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.
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 margin:} 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:}

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 -

{f1 continues:}

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]
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.
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
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]

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.
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

Shd= never be in same block: what a noise over head much more

{Noise 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”?

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.
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?

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?

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
    & 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
   ¾ 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

4 North Row
  Oxford Grosvenor Sq
North Audley St.

f11 {blank}
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.
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}
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 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
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 has 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}
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
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
& whom it would be death or infirmity for life to send
to its poor London home. Many a child declared incurable has
been cured
by some months’ good nursing
in the country
Then put this is, why the proposed home will be more expensive

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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 diseases influences.
Add Mss 45820

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 = 1250
   £25 = 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
Add Mss 45820 16

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        Miss Isla
Sister Arthur       Stewart

Miss Aston
not quite a
Gentlewoman
more brains
less

domesticated

start

witty

conceited

not

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 Infirmaries with Nurses. And we
do not understand why it is not able to
provide itself.
Add Mss 45820 18

draft, ff19-20v, pencil

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

Plans

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 Infirmaries, Fever Infirmaries and Convalescent Fever Infirmary
Add Mss 45820 19

note, f27v, pencil

f27v
presepis
pay
irregular work for Nurse
Miss Aston is engaged
draft, ff28-38v, pencil

f28
Regulations: Met Asyl Hosp1
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 ?
£30

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

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

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 Infirmaries, because in no Hospital
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	en 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

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
It is a poor place where female servants are not under Matron (Supt= of Nurses?/who is) Housekeeper must be under Matron Laundry is under her - therefore Laundress - who is cook under Matron? Pavilions Chill of going to Home There shd be a Home Sister Probationers? or their equivalent Matron’s Office Assistant Matron’s Office including Linen Room Should be all together in a control position Supper Room for Sisters

Where do Charge Nurses take tea? Charge Nurses must have a comfortable cup of tea in their own room - they can’t go to tea - away & they must have the recreation of being alone Where do Night [illeg illeg] breakfast (before they go on duty - i.e. at night And where do they dine - i.e when they come off duty? Say 10 a.m. Scullery or Kitchen & Small Ward {this line to end folio x-out with to each large Ward 2 diag lines} How many floors? of Wards?
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
Metropolitan Asylums: Nurses’ Accommodation

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’ 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 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
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, 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
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 Hosps
& 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.
Isolation Wards - 4 Wards - 1 bed = 4

8 " 4 " = 32

very difficult to manage -

They should be under one Charge Nurse
or even 2 - each having her own room
near her Ward.

[Charge Nurses don’t dislike this]

tho’ perhaps they should
not have it for a/too long a term

In St. Me Infy= 3 2 bed Wards to each pair
of Wards - Noisy Patients may be put there -
But there is a good Ward Kitchen to each pair
Do the Assistant Nurses do Ward maids’
duties?

Are any Probationers? or equivalent?

Charge Nurses where do they breakfast & take tea?

Night Nurses where do the Night Nurses

have their (good/meat) breakfast, say 9 p.m.
before they go on duty? i.e at night
Where do they dine, say 10 a.m.
When they come off duty?

The two Night Supts= preside at their meals- We must remember that the whole Staff of Day & Night Nurses are not in the Dining room at once

The Assistant Matron presides over the Dormitories
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 Hospil= that will take them.

Telephone 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]
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
### Hospitals Occupied

<table>
<thead>
<tr>
<th></th>
<th>Beds</th>
<th>Sisters</th>
<th>Wages</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Univ. Coll.</td>
<td>139</td>
<td>10</td>
<td>none</td>
<td>25</td>
<td>alternately one month none</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>on day</td>
</tr>
<tr>
<td>or night duty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middlesex</td>
<td>233</td>
<td>9</td>
<td>£30</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£18 to</td>
</tr>
<tr>
<td>£12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>£24</td>
<td></td>
<td>none</td>
<td>serve 1 year</td>
<td></td>
<td>by</td>
</tr>
<tr>
<td>£2 yearly</td>
<td></td>
<td>as Pos before</td>
<td>eligible as full</td>
<td>Nurses</td>
<td></td>
</tr>
<tr>
<td>Guy’s</td>
<td>562</td>
<td>19</td>
<td>£50</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£12</td>
</tr>
</tbody>
</table>

£22.10  £14  full board  Board  (£20
full board & dresses  & nearly full (full Board  ”
”  & dresses  furnished rooms  & dresses
& dresses

Westminr- 135  Hospit- pays £1520 a year to Westm Training School Nurses

boarded in Hospit=
Sisters besides Probrs=
12/ a week each
Charing † 138  Hospit- pays £1800 a year for 36 Nurses (to St. John’s Ho
for whom no payment

resident
London  590  17 £35.16  56  32

£25
£9
12 Extra
Add Mss 45820  33

(2 Night Sisters £45)  4 sisters 12.10  
£23.16  8 Scrubbers  
£21.16

Kings Coll 177 undertaken by St. John’s House  
St. George’s  353 14 £32 to £40  28  22 only  
12+  
£12  
+  
£20 to £25 £22 to £28 now £2

Washing

Night Supt coming  
£45 to £50 into  
Surgery

Nurse operation  
£30 - nursing  
£25 to

Staff  
being

re-arranged
Add Mss 45820 34

Draft, ff48v-51, pencil

St. Mary’s proposed

<table>
<thead>
<tr>
<th>Ward Maids</th>
<th>£16  =</th>
<th>£112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Washing</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Board</td>
<td>30.6</td>
<td>212.2</td>
</tr>
</tbody>
</table>

-------
£352.2

<table>
<thead>
<tr>
<th>Probationers</th>
<th>£10   =</th>
<th>£60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Washing</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Board</td>
<td>30.6</td>
<td>181.16</td>
</tr>
</tbody>
</table>

-------
£271.16

<table>
<thead>
<tr>
<th>Women 1/6 per day</th>
<th>£191.12.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food /6 &quot; 63</td>
<td></td>
</tr>
</tbody>
</table>

----------
£254.12.6

Women & Probationers) £526.8.6
Ward Maids 352.2

latter less by £174 6 6

Average No= of Patients to Beds over
Nurses 22 over

Guy’s 5
Charing + 3 30
Westminster 6

St George’s 4 49
<table>
<thead>
<tr>
<th>Institution</th>
<th>Quantity 1</th>
<th>Quantity 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Univ. Coll.</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>5 1/2</td>
<td></td>
</tr>
<tr>
<td>St. Thomas’</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
£50

1. St. George’s
   Head Nurse  Board & Allowances
   £20 increasing  £1.12 per month with
   £1 per ann. to £30  Bread, 1 pt Beer &
   ½ pt milk daily
   Asst- Nurse  
   £16 increasing  
   10/ per ann. to £20

2. Westminster
   Head Nurse  Board & 1/ per week
   £21  for Butter &
   Cheese
   Under Nurse  
   £16.16

3. London
   Male Wards - Head Nurse  Bread Potatos Milk
   Sugar Milk - Beer
   £22 gs to 2 l gs  £8.8 per ann= for
   with 3 to 5 gs gratuity  Meat Butter & Tea
   for good conduct  Crockery 2/6 per Bed
   Female Wards - H.N.
   20 to 24 gs  Dr=
   Under Nurse 16 to 18 gs  with a gratuity

4. Guy’s
   Head Nurse  Head Nurse
   £50  1 pt Porter & milk daily
   Ass- “  30  Crockery £2 per 48 Beds
   Unfurnished
   Apartments.
   Under Nurse  
   1 pt Porter & ½
   pt Milk
   Furnished
   Apartments -
Middlesex

**Board Wages**

- **Sisters**: £20 increasing to £25 per annum
- **Nurses**: £14 increasing to £18 per annum

**Additional Items**:

- 8/- per week - 12 oz Bread
- 1/2 pt Milk, 1 pt Porter daily
- 2 Gowns per annum, value £1 each to Sisters only
- 2/6 per Bed for Crockery

**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 annum & full Rations
- 2 dresses, 2 bonnets & cloak £2.5.10

**Matrons**

- £50 Rations & apartments
Copy of statement of wages, f52v, pen not FN hand

**£52**

Copy

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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Head Nurse</th>
<th>Board &amp; allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>St= Georges</td>
<td>£20 p annum</td>
<td>£1.12.0 p month</td>
</tr>
<tr>
<td></td>
<td>increasing after 3 Years Service</td>
<td>Bread</td>
</tr>
<tr>
<td></td>
<td>£1 p annum to £30 -</td>
<td>1 Pint of Beer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£1.20 p month</td>
</tr>
<tr>
<td></td>
<td>Assistant Nurse £16 p annum</td>
<td>£20.0 p month</td>
</tr>
<tr>
<td></td>
<td>increasing 10/- annually to £20.</td>
<td>Milk daily</td>
</tr>
<tr>
<td>Westminster</td>
<td>Head Nurse - £21 p annum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under Nurse £16/16 do</td>
<td></td>
</tr>
<tr>
<td></td>
<td>per week is allowed -</td>
<td></td>
</tr>
<tr>
<td>London Male Wards</td>
<td>Head Nurse from £22 Guineas</td>
<td>Bread Potatoes</td>
</tr>
<tr>
<td></td>
<td>to £26 Guineas</td>
<td>Milk</td>
</tr>
<tr>
<td></td>
<td>per annum with a quantity</td>
<td>Sugar and Beer,</td>
</tr>
<tr>
<td></td>
<td>of 3 to 5 Guineas for good conduct</td>
<td>£8.8/-</td>
</tr>
<tr>
<td></td>
<td>&amp; Tea - Crockery 2/6 p</td>
<td>Meat Butter</td>
</tr>
<tr>
<td></td>
<td>Bed.</td>
<td></td>
</tr>
<tr>
<td>London Female Wards</td>
<td>Head Nurse from £20 Guineas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to £24 Guineas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p annum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under Nurse from 16 to 18 do</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p annum, with a gratuity &amp;c</td>
<td></td>
</tr>
<tr>
<td>Guy’s</td>
<td>Head Nurse £50 p annum</td>
<td>without Board 1 pint of</td>
</tr>
<tr>
<td></td>
<td>Porter &amp; Milk</td>
<td></td>
</tr>
<tr>
<td>Assistant do £30 -&quot; -</td>
<td>daily, Crockery 2 p 48 Beds -</td>
<td></td>
</tr>
</tbody>
</table>
Unfurnished apartments -

**Under Nurse**

Board - 1 pint of Porter

pint of milk daily -

Furnished apartments -

P.T.O.

### £52v

**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 -

£53, printed St. Bartholomew’s Hospital Regulations for Nurses, Dec 1893, re: regulations for Nurses being trained at
Add Mss 45820  40

the Hospital
Q. Charlotte’s
3 cases came in to
Marylebone- 1 died- all pyemia
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

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
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 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.

[At Bartw’s- we had to give the charge of say 16 beds to a quite raw Probr=]
Add Mss 45820

note on envelope, ff57-59, pencil

**f57**

St. B’s

Accepted

10 Candidates 20 - 25

1 26

3 30 - 35

14

**f58**

St. Marylebone

Female Block

A & B3 Miss Murphy

G. & H3 Miss Airy

Mrs Nichols

Miss Bird

Heron

Rogers (Miss Twining)

A & B2 Ward

G & H2 Jack

so

n

Miss Pringle

Nurse Taylor

A & B1 H.N. Campfield

St. B’s

G & H1 Miss Manning

Kent?

Vousden?

**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
Sisters’ duties

Churchill
Assistant Sisters
4 or 6
notes, ff60-61v, pen [Queensberry House Hospital, Edinburgh. Was a house of refuge]

**f60**

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
Coventry Infirmary

1. No plan can be recommended without knowing the
(proposed)
number of beds

2. If the Aylesbury one is adopted as a basis, there
are some
grievous defects in it to be avoided.
   (1) the wasting the whole ground floor upon
administration, which nearly doubles the cost & extent of building.
   (2) the having the operation room on the
highest floor
   (3) the having the kitchen in the building at
all
      &c &c &c &c

   But it is impossible for me to write a book upon the
defects
of every Hospital - plan.

3. If they have sent you the lithographed plans, they
have sent you the plans made before we introduced some
essential improvements
   (1) removing the laundry altogether out of the
building
   (2) removing the kitchen from under a ward &
placing it
      in the basement under the centre part
   (3) improving small wards, ward offices at end
of large
   wards, access to Operation Room, distribution of ground floor
&c &c.

   But as I say it is impossible for me to write
criticisms of
plans which are not the accepted plans.

4. I would have nothing to do, either in criticising
or in
praising, with Fever Wards or Fever Hospitals. Both are simple
murder for fever cases.
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 Mr. Bracebridge about are determined beforehand.

6. The draft plans must be sent me for criticism, which will save them much expense. 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?
f65 {arch:} [Edinburgh R. Infirmary] [May 10-21? 1873]

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

2nd Medl= Floor
1st Surg- " Lady Supt=’s 3 Rooms

bedroom unhealthy

oset 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? -

must be for Probrs=

communicating with hers

Steward’s Bed- room Window

not look into these

Splint Room must go thro’

window at opposite end

Stewards Rooms outside

Students be warded

private wards?

given up to Nurses?

have a Nurse

have a Maid’s Room

Could not Sick

in any of the

& these Rooms

Any how you can’t

to herself there.

And you can’t

by herself on

the
Dining Rooms
have put Chapel
Students Hall is

opposite next the Record &

How much better to
where Music Room is
or where
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? very un healthy

Are the Scrubbers women? And are they to be under

the Porter? I would give them the

Engineer's House & put the Engineer there
Or I would put = the

Porteress who is all by herself near the
Reception Rooms when the Porter is.
Add Mss 45820

Are these for Out Patients?
Reception Room

Nurse's Kitchen

Infectious Patient’s Room is such a dangerous nook (near top of folio:) very bad

borrowed light

Meal
I should give up all that side of Administration including Sick Student Wards to the Females. It is not at all too much - There must be room for 36 Probrs= There is only for 18 In St. T’s a house to themselves kitchen & everything Then there must be a Sick Ward for them - Bath, Sink & W.C. on each floor - Sitting Room & Dining Room - & small Office for Housekeeper separate same room one Dining Room for Nurses & Probationer good room for all & Sitting Room Office for Lady Supt on ground floor entirely depends on who leads in each block Nurse Barnard gallant sulky at St. T.’s -
Add Mss 45820

2nd Med Floor Wards
1st Surg "

Inextricable confusion - of small holes & corners - hone 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

Small Ward - then only there 3 this on opposite side Corridor

Have No Doctors Rooms or only on opposite side

Nor Mattress Room

[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

f69

2st Medl= Floor [5] (2st and 1nd seem to have endings reversed)

1nd Surgl= ”

Left hand Block

X {very large x}

Are these

defor Out-Patients

3 Reception &

3 Examination Rooms

2 Porter’s & 1 Portress

The part of Hamlet

vi

z

{diag. to left:}

{diag. to left:}

{diag. to left:}

{diag. to left:}

{diag. to left:}

{diag. to left:}

{diag. to left:}

inscribe

plan

Accidents

so quiet

{up diag:}

A wretched little

Nurse’s

Scullery

where

e

a

He

ad

Nurse cannot

sleep -

then must be an Inspection

window -

And how can you allot 2

whole Nurses (Night & Day)

to a 6 bed out of the way

Ward?

f

The Passage seems to narrow

very much near the Ward

for carrying in Accidents

But as there is a space to

turn around, this does not

perhaps signify

Could not the Fortress be near

the Nurse?

Why not have

M Accident Ward

as big as Ophthalmic

or have it where

Students Hall is

for sake of Nursing {flows to f70}

Not more than 2
Mattress Dispensing

Stores for whole place

One central
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 diagonal line}
not for Post Mortem s ?

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
honey comb

style of building Wards  [6]
Why not alter run of Corridors
so as to cut off Small Ward
(with Nurse’s room) on one
side or Doctors Room & every thing except
Nurse’s Room & Scullery
with large Ward on other?

thus

or Doctor’s Room on this side

{diagram drawn:}

______________________   __________________________________
Nurse          Scullery

_____    _____

{vert. left side:}                {vert. right side}
In kitchen presses of linen
& shd= look into Ward
or 2 beds more to Ward
4 beds more
&

Lavatory

for Nurses- out of
Kitchen or behind Ward Kitchen

W.C.

Ward

f72 {blank}
Nurse Kitchen of their own
Calculation of experience
that this saves expense
to give the Female Estt=
cook & kitchen under Lady Supt

makes difference between
meat ½ lb to 1 lb per head per day
- gives more variety - tempts
appetite - stews, pies, puddings
vegetables, fruit which they
like & which are good for them
- In a large experiment
2/ per week per head saved
in this way - much more
than covered separate Cook
& Kitchen
Nurses ate twice as much
& were twice as healthy

2\textsuperscript{nd}= Medl- Floor [7]
{vert. on left side:} put into the Ward
or make a larger Special
Ward

Same inextricable confusion
never can be overlooked or kept clear of
multifarious rooms
Convalescent Room better without
Bath & Lavatory is not the one
at the end
enough?

Doctor’s Room better without
Ward Kitchen Linen press too large
in kitchen
& groceries

Mattress Room ought not to
be there at all

Male Wards- above all necessary
that Sister shd- sleep in her room
(as otherwise Night Nurse alone)-
The two inner wards: men overlook
women’s windows -
What is Urinal for Women?
Basement

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

Medical Basement

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
  => with the same Staff
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
may be turned into Cubicle
All Linen & Stores
will be Served out once a week
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
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

Private Nurses 25

not interchangeable
2. District Nursing: great, unique peculiarity of Lpool post
   a. requires woman of highest training
      great powers of mind &
      supervision
      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
   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
   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
besides Matrons over Homes of 4 or 5 Nurses & system of tickets or checks, by means by which Nurse may nurse & not give]
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

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

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—
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.

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.

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 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
& 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:  
Nurse runs after Dr. not Dr after Nurse  
Dr. won’t write on slate for Nurse:  
nor fix a time  
Nurse sometimes goes to Parish Doctor at his time for receiving Patients.

<table>
<thead>
<tr>
<th>5 District Homes</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>there should be</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>'each' to all the numbers</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>each under little Matron</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

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
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

Lpool proposed new R. Infirmary
Private & Confidential
13 sheets

Please return {2 words up diag}
Dec/85 [16:876-80]

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 Pavillion Hosp, 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
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 rite 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]

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]
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 -

[4]
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]

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
if these were added  
   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?

[III] Proposed new R. Infirmary Liverpool: [Wards
It appears that the “instructions” of the Medical
   Staff were: - to each Visiting Surgeon
- 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

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 & just opposite the Lift)

It is sometimes preferred that the Scullery & Separation room
1st Floor

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

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

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

2nd 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?
f99

3rd 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.

f100

4th Floor Administrate 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]

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.

f102

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

Children’s
from escape stairs should be elsewhere
not in one of the 2 projections at end of Wards
It seems desirable to recapitulate

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
Draft notes, ff103-08v, pencil {vert. line thru text in all folios}

f103
Derby Infy  3/4/91
Nurses- Home so far off
not a Well
where Probationers? how many?
    Night Nurses? apart
[Dining Room Kitchen]
    how many meals will there
Class Room - be in Dining Room?
    Charge Nurses -

Matron’s Room
    Is she to supervise
the Nurses or the
House Surgeons
Supervision difficult by day
    impossible by night

f103v
Nurse’s Home
3 W.C.s to 20 rooms wanted
    (only 2)
2 Sinks all {4 lines up diag}
    these
    Nurses are up

1 Housemaid’s Sink
    by 6.30
Where do they breakfast
    in Dining Room?
how many Nurses?
Gynaecology
    Scullery on opposite side of Corridor
Linen Press & Dresser
    in Duty Room
You will never get a really good
class of Charge Nurse if she has
not a room of her own to sit down in- Do Sisters wish to
sleep away? {flows to f104:} do they wish to breakfast & tea
away?
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}

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?
Wardrobe? table? {up diag:} washing doors opposite each other
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 should  
have separate Bed (including  
sitting) 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  

is 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 -
Nurses’ Home N. E. {next 3 words circled, vert. line thru & line S. E. going back to f105v:}

Balcony Children’s N. E.

Matron’s room & office

Matron’s Office to be Central - look South West

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?

Casualty Ward - where will Nurse be?
do they cry?

what covered passage to Nurse’s Home?

Infectious Wash-house too near: not light

ough
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 is Duty Room intended to contain this?

Gynaecological wants a Scullery beyond any other - It must also have a roomy Lavatory where the smaller Operations are performed - Ovariotomy shd be performed in small Ward_ Nurse never absent from Ward day nor night
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 ileg or in the Infectious block?

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
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}

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]
Add Mss 45820

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 cupboard
{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
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

{vert. in right marg:}

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

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

1/6 for Manl

Servant might wash her own

? dry in Yard

3 in Laundry

dry

? drying closet of
drying ground
{vert:} Dormitory now & then 9 in bed
   but otherwise to be fetched by Serjt=

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
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

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?!
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
ham
one eggs
cheese
rice suet
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}
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
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
depth
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
**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

**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 overttop 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
& 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-
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

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
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
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

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
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 morng & eveng } wards swept by Probrs at night} St. T’s swept 3 times a day }

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=
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 expense 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?

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 expense. In such Hospitals would it not be better to make a beginning with Nurses capable of attending upon all ordinary cases

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
Hosp= 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
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}
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
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}

[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

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
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 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 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-
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.

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
plenty of time for Suicide & murder If you depend on electric bells - Is there to be a Staff of Nurses \# kept up all
but it is the daily, hourly, discipline) night in the Electric room
} how if only two
- & they
} are both away,
called -
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 -

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

Children’s Ward at the top -
a C.W. demands publicity more than any part of the Hosp=, because children cannot & ought not to complain. It should be in the most frequented part of the Hosp= & nearest the Supt- Up there it could be have neither Supe= nor publicity The Supt- must have an Office - easily accessible The Night Supt's- Office too should be as much in the way as possible. Night Supervision will be difficult
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

"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
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.

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 HOSPITAL=
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}
The great ingenuity of the plans is admirable.

On the information so kindly sent me by Mr. Saxon Snell

Rough Notes

Please return to F. Nightingale

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 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...
2 note, especially as head ward= nurses,(or “sisters”.) To secure these, accommodation {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 prepare 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
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.

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—

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
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 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]
Montreal Plans Medical Officers’ Rooms

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 bath-room 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.
In Edinburgh there are or were 16. In St. Thomas’ a much 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 arrangements, constructive & administrative
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
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 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”

The Staff nurse

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.
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. Ovareotomy 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 as to be of the easiest access.
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 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
^about which there is scarcely any depends on these arrangements _ how it devolves
difference of 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
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

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 Hosps 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

Mr. Saxon Snell’s building of S. Marylebone Infirmary? is quite admirable for its purpose
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 Hosples=
- nothing which prevents easy supervision, or renders punctuality & strict order difficult.

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

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

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

{upside down:} 10 South St Dec 2 89
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
Is it the Medl= School being separate from Hosp- 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
Accessibility for Nurses & Medical Officers from their Homes 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 Hosps how much more so in large ones? Any thing which prevents easy Supervision, punctuality & Strict order should be avoided

which arrangement would tend to secure the best Nurses & best Nursing order of Wards & Offices?
same for Medical Officer’s room
f168

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 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
x x x Accidents none & even acute cases & not at all the same proportion of Probationers constantly brought in at night {above line up diag}

4 Training School for Nurses 4 only in a few of the largest Parish Infirmaries
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 Infirmanian_ But this is enough
Consequences necessitating or producing 1 Few or No emergencies
1 an emerging or emergencies
most by every nights - perhaps sometimes in the day their meals away
too

extra nurses have to be put on where necessary

when the Hospl- is put up/settled for the night Night Supt=
Sister has to sleep off the her Ward enough to help from
Night Nurse can never be left alone the Night Nurses
without instant help at hand - in her rounds
even with these precautions, sudden

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 & Very rare
besides the Residents, dressers & clinical for the
clerks, necessitating a far greater

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

Th Minor operations are constantly performed night
by night & even capital ones, such as Head Nurse
Tracheotomy in Diphtheria to save life almost
Sister is summoned never
3 Sister & Nurses have the
  Operation Theatre work

3 None

(Over

No Medical Officer’s Room necessary off the Ward except in the
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

f169v
Over in largest
Add Mss 45820

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

No Medical School
buildings
Add Mss 45820

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 Superintendt-
  & his Assistant

{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
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.
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.
[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 Infirmarian: 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 –
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
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
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.

There should be two W.C.s. 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 before 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 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
Each Nurse should have a 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. 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 proportion of W.C.s for Patients should be from 1 to 15 to 1 to 10. In the Workhouse Infirmaries so many are able to get up that a 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 - She would probably have to housekeep for the whole if Probationer took their meals with the others But Probrs- had better sleep & live in 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 Nottinghman 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?
Edinburgh Superb Area
Cubic feet
150
2300 -
2500
too near
88 ft
too

high

63
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
\[ 9 \mathrm{ft} \] \( \times \) \( 12 \mathrm{ft} \) \( 6 \) height
\[ 7 " \) \( \times \) \( 13 \mathrm{ft} \) \( 1210 \mathrm{ft} \) cubic space
\[ 4 \mathrm{ft} \) \( \times \) \( 112 \mathrm{sup. area} \]
\[ \text{between side} \) \( 136 \text{whole} \]
\[ \text{& side} \) \( 1668 \text{cubic} \]
{returns to normal text:} Pas
\[ 28 \mathrm{ft} \text{ width} \]
\[ 13 " \]
\[ 112 \text{ sup area} \]
\[ 1456 \text{ cubic} \]
\[ 8 \mathrm{ft} \text{ from centre to centre} \]
\[ \text{of bed} \)
\[ 5 \mathrm{ft} \text{ between the beds} \]
\[ 3 \mathrm{ft} \text{ 6 window} \]
Nurses’ floor: Admn= Block
where do the Night Nurses sleep by day?
where the Night Supt=?
Head

where the Nurses

? 13 in No- 13 rooms x

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
Hosp1=
has she not a room, an office in Hospl?
is her floor completely cut off
from Medl= Officers’ floor?

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
Add Mss 45820

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'

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.
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.

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 Hosp= or Conv R
Where is Sister’s Bed Room?
Staff all sleep not of building

f201 {blank}
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 out of doors most objectionable

She is on duty
“in & about the Wards”
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
In a high class Hospitals for them to shirk their Ward duties where Probationers carefully selected from the best classes are trained morally as well as professionally to be approved Nurses, it is a thing unknown

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

{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
Add Mss 45820

Add Mss 45821-45822 includes notes by Sutherland.

f1 faint pencil, pale blue paper

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<th>Admissions</th>
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f2 FN note pen, pale blue paper

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<td>58</td>
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<tr>
<td>84</td>
<td>3</td>
</tr>
</tbody>
</table>

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 provisio
  in store

f9v
May 25 checks Furlong
  for remonstrating
  about Salt Meat
Juen 24 recommends freshd
  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 &c
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,: Scorbustus, & Diseases of Scorbatic 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
Add Mss 45820 160

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 invesitagation
"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 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 morale 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
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, our 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 45820 166

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....

Irrespective of hospitals, it seems that there are but two kinds of stores either 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....

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 more than 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]

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

 Defects. On considering the evidence which has been brought before us on the subject of Medical education

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

 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.

 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.
Add Mss 45820

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 }
Add Mss 45820

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

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.
I 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
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”

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
Add Mss 45820 176

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
commanding 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 \textit{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?
\textbf{10 per 1000 of mean force} \texttt{[bold in another hand]}
\texttt{annually}
What in the Colonial
Stations? \texttt{Mediterranean 14.0}
\begin{itemize}
  \item W. Indies 24.0
  \item E. Indies 21.0
\end{itemize}
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
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 Storks
Mrs. S. Stewart
Miss Morton
Dr. Mclachlan
Dr. Mapleton
Dr. Becker
Col. Tulloch
Sir J. Clark
Harrison’s
Dr. Tweedie
Mrs. Nelson
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 - - - - - - - - - -
iquire 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 - (
(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 & Fis Invaliding)

Also, into the system adopted in the same Military Hospitals for the treatment of our soldiers, & the powers possessed or exercised by the Medical Superintendents (or other functionaries)
in such Hospitals
for providing (ill leg/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)
& the practice in force for
invaliding & discharging the
Soldiers of our Army when
brought forward for
discharge as unfit for
further service
And further we do order
& direct you to enquire
into the rules & regulations
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
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
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 competent 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
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
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
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 -

Consly 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 - morty 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
     Alexander
   Pay & Rank
     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
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?

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

<table>
<thead>
<tr>
<th>Strength</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers</td>
<td>-</td>
</tr>
<tr>
<td>N.C. Officers</td>
<td>-</td>
</tr>
<tr>
<td>Privates</td>
<td>-</td>
</tr>
</tbody>
</table>

for 1820
1
2
3
4
5
&c

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 have you had of making yourself acquainted with 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

<table>
<thead>
<tr>
<th>Proportion of men at the different periods of Service</th>
<th>Under 7 years</th>
<th>7-14</th>
<th>14-21 or 24</th>
<th>Above 21 or 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Cavalry</td>
<td>461</td>
<td>272</td>
<td>232</td>
<td>33</td>
</tr>
<tr>
<td>Cavalry of Line</td>
<td>557</td>
<td>249</td>
<td>178</td>
<td>16</td>
</tr>
<tr>
<td>Foot Guards</td>
<td>499</td>
<td>281</td>
<td>172</td>
<td>48</td>
</tr>
<tr>
<td>Infantry of Line</td>
<td>634</td>
<td>229</td>
<td>127</td>
<td>10</td>
</tr>
</tbody>
</table>

Proportion invalided per 1000 serving at different periods of service

<table>
<thead>
<tr>
<th>Proportion</th>
<th>General</th>
<th>Under 7</th>
<th>7-14</th>
<th>14-21</th>
<th>Above 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Cavalry</td>
<td>32.5</td>
<td>6.2</td>
<td>13.7</td>
<td>35</td>
<td>528 %</td>
</tr>
<tr>
<td>Cavalry of Line</td>
<td>32.5</td>
<td>14.7</td>
<td>23.4</td>
<td>36.7</td>
<td>739</td>
</tr>
<tr>
<td>Foot Guards</td>
<td>30.9</td>
<td>14.3</td>
<td>16.2</td>
<td>26</td>
<td>331.4</td>
</tr>
<tr>
<td>Infantry of Line</td>
<td>32</td>
<td>15.9</td>
<td>21.1</td>
<td>55.6</td>
<td>988</td>
</tr>
</tbody>
</table>

Proportion of Deaths among Troops serving at home

<table>
<thead>
<tr>
<th>Per 1000</th>
<th>H.C.</th>
<th>C.L.</th>
<th>F.G.</th>
<th>I.L.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.7</td>
<td>13.3</td>
<td>19.5</td>
<td>16.8</td>
</tr>
</tbody>
</table>

Proportion of Deaths among Pensioners from Regiments serving at home during first twelvemonth

<table>
<thead>
<tr>
<th>Per 1000</th>
<th>H.C.</th>
<th>C.L.</th>
<th>F.G.</th>
<th>I.L.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>125</td>
<td>79.7</td>
<td>134.2</td>
<td>79.2</td>
</tr>
</tbody>
</table>
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

meet & consider the whole and propose a Scheme to the “Regulations” Commission
unsigned notes, ff28-29v, pen

\textbf{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 expense 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
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 troops in the field?

Do you see any objections in 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,
& 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
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?
\textit{\textbf{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
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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis</td>
<td>84</td>
</tr>
<tr>
<td>Val de Grace</td>
<td>52</td>
</tr>
<tr>
<td>Vincennes</td>
<td>40</td>
</tr>
<tr>
<td>La Charité</td>
<td>120</td>
</tr>
</tbody>
</table>

4/296
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 remove & 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?
c36
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
c36v
Admissions & Deaths Remaining
Synoches } Typhoid } Fevers Chiefly Typhus } Periodic Fever }
Bronchial Pneumonia Diarrhoea Dysentery Scorbutus
-- Diarrhoea Cholera Acute Dysentery Scorbutus Fevers Wounds Other Diseases
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

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
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?

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

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?
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?
(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

(9) conditions as to soils
   sub-soils
glacial 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.
(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

(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?
(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?

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?

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 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 hygiène 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.

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, &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.
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?
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 to Confidential Promotion Organization of A.M.D. 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
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 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.
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

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 -
Add Mss 45820

£74v

IV
Re=constitute Army Medl Dept
Make General Officer Executive Head
with Consultative Board of heads of his sub=
Dept 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 -

£75

V
Attach Sanitary Officer 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 -

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 &
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,

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.
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 &

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
completion of the improvement, in order
that it may be certified as satisfactory
or otherwise - & that further improve-
ment, 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 Commee

II 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 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 -
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, 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 -
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 -
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 -

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
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 a 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}
Add Mss 45820 224

**f160v**

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<td>Deaths</td>
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<td>Days Sickness</td>
<td>of attack</td>
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<td>18</td>
<td>863</td>
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<td>13</td>
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**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 annually*

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.
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 imbuied with plan of reform

Lord Panmure bully able

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
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 misapprehensions corroborated by their statements public will conclude women cannot work together

1. result of governing Genl Hospl by Depts
2. Sanitary 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 & administrative functions - treating D. A.S. must have Reg. ½ gill wine
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

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
separate Hospital admin

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

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 -
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 blackguard.

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'
(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
(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 Barrack Mortality
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
-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,
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
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
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.
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
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.
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-
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
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
4. M. Lévi, Inspecteur &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 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 -

(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
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
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
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
Surgeons would belong all that concerns the personal Hygiene of the soldier
   clothing
   diets
   treatment in Hospital
   bedding & personal cleanliness

Sanitary Officer

(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
Add Mss 45820

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?
Oatmeal Give 1/6 pint weekly
Fresh Meat 1 lb Beef or Mutton, when
   procurable, instead of 12 oz.
   Preserved Meat

Vegetables 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
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]
"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 e 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 is 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 wold 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]

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
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.
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.

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 45820

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/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
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 question of facility of attendance, important as it is, is not to be put into competition for a
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. Zdekaeu, 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
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 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=
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 -

Expence 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

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 the diffg Nurses Have you considered th effect of placing 3 Nurses in 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?

*50*
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

*51*
3
how are you we to secure as a
Supt over Z 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....
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.}

Please put name of Hospital
{in another hand: Portsmouth}

name
{in another hand: Gibraltar}

name Hospital
{in another hand: Portsmouth}

marginal note, f34, pencil
where?

marginal note, f35, pencil
name?

Also the man deaf with abscesses in ear cured by S. Jones

name
Portsmouth what year?

St. Thomas’ Sidney Jones

Portsmouth seen daily by writer

Cases known where the whole of the Diets have had to be furnished to Patients by their Officers outside

Sergt of A.H.C. tried & found guilty

Please return to F. Nightingale
unsigned note, ff47-52v, pencil

\textbf{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

\textbf{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
Have you/Has it been really considered what will be the effect of establishing a large No of separate small Nursing establishmats/staffs: each responsible to the D.G. & not forming part of a General Nursing Corps or Service how are they to be selected how dismissed how promoted moved 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 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?
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.

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’
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

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
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

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
Convalescents to be accommodated in a separate pavilion. Casualty wards to be provided separately, and not in pavilions with the sick.

Requirements for a pavilion, pavilions for gen hosps

Cubic space unnecessary in Workhouses Necessary in Mil hospitals

If severe cases
10 to 1 of 1 to 10
military hospitals (reverse) 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


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 be 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
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
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 -
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
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.
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
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 -
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 &
feelings of the country would not be outraged, the Chapel (in so small a Hospital) might be 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 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
matter of vast importance -

in 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.
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 -
20. My estimate of the Nursing Staff for a Child’s Hosp is as follows:-

for every ward  
    of 30 beds  =  
{1 Head}  
{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

There seems an inordinate quantity of the calibre of “Sisters”. It will not therefore do to give them the accommodation of “Director’s Servant” &c (as in plan) - The Matron must have one woman=servant.

Also, where are they to eat? The rest must be settled by custom
of country. Often the Porter would do understand the distribution of Store=
for Director & rooms - &c
Medical Officers - It must be
Or one woman decided whether the Kitchen & Stores
would come in & are to be under
were illeg/both - Any the same person -
how two grand the Steward comes
rooms are not in rather oddly -
required If they are, then
the Steward comes
in rather oddly -
If not, the Cook’s
& Stewards’ jurisdic=
tions ought to be
more separate -

23. The Porter must
24. Even if the Nurses
25. Even if the little
wards are preserved, sleep on the premises.
the corners must
be arranged wide
enough for beds-
26. The Nurses of the
wards must dine Administration, there
in the Sculleries two Head Nurses’ rooms
These are hardly on the Nurses’ Dormitory
large enough flat (at each end)
to keep order -

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]

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]

Start 25 FN ink notes [16:388-92]

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, 2 linen & fuel, should all, at fixed hours, come up by the lifts into the wards
2. I understand that they require
“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
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
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 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”

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
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 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.
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
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.
adjointing 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

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!

In the latter all the
cooking is done for all
classes except for
married men outside
If “irregularities”
take place, can they
not be prevented?
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.
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.

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

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

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.
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 -
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.
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.

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
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.
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 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 -
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
Nurses to the regular Convalescent and Venereal wards, on account of the decency, and order & absence of wrong which is 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
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.
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.]
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
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Ward</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Itch Ward</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Scullery &amp; Bath Room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;c &amp;c separate</td>
<td></td>
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<tr>
<td>3</td>
<td>Offensive Ward</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Scullery &amp;c separate</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Noise Ward</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>may be contiguous with (4/5)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lunatic Wards</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>one bed in each</td>
<td></td>
</tr>
</tbody>
</table>
### 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.
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 -
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 -
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.
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?
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.
1. Administration

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}
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
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
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
f121

2. **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.
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 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.
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.

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.
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.

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 wards. This is not 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) Lunatic wards are considered best - Harmless cases may be in one large ward - but two is a bad number, I believe.
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.

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.
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

657

This is enough.

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

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
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.  

John Sutherland, Florence Nightingale
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
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 recommendations 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,
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.
Mr. Sidney Herbert’s reasons 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.”
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
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 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
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 Southampton 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.

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,
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 Report.
The mixed salt & fresh water & mud charged to a large extent with organic matter are shewed 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
vary essentially from the S.W. climate of England, such, e.g., as Torquay, which 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 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
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 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 advantage besides of suiting such cases as that of Netley will not.
Add Mss 45820

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

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
water side & along a single line of street about ¼ 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 3/4ths 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
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 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. Pavilions to be erected on Spencer’s Bastion.
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
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...
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 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
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 slops &c
Each Patient is to have (illeg)/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.
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 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 openings both above & below into the interspace to allow of a free circulation of air - in order to carry off the sun heat.
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 administration 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 -
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.
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. Closets 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
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 impractical, 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
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
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
Add Mss 45820

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.
than in bad cases - as Ward Masters should always be within hearing, especially at night; when discipline is too little observed among these cases -

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<table>
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<tr>
<td>Offensive cases</td>
<td>3</td>
</tr>
<tr>
<td>Noisy cases</td>
<td>2</td>
</tr>
<tr>
<td>Operation case</td>
<td>1</td>
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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 -
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

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 Query whether, in the oblong plan, the magnificent bedded wards, if Double Pavilion is not too good near to one another. for the Convalescent Cases - & too [It is not at all necessary to have far off from the administration & too hot for the bad Cases? one nurse for every I only ask the question. one of the tiny wards.] The three bedded ward should have a sink &c of its own & means of washing=up of its own.
Malta

to adjoin each other - 1. Dead-house & Dissecting

to have a separate Room, to be kept clear
to have a separate entrance from the street of the Wards & Hospital

2. Hospital Wash-house

Day & Night Orderlies to have 3. Orderlies’ Lavatory
separate sleeping=rooms -
N.C. Officer’s room adjoining [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.

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.

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.
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 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.
10. The Supt must have a Store-room, & Linen
is in reality her Office Nurse’s and Servants’ room & should be accessible as an Office, instead of being hid behind all the bedrooms in the quarters indicated.
(Better give those two
rooms to Capt of Orderlies

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 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

1. South End=wall of Administrative Offices to be double
2. Roof all the way along to admit of ventilation
4. Will not kitchen Day=room must have being under day=room
   N.C. officer 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 to carry all the linen up should be lighted & to the 3rd floor [blue pencil] 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
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;
mo 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 Neithrammer
- 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 - Neithammar’s signature

f168

“Nous donnons sur leur signature
ensuite que cela aille à leurs malades
ou non nous nous en maquons parfaitement
pourquoi nous inquirerions-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

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.
& 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)
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

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 going to govern the world

Css de la Torre gets any amount of things from German & English Depots brings signatures they cannot disregard
Bismarck 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

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.
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’!

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.
aggravating one by
nibbling at work but never in right earnest
so we have to dodge from one sort of work to another
& make a choice of what is to be deliberately
neglected

French won’t work hearted with English
they will pretend to for what they can get out
of one & hate one for it - you only wound their
pride by making such a fuss to help them in their
distress - & to have foreigners poking their busy
fingers into all these sores is to them an
intolerable humiliation - & great impertinence
Pride national pride is paramount in public matters
to the destruction of all truth.

an unfortunate attempt to work by proxy

Mr. Bullock
the charges on the Mairie
- very difficult to supplement the insufficient
allowances of the Mairie without their stopping even
what they do give

blanks

The Johanniter
"as undertaking the duties of the French Intendance" -or
"as being the head & centre of all the practical voluntary aid of
the German people & having a position for the purpose" -
Both these statements cannot be true and
Both these statements are erroneous - {printed address:} 35 South Street, W.
The Johanniter are in no sense an “Intendance” - Park Lane.
They only profess to provide “extras” - And in W.
many instances where a high mortality was
following the want of every Sanitary necessary & every
necessary of life, these “extras” limited themselves
to cigars!
They wished to be, & applied to be, & considered themselves
to be the “head & centre” or the depositaries of all the
German contributions for their Sick & Wounded - And the
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]
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 Hülfs 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 †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.

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: 35 South Street, Experience is hardly needed to say what †this is: - Park Lane.

- the immense rebellion of all the "Germ W. International" Societies against their Johanniter pretensions to absorb the gifts.

- 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
“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
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 kindliness 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 Ũ 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.

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
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 had 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 cleaned, 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 uneatable 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
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
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.
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?

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 -

Outline Specification of Buildings required for proposed General
Hospital at Malta

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
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 ¼ 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
3/4ths 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
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 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
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 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.
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.
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 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.
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 administration 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.
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.
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
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.
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 impracticable,
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. 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,
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 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
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.
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.
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
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.
to adjoin each other -
to have a separate
entrance from the street

1. Dead-house & Dissecting Room, to be kept clear of the Wards & Hospital

 Malta

2. Hospital Wash-house

Day & Night Orderlies to have separate sleeping-rooms -
N.C. Officer’s room adjoining

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.
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 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.
1. South End=wall of Administrative Offices to be double

2. Roof all the way along to admit of ventilation


4. Will not kitchen being under day=room make it very hot?

N.C. officer [pen]

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.

Nothing of all this has been done

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.

[end]
Add Mss 45820

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

ffl- 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
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
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

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.
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 & some
of common sense, must come first, & therefore it is of course the view
based upon the present 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 1875/57 R. Commission &
Regulations departure - but from the
present Army Medical Department
point of view & the so-called “unification” 
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

Note: definition of “unification”
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
1. The Medical Corps should first be a
   Corps. How to build up a Corps
   is the question.

2. The Medical Officer should first be
   an Officer & master What is discipline is the
   question.

3. What are the Army Hospital Corps/Orderlies for? To nurse in
   Hospitals.
   a. The training of the Nurse-men should be
      by the Medical Officers. The Non-
      Commissioned Nurse Officers & Serjeant Instructors/Nurses
      should first be trained by the Medical
      Officers - & then should train the men -
      Note different Sections Stewards & Nurses
      in Report

4. The Medical Officer has had administration
   & discipline thrust upon him: therefore he should
   be an administrator, as well as a
   Head Nurse, Head Cook & Doctor. And he
   trained in habits of discipline

5. Therefore there must be a School to
   teach administration & Nursing to Medical Officers.
   & to train them in habits of discipline

6. Also in Nursing Civil Hospitals don’t teach Nursing.
   There must be a school of discipline
   as well as/ training in Nursing for the men.
   a. These men have to be sent on detachment
      duty. A far more difficult duty than
      that of the R. Engineers who have also
      to be sent out in small parties. Therefore their
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
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
want of good discipline 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 &
remediying 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.

Nursing not taught on the
well man & the Field Officer come in
on the dummy every day & call out Any complaints
as at Aldershot.
Blair Brown

But that is not the way to elicit them
Two visits a day to his Hospl don’t make a M. O. He must be the master of his Hospital as master is master of his 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

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 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 a steady, thorough-going enthusiasm which needs all the influences of his own Commanding Officer & Non-commissioned Officers, of esprit de corps & high training -

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.

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 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 [right col]

half trained
woman
Add Mss 45820

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

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.

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.

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.
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 Stretcher, 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 a 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 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?

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 the Principal Medical Officer to exert a more frequent supervision over the Hospitals, shd he not have a secretary under him who would conduct the routine correspondence, compile Statistics, & free the P.M.O. of detail work. If there are 12 districts, this would cost 12 Secretaries. 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 thing. It ought to be like ‘the good Physician’ coming among the M.O.s when the P.M.O. comes.

The D.G. ought to be more 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 impeacenor 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 exits.

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
Add Mss 45820 426

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 hosp
“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 nd 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.


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
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?
2. What engineers or other workmen were supplied to you at Ismailia, or elsewhere, to make sanitary appliances, what boxes or tools for such?
3. What cleansing staff was there at Ismailia, municipal or other?
4. What facilities had you for carrying out, e.g., any dry earth system that you advised?
5. What instructions did you give regimental quarter masters or others?
6. You kept Ismailia Hospital free from pyemia or erysipelas? by what means?
7. To what insanitary causes do you attribute enteric fever, as it existed, at Cairo? at Alexandria? When did enteric begin?
8. 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.
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?
17 a. 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?
18 a. 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?


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 three drawbacks, either in sanitary state, food, or nursing, which prevented the patients getting on as they should?

[f86 Dr Marston’s evidence good]

unsigned notes, f86, pencil

[f86 PRIVATE [8 x]]

They say the system has broken down no workable system the system has never been tried appreciation, problems at stake

Dr. Marston says that Civil Hospitals are efficient, what is to be done? because the Medical Staff has supreme power It is easy to say - take 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

3. Nursing

[& observe this is all lay, or civil] The failure of the system will have to be each with distinct duties, taken as a basis of work not doing one another’s work,
Add Mss 45820

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
2. Lord Wolseley, 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.

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
Add Mss 45820

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 pint
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. Ansrd.
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?
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 way 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]
Add Mss 45820 443

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

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...]


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 Hosl 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]
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?

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.
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 their 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 at 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 to 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

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 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 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.

From undated notes, 45826 ff147-50, similar to f101-02

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 that 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
Add Mss 45820 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 examine din 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.

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
Add Mss 45820

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

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
“Discipline”. There is so much *about* 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
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.
3. But how are the Medical Officers to be trained for this “close supervision”? p.p. 42,43
They might exercise it now but they don’t know how Is not “hoped for” a rather hopeless word?
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
“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 there 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 proposed by the Committee? & defined?
May not Regimental stretcher bearers become compulsory? p. 48

Why abandon the Field Hospitals unit of 50? p. 49

Is this all that is to be said about Base Hospitals Base Hospitals after the voluminous evidence given? 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.
It is “practical demonstrations” & clinical work,” (together with written examinations,) that will improve the Army Medical Dept.

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 these “facilities” compulsory?

next Para:

“examinations” in all these most necessary things, (Hospit 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?
Sanitary work is as important as Quarter Master General’s Sanitary work.

But Regimental Sanitary work is very excellent.

10. "disciplinary control cannot be as efficient"? 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)
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 scientific Corps is not organized & constituted for it.

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,
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 Regulations of the Army Training=School or initiation Hospital Corps, for the Medical Officers themselves? to give them the power of “disciplinary control” & all that this comprises) in the Wards?
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.
Serjt Major or Senior N.C.O.s should be the Superints/Chief Nurses & over Wardmasters and Stewards

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 eighth 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.

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? add after “occupation recommend some other “of foul buildings & camping 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?

The Regulations even of 1879, were either ignored/neglected or, from the want of C.O.’s (Regimental) or Q.M.G.’s co=operation, not carried out.
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.

? 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

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 recommended as head of Hospital with absolute administrative power (relative duties of Medical & Military authorities) 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?)
Add Mss 45820 465

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
Mdel Off. know how to
command him. Is not the Report
punishment is so very
small a part of discipline
here dealing with
p. 42 Med. Offrs who
consider themselves of
superior rank will not
bring men before a
Military Officer of less
rank.

{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
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 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

At home you’ve drainage
laundries
water laid on
post

is a Field Hospital organized to fail
A.H.C.
A.H.C. should be organized by companies

not FN hand, but some FN notes in margins
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}

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]
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
Hosps 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?

f198

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’
estential points
through discipline
efficient supervision
isolated Nurses
in small Hosps
[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.
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]

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.
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 &c 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

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.

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

What instructions? [not transcribed, duplicate]
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 ¼ oz.
Pepper 1/36 oz.
Vegetables fresh or compressed 12 " [align]
Erbswürst occasionally
Lime juice ¼ 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
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

Telegram sent
“asking whether H.R.H.’s
“Canteen hut at Suakim
“has been erected & for what
“purpose it is being used”

Dr Munro now at Gibraltar
the whole hospital orderly service subject to
constant medical parades: practice parades
training parades
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
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

good 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
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
wont’ 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.
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 & 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

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
f232 March 24/85 FN notes on nurses, pencil

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
Hospsls, it is not desirable that
they should be employed at all
afraid of the responsibility
x If only two together, then one Nurses
must b 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
if one is sick, where is she to be landed
2 Nurses at Assouan without Supt impossible

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.
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.

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 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, 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.
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. 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 everywhere at the Seat of War]

he intends to have Nurses in each, (red u/line)
flv
{all shadow + italics = red underline}
and a Sup. Gen. I.
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. Gen. I to the whole
Sir W.M. must have a thorough
lady as Sup. Gen. I: 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 underline}
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.]
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.]
Army Med.l 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.l 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
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. 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.]

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

Draft, ff5-10, pen

**f5r**

Dr. Evatt. July 11/81                          [15:531]

10, South Street,
Park Lane. W.
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
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 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 15:53]
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

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.
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 Hosps?' Gen.1 - 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

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
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.

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.
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.
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 I 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.
A. Hospl. Corps \textcolor{red}{\text{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 \textcolor{pencil}{} & death \textcolor{pencil}{}\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". \textcolor{pencil}{} the Doctor & the Nurse Orderly \textcolor{pencil}{}\end.

II. The Army Hospl. Corps & The Army Med.l 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. \textcolor{pencil}{} - must be welded into one Army Medical Corps \textcolor{pencil}{}\end.

[N.B. I should like to have more evidence about this - whom could I ask?]
Nurses should not go to India unless sent out thoroughly trained & so as enough to nurse in at the very least two Hospitals.

II. Nurses for India.

What would 'handicap' their employment in India?

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.

   interchangeably with the 3 there.

3. Chaos in Hospitals. They
f15v
cannot learn the organization
- I cannot learn it myself.
There is none. Gen.1 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.
4. How 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 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. but are still employed.

A It is credibly reported

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 are in Dispensary not in Wards. Apothecaries} Eurasians &c &c &c } superintend
Nurses \red{\text{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 \[\text{pencil:}\]at home \[\text{end pencil}\]. 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.1 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 \textit{must} be Nursing
at a Hill Depot \textit{as an appendage}
  Nynee Tal:
    always 70 or 80 men
    in Hospital -
    must not be too many
    as it is to be for a
    \textit{rest} for the Sisters
Mussoorie: {pencil:} Landourie \{end\}
Kanee Khet
  a new Hill Depot
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}

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]
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. \textit{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
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.

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 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
Medical & Hospital questions to think of & to care for. they have only their Patients & Orderlies to care for

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.1 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.1 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.1
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)
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

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
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.

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.
A. Med.I Dept. [9]
would like to be under the
War Office.
   Everybody 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.
Summary of previous pages {blue}

Union

1. A.M.D. & A.H.C. to be 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
Into this class an inefficient man could be reduced before remission to an ordinary Regiment. Older

5. Whether it would 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 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.

[10]

7. To enable the 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. The visits of an Inspector Gen.l visiting all England & Scotland --- & inspecting the Inspectors would keep every one up to the mark.
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 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
defaulters' 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 from the ranks.]
But what is the discipline of a soldier?

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*
II. training

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

A.H.C. training [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
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.

[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}
May 30 1882

Private Miss Stewart

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....

November till May at Netley. N.A.S. Probationers

Netley: 1. That the Staff Sisters are
not of a class 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
(the Orderly does that) — tho' she is supposed to do so, she never sees the motions. Consequently cannot report or observe them for the Doctors. Then, almost the first element in Nursing duty is wanting. [And how are they the Probrs. 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
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.

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 (?)
Most Privat

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].

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Sisters Gray:</td>
<td>Macmahon very objectionable</td>
</tr>
<tr>
<td>oldest: (the one who was not at</td>
<td>- Edith King</td>
</tr>
<tr>
<td>Newcastle with the Sick Officers)</td>
<td>Stafford House nurse</td>
</tr>
<tr>
<td>not of a class</td>
<td>neither of a class</td>
</tr>
<tr>
<td>to train &amp; influence</td>
<td>properly. rough -</td>
</tr>
<tr>
<td>laughing with orderlies</td>
<td>properly</td>
</tr>
<tr>
<td>- making favourites</td>
<td>-</td>
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</tbody>
</table>

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.
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.

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)
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}
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
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

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.

Netley: very severe secondary Syphilitic cases.
What they call Venereal cases sisters don't attend.
There can be no real training in a Military Hospital.
Doctors at Netley come up to London Hosps. 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."
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}

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
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.
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."

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.

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]
Dr Blair Brown  June 19 1882
Most  10, South Street,
Private    Park Lane. W.
N.y perfect hot bed of clique-ism

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.

-----------------------------------------------------------------
Dobson: Curator of Museum: Netley
Private Secy. to Sir W. Muir & then
Dr. Crawford in India
No one goes to the Museum: Dobson

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
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
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.Os: & 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 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 the training of orderlies. [died at Southampton one hour a day in the afternoon. [ Went to India 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}

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
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}
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)
III. promotion & organization
- 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.
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.
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 Corps, & not under the A. Med.1 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 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 all non-professional

but is not this taking Purveying again from under the Doctors?
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)

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.
A.H. Corps: 6 defects [blue, with underline]

V. If wine or brandy is ordered 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 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.
[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.

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.
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.1, 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 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.
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.
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

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
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

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]
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.

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
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}

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

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.
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

Dr. Evatt Oct 30/82
5 to 10 p.m.
Our interest is not to hush up: - not to deny 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
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.

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}
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.

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.
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.

Esprit de corps means a good dinner. 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}
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
grant of mess-money to all
Stations 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.

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.

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}
Aldershot  [4]  {pencil:} Field Hospitals  

Medical Officers {red u/line}

There should be once a week 
meeting to parade a field Hospital 
- to pitch the tent Hospl. 
The Medical Officer going to 
Egypt (to have charge of a Field 
Hospital) did not know what its 
equipment consisted of. 
Horse Artillery parades every 
morning. It is not too much 
to ask for {pencil:} that the Field Hospl. 
should parade once a week. 
They should look at their 
equipment, at their material 
every week

Issue tents & equipment to 
each District Hospital {end pencil}

{pencil:} A.M.D. {end} [5]

The Medical Officers are too well 
paid. They never asked for money 
I never heard one ask for money. 
It has been forced upon them. 
But every other Corps has 
Mess allowances. The boys at 
Aldershot have none } You want 
as nice a set as I ever saw.} 
these to be men of refinement - if they 
are not, they will not think 
of making their Hospitals a 
home for the sick man but 
will leave them like prison 
cells as they used to be. 
you want them to be gentlemen 
& they have to go like common 
soldiers to the canteen for a 
loaf. [It is true the Medical 
Student in London sees every 
thing - all life - which is good 
in one way - tho' some think 
you had much better sell the
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
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

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.
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. [Sister Gray & her sister trained at Liverpool.]
No nurse is worth anything who has only been trained at Netley
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.

They say to us:
You shall come in as Captains. You shall have no professional examination - neither when

you take a step - (tho' all the Army does have 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.
You shall have no decorations, the Queen shall take no notice of you. you shall not me 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

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.

The Medical Officer is Boycotted {at mess if {he is Hon. member of {Regimental mess

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.
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)

\{end 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\}
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}

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 \textit{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.
Give the Hospl. Orderlies a free Hospital ration. They used to have it: a free Hospl. ration with butter & milk. Now they have a Barrack ration & 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.

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
Dr. Gribbon  Jan 4/85

1. Nurses: if trained in Civil Hospl.s
   how ought they to be selected?
   how dismissed? for unfitness?
   certificates?
   probation?
   ? Sup.t to select them?
   how selected for War? for
   how transferred? Ganges?

2. Orderlies - are they frequently changed?
   a. Is Serj.t-Maj. head nurse: discipline
   b. how are Orderlies promoted?
      "    "    dismissed for bad?
      e.g. Enteric/imprisoned
   c. how are they put under training by
      Sisters? by bedside?
   are they away on Diets & Cleaning by Wardmaster's
   orders?
   what ought to be Sisters' relation to
   Orderly in training him?
   d. What to Wardmasters?
   e. What system of hours in Diets? 7-12 12-3
   f. What inspection by M.O.s?
3. 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?

   ? called out for 2 months ever year
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.1 comforts without writing out whole case?
hours of food bad if Orderly M.O. called up, does he swear?
do orderlies make a row?
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?
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

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
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.s.s

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.

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.
Washing machines & soap
(Hudson's Extract of Soap)
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 Suez
    Cairo - not appreciated - tho'
make all the difference in comfort
    - relegated to Serj.ts' Mess.

No Sanitary Detachment
Sanitary Detachment ought to
provide washermen
    sewage men
    watermen
whom Dr. Evatt wants to
attach to each Field Hospital.
but you may have each Field
Hosp. 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
Add Mss 45820

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
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

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
segmented 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

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
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.l 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
Souakim Yellow Leather Slippers} Trieste
Base Hosp. for Hosp. } Nov flour
no carriage

Socks not knitted
for men not in Hospital
Socks worn out Ice making
Helmets lost Soda Water
pith hats N.A.S. not no transport
now

Crutches for Hosp.
  Supposed to be provided by
A.M.D. are they?

pay postage to Mr. Y. at Cairo
Newspapers, postage out
  who pays? receipts
no later date than the previous Sa
Books - Gordon's &c to whom?
Chaplain at Suez

Out of doors games: cricket

X in 6 or 8 months
not just now
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' wool
without heels
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 board
6 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
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

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
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.

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.
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

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.
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
Orientals 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
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 Hosp. at Souakim & we went 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

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
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

[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 [?]
Add Mss 45820

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 -
ext 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
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
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
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

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
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

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]
Orderlies let typhoid cases
get up - have improper food
unless Sister eagle-eyed
Not so bad now

Draft, ff121-22, pen [vol 10]

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

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]
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)

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
arranging for Cashmere

Mr. Edward Prinsep: Punjab: now in England:
enthusiastic about ryot. Punjab settlement:
I wanted to make settlement (illeg.)
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,
ever 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

{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

{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
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.

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 7 sit down in the swamp & have Fevers:
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 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, then 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
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.

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
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.

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 not accept the P. of Wales because of the beef. Maha-Dhuleess Sing who is a Xitian can't think of killing cows without a shudder. 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 Xitianity consists in eating beef.
Add Mss 45820

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

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.
Tell Sir Arthur Cotton that he must give particulars:
- show that he does not want to 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 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, them 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.
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 us gravely of an old woman lady at Simla who tells him that her native servant distrusts us is conservative & always pulls his unkul 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/

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
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.

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.
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

you have all the machinery ready

If they do not fear us they do not love us.
An Oriental must fear to love.

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
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

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
- 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. 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

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 Schonvalloff: Schonvalloff 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, from to Russia: Austria & England should - a firm front it the way to manage Russia
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

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 way much for my boy's character:

they prey upon the people chiefly by living upon them with horse & man
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

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
Col. Fife  Irrigation  May 17/78

In Sind in Dekkan we deal in how? {red} water with the individual: never with middlemen:  a few large Zemindars: but chiefly ryots: Mussulmen:  good comfortable people.
work hard like navvies when they have it to do: & then have a good spell of idleness:
food: 1 lb flour
    clarified butter
    salt
    a little chopped onion or chilli: makes a hole in it:
kneads it all up: with his hands: makes a little fire:
cooks it:  this is his dinner & supper:
Not so desperately in the hands of the money lender as in the Dekkan:

Bombay Deccan:
{illeg. Jamda?:}  poverty:  does not take the water
    tho' they want it more: tho' there is less
    rain fall: tho's under more favourable circumstances than the Krishna:
    too poor:  {pencil:} see p.4  p.2  p.3 {end pencil}
Krishna:  better sort of farmers:  sugar-cane:
    take more water tho' want it less
    {pencil:} see p. {end pencil}

Percolation: {red u/line} never produced fever:
    have seen fever produced in N.W.P
Salt efflorescence: {red u/line} never knew but one instance
    where compensation asked for: & sure to ask for it
    {pencil:} if they can {end pencil}

Silt: {red u/line} hardly any in Moota {pencil:}or Skrook or Prahira {red}:Skrook filled by rain fall {end pencil}
    manure from straw yard
Beasts too many: fodder kept for draught cattle.
    Milch cows wretched
Don't cut the grass till dried up
f142v

{pencil:} Krishna {end pencil}

Can well afford to begin with 18r. to water rate 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 10 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} 1/2 acre irrigated
other page red u/line}

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
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}

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

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?

{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
deeper 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

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
This he does not like.
And this also may make a delay of a year.
All these are reasons why in seg 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.

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 (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.
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

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. Mcrewrather?} seem Commr. in Sind seems to approve it.
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.

ey 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:

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.
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 its 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.

Indus Delta {red u/line} Still better adapted in some respects for Irrigation than Gadaveri
I we could do works without a weir: not yet & 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 Jacobobad: {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
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?

Yes: we could make good navigation of Bezma & Ristna to Carwar (& Toombuddra Canal & Madras) 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: Skrook. Sholapore people took the water-supply directly & connected it with their houses.

No silt: Skrook: all rain water:

percolation only produced fever in N.W.P. & in one place with us
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/line} 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/line} Do not know it.
Profits 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.

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
channels. {pencil:} but he stopped it without referring to Calcutta
charged now to Canal
Expensive {end pencil}

triennial cultivation: sugar 1 year
very exhausting to soil
wheat
rice
wheat autumn crop called Rubbee
no rain then wants water
straw of Jowari (Indian corn) most
valuable for cattle - fodder - pays expense
of whole water
bajri small Indian corn
flood the whole for rice
cotton must not have too much water
or it runs to wood: little neat channels

{pencil:} fallailll Mittron {end}
poor people coming over from Rajpoora cultivated
rice: they did not plough up the ground after
a crop: they just overflooded ground, sowed the rice
broadcast: & let it come up like grass: no idea of

At first we let them take up as much ground & as much
water as they liked: afterwards obliged to
regulate all this:
Sugar the most valuable crop there is: pays say
36 out of 48 per cent:
wheat & rice the other 12:
in triennial cultivation
wheat the least {red u/line} valuable ?{red} {pencil:} now as valuable as rice
market to England {end}

Controllers: don't have to communicate with
Calcutta: it is they who allot the percentage
of Revenue Collection expenses to works.
Sind quite rainless

{following written vertically up right side of folio:}
laid on to each house.
In Dekkan it must be 15 years before it pays 4 1/2 per cent. Skrook only just pays its expenses.?

In Sind it may begin at 5 per cent. & in 15 years reach 20 per cent.

Canals: not like Railways. constant wear & tear of stock & sleepers on Railways but not much wear & tear on Canals:

Krishna where rich deep soil, & good rain fall & water least wanted takes most water because people well to do farmers

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 map ?8 in full operation in Dekkan Morta Tank over 9 ? square miles 90 ft deep bottom water not made use of

largest Tank of all Than comes Skrook 7 sq. miles These cannot be expected to pay yet
Mr. Caird

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 then
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
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

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.}
Mr. Pedder  Dec 27/79
Headmen: people say that our
govt. has abolished the headmen
- made no used 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 decided & 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

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 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
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

(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.

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
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?

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

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
Bombay Municipality: upwards of £300,000 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
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

If the Collector or 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
native's minute. Sorry to say what he says is true
Sir R Temple diverted the local funds to
govt. purposes. "What could we do?" he said.
Mr. Hope Surat p.26 We wanted this money
(he blushed)

Surat worse than Ahmedabad in Sanitary
things. Ahmedabad 150000 very bad
cesspits under houses. but water supply now taken
from the river higher up
& much improved

Bengal Tenancy Bill
I object to power of free sale
    sub-letting
    & Zemindar's right of pre-emption
        which only giving him occupancy land
It will not be his own land again.
All these things take from Zemindar.
[F.N. I object to it but because it takes
from Ryot. free sale ruins him as it did
in the Dekkan.]

[over]

Lethbridge pointed out that the Eastern Bengal
Ryots were prosperous. Yes - but why?
because they have got for themselves occupancy
rights.

Zemindars don't improve ryots off the
estate - 12 years not the same land
will not bring that about.
I think it is hard that Zemindars may not
get rid of buy out bad tenants, & bring in good, & say,
if you are good tenants, you shall acquire occupancy
rights. in 12 years [F.N. But then this is not at all the style of
{written vertically up right side:} Zemindars]
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.
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

its people's lives?
  Criminal Epidemics [end 9:930]

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 tho' Hospital in a year.
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
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] 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 [end 10:338]
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 sanitize 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
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.1 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.1 Comm here    {pen, written vertically:} no influence
Village Sanitation Bombay

Miss. Ellaby    Ranchoulal
Wimpole
St.             Cooper

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 & seafo
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

(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
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

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

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.
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
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]
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)

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
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
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
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, 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'?]

f181v

or for the District Officer, the British Raj?

and 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.]
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

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 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
f185r

Sir W. Hunter [5]  
Ahmedabad (Mr R. Chotalal Jain) Buddhist  
" & another town by sea-coast  
just missed being Sanitarized by law  

Older Xtianity older than present Hindooism [4:507]  
St. Thomas  
Bouddha own man preached - the Great Renunn.  
100 of his followers met on his death in a cave  
in 100 years - ) qy between 6th & 14th century]  
spread all over)  
India  

f185v  
Karma = action  
Bouddhism has a moral Govt.  
Govt. every cause has its effect in spiritual & moral  
as every effect has its cause in material life  
Brahmin  
Xt, Sacrifice, as interfering with this moral cause & effect Govt. is impious  

Jainism - the only Bouddhist sect}  
Parsis }  
both regarded as foreigners  

f186r  
Buddhism was gradually ousted by the  
Brahmins - the Brahmins took part of  
their own old ? Vedas, part of Bouddhism  
& mixed it all up with the ancient demon  
beliefs, a God for this, a Goddess for that,  
to be propitiated - & manufactured this  
into an exoteric Religion for the ignorant  
which they hold now & which is later  
than Xtianity [This process was between  
? 6th & 14th century]  
F.N. I cannot think how the Hindoos are called  
immovable, when millions change entirely
Brahmins now our great Assistants

- 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

---

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

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

---

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
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 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 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 our scheme going on very well. [end 10:190]

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]
Prince Aga Khan
a very touching man - July 5/98
but you never could teach him Sanitation. It 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 & superstition - & 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.

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
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.

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
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

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

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whether, while Your Highness
is in England, we might
refer to you in cases where
we are in doubt
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