A manual of military surgery - Chapter III: Qualifications and duties of military surgeons

Follow this and additional works at: https://jdc.jefferson.edu/milsurgusa

Part of the History of Science, Technology, and Medicine Commons

Let us know how access to this document benefits you

Recommended Citation
"A manual of military surgery - Chapter III: Qualifications and duties of military surgeons" (1861).
https://jdc.jefferson.edu/milsurgusa/5

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in A manual of military surgery, by S.D. Gross, MD, 1861 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
CHAPTER III.

QUALIFICATIONS AND DUTIES OF MILITARY SURGEONS.

It is of paramount importance that none but men of the best talent and of the highest education should be received into the public service. Rigid as the examinations of the army and naval medical boards already are, there is need of increased rigor, in order that none may be admitted who are not thoroughly prepared for the discharge of their responsible duties. Equal vigilance should be exercised in regard to the introduction of physicians and surgeons into the volunteer service. Every regiment should be provided with an able medical head, a man ready for every emergency, however trying or unexpected; a man skilled in the diagnosis and treatment of diseases, and competent to perform any operation, whether small or large, on the spur of the moment. To do this, he must be more than a mere physician; he must be both physician and surgeon, in the true sense of the terms, otherwise he will be unfit, totally un-
fit, for his position. He must have been educated in the modern schools; be of un-
doubted courage, prompt to act, willing to assume responsibility, humane and sympa-
thizing, urbane and courteous in his manners; in short, a medical gentleman, as well as a medical philosopher, not hesitating, if need be, to perform the most menial services, and to do all he can to preserve the health and the lives of the soldiers committed to his care. The white-gloved gentry, such as figured in some of the regiments that went to Mexico, have no business in the service; their time can be much better spent in the discharge of their domestic duties, in the practice of their neighborhood, and in the contemplation, at a distance, of the miseries of war.

It is much to be feared that, from the rapid manner in which our volunteers have been hur-
rried together, many medical men, old as well as young, have already been admitted into the service utterly unfit for the office. If this be the case, let our authorities, warned by the past, be more circumspect in regard to the future. Above all, let them see that the medical staffs of the brave volunteers of the country be not defiled by charlatans and un-
worthy men, between whom and the regular practitioners there cannot possibly be any professional, much less social intercourse, either in civil or military practice. The medical men should be on the best possible terms with each other; all causes of discord and bickering among themselves should be studiously obviated, and speedily suppressed, if, unfortunately, they should arise. Concert of action on the part of the medical corps is indispensable to the success of the medical operations of an army.

Every regimental surgeon should have at least two assistants in time of peace, or during the inactivity of the troops under his charge; when on active duty, on the contrary, the number should at least be double, especially in the face of an anticipated bloody engagement. These assistants should be selected solely with reference to their competency; they should, like the principal, be eminently intelligent, and ready, in case of emergency, to perform any operation that occasion may demand. Every brigade should have its brigade surgeon, who should exercise a supervisory control over the regimental surgeons, principals as well as assistants, as
every State should have its surgeon-general, or medical-director, whose duty it should be to superintend the whole medical arrangements, seeing that the candidates for the medical department of the service be subjected to a rigid examination, attending to the purchase of medicines and instruments, providing suitable nurses, inspecting the quarters, stores, and provisions, that nothing of an unwholesome character may find its way into the ranks, pointing out the proper location of camps, and the construction of hospitals, and giving general instructions in regard to military hygiene, or the best means of avoiding disease and accident.

Prior to every engagement at all likely to be severe or serious, a proper number of men should be detailed for the purpose of rendering prompt assistance to the wounded, and carrying them off the field of battle to the hospitals, or tents, erected for their accommodation and treatment. Unless this be done as a preliminary step, much suffering will inevitably be the consequence, if not great confusion, highly prejudicial to the issue of the combat. So fully aware are the leaders and sub-commanders of our armies of this fact that they never permit any man to fall out
of the ranks, during an engagement, to perform this service.

While the battle is progressing it is the duty of the surgeon and of his assistants to remain in the rear of the combatants, as much as possible out of harm's way, but at the same time ready and on the watch to render the promptest possible aid. They must be Argus-eyed, and in the full possession of their wits. One of the leading differences between military and civil practice is the instantaneous action so often demanded by the one and the delay so frequently admitted by the other.

The first duty of every surgeon is to the officers and men of his own corps; but on the field of battle, or soon after the battle is over, he is often brought in contact with the members of other regiments, or even with the wounded of the enemy; and under such circumstances the dictates of humanity, not less than the usages of war, demand that he should render his services wherever they may be likely to be useful. The medical officers of the contending parties sometimes meet upon such occasions, and, when this is the case, their conduct should invariably be character-
ized by the courtesy of the gentleman, not the asperity of the enemy. They should not forget that they are brethren of the same noble profession, acting in the capacity of ministering angels to the sick and the dying. Country and cause alike should be forgotten in generous deeds.

By the usages of war in all civilized countries, the surgeons are always respected by the enemy if, during an engagement, they happen to fall accidentally into their hands. Their lives are regarded as sacred, the more so, as they are comparatively defenseless. They are not, however, during the rage and smoke of the battle-field, always easily distinguishable from the other officers, or even the common soldiers. The green sash, their distinctive badge of office, does not always afford them immunity, because it is not always recognized; and it is worthy of consideration whether, as an additional safeguard, the word "surgeon" should not be embroidered in legible characters upon a piece of cloth, to be thrown across the chest in time of battle. The significance of such a badge could not be mistaken by friend or foe, and would be the means of saving many valuable lives.