

SANITARY COMMISSION,

No. 56.

DEPARTMENT OF SPECIAL INSPECTION

OF

The General Hospitals of the Army.

FIRST REPORT TO THE COMMISSION,

BY

HENRY G. CLARK,

INSPECTOR-IN-CHIEF.

WASHINGTON, NOVEMBER 18TH, 1862.

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1862.

REPORT, &c.

At its regular meeting, at Washington, D. C., in September, 1862, the Sanitary Commission resolved to undertake, at once, a special examination into the condition and wants of the General Hospitals throughout the country, occupied by the sick and wounded of the army.

With the large increase of the army, its sick and wounded were constantly growing in number, and the Hospitals provided for them already exceeded one hundred. While the strength of the army had been nearly doubled and the population of the General Hospitals more than quadrupled, the Staff of the Medical Inspection had not been at all augmented. Under these circumstances it was obvious that intelligent assistance from civil life would be acceptable. This aid the Commission resolved to seek amongst the best and ablest members of the medical profession, soliciting, for short periods, the services of men unable to leave their responsible duties for any length of time, and yet ready to help the national cause and that of humanity.

This duty was assigned to the Medical Committee, who commenced immediately the organization of a scheme for the special inspection of Military Hospitals. Invitations were issued to more than a hundred medical gentlemen of assured position, throughout the loyal States, and the services of Dr. Henry G. Clark, of Boston, were secured as Inspector-in-Chief. (See Circulars A and B.) The

Committee reports with gratification that its circulars of invitation have been uniformly respectfully considered, and about two-thirds of them answered by offers of service.

An efficient corps of Inspectors having been thus organized, and the approval and authorization of the Surgeon-General accorded to them, the duty was at once commenced.

The subjoined report of the Inspector-in-Chief, laid before the Commission, at its recent meeting in November, gives evidence of its successful progress.

Extract from the Minutes of the Sanitary Commission, Tenth Session, Washington, D. C., November 8th, 1862.

“Dr. Van Buren, on behalf of the Medical Committee, presented the Report of Dr. Henry G. Clark, as Superintendent of Special Hospital Inspection.

“*Resolved*, That the Report be accepted, and printed as a Document of the Commission, under direction of the Medical Committee.

“*Resolved*, That the President be instructed to inform Dr. Clark of the sense entertained by the Commission of the ability and efficiency with which his duties as Superintendent of Special Inspection are performed.”

From the minutes,

FRED. LAW OLMSTED,
General Secretary.

A.

OFFICE OF THE SANITARY COMMISSION, }
823 Broadway, New York. }

1862.

Sir,—The Sanitary Commission have commenced, and propose to continue until May 1, 1863, a special inspection of the General Hospitals of the Army.

There are forty-one in number in the District of Columbia alone, and one hundred and forty-three more in other parts of the country; they contain, at this time, not less than 65,000 sick and wounded.

As this proposed service is additional to the duties of this nature heretofore performed by the Commission, and is for a higher purpose, they wish to secure the assistance of the best Medical and Surgical ability in the country for the work—as none but men of established position and character are able to carry the moral weight and influence with the Army Surgeons, essential to the practical success of this effort to secure the highest standard of professional excellence in the management of Military Hospitals.

The Commission propose to keep six Inspectors constantly employed East and West, and to accept the service of such as can serve not less than a fortnight, whilst they ask no service for more than one month. The most they can offer to the profession in the way of remuneration is \$250 per month.

You are respectfully requested to designate at your earliest convenience, the period, if any, for which you are willing to serve, and the precise date when you can most conveniently render the service. The Commission will, however, consider it a special favor if you will allow them to designate the time when your services will be most acceptable. If you can serve for two terms of a fortnight each, at an interval of three months, please so state. For the Western Hospitals a month's service would be preferred.

The Commission is anxious that this duty shall be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers, thorough and able hospital treatment, by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement.

Full instructions as to the form of the Report required will be furnished at the proper time.

Please address your replies to Henry G. Clark, M. D., Inspector-in-Chief, at the Central Office of the Commission, No. 244 F street, Washington, D. C.

By order of the Executive Committee,

Very respectfully,

Your obedient servants,

W. H. VAN BUREN, M. D.

C. R. AGNEW, M. D.

WOLCOTT GIBBS, M. D.

B.

OFFICE OF THE SANITARY COMMISSION, }
 523 Broadway, New York. }

1862.

Sir,—In accordance with your communication of expressing your willingness to co-operate with the Sanitary Commission in its examination into the condition and wants of the U. S. Military Hospitals, you are respectfully requested to commence your tour of service on the _____ and proceed as follows :

On its completion, please transmit your report without delay to Mr. FRED. LAW OLMPSTED, General Secretary Sanitary Commission, 244 F street, Washington, D. C., together with your account for services rendered, in accordance with the terms already proposed.

In the performance of your duty, it is the desire of the Commission that you should cause as little inconvenience as possible to the medical officers of the hospitals you may visit, extending to them the deference and courtesy proper to their responsible position ; and the Commission is confident that, as members of the same profession, with the same high object in view, you will be welcomed by them with equal courtesy, and every facility afforded you of obtaining the information you seek. It is proper to state to you that your visit is made by invitation of the proper authorities, and at the express desire of the Surgeon-General of the Army, to whom a digest of your report will be presented. If you should encounter any serious obstruction in the performance of your duty, please report the facts fully and promptly to Mr. OLMPSTED, at Washington, and proceed without delay to the next Hospital in your circuit.

It is desired that your Report should embrace your observations on the points, and answers to the questions which follow—stated under the same heads, and, as nearly as possible, in the same order :—

LOCALITY OF THE HOSPITAL ; character of its site in regard to healthfulness ; character of soil ; prevailing winds ; proximity of other buildings—of railroads—of navigable river ; elevation ; style of building.

SURGEON IN CHARGE ; name and rank.

NUMBER OF ASSISTANT MEDICAL OFFICERS ; if employed by contract by Government ; if so, if subjected to examination before employment, and by whom ? Is there a surgeon's call ?

NUMBER OF HOSPITAL STEWARDS, ward-masters, male and female nurses ; estimate character and efficiency of all the officers of the Hospital.

NUMBER OF PATIENTS IN HOSPITAL ; examine "Morning Report," and judge if books are carefully and accurately kept.

GENERAL CHARACTER AND DEGREE OF GRAVITY OF CASES UNDER TREATMENT ; proportion of medical and surgical cases ; proportion of convalescents ; are they properly returned to duty, or discharged the service ?

Estimate the degree of medical and surgical skill of medical officers, and the humanity and kindness evinced by them, and also by the nurses.

At what hours are the regular visits made to the sick, and by what officers of the Hospital ?

How often does the Surgeon in charge visit the wards ?

RATE OF MORTALITY ; success of surgical operations. Is there a dead-house ? Are post-mortem examinations practised ? Are pathological specimens preserved ? Are burials conducted with propriety ? Are means taken to mark graves, so that they can be recognized by friends ? Are chaplains, or proper religious advisers, at all times accessible to the sick ?

DIET : is it sufficient in quantity, and good in quality ? suited to condition of patients ? well cooked ? served warm ? sufficiently varied ? Are the coffee and tea good ? How often do the patients get fresh meat ? Is the beef tea properly made, and freely provided ? Is there a diet table—a copy of which is so placed in the wards that the patients may know to what they are entitled ?

Is THE HOSPITAL FUND SUFFICIENT to secure an ample supply of milk, butter, eggs, chickens, ale, porter, and other delicacies and necessaries for the sick not included in the supply tables of the Commissary and Hospital Departments ?

[Government Regulations allow the very ample ration issued by the Commissary Department to be drawn at its commuted value in money, by the Surgeon in charge of a Hospital, for the soldiers under his care, and this constitutes the Hospital Fund, with which all extras necessary for the sick are to be purchased under his direction. The amount of this fund, with proper management, is amply sufficient for the purpose for which it is designed. See Revised Army Regulations for Medical Department.]

Is the Hospital Fund allowed to accumulate whilst the sick are in want of anything ?

Are the stimulants employed of good quality, and judiciously administered?

POLICE.—Is strict cleanliness observed in the wards—in their floors; in bedsteads and bedding; in clothing; in vessels used for food; spittoons, bed-pans, sinks, and water-closets? In the kitchen, and cooking utensils? In the apothecary shop?

Are the knapsacks and property of the soldiers properly cared for by the ward-masters?

Is the water supply ample, for washing, bathing, water-closets, and in case of fire? Is its quality good?

Are the provisions against fire complete? Are there fire-escapes by means of windows in each ward, cut down to the floor, or other sufficient means of egress?

[Many hospitals, being frame buildings, are particularly liable to the danger of fire, and the helplessness of the sick renders it especially necessary that ample provision should be made in every possible way, by fire-engines, drilling the attendants, supply of buckets, care in use of lights and fire, ether, alcohol, camphene, kerosene, etc., etc., to secure their safety.]

What means are employed for lighting and heating the wards?

Is the **DRAINAGE** completely provided for? Are the sinks, and drains and sewers of the Hospital liable to obstruction or overflow? Is there a free outlet for them at safe distance from the Hospital? Where tents are occupied by the sick, are they provided with floors with a free circulation of air beneath them, and with provision against collection of rubbish? Are they secure against rain, and are trenches dug when necessary to carry it off?

Are the grounds around the Hospital buildings and tents kept clean?

Is the supply of fresh air ample, with all possible provision for ventilation?

What is the average air-space allowed for each patient?

[This includes the all-important question of crowding the sick—a most common and fatal error. It is well to bear in mind that every sick man has a right to 1,200 cubic feet of air as a minimum estimate. By multiplying the length, breadth, and height of each ward, and dividing by the number of beds it contains, the answer to the question is obtained.]

Have continued Fever or Dysentery assumed a contagious character ?
 Have Erysipelas, Hospital Gangrene, or Pyæmia prevailed ?
 In such event, have the patients been promptly scattered ?
 Are deodorizing agents judiciously employed ?

[In the absence of the chlorides of lime and soda, and the more common disinfectants, Gypsum or Plaster of Paris, Sulphate of Iron, and Coal Tar answer the purpose admirably.]

Are screens provided for isolating dying patients ?

Is the supply of Laundresses and means of washing clothing and bedding sufficient ?

Is there a sufficient supply of mattresses, bed-sacks, straw, blankets, sheets, and mosquito bars ?

Is the straw used for bedding changed and burned at proper intervals ?

Is there a sufficient provision of clothing, shirts, drawers, socks, and slippers for the patients ?

[By recent law of Congress, enforced by the Secretary of War upon the Quartermaster's Department, soldiers who have lost their clothing through the casualties of war are entitled to an additional issue, without deduction from their pay. By another appropriation by Congress, provision has been made for obtaining, through the Medical Purveyors clothing for sick in the Hospital. When, from unavoidable deficiency, said clothing for the sick cannot be obtained through the proper channels, the Sanitary Commission will afford the necessary supply]

Are invalided soldiers, discharged on certificates of disability, supplied with full information as to their rights under the pension law ? and of the provision made by the Government for furnishing those who are mutilated, with artificial limbs ?

Are patients kept closely cropped, and proper precautions taken against vermin ?

Is there any lack of reading matter for convalescents ? of games ? of tobacco ?

In addition to the foregoing, you are invited to furnish any further suggestions or details you may deem worthy of record.

In any case of doubt as to the nature of your duty, you will please apply to the General Secretary, at the central office at Washington, D. C.

It is desirable you should render yourself familiar with the Revised Army Regulations, as far as they concern the Medical Department, and

also with all circulars and orders emanating from the Surgeon-General's office.

By order of the Executive Committee,

W. H. VAN BUREN, M. D.

C. R. AGNEW, M. D.

WOLCOTT GIBBS, M. D.

NOTE.

Inspectors are reminded that their duties of inspection and report are *confidential*. It is especially desirable that as little as possible should be said with regard to the condition in which the Hospitals may be found, and your opinion of them, *beyond your official reports*.

The questions are intended to be suggestive only—as aids to the memory, and to give general uniformity to the reports.

As you progress in your inspection, if you find any abuses requiring immediate action, you are requested to make a prompt and informal report of the same.

After completing your detailed reports of the several Hospitals, (at the close of your inspection,) please add a final summary of the results of your observations, and of any general opinions you may have formed thereupon.

Please transmit your reports, written upon alternate pages only, of what is known as “legal cap, long-fold” paper, $8\frac{5}{16}$ inches wide, noting, in red ink, on a wide margin, an index to the subject matter of the text.

HENRY G. CLARK,

Inspector-in-Chief.

DEPARTMENT OF SPECIAL INSPECTION OF THE }
 GENERAL HOSPITALS OF THE ARMY, }
 SANITARY COMMISSION,

November 18th, 1862.

To WM. H. VAN BUREN, M. D.,
 C. K. AGNEW, M. D.,
 WOLCOTT GIBBS, M. D.,
 Committee, &c., &c. :

Gentlemen,—Early in October last, at your request, as communicated to me by the President of the Commission, immediately after the meeting of the Board in September, heartily, but with many misgivings, I assumed the direction of this department of your service.

It required some determination, and involved some decided efforts and sacrifices, to divorce myself suddenly from the professional and private cares which had, in the progress of many years, gradually grown up around me.

But *Providence*, (as if in response to my thoughts of regret at having been for so long prevented from contributing my share, in person, in aid of the brave men who are fighting for (us,) having, upon *your* judgment, shown me this way, I could not hesitate to accept your invitation.

I hope, with my best endeavors to that end, measurably to satisfy the just expectations of the Committee, although I shall not, I am sure, wholly satisfy myself.

Immediately upon accepting service, I engaged Drs. Bowditch and Ellis, of Boston, to come with me to Washington, and commence the work. Familiar as they both were with hospital administration and experience, I was sure that their work would be done in the most faithful and competent manner, and that, with their aid, the inspection here, at least, would be well inaugurated.

Dr. Stephen Smith, of New York, had already, under the appointment of your Committee, completed a primary inspection of all the Hospitals in the District of Columbia.

Dr. David Judkins, of Cincinnati, had been detailed to inspect the Hospitals in that vicinity.

Dr. Joshua B. Flint, of Louisville, Ky., was inspecting at and around that place; and

Dr. Winslow Lewis, of Boston, at and around New York.

The above details were made by the Committee.

My own assignments have been as follows, viz. :

At Washington and vicinity, and Frederick.

Dr. Charles E. Ware, October 29th, one month.

Dr. Benj. S. Shaw, November 18th, half a month.

Dr. Morrill Wyman, November 5th, half a month.

Baltimore.

Dr. Edmond Fowler, of Alabama, one month, October 31st.

Philadelphia and Baltimore.

Drs. Borland and Hodges, of Boston, November 15th.

Fortress Monroe, Norfolk, and Pt. Lookout.

Dr. Francis Minot and Dr. Samuel L. Abbott, of Boston, November 19th, (for two weeks.)

Dr. Charles E. Ware remains here, and will be followed in succession by Drs. Borland and Ayer, of Boston, the first on the 22d, the last on the 29th inst., for duty here and at Frederick.

I shall be able very shortly to detail for services at nearly all the distant points, which I have hitherto been unable to do satisfactorily for want of a complete list of the General Hospitals of the U. S., which I have just succeeded in procuring.

The larger part of the Inspectors, thus far, have been drawn from Massachusetts, because they were more accessible to me, better known, and therefore more available to me in a work so comparatively new.

For the future I shall be able to avail myself more liberally and freely, of the talent now fortunately placed at the disposal of the Commission, and to make a more equable distribution of the privileges and labors of the Inspection.

In accordance with the suggestion of the Committee, and with my own judgment, I shall avoid any assignments to gentlemen in the immediate vicinity of their own circles of residence and acquaintance.

The several reports, I have the honor now to transmit, bear

conclusive internal evidence, if any were needed beyond the unanimous expression of gratification at the handsome manner in which the Inspectors have every where been received, and their object facilitated.

A solitary rebuff only, the single exception necessary to prove the rule, occurred at one of the hospitals out of this District, and this was so promptly rebuked by the Surgeon-General, upon a report of the facts by the General Secretary, that it will not probably ever be repeated.

The Surgeon-General, the Inspectors, and surgeons generally connected with the army, both in and out of the Hospitals, have manifested great cordiality towards the Inspection, and to myself as the organ of communication between this Department and the Medical Bureau, the greatest courtesy and consideration.

The suggestions, contained in the reports, with regard to defects and evils found to be existing in any of the Hospitals, have, when transmitted by me, as they are frequently, by extracts, synopses, or verbally, to the surgeon, have invariably received his immediate and effective attention.

I only echo here the sentiments, repeatedly expressed, of the Inspectors, when I say that the condition in which they have found the great Hospitals of the Army, so far as they have been examined, has been to them a very agreeable surprise, that so much has been accomplished, in so short a time, and so well.

An inspection of the reports of the different Inspectors, at different and consecutive dates, will also show, in many instances, a very marked and progressive improvement in the condition of the Hospitals inspected.

This improvement has, no doubt, been partly owing to the natural effects of time, and the better experience and opportunities of the officers in charge, but partly, also, I am assured by the surgeons themselves, to the friendly influence of the Inspectors, and of the establishment, in this way, of a sort of standard of excellence. In fact, it is impossible but that the opinions of men of standing and knowledge in the profession should have its proper weight upon a class of earnest, hard-working, and many of them capable, men, upon whom the accidents of war have unexpectedly and suddenly cast the gravest labors and responsibilities.

I must not omit to notice here another instrumentality,

which has, in a very important degree, contributed, in my judgment; to the establishment of the "entente cordiale" between the surgeons and the officers of the Commission.

It is the "ARMY MEDICAL SOCIETY" which owes its origin to the far-sighted and thoughtful suggestiveness of the General Secretary, who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for friendly conference upon matters of common interest connected with the administration of the General Hospitals.

The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognizance of all matters relating to the Hygiene, the administration of Military Hospitals, and the care of their inmates.

The active members comprise the Surgical Staff within the District, and some of the officers of the Commission; but it affiliates to itself, *as associates, all the Surgeons of the Army and Navy*, and all the *Medical* members of the Commission, inviting them all to contribute to its stores of knowledge, and inviting them to partake freely of its benefits.

I respectfully transmit with this, all the reports which have been received. They contain, as you will find, a very large amount of valuable material, of which, with future accumulations, I shall hope to make further use.

In conclusion, after having carefully examined these reports, and having personally visited many of the Hospitals in this District, I feel bound to say, in relation to them, that, in so large a field, it would be wonderful not to find some weeds—to start and put into working order the ponderous machinery of Hospitals which contain, in the mass, more than 70,000 beds, without any friction, would be a miracle. Let us, then, rather admire the energy, the skill, the administrative capacity, shown in extemporizing and systematizing an agency so beneficent and so grand.

I remain, Gentlemen,

With great respect,

Your obedient servant,

HENRY G. CLARK,

Inspector-in-Chief.

LIST OF DOCUMENTS, &c., ACCOMPANYING REPORT.

1. Reports.—By Dr. Stephen Smith, of New York, on the Hospitals of Washington District.
2. “ By Drs. Henry J. Bowditch and Calvin Ellis, of Boston—Hospitals of the same District.
3. “ By Drs. Bowditch and Chas. E. Ware, of Boston, on the same Hospitals.
4. “ By Chas. E. Ware and B. S. Shaw, on the same Hospitals, and at Annapolis.
5. “ By Drs. M. Wyman, of Cambridge, and Ware in Washington District, and at Frederick.
6. “ By Dr. Winslow Lewis, of Boston, at the Hospitals of New York.
7. “ By Dr. David Judkins, of Cincinnati, in that vicinity.
8. List of the General Hospitals and the Army of the United States.
9. Copy of the Constitution of the “Army Medical Society.”