headmen in
power.

In the joint villages there may
be 2 or 3 men between whose
claims to be headmen govt. has
to decide & to appoint one.

Revenue Patel

Police Patel sometimes
in small villages same person
- sometimes 2 different men

In large villages the Patel
is a Committee: that sometimes
works the best.

Police Patel is a small magistrate

Moonsif

not to be a headman

f156v

Village accountant man on
whose pivot our whole system
works. Patel can generally
not read or write. V. acct. is
like Clerk to Magistrates -
nominally their servant -
really their master.

If Patel is undoubtedly the
hereditary headman & is a
good old man who really
tries to make his people
happy, undoubtedly it
works very well.

But if not. The
people are always complaining
that the Patel abuses his
power to satisfy his own
grudges: the Patel that the
people will not obey.

f157r

Under the Police Patel comes all the sanitary work: he has the power to compel them to keep the village clean:

he can imprison for 24 hours: under the Bombay Village Police Act: & fine one rupee

But the idea is now to have selected headmen who shall have power to imprison for a week & inflict larger fines. But very few headmen can be found who can be trusted.

Draft, f158, pencil [vol 10]

f158r

Mr. Toynbee Jan 5/82

I lecture on Pol. Eco. but supply & demand on certain conditions (Orissa) If those conditions wanting, then admn. (Govt.) must step in.

where there is no competition [yes] no advertising, old Pol. Eco. at fault.

{written other way up:}

of {illeg. no men?}

Connell based in it Kegan Paul
on India

Hunter 1/ pamphlets

Draft, ff159-65, pencil

f159r

Mr Pedder June 8/83

objects very much to the clause in Sir W. Wedderburn's scheme giving power to the Land Bank to use the Revenue Officer to collect their debts. thinks that no private Socy. should have such power Does not find Ryot a good debtor. Thinks that Ryot will say. Govt. is twice as extortionate as before

look at the result of Egyptian Credit Foncier the fellah has not paid his debts

[over]

(triumphantly)

Of the Revenue in the 4 Dekkan Districts, has been paid 99 p.c. 95 p.c. have been collected from the crops without any notice at all, 4 p.c. with simple notice. and 1 p.c. only by sale of cattle, whether by breeding of cattle or sale of their own cattle does not appear: but none at all have had to go to the Sowkar to pay their assessment.

[F.N. But he does not know, see Sir W W how without the knowledge of the District Officer & never in the presence of the mamlatdar silent pressure is put on the cultivator by native subordinates to make him take his cattle to the Sowkar to pay his assessment. & no one knows of it - which the govt. is rejoicing **{written vertically up right side:}** in these returns.

f159v [very rough notes]

Land Bank will only succeed if previous composition of debt.

I tried that once - assessment half the rent I said to ryots - if you will pay instead of say 10 rupees 20 rupees a year for so many years your debts shall be paid off.

Govt. would not entertain it at the time & then came famine.

Talukdars of Broach, Oudh &c have had this composition made - essence of Encumbered Estates Act. but it has never been done for cultivators

f160r

[2]

Local Govt. scheme.

everything that you care about would be
sunk at once. no Sanitation - no water supply

All villages are divided into two factions.
rival castes. or rival heads of families - or rival
divisions of same caste. if there were local
self govt. with electoral principle the object of the one
of them would be
to oppress the other

my Collectorate Sattara. Local Funds
£60 000 a year besides Municipal funds -
once a year or once in two years. now can you
supervise the application of the local funds, if
it is dissevered from the Local Officer?

[over]

Two principles of govt. of India Scheme:

1. to dissever the Local Officer from
expenditure of local funds
22. the electoral principle (not for administration
but for "political education"

And if the electoral principle were carried, & the
"political education" of the people were complete,
Where should we be?

[F.N. But that would be the glorious task]
they shd. not ever think it, much less say it

f160v

The result of govt. action would be not
to represent the PEOPLE but to put
some faction into power.

Now the govt. of India's scheme is
referred to the Local Govts.
& the consequence? ~~that~~ great discontent. the people
will say: this is what the govt. of India
intended for us - this is what ~~the~~ our local
govt. has given us
& great discontent

f161r

[3]

Bombay Municipality: upwards of £300000 a year

But there are 5 factions.

1. a few Europeans: very troublesome
2. a few Parsis: ditto
3. Mahratta Hindoos - householders
4. Gugerati Hindoos - mercantile
5. Mahomedans - who would take no part

they do not care

rate payers elect 20? out of the 60 members

Town Council 20? appointed by Bench of Judges

(very good) 20? by govt. always the best

does the

real work

If rate-payers elected all, Europeans, Parsis,

Mahomedans would be ousted, the two

Hindu factions would ~~fight~~ struggle against each other. &

the majority wd. oppress the other.

[In rival *village* factions, murders every year - like

Corsica.]

Ahmedabad - would be ruled by foreigners.

Parsis, ?Brahmins &c who are just as much foreigners

as we are.

Mr. Richeig says. this would be

[F.N. a troop of Arabis] the result if the Collectors

were not at its head

Talukdars

Central

not

Provinces

[over]

cultivators

as good

as Bombay

in wells &

Sanitary

things

f161v

A great deal has been doing in there.
Mofussil giving wells to each village
for water-supply - Surface drainage
(not sewerage) - roads - not only
in the Bombay Presy. but in the Central
Provinces.

All this would be dropped if the
local funds were in the hands of
elected bodies. They don't care for Sanitary
things.

[F.N. Yes: but you don't think that every
thing *is* really NOW in the hands of
the peon [?] not of the European]

And Mr. Pedder himself says, the
Collector *can't* supervise all this

f162r

If the ~~Collector~~ Local Officer is ousted from
the management of the local funds, all that he
can do is to complain of the local body to govt.,
to say: now they have cut off the funds
from the water-supply, the drainage, the markets
&c & given them to the nephews of the
prevailing faction. Well, the local body
retorts. What is to be done by govt.?
The local body says: we don't care.
It doesn't represent the people
people wd. not wells
be represented drainage
but some factions Mofussil

f164v

Deccan Agri. Relief Act working well
not so much land passes into Sowkar's
hands

[F.N. So the Bombay govt. says.
but what ~~of~~ does Sir W.W.?

Hugh O'Donnell:
Frank Indians (Bengalee newspaper?)
 collecting money to entrust to him

Notes, ff165-66, pencil

[9:930]

f165r

Mr. Cunningham [p. 4a] Sept 30/87

Here are these poor people, these
millions for whom we are
responsible. We who know
all the secrets of life or death
& health or disease of which
they know hardly anything -
we can give them life & health,
& we won't. we could stamp
 out cholera in 2 years

They are longing for it -
they don't like being ill or
dying anymore than we do.
they appreciate a pure water-
supply, even more than we do
- they will sacrifice even caste for it -
they are clean in their bodies
& wherever they can be.

f165v

they are beginning to appreciate
Sanitation

it's the landlord interest, the
rich man interest in
Calcutta which keeps Sanitation
down (as it is in London).

the poor man *would* pay
- he is rated for the drainage
& sewerage which he does
not get

& then he is rated for
removing the filth because
it has not been removed by
the process he *has* paid for.

Is it not a govt.'s business
to give its knowledge to save

f166r

its people's lives?

Criminal
Epidemics

[end 9:930]

f166v

fever follows famine
fever follows cholera
In Sir D. Macleod's time.

Punjab he could not move
his camp because every
body was down with fever

Half the population of Calcutta
passes thro' Hospital in a
year.

Note, ff167-68, pencil

[10:338]

f167r

Mr. Stanhope 1 Nov/88

- 1 quite impressed with necessity of keeping Sanitary problem constantly before S. of S.-----
2. admits decided hostility of Dept. of I.G. Fortns. & R.E. to A. San. Comm. -----
3. Sees what the Dept. which alone can give vitality to Sany. matters is that of Q.M.G. (who is present head of A. San. Comm.) -----
4. Seemed to think a San. Officer might be attached to Q.M.G. as a substantive part of his Staff, who wd. give Q.M.G. knowledge necessary to control Works Dept. & other branches both in the Field & in Barracks, in Sany. matters

f168v

[2]

5 Says he is attached to the doctrine
of *personal* responsibility. &
does not like system of so *many*
Committees -----

6. Said: what about India?
answer - bad Sanitation of Indian Army
falls upon him - thus in any case he
is bound up with India
at present India cannot be safely
left to her own arrangements because
she has neglected for 25 years to
adopt measures recommended by

R. Comm. Yet if she NOW gives vitality
to Ld. Dufferin's Scheme [which she
won't]

[end 10:338]

she *ought* in a few years to suffice for
herself no man in

Army Med. Dept. fit to act as Sanitary
adlatus (or lining) to Q.M.G. but some
Indian San. Comms. fit. But could a
lining to Q.M.G. have weight necessary
to overrule Works branch on important
occasions without backing of A.S.C.

S. of S. talk it over with Buller & see "me" again

Note, ff169-70, pencil

f169r

F.N. *India* Nov 19/88
 What course taught now in Presidency Med.1 Schools,
 of Hygiene, (Public Health, Sanitary
 Science & Practice) ?
 by a Professor? with the control
 of two laboratories
 one for *chemical* ?
 (analyses of air, water & food)
 one for *Physiological*? including
 (bacteriology)
 organisms, fungi

initiating courses of Hygiene at
 the Presidency Schools
 will re-act on all the country
 will sanitat India

Payne Baboos
 in Bengal
 A.M.D. Doctors
 in India
 remain
 the same

funds. adequate endowment}
 accommodation? } needful

f170v

F.N. [2]
~~Are there~~ What Physiological Laboratories
 at Presidency Schools?
 What ? Professor of Pathology
 Chemical Analysis taught
 Prof. of Chemistry
 Payne. These exist but not under
 Prof. of Hygiene
 Bacteriology a fad, a fashion
 like massage - will die out.
 Healthy young fellow from India
 ordered off to Davos, because a
 bacillus was found in his sputa.
 he had no cough. Sent him to --- Powell
 [Sanitary Institute Lectures
 & Exam's
 no Laboratories]
 Civis = Dr. Payne

Notes, ff171-73, pencil, very rough notes

f171r

Sir W. Moore

Jan 10/89

All Saints

Bombay Hospls. (Civil) Sisters (Military
& Civil

Miss Pechey Kama

All Saints

Sanitary Chair &

All Saints

{illeg.}

Parkes}

- teaching

Netley}

London Hospl.s

Ld Reay

Army Med.l School. give up

Indian Medical Service

what provision at Bombay

for Sanitary teaching? none

water-supply in the field

& camps Yes from Netley

Can qualitative, not quantitative

analysis be carried on? Yes

instruments] in the field?

Poona

not a Hospl. Sisterhood

offered & been accepted

Army Med.l Comm here {pen, written vertically:} no influence

Village Sanitation Bombay

Miss. Ellaby

Ranchoulal

Wimpole

Cooper

St.

the Parsee

Dr.

prompts him

Parsees take

English names

{illeg.}

Doctor

{following in pen, written vertically on top of pencil notes:}

4 floored

fog till sun gets

Barracks: Ba

power. factories

smoke & seafog

f172v very rough notes

3 classes of Medl. Women: Ly Dufferin
diplomas in England
" India
Hospl. Assistants - Certificates in 3 years' Hospl.
guides training
Rajpootane Army Med.l Schools
Bombay
3 in Mofussil

{following written vertically}

child with diarrhoea Mhard Deccan
open filters
{2 illeg. distant? tent?} water
much ed
pay
rich man
round village
{illeg.}
{illeg. latrines?}
one tank
lakin
Mhars
Deccan enough for the
old ways
one or two families
coaxed back with
high pay

f173r

[2]

child to clean her house -

O says Hewlett she ought to have kept it in her Back yard. But that's contrary to the habits of the people.

No use consulting the Assocns. because they wd. only say: we don't want a Bill at all

F.N. But could it not be done thro' the Panchajats

Naylor
coming home
for 2 years' leave

Notes, ff174 -175, pencil

f174r

in 1886 or 5 Mr. Naylor's

The Bills have been impracticable so contrary to the habits of the people they would have made a rising

[10:320-21]

take the *water supply* - there is but one tank to the village - or there is but one well of drinkable water how is it to be separated into tanks for men, tank for cattle, tank for washing.

then the *latrines* - the people won't use the latrines - ~~the~~ it is so contrary to the habits of the people - they will go & squat in the fields but then we only want them to go - but into one place - then the *cattle*. Of course the cattle should not be in the village - & the pony should not live in a room in the house. But what are you to do with them? Perhaps the land all round the village.

f174v

is owned by a ~~village~~ rich man
He says: I don't want your
cattle. Or if not, a leopard might come
or robbers.

The sites & the buildings of many of the
villages are originally so bad
- the subsoil has been fouled
for centuries. There is
nothing to do but to rebuild
the village elsewhere. (e.g close to a Poona **[end 10:321]**

Typhoid [?]

But Hewlett made the Panchayat do this **[10:321]**
on one memorable occasion in a few hours
when it had been tried in vain for years
Still in the last 30 years
there is such a difference e.g in the
Malabar villages - the
configuration of the country is favourable -
drainage it is true they are
only open gutters. but there
is drainage down to the sea -
& from the distant hills behind

f175r

a pure water-supply has been
bought. **{pen:}** fouling of
centuries
only a
few inches
deep -
below
dry &
pure **{end pen}**

The Mhars & the Mangs - there
are one or two families in
most villages **X** but not enough
- enough for the old ways
but not for the new" There
are Mhar & many villages (in
the Deccan). These have to
be coaxed back with high
pay & lands to villages where
they are wanted. You want a
dozen Mhar & many families
where there are only one or two
to do the work.

X With lands which have been
given them some time by the
govt.

f175v

Govt. does not consult the leading natives. But if they did consult the native Associations they would say: this is very nice & proper, but (lakin) I know *that* Lakin (but) so well.

[end 10:321]

But *that* Bill was quite impracticable - Moore & Hewlett, the 3 Commissioners, Probert, Crawford, ----- Naylor the legal man were commissioned to sit & report on it. We cut it down - e.g. if a child of 2 or 3 made a mess in the street (Diarrhoea or no) the mother was to be fined a Rupee. Why she turned out the

Panchayat.

Notes, f176, pencil

[10:222]**f176r**

June 27/89

Dr. Murdoch,
the Goddess of Small Pox
Disease in India to propitiate some offended deity to offer sacrifices - not to remove the cause
[F.N. not unlike the Cholera in Edinburgh. Ld Palmerston
They wished to propitiate the offended deity by fasting.
he to observe the laws of God & mend the drains **[end 10:222]**

Notes, ff177, pencil

f177r {arch's note: Interview with Mr. Stanhope Dec 1889}

Ask Mr. Stanhope whether
the A.S.C. is for India
or for Barracks (millions)
v. Camps - good for health
discipline & teaching
Art of War - 1. has Genl. Smith
disciplined him
about this?

3

Camp near Strensham in
Yorksh. not so big as
Aldershot to be ?

2. Millions ? not voted
at one? to be spread over years?
Something under £100 000
voted for Dublin, Gibraltar
&c (Supplementary Estimate)

Notes, ff178-91, pencil

f178r

Sir W. Hunter Oct 17/91
Bengal Tenancy Act. 1886 It is to tell
the tenant exactly what are his rights.
What are heritable, what saleable.

You cannot then make him *not* contract
himself out of his rights. altogether
Suits 1/ all that comes to govt., tenants
combine & pay pleader - that is expensive.
Suits - (how many have I tried!) tenant paid
5/- Landlord increases ~~it~~ rent to 15/- he says
Railroads which allow tenant to sell at markets

f178v

have increased the price of produce of your fields twofold. Tenant replies - Yes but before I eat my produce & we were better fed.

And then there is this expense & that & my own improvements." "But you acknowledge that you sell better Yes, I acknowledge that - Then the magistrate adjudges 8/ or 8/6.

Then, all the other tenants hear of the 8/- & combine ~~too~~ to have it two - {FN's spelling}

Tenants are not now charged a higher rent for *their own improvements*

Zemindar is a careless, stupid man of a much higher caste - he does not care much nor persecute much

f179r

Tenants have learnt combination
And sometimes when the tenants are discontented with the Magistrates decision they go to the High Court with a pleader. And the High C. are so puzzled that they leave things as they were

f180r

Rural Unions	Municipalities [2]
	Sir W. Hunter
Law	Oct 15/91

Panchayats under the Act

Local Govt. Board - London - Courts of Law don't always support it

Ld. Ripon saw that the Village Communities did not do, because e.g. the Village at one point kept up the embankments of the river, the next did not - & they could not compel the next to do it

f180v

So Ld Ripon formed Village govts. into a combination of Districts, ascending from size to size with machinery we know of.

[F.N. Still this may not have altered the unit, the Village.]

[I have always wished to know about that great Canal in the north, which Ld Ripon opened, with all its distributaries, & of which the water was to be under the command of the respective villages - how the scheme worked Ld Ripon could not tell me]

f181r

To Sir W.W. Oct 17/91

Changes

1. the Village govts. have been changed into Rural Unions
2. the Panchayats under the Act are very different from the old Village Panchayats. Panchayat which used to be the five principal Village old men, not particularly alive to Britain's improvements, now from 3 to 15 named more or less by Britain

[is the Panchayat now under the Law or the Gospel? is its "respect" for the Sabha,

f181v

or for the District Officer, the British Raj?

Any how, how does this affect the idea that the Sabha 'can reach the people thro' the Panchayats?'

And has the Sabha 'plenty of money'?

f182r

[3]

Sir W. Hunter

Municipalities - half the members named by govt.: half by election

If municipalities don't do their duty ~~can~~ the Law can send its Officer, who, after Inspection, says: 'We shall do the works, & you will have to pay -

This has never been actually carried out. It was all but carried out at Ahmedabad & ? Surat. [In this Law India is better off than England Sir W.W.]

f183

F.N. to Sir W.W.
 better in India than with out Local
 Govt. Board who, tho' they threaten to put
 the Law into effect, not always supported
 by the Court of Law

our Co. Co's have no executive power
 (like the old Sanitary Commns. & Commrs. in
 India.) & can only make a "row"

Is there any Text-Book of Municipal
 & rural Local Self-Govt. in India?

Wrote to H. Hill, I.O., Oct 16/91
 for one

f184r**[10:842]**

Sir Wm Hunter [4]
 Ld Ripon a Viceroy of conviction.
 Ld Dufferin " policy

Mayo conciliatory of native princes
 Ripon people

Dufferin entered into their heritage
 Without them he could have done nothing to get the
 native forces £ 350 000
 English 180 000

You see, there is Russia close by - now you have this
 immense force of auxiliaries - with guns & armaments
 & Lord Ripons

one his Secretary (Private) Sir Alex Mackenzie - who is
 now doing Burmah - who wrote those magniloquent

f184v

~~letters~~ manifestos - which so offended the Civil Service -
 the other the Lord Ripon, patient, laborious,
 with such a power of work & sympathy with
 the people. He was a great Viceroy -
 a greater one than Ld Lawrence who
 saved the Punjab, who saved India - but
 when he came to be Viceroy over a Continent,
 he was too old & too ill - & lost his self
 confidence

[end 10:842]

f186v

Brahmins now our great Assistants [end 4:507]

 morality - no sacrifice}
 Parsi or Jain } foreigners
 Buddhist sect
 Commerce: Parsis great merchants - taking it all
 from the great English firms
 Mills rivalling Manchester
 ? Dundee
 Technical we always hear what we want to hear

[10:842]

f187r

Sir W. Hunter [67]

There is a great feeling of hostility
 between European & native - But in some
 respects this is not to be lamented.

The natives have made such extraordinary
 progress.

In commerce Parsis - great merchants - are
 taking it all from the great English firms
 Bombay Mills are rivalling Manchester
 ? ? Dundee

f188v [2]

The Anglo-Indians say - formerly my native
 Clerk did what he was told, & did not
 speak. "Mutinous dogs!" they say -

Now the native pleaders are better than
 the English - for they receive the same
 education & know the people better.

In the High Court the Chief Judge was
 a native when the English Chief Judge
 was absent on leave. And he knew
 the law better than the Englishman.

Abominable rascals, say the English

f189r

Sir W. Hunter Oct 17/96 [1] [or 6]

Education. Till ~~my Commis~~
 the Native Schools both Hindoo & Mahometan
 entirely based on religion - repeating the
 pages of the Koran & without understanding
 one word - a little reading & a little
 accounting (to enable them to hold their own
 against the money-lenders) is added

School-masters have no Normal Schooling
 Then came Sir C. Wood's Despatch of 1855
 which gave High School or College Education

f189v

at the cheapest rate - creating a mass of men unfit for anything but subordinate govt. offices, Clerkships &c - & consequently a mass of discontent. They might possibly become merchants or lawyers. But they could not possibly put their Education into Agriculture because there was nothing *technical* in the Education.

Then came we - our Commission. And a great fright was caused. that we were going to close the Colleges. & take the

f190r

money for Elementary Education. We said: you ought to be glad, because now there will be room for *Private* Colleges to be set up. And we shall not close a single Govt. College, unless we find it deserted.

Then the question of Elementary Education came. & how to get money for it.

We said to the native Schools - Now we don't want to disturb you in the least - But if you choose to add --- & --- to your

f190v

education & to have that part of it inspected, we will give you a small grant - nothing would induce them, they said, but when it came to the point, they were too glad of the grant.

Now the Brahmins are our best Assistants **[end 10:190]**
 Money ? ?
 our scheme going on very well. **[10:868]**

f191r [8]

Irrigation

Yes. going on.
 famine, (Madras) Chingleput Cuddapah
 had only ---- wells
 Govt. has advanced the money
 & 90,000 wells have already
 been built.
 whether they will go on when water
 from heaven comes dropping on them
 is another thing **[end 10:868]**

Notes, ff192-96, pencil

[10:876-77]

f192r*Prince Aga Khan*

a very touching man - July 5/98
but you never could 10, South Street,
teach him Sanitation. It Park Lane. W.
is all religion & spirituality
& morality. He closely
enquired after our religiousness,
our Dissent, whether we
were improving on, whether we
believed in God, who was to him
the only or at least the most
important being, - our morality
To him Sanitation is unreal &
superstitious - & religion &
spirituality is the only real
thing. [He is only 23. **X** He said
once, doubtfully, 'do you think
that Sanitation *can* make much
difference in life?

X I should have guessed him at 33.

f192v

He said we could not teach God
or religion in our Schools - *that*
must be taught at *home*. &
the religiousness there was as great
as ever. We could not teach
Xtianity - that wd. make a mutiny
He did not think much of
McNaghton's book.

He spoke of the emotional nature of
India's natives - the want of
emotion in England, & in the
English in India

f193r

He says Panchayats are utterly at an end & could not be restored. & that all hope of small Republics, governing themselves, is equally at an end. Centralization there was - & that centralization would increase.

[He could not remember anything about Panchayats - or the life of little Republics]

-----I never understood before how really impossible it is for an Eastern to care for material causes. Sanitation is the superstition - Religion is the reality.

f193v

I told him as well as I could the differences (during my life) between the country life & the huddling into a small London house - the rush into London - the family life in the country, where the upper servants lived & died in the house, & brought up the under servants.

Do you think you are improving, he said. I could not say we were.

I told him the story of the Hindoo who said to me - Mahomedans know their religion - Hindoos know theirs. But Christians don't know theirs.

He is the most interesting man & I never thought he was a Prince. I should have thought he was a philosopher of 35. Or rather like a man in a book

f194r

Prince Aga Khan
of Bombay & Poona July 5/98
10, South Street,
Village Sanitation Park Lane. W.

ask him how the old
system of Village Republics
& Panchayats did
& how our centralization
which has destroyed so much
does

Italy
ask him how much the
people can do & are doing
for themselves
& how much *only* Govt. can do
& how much it is doing

Without competition
or advertisements

f195v

ground surface of villages
foul
drinking water polluted
air tainted by emanations
from filth of all kinds
no drainage
subsoil not only impure but
damp
~~every law of health violated~~

f196r

10, South Street
Park Lane. W.
whether, while Your Highness
is in England, we might
refer to you in cases where
we are in doubt

[end 10:877]

Add Mss 45820

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