

EXTRACTS FROM THE REPORTS  
OF THE  
CHIEF OF THE BUREAU  
OF  
MEDICINE AND SURGERY,

✓  
NAVY DEPARTMENT,

FOR

1863 and 1864.



## EXTRACT FROM THE REPORT, DECEMBER, 1863.

### MEDICAL CORPS OF THE NAVY.

In closing this report I deem it not only a grateful office, but a positive duty, to bear testimony to the faithful and efficient service of medical officers of the navy since the outbreak of the war. In consequence of their comparatively small number, their service has been more continuous than has fallen to the lot of most others, from the inability of the department to afford timely relief, or even much interchange of station.

The war brought its trials and novelties to the medical officer, as to those of other grades, and it affords me the highest satisfaction to state, as I think I can do with entire truth, that as a body they have proved themselves equal to every emergency; indeed, it is remarkable that the long interval of peace in which most of them had grown up found one and all so fully prepared for all the contingencies of battle. Not only have they served efficiently on ship-board, but the calls of the army, whenever made, have been promptly and cheerfully answered. Seven medical officers of the navy were despatched from the Western Gulf Squadron to the aid of the wounded after the attack on Baton Rouge by General Banks.

Assistant Surgeons Hazleton and Luck were detached from the South Atlantic Blockading Squadron to assist the wounded of the army in the hospitals, Beaufort, S. C., after the attack on Charleston, S. C., by General Gilmore.

In the former instance the Surgeon General of the army expressed his acknowledgments of the service rendered.

During the year two young officers of promise, Assistant Surgeons J. H. Gotwold and Edward A. Pierson, were killed in battle, eleven were taken prisoners by the enemy, seven have been exchanged, four are still retained, viz: Assistant Surgeon Luck and Acting Assistant Surgeons Shufy, Nestell, and Myers; the last named is in close confinement in Richmond.

The improved condition of the medical officers as established in the order of the Navy Department of March 13 1863, seems to be hardly adequate to the services they have rendered, or commensurate with the social standing of the profession.

The results of the late wars of Europe have impressed upon its various governments the necessity of extending to medical officers the same honor and advantages of rank which constitute so great an attraction and incentive to the military profession.

Within a few years medical men have been elevated to the rank of Rear Admiral in the British navy, and Major General in the British army, while liberal pensions, the Order of the Bath, and Knighthood, are bestowed in cases of distinguished merit.

Medical officers of the navy are at liberty to retire after a full-pay service of twenty-five years, upon most liberal allowances, when compared with line officers; and "in case of distinguished service they receive a step of honorary rank."

The half pay of a Vice Admiral is £593. The retired pay of a Medical Inspector General varies from £547 to £684, the maximum being attached after thirty years' service.

The half pay of a Rear Admiral is £456 ; of a Deputy Inspector General from £383 to £465, according to length of service ; the maximum being attained after thirty years' service.

The half pay of the seventy senior Captains is £264 ; of the Staff Surgeons from £301 to £337 ; the maximum being attained in twenty-five years.

The half pay of the next 100 Captains is £228 ; of Surgeons, from £200 on promotion, to £246 after ten years' service.

Medical officers are entitled to the same allowance for wounds and injuries received in action as line officers of similar rank ; and their families are entitled to like allowance in case of death.

The humble condition of medical officers of the British army previous to the royal warrant of October 1, 1858, awakened the earnest interest of the late Governor General of India, Lord Dalhousie.

In a minute upon the reform of the medical service of India, his lordship observes:

“The Surgeon and Assistant Surgeon rank invariably with the Captain and Lieutenant ; but the rank is only nominal whenever medical officers and others are brought together on public duty. \* \* It is impossible to conceive how such a system as this can have been maintained so long on the strength of no better argument than that ‘it has been, and therefore ought to have been’

“It is impossible to imagine what serious justification can be offered for a system which in respect of external position postpones service to inexperience, age to youth : a system which gives a subaltern, who is hardly free from his drills, precedence over his elder, who perhaps has served through every campaign for thirty years ; a system which treats a member of a learned profession, a man of ability, skill and experience, as inferior in position to a cornet of cavalry just entering on the study of the pay and audit regulations ; a system which thrusts down grey-headed veterans below beardless boys.”

In the French navy promotion extends to the rank of Rear Admiral, and in the army to Brigadier General, and the “Legion of Honor” is as open, and advancement in it as certain, to medical as other officers.

The “*medecin-en-chef*,” or Fleet Surgeon, messes with the commanding officer of the squadron, but pays no mess bill, the Government making an allowance therefor of twelve francs per day.

When the foundation of the “Legion of Honor” was under discussion in the Council of State, in May, 1801, General Matthew Dumas proposed that the institution should be confined exclusively to military men. The First Consul combatted such a narrow and invidious policy. “Such ideas,” said he, “might be more adapted to the feudal ages, when the chevaliers combatted man to man, and the bulk of the nation was in a state of slavery. \* \* \* \* What is it now which constitutes a great general ? It is not the mere strength of a man six feet high, but the *coup d’œil*, the habit of foresight, the power of thought and calculation, in a word, civil qualities such are found in a knowledge of human nature. The general who can now achieve great things is he who is possessed of shining civil qualities ; it is their perception of the strength of his talents which makes the soldiers obey him. \* \* \* \*

“Not only does the general preserve his ascendancy over his soldiers chiefly by civil qualities, but when his command ceases he becomes merely a private individual.” \* \* \* \*

“The tendency of military men is to carry everything by force ; the enlightened civilian, on the other hand, elevates his views to a perception of the general good. The first would rule only by despotic authority ; the last subject everything to the test of discussion, truth and reason. I have no hesitation, therefore, in saying that if a preference was to be awarded to one or the other, it belongs to the civilian.”

The Council agreed that the proposed honor should not be confined to military service.

In the Russian army medical officers are progressively advanced from the rank of Captain to that of General, and the same honors and pensions are bestowed with equal liberality. After the first six years' service medical officers receive increased pay, which continues after each succeeding five years.

In the Belgian army promotion extends to the rank of Major General, and the relative military position determines the amount of retired and half-pay. In calculating length of service for retirement, medical officers are permitted to count six years before they entered the service, as the time occupied in preparatory studies.

In the Dutch army promotion extends to the rank of Colonel.

In the Prussian army advancement continues to the rank of Colonel, and medical officers wear the same uniform as that of the corresponding military rank.

In the Sardinian army the highest rank of the Medical Corps is that of Major General.

In the Spanish army the advancement of medical officers extends to the rank of Lieutenant General. The Medical Inspector General holds the same rank and enjoys the same privileges as the Inspector General of the different arms. Medical officers receive the same rates of retired pay as the corresponding military ranks; they are permitted to count as seven years service the time passed in preparatory studies.

The Director General has the power to recommend medical officers for certain distinctions, as the "Cross of Scientific Emulation," the "Cross of Isabella the Catholic," the "Cross of Charles 3d," and the "Cross of St. Ferdinand."

In the Spanish navy the rank of medical officers is established upon the same liberal and satisfactory basis.

In the Bavarian army medical officers attain the rank of Colonel, and wear the same uniform as other officers of similar relative rank; when unfit for service from age or disease, the pension nearly equals their full pay.

In the Austrian army the rank extends to Major General, and medical officers enjoy the same honors and privileges as corresponding military ranks—wear the same uniform, and receive the same rates of retired pay.

If a medical officer die of wounds or exposure on duty, the pension to his family is equal to two-thirds of his pay; if from other causes, to one half of his pay.

The Director General is *ex-officio* a member of the Aulic Council, and receives, as such, a liberal addition to his salary.

In the army of Portugal medical rank extends to the grade of Colonel.

I refer to these facts merely to illustrate how unfounded is the idea that medical officers of the navy, in desiring a proper position in an artificial organization, are striving for novel expedients, or dangerous precedents. The experience of the civilized world seems to have acquiesced in the propriety of giving to every person in military life a position somewhat appropriate to the importance of his duties: and though long periods of peace had assured to the military branch an exclusive pre-eminence and power, recent events most plainly demonstrate that it requires as much intellect, training, as high an order of moral qualities, to insure efficiency to the Medical Department as to any other branch of military service. It is now esteemed not less important to preserve life than to destroy it; and he who stands unmoved amid the unseen arrows of the pestilence in the performance of his humane duties, surely evinces no lower order of courage than he who encounters the visible perils of war in another sphere.

The health and consequent physical efficiency of an army or a fleet, in time of war, demands much care, solicitude, and watchfulness; and the State is

mindful of its true interests when it encourages talent, zeal, and usefulness in so important a service.

The rank of Captain, recently conferred on the senior surgeons, is not positively of as much value as their former rank of commander, at the time the second grade of the navy, while that of Captain is now the third; so that promotion has reduced them one step in the military scale. In point of sea service there are medical officers who surpass some of the Admirals and Commodores; and relatively to length of service, the sea-service of many medical officers is larger than that of the senior officer of the line.

As preferment has been literally bestowed upon line officers, four new grades having been created since the war, it is not, I hope, presumptuous to propose that those who have equally shared the perils of battle and dangers of climate, whose labors have been so great, and whose rewards have been so few, may, at last, receive a fitter recognition of their fidelity and usefulness.

The war showed the absolute necessity of offering higher inducements in the shape of rank, &c., to medical officers of the army; and who will deny that the Medical Corps of the navy, so isolated, and necessarily so self-reliant, should embody the best talent and the highest professional and social character the Government can invite to its service?

Some two years since the Medical Department of our army was so reorganized as to make its chief officer a Brigadier General in rank, pay, and emoluments; the Assistant Surgeon General and Medical Inspector General, Colonels; the inspectors, (16 in number,) Lieutenant Colonels, &c., &c. The result does not appear to have been disastrous to the discipline or efficiency of the army in any respect.

I am so well aware of the feeling existing on this subject, that I should forbear to introduce it, did I not as fully know the worth and patriotism of those whose case I plead.

I can safely refer to the records of the war for any instances of shortcoming, or lack of zeal and interest; and yet while, as a corps, medical officers have proved so vigilant and efficient on every occasion of danger or duty, it is but seldom, indeed, that they receive a passing notice in official despatches, as is so commonly the practice in the army.

Perhaps some reorganization of the Medical Department might overcome the indisposition to enter the naval service now so generally manifested by young medical men. We have very considerable difficulty in keeping up the number of officers of the permanent service, while it requires all our exertions to provide, indifferently, for the temporary service.

Many vessels are in commission without medical officers; for the simple reason that, after all sorts of publicity, we cannot procure them in sufficient numbers.

# REPORT OF DECEMBER, 1864.

## MEDICAL CORPS OF THE NAVY.

I ventured to bring to the notice of the Hon. Secretary of the Navy, in my last annual report, some considerations having reference to a reorganization of the Medical Department of the Navy, so as to place it in better harmony with the growth and expansion of other branches of the service, and to adapt it more efficiently to the vast and peculiar responsibilities which a state of war imposes.

I am impelled to renew the subject, under a sense of what is due to the faithful, zealous officers, whom it devolves upon me to represent, as well as upon a review of the action of Congress, which has, in many instances, acknowledged the value of efficient service in Staff Departments, by higher rank, and more liberal compensation.

I believe I may add, to what I have hitherto stated, that the Medical Corps of the Navy is now about the only, if not *the* only branch, of either Navy or Army, that retains the organization of peaceful times, when occasions were few or rare to demand the highest order of professional attainment, or the prompt exercise of the qualities of mind and character upon which life, or even the successful issue of military enterprises may, in a measure, depend.

The deplorable experiences of recent European wars brought about a general reorganization of the Medical Department of the various Governments, by absolutely compelling attention to a service, which, though it has not the showy achievements of the sword to attract the public gaze, yet, in its silent ministrations of humanity and usefulness, is so powerful to maintain the military forces in the efficiency which insures fame and promotion to those who wield them. War has been described by one of no small experience as a "problem of sanitary science," because it is well known that disease kills and disables more than shot and shell. If this be true, the men who bring to the public service, *at their own expense*, the qualities and attainments to conduce to great results, ought surely not to be ignored, in the distribution of honors and rewards.

The subject of assimilated rank of Staff Corps in military organizations has been worn thread-bare by profitless discussion, more frequently betraying more sentiment, or personal feeling, than reason.

The practice of the civilized world in this particular, is more conclusive of its propriety, if not necessity, than any appeal to passion, for or against, the principle.

The fallacy that rank and command, are necessary sequences, is sufficiently exposed by the action of Congress in repeated instances.

The Judge Advocate General, created by an act of the present Congress, is a Brigadier General in rank, pay, and emoluments; and his assistant is a Colonel in the same relations.

It would require sharper acumen than has exercised itself upon the vexed question, to maintain the connexion between this judicial office and military command, or to seek to ignore the law, because no provision is made for command, which many contend to be an absolute carollary.

Various grades of Army Medical Officers have the rank, pay, and emoluments of Brigadier General, Colonel, Lieutenant Colonel, Major, &c, without any allusion to the right, or otherwise of command.

Indeed, it is believed that no branch of the Army now exists, which has not been harmonized into a general system, by investing its members with mili-

tary position. And, although promotion in some Staff Corps is apparently limited by law, exalted service has earned for zealous and efficient incumbents the honors of higher preference by brevet.

The system of equally rewarding staff service by promotion and pay must have its advantages, or it would not have been adopted, or continued in such an enlightened organization as the Army; and, if it has advantages, the Navy should not hesitate to adopt the same means, to secure the same results.

And, though the Army practice has been marked with considerable liberality, its military efficiency, and spirit, are not, apparently, in the slightest degree, impaired by its recognition of merit, as conducive to public results, without any reference to the sphere, or calling of the individual who exhibits this merit.

And while it may not increase the skill of a professional man, that he is assimilated in pay and position to a General, it certainly inspires him with more zeal and energy to find that his Government not only exacts no sacrifice of professional pride, or status, in accepting its service. but that it offers equally to him, as to others, all the honors and rewards, which capacity, industry, and fidelity, should command.

And, as a signal illustration of the reward that follows efficient staff service in the Army, the medical profession has hailed with pleasure, a recent official announcement that a Medical Purveyor, with the rank of Major, has been advanced to the rank, and emoluments of Brigadier General, for the diligent and zealous discharge of his duties.

His less fortunate brethren of the Navy, rejoice at the compliment so gracefully paid to the profession; and labor not the less earnestly in their vocation, because they still hopefully await some similar evidence, that the laborer may be found worthy of his hire.

The highest rank attained by a Medical Officer of the Navy, is reached in less than half the period of service by members of other Staff Corps, and the pay that attaches to a Medical Officer in charge of a Fleet inures to members of other Staff Corps upon similar advantageous terms. The office of "Surgeon of the Fleet" brings with it no additional rank, because every officer holding such appointment is entitled to his rank by seniority, and not by his temporary office.

It can hardly be necessary to refer to the complicated and arduous duties of a Medical Officer, charged with the many and grave responsibilities of a squadron of eighty or one hundred vessels, in a time of war, when so much of his assistance is made up of the inexperienced persons whom our necessities compel us to employ.

The mere clerical duties of a Fleet Surgeon, or Hospital Surgeon, with three hundred and fifty or four hundred patients under daily charge, are nearly as great as those incident to the accounting department of a frigate, and yet they are only additions to other weighty responsibilities; for no provision for clerks, or writers is made, under any circumstances, for medical service.

The Medical Service, for some reason not well perceived, is apparently made the standard of rank for other Staff Corps, without reference to the widely dissimilar duties, acquirements, or trust; and I believe our Navy presents the only instance of such a distribution of rank, or pay. The more systematically organized Navies of Europe are certainly exempt from this peculiarity.

The position, and pay, of Medical Officers of the Navy, must have much to do with the difficulty experienced in obtaining the number adequate to our necessities.

Though a Medical Board has been in continuous session for a year, the permanent corps at this day presents ten vacancies; and while the opportunities for temporary appointments are offered by facilities for examination at Ports-

mouth, N. H., Boston, New York, Philadelphia, Washington, Chicago, Cairo, and in the various squadrons, we cannot find enough qualified persons to accept appointments.

The Army offers such greater inducements, that as a general rule, it appropriates nearly all the available medical talent.

This should not be so, for in time of war, when the chances of continued conflict are superadded to the risks of climate, and exposure, it should be the endeavor of the Government to confide the life, and health, of those upholding its honor, to no doubtful or improper hands.

While the Army offers pecuniary inducements of from thirty-three to fifty per cent, perhaps, greater than is awarded to similar service in the Navy, it is not to be expected that the latter will attract the character and attainments, which are so desirable, and, indeed, so necessary; and the only *plan* that suggests itself to me, to remedy a pressing difficulty, is to equalize the inducements of the respective services, so as to give the Navy a fairer opportunity for competition.

So long as the rates of pay of the Junior Medical Officers of the Navy are barely more, if indeed as much, as mechanical or clerical pursuits now command, it would be unreasonable to expect that a man would give his education, and time, to the Navy, for such disproportioned compensation and position.

It is to be borne in mind that in time of war, or during a battle, Medical Officers are called upon to decide promptly, upon their sole responsibility, grave questions involving life, or limb: such questions as in private life are made the theme of much study, and learned consultation, as it often happens, the Medical Officer is far removed from all opportunity of assistance.

It is not the mere act performed, but the judgment, and knowledge, that determine the wisdom and fitness of the act, which attest the usefulness and value of the Surgeon.

To illustrate the difficulties we have to meet in providing for the Medical Service of the Navy, I submit the following statements:

BETWEEN JANUARY 1, 1861, AND THE CLOSE OF THE YEAR 1863.

Permits issued to candidates for appointment in the Regular Service...	270
Approved for appointment .....	99
Withdrawn and rejected .....	171

SINCE JANUARY 1, 1862.

Acting Assistant Surgeons examined for permanent appointment.....	55
Approved for appointment.....	16
Withdrawn and rejected.....	39

SINCE JANUARY 1, 1862.

Candidates examined for acting appointments.....	188
Approved.....	86
Rejected.....	102

As I have previously stated, these latter have been examined at various points from Portsmouth, N. H., to Cairo, and in the different Squadrons.

Acting Assistant Surgeons offered the opportunity of examination for permanent appointment since June 15, 1864.....	36
Declined.....	32
Examined and appointed.....	3
Examined and rejected.....	1

All of those declining assign pretty much the same reason, that they are willing to serve as a matter of principle, or duty, during the war, but desire no permanent place under the Government.

Persons applying for examination as Acting Assistant Surgeons, and offered the opportunity of examination for permanent service... 30  
 Declined ..... 30

The examination for acting appointments is necessarily below the standard for permanent appointments, though it covers the same grounds—a fair knowledge of business, sufficient educational attainments, and professional knowledge enough to discharge the ordinary duties of a Medical Officer.

*Casualties in the Medical Corps since January 1, 1864.*

SURGEONS DIED—DISEASE ORIGINATING—	
<i>lined</i> In, duty.....	4
Surgeons resigned.....	1— 5
PASSED AND OTHER ASSISTANT SURGEONS.	
Resigned.....	13
Dead—Disease originating in duty.....	2
Drowned in service.....	2—17
Total.....	22
ACTING ASSISTANT SURGEONS.	
Resigned.....	38
Died on service.....	5
Drowned in service.....	2
Dismissed.....	7—52
Total.....	74

There are now ten additional resignations before the Department, which are not accepted because of the existing impossibility of supplying the vacancies.

A common reason for resignation is to accept the more eligible service of the Army.

No application for appointment, either in the permanent or temporary service, is now before the Department, nor has any such application been received during the past six weeks. It cannot be said that medical men manifest an especial desire for office, if the ordinary inferences are to be deduced from these facts.

NOTES.

1. According to the Report of the Hon. Secretary of the Navy of December 5, 1864, the Navy consists of vessels.....	671
All of which require Medical Officers—the larger vessels more than one. Shore Stations, as Hospitals, Receiving Ships, Recruiting Depots, &c., require Medical Officers.....	77
	<hr/> 748
The Medical Corps, under its present organization, consists of	
Surgeons.....	80
Passed and other Assistant Surgeons.....	120
	<hr/> 200
Vacancies existing, and which cannot apparently be filled under the present inducements.....	12
	<hr/> 188
Acting Medical Officers.....	247— 435
Leaving without Medical Officers..... <i>Stations +</i> Vessels	313

2. Casualties in the Medical Corps during the year ending December 31, 1864.

SURGEONS.	
Dead .....	7
Resigned .....	2
PASSED AND OTHER ASSISTANT SURGEONS.	
Resigned .....	13
Dead.....	4
Drowned in service.....	2—28
ACTING ASSISTANT SURGEONS.	
Resigned.....	47
Died in service.....	6
Drowned in service.....	2
Dismissed.....	8—63
Total.....	91
Since September 1, 1864, permits have been granted or offered to applicants for temporary appointments.....	61
Examined and approved.....	10
Rejected.....	11
No notice taken of the permit after issue .....	40—61
3. Acting Assistant Surgeons offered the opportunity and declined.....	33
Applicants for acting appointments offered the opportunity for permanent appointment and declined.....	30
Persons to whom permits for examination were issued, but not subsequently noticed.....	40
	103

Thus, within a few months, upwards of one hundred persons have declined appointments in the Medical Department of the Navy.

The pay of an Assistant Surgeon or Acting Assistant Surgeon is,  
 per year at sea. . . . . \$1,250.00  
 Value of ration, if commuted..... 91.25

\$1,341.25

Or per month ..... \$111.77

A suit of uniform clothing, consisting of overcoat, frockcoat, vest, pants and cap, will cost, at the lowest price in this city, about.... \$230.00

Add estimated cost of mattress, bedding, &c..... 50.00

\$280.00

Making an indebtedness at the start for necessaries of about.....

Next follows an equal share of the mess outfit, for furniture, provisions, &c., say \$100, and subsequently a monthly mess bill of from \$40 to \$50.

A medical man bringing a profession, obtained at his own expense, and qualified to practice it anywhere, enters the Naval Service with a debt of some \$400, add the monthly mess bill of \$40—\$480—and there is left of his yearly pay \$461, out of which to provide the many necessaries of clothing, wash bill, &c., which would absorb every dollar. He will here give his time and profession for not a liberal support, casting aside the exposures of war, climate, &c.

It must be obvious, from these facts, that the possibility of furnishing competent medical aid to the navy upon the present inducements, is almost exhausted; the plan of advancing Surgeons' Stewards to Acting Assistant Surgeons has been tried in vain. Indeed many small vessels are now in charge of

*hence*

"Surgeons' Stewards;" and it may readily be inferred what amount of medical skill is obtained at \$40 per month, out of which the expense of subsistence and clothing is to be defrayed.

The war has proved so exhaustive of the medical profession, that the opportunities of private practice at home were never more inviting; and unless the Government is prepared to make an officer's rank, and pay, somewhat akin to what he might reasonably expect for his labor and skill in private life, it is hardly to be expected that he would abandon such advantage for the public service.

In military hospitals established in our large cities, and indeed extensively throughout the country, the army authorities engage the services of the best local physicians as contract Surgeons, with liberal pay and allowances, when it is considered they are not required to leave their homes to encounter the perils of war.

There are so many circumstances operating to the disadvantage of the Medical Corps of the navy, that a pretty radical change must be effected to render it sufficiently attractive to the kind of persons to whom the life and health of the officers and men of the navy, should be confided.

The rank of Commodore was proposed for the older Surgeons of the navy, by a Board of Officers assembled in 1863; two Rear Admirals composing a majority of the Board.

Again, in April, 1864, another Board, exclusively of line officers, proposed the same rank for sundry senior Surgeons.

In the army, according to recent public announcement, four Surgeons, with the rank of Major, have been promoted to be Colonels, and one a Lieutenant Colonel.