

Reporting the Crimean War: Misinformation and Misinterpretation

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History is a question of cause and effect. You need to take events in order to make sense of them.¹

Introduction

The Crimean War is the term frequently used to define the conflict that took place from 1853 to 1856 between Russia and the Ottoman Empire together with the British, French, and Piedmont-Sardinians. This term is misleading, however, as it takes no account of the fact that hostilities took place in present-day Romania and Bulgaria, eastern Turkey, the Caucasus, Baltic, White Sea, and on the Russian Pacific coast. A more accurate title is the War with Russia, a term not infrequently used in contemporary accounts.

The war has been considered an inappropriate and pointless adventure by some commentators because it proved inconclusive given that the Black Sea remained demilitarized for only fourteen years. On the other hand, in his revisionist analysis of events, Hugh Small concluded that the conflict was not a 'historically irrelevant mistake' but suggested that the allies fought a 'just' war, that they had the moral support of all Europe in going to war in defence of the principle that nations, despite their differing ideologies, should coexist and not seek to expand their territory at their neighbours' expense; and that the war was winnable given that Britain, the world's only superpower, together with a relatively powerful France, 'had a mighty ascendancy over unindustrialized Russia', and that its objectives were limited and achievable, namely the liberation of the Russian peripheral vassal states and the prevention of Russian advances into British and French spheres of influence.²

Detailed planning and intensive training prior to a military enterprise provide no guarantee of success as evinced by the disastrous losses in

¹ Charlotte Higgins, 'Antony Beevor: Journalism has Spoilt the Ground for Historians', *Guardian*, 31 May 2010 <<http://www.theguardian.com/uk/2010/may/31/antony-beevor-iraq-hay-festival>> [accessed 7 April 2015].

² Hugh Small, *The Crimean War: Queen Victoria's War with the Russian Tsars* (Stroud: Tempus, 2007), pp. 187–96.

the American sector on D-Day 1944. As regards the Crimean campaign, it is not surprising that things went wrong during the months that followed an inadequately planned landing late in the season by an inexperienced and relatively poorly equipped army, to face an enemy of uncertain strength in a country about which very little was known, and which had extremely limited resources to provide for the needs of the invading force such as harbour facilities, shelter, roads, forage, and fuel.

Not unexpectedly, therefore, the senior army staff came in for criticism for their apparent lack of efficiency, particularly during the first winter when they had to labour under insuperable difficulties. It would be wrong, however, to assume the likes of Major Generals James B. B. Estcourt and Richard J. Airey — the Adjutant General and the Quartermaster General, respectively — Mr William Filder, the Commissary General, Dr John Hall, the Principal Medical Officer (PMO), and Dr Andrew Smith, the Director General of the Army and Ordnance Medical Department were not essentially effective men of business who were well aware of what was needed to rectify matters. The main problem was that they and their subordinates had to operate within a system which may have seemed satisfactory during peacetime but proved woefully inadequate for an army on campaign. A glance at their official and private correspondence will confirm that they were aware of this from the start, while perusal of General Orders demonstrates that the army was administered according to regulations in every detail throughout the campaign irrespective of the trials and tribulations that were experienced.

There is probably no important event in the past of which the historiography is free from misinformation, misunderstanding, misinterpretation, or mistakes; and in this regard the Crimean War is no exception. Whether these misinterpretations are the result of inadequate research, a misunderstanding of the facts, or because misinformation has been deliberately disseminated to further a particular agenda or prejudice is not always obvious. What is important is that some misinterpretations have become enshrined in school syllabuses and textbooks or have been aired in films or television docudramas, and have come to be accepted as gospel by those who are in no position to evaluate them for their accuracy. For example, a programme on Florence Nightingale transmitted by BBC1 on 1 June 2008 contained several serious inaccuracies which prompted Richard Huntsman to publish a detailed rejoinder.³

The purpose of this article is to provide a selection of the many available examples of misrepresentation relating to the medical aspects of the Crimean campaign in the East and to provide responses which, it is hoped, go some way to setting the record straight. Clearly, the examples chosen

³ Richard Huntsman, 'Another Look at Florence Nightingale: A Response Evoked by the BBC Programme', *War Correspondent*, 27.2 (2009), 19–32.

will not necessarily be related and in order to help put them into context they will be considered as far as possible in the order in which the events occurred.

Baptism by fire

The Crimean campaign was unusual in that it took place during a cholera pandemic and this, together with the severe fighting that took place during the weeks after the invasion, exacted a terrible toll on the troops and placed an enormous strain on the relatively inexperienced personnel in all departments of the army.

In the days preceding the invasion of the Crimea, Hall issued a comprehensive memorandum to medical officers. This was welcomed by W. H. Russell, *The Times* special correspondent, who wrote: ‘Great care has been taken by the medical authorities to make the department as efficient as possible, and Hall has issued a circular containing directions and suggestions as to surgical practice, which is highly spoken of.’⁴ Within the document, Hall offered the following advice on the use of chloroform under battlefield conditions:

Dr. Hall takes this opportunity of cautioning Medical Officers against the use of chloroform in the severe shock of serious gunshot wounds, as he thinks few will survive where it is used. But as public opinion, founded, perhaps, on mistaken philanthropy, he knows is against him, he can only caution Medical Officers, and entreat they will narrowly watch its effects; for, however barbarous it may appear, the smart of the knife is a powerful stimulant, and it is much better to hear a man bawl lustily than to see him sink silently into the grave.⁵

The anaesthetic age was less than a decade old when hostilities commenced and, though a world without anaesthetic agents is unimaginable today, the application of Anthony Beevor’s dictum — quoted in the epigraph — to the mid-1850s would indicate that, apart from a few doctors, mainly experienced hospital-based surgeons, virtually everybody else in the population would have been unable to conceive a world in which these drugs were in general use.

⁴ ‘The British Expedition’, *The Times*, 21 September 1854, p. 9.

⁵ Hall’s text was reproduced in several newspaper articles, including ‘The Crimea Expedition’, *The Times*, 20 September 1854, p. 7; and ‘Medical Memorandum’, *Illustrated London News*, 23 September 1854, pp. 289–90. A printed version can be found in the Royal Army Medical Corps (RAMC) archives located at the Army Medical Services Museum, Keogh Barracks, Aldershot, RAMC/397/F/CO/6/13.

Chloroform is a toxic substance and the risks associated with its use were a matter of debate among the highest echelons of the medical profession.⁶ Some contemporary commentators, such as Professor James Syme of Edinburgh University were critical of Hall's advice, while others seemingly were not.⁷ For example, Dr David Dumbreck, who deputized for Hall when he visited Scutari during October 1854 on Lord Raglan's orders, pointed out in evidence to the House of Commons Select Committee on the Army before Sebastopol that

Dr Guthrie [the President of the Royal College of Surgeons] entertains opinions approximating to those of Dr Hall; [...] Dr Hall never meant it to be an imperative upon the officers of the army to follow his suggestion, and they all did, even in his presence, as they pleased.⁸

Hall also received support from Peter Benson Maxwell, a barrister and one of the commissioners sent to the East by the Duke of Newcastle to investigate the problems in the hospitals, when he clarified the interpretation of Hall's words in a pamphlet he published anonymously after his (Maxwell's) return to England:

As to chloroform, it was universally used, notwithstanding its supposed prohibition. [...] The instructions [warning against the use of chloroform in cases of serious gunshot wounds] turn out, when calmly weighed, to be but suggestions of a humane caution. [...] His language clearly points to those cases only.⁹

Some modern authors have accepted this view. For example, Kirsteen Nixon concluded that though Hall's advice might appear barbaric, 'it was based on the honest belief that if the patient was conscious and screaming then he would be more likely to survive.'¹⁰ However, there are others who have chosen not to heed a barrister's interpretation and perpetuate the notion that Hall was a villain. These include Small and Eric Taylor who wrote, respectively, that Hall 'was notorious for instructing surgeons not to use anaesthetic for amputations'; and that he 'positively did not believe in

⁶ Reference to contemporary medical journals will confirm that deaths associated with chloroform, now known to be due to the induction of fatal cardiac and respiratory arrhythmias, were not uncommon.

⁷ James Syme, letter to the editor, *The Times*, 12 October 1854, p. 9.

⁸ HC Select Committee on the Army before Sebastopol 2nd Report (HC Paper (1854-55) no. 156, p. 610).

⁹ [Peter Benson Maxwell], *Whom Shall We Hang?: The Sevastopol Inquiry* (London: Ridgway, 1855), p. 197.

¹⁰ Kirsteen Nixon, *The World of Florence Nightingale* ([n.p.]: Pitkin Publishing, 2011), p. 14.

chloroform to ease pain and terror in amputations. Pompously he would assert that it was preferable for a man to “bawl lustily” [...] than to “sink silently into the grave”.¹¹

The use of chloroform during the Crimean campaign has been the subject of authoritative reviews published by John Shepherd, Henry Connor, and N. H. Metcalfe, and, by reading them, one can appreciate the difficulty faced by Hall at the time, given that many army surgeons would have had little or no experience of performing ‘capital’ operations during or shortly after a battle, and who would be expected to work fast and without any professional assistant to administer the anaesthetic and to monitor the patient.¹² It is, therefore, unfair to stigmatize Hall for preaching what, with the knowledge of hindsight, may appear to be an over-cautious approach in the use of a drug that was then untested under battlefield conditions. In the event, chloroform was used widely and there is no evidence whatsoever that Hall tried to interfere with any surgeon’s wish to use the agent during surgical procedures.

It has also been suggested that Nightingale clashed with Hall over his apparent insistence that chloroform should not be used in amputations.¹³ This, however, is unlikely. There is no evidence of a clash in the voluminous correspondence consulted by her principal biographers — such as Cecil Woodham-Smith, Lynn McDonald, and Mark Bostridge — and Nightingale had no opportunity to meet Hall until she visited the Crimea in May 1855, by which time the agent would have been in general use.

Amputation was the only practical treatment available for severe comminuted fractures and most of these operations would have been performed either on the battlefield or close by, and would have been completed within a few minutes. This means that the assertion by Robert Edgerton that the ‘surgeons had no time for the sick, who lay unattended for days and even weeks. All their time was spent amputating limbs, with singular lack of success’, is little more than a flight of fancy especially given that the official number of amputations in the army as a whole was 824 during a period of about a year.¹⁴ A further comment in the same

¹¹ Hugh Small, *Florence Nightingale: Avenging Angel* (London: Constable, 1999), p. 49; Eric Taylor, *Wartime Nurse: One Hundred Years from the Crimea to Korea 1854–1954* (London: Hale, 2001), p. 26.

¹² John A. Shepherd, “‘The Smart of the Knife’ — Early Anaesthesia in the Services”, *Journal of the Royal Army Medical Corps*, 131 (1985), 109–15; Henry Connor, ‘The Use of Chloroform by British Army Surgeons during the Crimean War’, *Medical History*, 42 (1998), 161–93; N. H. Metcalf, ‘The Influence of the Military on the Civilian Uncertainty about Modern Anaesthesia between its Origins in 1846 and the End of the Crimean War in 1856’, *Anaesthesia*, 60 (2005), 594–601.

¹³ ‘Florence Nightingale (1820–1910)’ <www.sciencemuseum.org.uk/broughttolife/people/florence/nightingale.aspx> [accessed 31 March 2015].

¹⁴ Robert B. Edgerton, *Death or Glory: The Legacy of the Crimean War* (Boulder: Westview Press, 1999), p. 138; Medical and Surgical History of British Army in Turkey

vein is provided by Taylor who suggested that the harbour at Balaklava, which was a considerable distance from the front, contained ‘piles of arms and legs amputated after the battles [which] had been thrown into the almost tideless lagoon-like harbour, and could be seen in the clear water from the jetty’ (p. 28). This statement is rendered even more bizarre because there are several valid reports of the disgusting state of the water in the harbour, and the pollution would have rendered it anything but clear.

The hospital facilities in the Crimea were non-existent when the army landed and they remained inadequate and in a rudimentary state for several months thereafter; it consequently became necessary to evacuate large numbers of the sick and wounded to the base hospitals at Scutari. Inevitably, the conditions on the hospital transports, which were under the control of the Royal Navy and not the military authorities, proved inadequate on several occasions and several causes célèbres were reported in the British press. For example, on the day after the invasion of the Crimea on 14 September 1854, the Royal Navy’s Agent of Transports Captain Peter Christie, instructed that ‘all sick troops and sick women remaining on board the transports be sent by tomorrow noon to the *Kangaroo*’.¹⁵ (This was not done on Hall’s order, as incorrectly implied by Colwyn Vulliamy.¹⁶) The result was that the vessel was overwhelmed and, unsurprisingly, chaos ensued. A second vessel, *Dunbar*, was also ‘told off’ by Christie to carry some of the sick and both vessels arrived at Scutari on 22 September. It was subsequently reported incorrectly in *The Times* that *Kangaroo* and *Dunbar* had 600 and 500 sick on board, while the official numbers were much lower at 452 and 357, respectively.¹⁷

Some weeks later, during November 1854, there was a misunderstanding over the embarkation of invalids on board the transport *Avon* and Raglan subsequently dismissed Dr Robert Lawson, the PMO at Balaklava, by way of a General Order dated 13 December, and without a formal court martial at which Lawson would have had a chance to defend himself. Hall was also criticized unreasonably in the same order.¹⁸ In her account of the episode, Woodham-Smith wrote that ‘Dr Lawson [...] had been censured and [...] relieved of his duties — to assume them in a different place [...]’.

and Crimea during Russian War (HC Command Papers (1857–58) C. (1st series) 2434, II, 368–69).

¹⁵ Sir Neil Cantlie, *A History of the Army Medical Department*, 2 vols (Edinburgh: Churchill Livingstone, 1974), II, 48.

¹⁶ C. E. Vulliamy, *Crimea: The Campaign of 1854–56* (London: Cape, 1939), p. 91.

¹⁷ ‘Arrival of the Wounded in the Bosphorus’, *The Times*, 9 October 1854, p. 8; Medical and Surgical History of British Army in Turkey and Crimea during Russian War (HC Command Papers (1857–58) C. (1st series) 2434, II, 465).

¹⁸ General Order, 13 December 1854, Kew, The National Archives (TNA), WO/28/130.

Lord Raglan had been powerless. Dr Hall knew how to protect his own.¹⁹ Christopher Hibbert, too, opined that Hall ‘replied to this interference with his department by subsequently appointing [Lawson] Senior Medical Officer at the Barrack Hospital, Scutari’; while McDonald noted that ‘the doctor [Lawson] deemed to be responsible for the neglect was dismissed, whereupon Hall appointed him as principal medical officer at the Barrack Hospital, Scutari’.²⁰ In the event, Lawson’s redeployment to Scutari was authorized officially by a General Order dated 15 January 1855 in which it was stated clearly that he should ‘proceed to Scutari by the earliest opportunity’ and ‘report himself for duty to the PMO’ (TNA, WO/28/130). This order could only have been issued with Raglan’s full knowledge and hence any suggestion that Hall acted independently reveals a lack of understanding of both how the army was administered and the true extent of Hall’s executive powers, which were minimal.

The Scutari hospitals were overwhelmed by the sudden influx of patients from the Crimea after the Battle of the Alma and Raglan sent Hall to the Bosphorus at the beginning of October to assess the situation. When he arrived he found matters had become much less pressing. He remained there for about three weeks and during that time he, in common with everybody else, had no inkling of the catastrophe that was to overcome the army during the weeks that followed the hurricane of 14 November. He reported favourably to Raglan on conditions at Scutari prior to his departure on the *Himalaya* on 22 October, writing also to Dr Andrew Smith that he had ‘much satisfaction in being able to inform you that the whole hospital establishment has now been put in a very creditable state, and the sick and wounded are all doing as well as could possibly be expected’.²¹

Hall was subsequently criticized by some commentators for apparently misleading Raglan and he returned to the subject after the war in his draft memoirs by stating that despite being ‘severely censured’ for reporting what he saw at the time he ‘felt perfectly justified in making the statement [...] and if I had to write the letter over again, I do not think I should alter one single sentence of it’.²² The condemnation of Hall in

¹⁹ Cecil Woodham-Smith, *Florence Nightingale 1820–1910* (London: Constable, 1950), pp. 211–12.

²⁰ Christopher Hibbert, *The Destruction of Lord Raglan* (Ware: Wordsworth, 1999), p. 219, and reproduced verbatim by Martha Vicinus and Bea Nergaard, *Ever Yours, Florence Nightingale* (London: Virago Press, 1989), pp. 131–32; Lynn McDonald, *Florence Nightingale at First Hand* (London: Continuum, 2010), p. 83.

²¹ John Hall, letter to Raglan, 27 October 1854, RAMC/397/F/CO/1/1/819; Hall, letter to Smith, 20 October 1854, RAMC/397/F/CO/1/1/833.

²² J. Hall, ‘Observations on the difficulties experienced by the Medical Department of the Army, during the late War in Turkey, by Sir John Hall, M.D., K.C.B., Principal Medical Officer of that Army’, RAMC/397F/RT/2 (draft in Hall’s hand); and TNA, WO/33/3B (printed version but unpublished and headed ‘Confidential’).

these circumstances merely reflects the failure of his critics to appreciate the advice embodied in Beevor's dictum, since justification for his opinion is provided by reports that Raglan received from others during the weeks that followed, and before conditions in the Crimea deteriorated. For example, shortly after Hall had left the British Ambassador in Constantinople, Viscount Stratford de Redcliffe informed Raglan that he had visited

the hospitals and barracks at Scutari. [...] There is room for improvement; but things are in much better order than at first [...]. Medical attention was no longer deficient; and [...] medicines were so abundant to make the offers of a respectable chymist [*sic*] here superfluous.²³

Raglan meanwhile informed the Secretary of State for War, the Duke of Newcastle, on 18 November 1854, that Lord Burghersh, his senior aide-de-camp, had visited the hospital on his way back to the Crimea after delivering the Alma despatch and found it in a very satisfactory condition; and that Dr Cumming, the PMO, had also assured him that he was quite pleased with the state in which he found it when he assumed duty there after serving as one of the Hospital Commissioners.²⁴ Similarly, the Director General received an equally encouraging report from Dr Thomas Spence, another of the Hospital Commissioners, who wrote (on the same day Nightingale arrived) that he had just

returned from Scutari perfectly delighted to find things so well managed. A great number of sick and wounded from Balaklava just landing, those unable to walk carried to hospital on stretchers and put to bed immediately they arrive. All beds on trestles have a neat and comfortable appearance, 400 excellent iron bedsteads have lately been obtained for the Turks.²⁵

A few days later Sidney Herbert, the Minister at War was informed by Maxwell in a private letter that he had

devoted a little time to a quiet survey of the hospitals [...]. My first impression is favourable [...]. I found ample ventilation, comfortable bedding, and healthy looking convalescents. The fine weather, the ample building, and abundant

²³ Stratford, letter to Raglan, quoted in Stanley Lane-Poole, *Life of the Right Honourable Stratford Canning Viscount Stratford de Redcliffe*, 2 vols (London: Longman, Green, 1888), II, 377 (24 October 1854).

²⁴ TNA, WO/1/170, fols 109–12.

²⁵ Thomas Spence, letter to Smith, 4 November 1854, Herbert papers, Wiltshire and Swindon History Centre, 2057/F8/III/B/315.

supply of water may have contributed to give the place an air of cheerfulness.²⁶

It seems unlikely that all these apparently informed witnesses could be wrong, which calls into question Hibbert's assertion that Nightingale discovered the hospitals to be 'destitute and filthy' on her arrival, the more so since it was reported that on her arrival she had been 'surprised at the regularity and comfort which appeared in [the] wards' (Hibbert, p. 213; Cantlie, II, 123–24).

Conditions in the Crimea deteriorated following the hurricane of 14 November 1854 that devastated the camps and destroyed several ships carrying vital supplies, and it was only after that time that the facilities at Scutari were overwhelmed by seriously ill and wounded patients. By then, Hall had been attending to his arduous duties in the Crimea for over a month, having sailed there on 22 October nearly two weeks before Nightingale and her party of nurses arrived in Constantinople on 4 November. This means that the following extract from Charlotte Moore's popular account of Nightingale is pure fiction:

The light of the lamp moved through the dark, vaulted room, darting here and there like a firefly. In the doorway, Dr John Hall, Chief of Medical Staff, looked on with folded arms. He was a recent arrival at Scutari; he got the job for his reputation for toughness — some would call it cruelty.²⁷

In the event, Hall did not visit the hospitals on the Bosphorus again until he was homeward bound following the evacuation of the Crimea. Shepherd suggested that he 'must be faulted for his failure [not to do so during] November and December to ensure that conditions had improved' in view of the problems encountered during the winter of 1854 and 1855; and this view was echoed by Bostridge who opined that it was to Hall's discredit that 'he did not re-inspect the hospital for the remainder of the war'.²⁸ However, neither assessment is entirely reasonable. They fail to acknowledge the fact that the PMO at Scutari was equal in rank to Hall and would have had sufficient authority to manage the various hospitals. In addition, it would have been unlikely that Raglan or his successors would have sanctioned Hall's absence given that he had more than enough responsibilities

²⁶ Peter Benson Maxwell, letter to Herbert, 10 November 1854, Herbert papers, 2057/F8/III/B/356.

²⁷ Charlotte Moore, *Florence Nightingale: The Lady with the Lamp* (London: Short Books, 2003), p. 62.

²⁸ John Shepherd, *The Crimean Doctors: A History of the Medical Services in the Crimean War*, 2 vols (Liverpool: Liverpool University Press, 1991), I, 172; Mark Bostridge, *Florence Nightingale: The Woman and Her Legend* (London: Viking, 2008), p. 223.

in the Crimea. Moreover, unlike military officers of equivalent rank (Brigadier), he did not have an aide-de-camp who could have been sent to Scutari on his behalf.

Did Florence Nightingale and the Sanitary Commission save the army?

The historiography of the medical aspects of the campaign has been unbalanced to an extent by the large literature on Nightingale, and in consequence there has been a tendency by some commentators to cast Scutari in the role of the 'sun' and the Crimea as that of the 'moon', when in reality the reverse was the case. It is therefore extremely difficult to provide an objective assessment of Nightingale's contribution to the overall war effort when many of her admirers regard her as not only a secular saint but also as the saviour of the British army and the inventor of nursing. It would be undeniably unfair to suggest that Nightingale was not an extremely influential person and that many people the world over have benefited in some way from her later achievements; but in the context of the Crimean War her contribution was probably less than some would wish to think. For example, Deputy Medical Inspector D. Deas informed the Director General of the Naval Medical Department on 19 February 1855 that, though he admired Nightingale, he saw 'dozens of things placed at her credit which [...] she had nothing to do with; but such is the fashion of the day [she] now gets credit for having both suggested and executed'.²⁹ Similarly, Bostridge concluded:

A [...] notion, prevalent among an older generation of historians, [and] found in popular historical writing today, is that the dramatic decrease in mortality at Scutari in the first months of 1855 is directly attributable to Florence Nightingale herself. This was transparently not so. (pp. 248–49)

In like manner, Clive Ponting surmised that 'she did not institute many of the reforms ascribed to her [...]. In medical terms she accomplished little [...] apart from providing basic comforts'.³⁰

After the war, Nightingale reviewed the medical statistics with hindsight and concluded that the Sanitary Commission saved the army.³¹

²⁹ HC Select Committee on the Army before Sebastopol 2nd Report (HC Paper (1854–55) no. 156, p. 723).

³⁰ Clive Ponting, *The Crimean War: The Truth Behind the Myth* (London: Chatto & Windus, 2004), pp. 194–95.

³¹ Edwin Hodder, *The Life and Work of the Seventh Earl of Shaftesbury, K.G.* (London: Cassell, 1898), p. 503, and quoted by Sir Edward Cook, *The Life of Florence Nightingale*, 2 vols (London: Macmillan, 1913), 1, 220–21.

However, by doing so, she took no account of the advice offered by Beevor's dictum and also chose to ignore what she wrote unequivocally to Herbert at the time:

Scutari was only a symptom of the army's malady, not a cause, and once things began to improve at Balaklava, things improved at Scutari. Once the men on the plains below Sevastopol began to get better food and the weather became warmer, their strength increased, they became more resistant to disease, the numbers arriving at Scutari went down, the wards became less crowded, and the medical personnel were under less pressure.³²

Similarly, when the commissioners visited the camp before Sebastopol shortly after their arrival they expressed themselves

much surprised and gratified with the appearance of the camp and of the hospitals, and said that were it were not for Balaklava, they might at once return to England, as no sanitary recommendations were required from them for the upper camp. One of them [Mr Sutherland] said 'It would be an insult to the Army if we were to offer any suggestion' [while] Mr Rawlinson said 'There can be no sanitary measure we could recommend which I have not seen carried out today in some phase or other, varying, of course, in different regiments according to the ability and zeal of the commanding officers and surgeons.'³³

The commissioners subsequently confirmed this opinion in their official report by stating that they found 'the camp [before Sebastopol] remarkably clean and the external sanitary arrangements [...] well attended to' in spite of 'the pressing nature of the siege duties'. Although there were defects, there were 'some regimental camps to which it would have been difficult to have suggested improvements'.³⁴

Taken together, these reports clearly indicate that the foundations for the improved well-being of the troops can only have resulted from initiatives taken by the military authorities and not the commissioners and, consequently, the impact of the latter was less than many commentators have assumed when making a retrospective assessment.

³² Gillian Gill, *Nightingales: The Story of Florence Nightingale and her Remarkable Family* (London: Hodder and Stoughton, 2004), p. 383.

³³ Assistant Quartermaster General, letter to Quartermaster General, 26 April 1855, TNA, WO/33/1/49/55, Inclosure 12 and WO/28/192.

³⁴ Report to Minister at War of Proceedings of Sanitary Com. despatched to Seat of War in East, 1855–56 (HC Command Papers (1857 session 1) C. (1st series), 2196, p. 121).

In truth, these improvements were not the result of any dramatic changes in management; there was no ‘magic bullet’. Rather, they were achieved by the application of simple, well-understood, and common-sense methods of management: the supply of adequate food, clothing, and shelter; the general upgrading of land and sea transport, primary health care, and hospital facilities; and improvements to the infrastructure in the camps, villages, and harbours.

While it would be churlish to suggest that the commissioners, who were able and industrious individuals, did not contribute in a general way to the good health enjoyed by the troops after the fall of Sebastopol, it should be appreciated that they were only contributors to the combined efforts of the many people needed to achieve such a pleasing state of affairs.

Lies, damn lies, and statistics

The science of statistics was in its infancy during the mid-nineteenth century and some of the methods of data handling appear unusual by today’s standards. For example, it is nonsensical to calculate the average weight of a growing child by adding the weight on each birthday and dividing the sum by the age in years. It is inappropriate, therefore, to adopt a similar approach for estimating the size of the army as this is influenced by gains from reinforcements and returning convalescents and losses from enemy action, disease, and redeployment. It is for this reason that the method adopted by Colonel Alexander Tulloch, one of the Supplies Commissioners, is questionable, summing the number of deaths during ‘n’ months and dividing the total by the average monthly strength during that period.³⁵ This is illustrated clearly when the whole campaign is considered (*Table 1*). Tulloch’s denominator of 37,324 men was far too low given that the number sent to the East was two and a half times greater at approximately ninety-four thousand.³⁶ The use of Tulloch’s approach resulted in an overall mortality rate of 43.5 per cent, a figure which is clearly incorrect as it is over twice what it was in reality.

There can be no doubt that death is a once in a lifetime experience and so quoting a mortality rate in excess of one hundred per cent is a biological impossibility. Yet, Nightingale did so, as illustrated in *Table 2*. The cause of this distortion is the scaling up of the rate to show per cent per annum. She justified this, with perhaps a touch of arrogance, by suggesting

³⁵ Colonel Tulloch, *The Crimean Commission and the Chelsea Board being a Review of the Proceedings and Report of the Board* (London: Harrison, 1857), p. 151.

³⁶ Returns provided by the Adjutant General on 29 April 1856, and summarized in Captain Sayer, *Despatches and Papers Relative to the Campaign in Turkey, Asia Minor, and the Crimea during the War with Russia in 1854, 1855, 1856* (London: Harrison, 1857), p. 415.

Year	Month	Estimated monthly strength*	No. of deaths†	Cumulative average monthly strength‡	Cumulative deaths	Tulloch's mortality rate (col. 6/col. 5) x100	
1854	Apr.	8,265	3	8,265	3	<0.1	
	May	21,789	21	15,027	24	0.2	
	June	25,122	17	18,392	41	0.2	
	July	28,722	379	20,975	420	2.0	
	Aug.	30,226	852	22,825	1,272	5.6	
	Sep.	30,329	858	24,076	2,130	8.8	
	Oct.	30,607	624	25,009	2,754	11.0	
	Nov.	29,791	937	25,606	3,691	14.4	
	Dec.	32,799	1,847	26,406	5,538	21.0	
	1855	Jan.	32,469	3,076	27,012	8,614	31.9
		Feb.	31,027	2,478	27,377	11,092	40.5
		Mar.	30,082	1,377	27,602	12,469	45.2
Apr.		31,328	531	27,889	13,000	46.6	
May		35,063	543	28,401	13,543	47.7	
June		39,226	830	29,123	14,373	49.4	
July		42,919	414	29,985	14,787	49.3	
Aug.		44,414	507	30,834	15,294	49.6	
Sep.		48,243	208	31,801	15,502	48.8	
Oct.		48,812	145	32,696	15,647	47.9	
Nov.		49,942	206	33,559	15,853	47.2	
Dec.		50,089	116	34,346	15,969	46.5	
1856	Jan.	50,881	87	35,098	16,056	45.8	
	Feb.	50,319	39	35,759	16,095	45.0	
	Mar.	55,000	49	36,561	16,144	44.2	
	Apr.	54,452	37	37,277	16,181	43.4	
	May	47,472	24	37,669	16,205	43.0	
	June	25,935	6	37,234	16,211	43.5	
General total		37,234	16,211		Not relevant		

* Calculated from the Medical and Surgical History of British Army in Turkey and Crimea during Russian War (HC Command Papers (1857–58) C. (1st series) 2434, II, p. 43, cols 2 and 6).

† Transcribed from the Medical and Surgical History, II, pp. 43, 44, col. 2, respectively, being the sum of those numbers recorded for the cavalry, ordnance (Royal Artillery and Royal Sappers and Miners), and infantry including the foot guards.

‡ The average strength calculated on the basis that the campaign had finished during the month in question, in other words the sum of the strength for 'n' months in column 3 divided by 'n'.

Table 1: The mortality rate for the whole campaign calculated using Colonel Tulloch's method, April 1854–June 1856.

that giving a percentage figure 'is simply misleading to the authorities, unless indeed, which is hardly likely, they are thoroughly *au fait* at statistical inquiries' because the 'standard comparison all over the civilized world would be in percentages *per annum*'.³⁷ This ploy may be useful for persuading policy makers to introduce improvements but in other respects it is indefensible, the more so because the valid statistic presented in the third column of *Table 2* would seem to make the point equally forcibly.

Location	Mortality	
	Rate per cent per annum of sick population	Per cent of cases treated
Eleven London General Hospitals	82	7.6
Fever Hospital	110.5	11.3
Military and Naval Hospitals in London	39	2.4
Scutari and Kululi General Hospitals during 4 months	203	19.8
During 4 weeks	319	32.1
During 4 weeks	415	42.7
Kululi during 4 weeks	608	52
Scutari and Kululi, summer, 1855	34	2.2

Adapted from the anonymously published *A Contribution to the Sanitary History of the British Army during the Late War with Russia* (London: Harrison, 1859), p. 6.

Table 2: Mortality in the hospitals in England, Scutari, and Kululi.

In addition, there are some examples in the modern literature that reveal a failure to consult primary sources of information before publication. For example, cholera accounted for only 246 (4.5%) of 5,432 deaths in the Scutari hospitals, and yet the Commonwealth War Graves Commission stated that Haidar Pasha cemetery adjacent to the General Hospital at Scutari contained about six thousand graves of the Crimean War, mostly the result of a cholera epidemic in Istanbul.³⁸ Similarly, typhus was responsible for only 49 (0.9%) deaths, though the Science Museum suggested that 'Florence Nightingale worked to reduce the numbers of soldiers who were dying from diseases like typhus, caused by poor standards

³⁷ Royal Com. to inquire into Regulations affecting Sanitary Condition of Army, Organization of Military Hospitals and Treatment of Sick and Wounded (HC Command Papers (1857–58) C. (1st series) 2318, p. 367).

³⁸ Medical and Surgical History of British Army in Turkey and Crimea during Russian War (HC Command Papers (1857–58) C. (1st series) 2434, 11, General Hospitals Return I; Commonwealth War Graves Commissions, Haidar Pasha Cemetery <<http://www.cwgc.org/find-a-cemetery/cemetery/49601/HAIDAR%20PASHA%20CEMETERY>> [accessed 31 March 2015].

of cleanliness'.³⁹ A third example of an oversight in this context is provided by Edgerton, who wrote that 'the deadliest killers were diseases, including pneumonia and tuberculosis [...], typhus, and malaria', while in fact these conditions accounted for only 161 (1%), 116 (0.7%), 285 (1.75%), and 311 (1.9%), respectively, of all deaths from disease.⁴⁰

The stigmatization of Dr John Hall: fair or unfounded?

Of all the medical men involved in the Crimean campaign, Hall has been the most heavily stigmatized, particularly by Vulliamy, who is probably better remembered today as a novelist, and later by Woodham-Smith, who represented Hall as objectionable and ineffective (Woodham-Smith, pp. 210–12). Woodham-Smith has subsequently been shown to be an unreliable historian by W. H. Greenleaf following a detailed analysis of her biography of Nightingale.⁴¹ For example, she blatantly misquoted an official government publication by putting words into Lord Cardigan's mouth by claiming that he informed the Roebuck Committee that he had been 'struck by the "absolute terror" with which the doctors regarded Dr Hall' (Woodham-Smith, p. 210). It is probably this and other mischievous ruses adopted by her and her disciples that has resulted in Hall's reputation being damaged irreparably, though some attempts have been made to redress the balance more recently.

But, on the negative side, unreferenced slurs which cannot be readily corroborated are provided by Hibbert who wrote:

An immense amount of Lord Raglan's time was spent in vain attempts to improve [the Medical Department's] organisation and efficiency and in visiting the sick, for whom he confessed to feeling a deep and personal responsibility. Constantly obstructed [...] by Dr. Hall, Inspector-General of Hospitals, who refused to agree that anything serious had gone wrong in his Department, he had occasion at least once a week, and sometimes on several consecutive days, to complain of some particular case of negligence or stupidity. (p. 213)

³⁹ Medical and Surgical History of British Army in Turkey and Crimea during Russian War, General Hospitals Return 1; 'Florence Nightingale (1820–1910)' <www.sciencemuseum.org.uk/broughttolife/people/florencenightingale.aspx> [accessed 31 March 2015].

⁴⁰ Edgerton, p. 123; Medical and Surgical History of British Army in Turkey and Crimea during Russian War, General Return A.

⁴¹ W. H. Greenleaf, 'Biography and the "Amateur" Historian: Mrs Woodham-Smith's Florence Nightingale', *Victorian Studies*, 3 (1959), 190–202.

Ruth Cowan suggested that ‘Nightingale despised Hall as a liar and a sadist, and Hall in turn wielded his authority and undermined Nightingale, reversing her commands and persecuting anyone who dared to support her’; while Gillian Gill proposed that Hall had exhibited determined resistance to reforms suggested by the Sanitary Commissioners.⁴² Taylor claimed that ‘junior doctors were fearful of incurring [Hall’s] wrath and complied with his wishes, keeping women out of the wards’ (p. 61).

On the other hand, those who wrote in Hall’s favour include Dr Baudens, a senior French medical officer, who drew the following conclusion about the difference between the two armies during the second winter:

[The British] medical service, directed by the skilful and learned Sir John Hall, left nothing to be desired to the end of the campaign. [...] The field hospitals of the English were extremely clean, which cannot be said of ours [the French]. The difference was in part due to the higher and more independent position of the English military surgeons, who exercise more authority in the enforcement of hygienic measures.⁴³

More recently, R. E. Barnsley, a major general in the Royal Army Medical Corps (RAMC), concluded that it was unreasonable to portray Hall as an ‘irascible, obstructive old man stamping around the filth and squalor of the Scutari hospitals doing his best to thwart the noble efforts of Miss Nightingale’, and quoted a contemporary obituary in support of his memory:

Thus passed away [...] an honourable and upright servant of the Queen, one whose keen sense of duty upheld him through all vicissitudes of his long and arduous military career. For forty-one years he served his country in various parts of the globe, and during this time he proved a hard worker, a strict disciplinarian, a man not of words but of action [...]. The medical profession can count many a distinguished name on its roll of honour, but none whose success has been more nobly and worthily attained.⁴⁴

In like manner, Shepherd, Barnsley again, and Mark Harrison have provided seemingly fair assessments of Hall’s performance:

To this day a picture is given, quite unfairly, of a stupid, incompetent and stubborn person. No one can say that Hall was a

⁴² Ruth Cowen, *Relish: The Extraordinary Life of Alexis Soyer* (London: Phoenix, 2007), p. 289; Gill, p. 377.

⁴³ L. Baudens, *On the Military and Camp Hospitals, and the Health of Troops in the Field*, trans. by Franklin B. Hough (New York: Baillière Brothers, 1862), pp. 73–74.

⁴⁴ R. E. Barnsley, ‘Sir John Hall’, *Transactions of the Cumberland and Westmorland Antiquarian Society*, 66 (1966), 402–18.

great man, yet some recognition should be afforded him for the way in which he laboured to correct the formidable situation that overwhelmed the army medical service. [...] He did not, like some senior officers, take the easy way out and contrive to be invalided. (Shepherd, 11, 609)

[Hall's] dogged persistence had built a really efficient medical service and [...] he had won the respect of our allies and the affection of his junior officers by the spirited defence he always put up on their behalf.⁴⁵

[Hall] was held in the highest regard by contemporaries [...] and achieved considerable fame for his work in the Crimean War. He was known as a hard worker and a strict disciplinarian, but his subordinates were highly appreciative of his ability and his courage.⁴⁶

Perusal of Hall's papers in the RAMC archives and the National Army Museum reveal that he was an articulate and capable individual who produced clear, well-constructed reports for his superiors and kept excellent records of his correspondence and other transactions. In the event, Hall remained in post throughout the conflict. Why was he not replaced by the war secretaries, the Duke of Newcastle or Lord Panmure, who had every opportunity so to do? Why did these ministers both seemingly resist the political pressure for his removal? Could it be that despite all the adverse criticism there was no compelling reason for his dismissal? Perhaps in the final analysis it was appreciated by his masters in government and at Horse Guards that he had been effective in the discharge of his duties.

Let it be hoped that some day in the future commentators may also remember him for that. In advance of this possibility, it is perhaps not unreasonable to grant Hall a final word by quoting a private diary entry made on 9 September 1854 in which he ventured his opinion on those officers who wished to opt out of the war effort prior to the invasion:

Some officers high in command [doubt the] success of [invading the Crimea], which is extremely wrong, [...] they have no right [...] giving public expression to [their private opinions]. Such conduct [is] contrary to the Articles of War [and] calculated to do much mischief when the troops get actually engaged with the enemy, because [...] the men, knowing the opinion of their leaders, will soon despond and think [...] their lives wantonly and unnecessarily jeopardized [and] one

⁴⁵ R. E. Barnsley, "'Teeth and Tails' in the Crimea", *Medical History*, 7 (1963), 75-79 (p. 79).

⁴⁶ Mark Harrison, 'Sir John Hall (1795-1866)', *ODNB* <<http://dx.doi.org/10.1093/ref:odnb/11974>>.

cannot be surprised if they run away. [...] Officers who dislike hazardous service and [do not] keep it to themselves had better give up their commands to men who have more nerve and who will [not] discourage those under them [...]. I have been very much surprised to hear the names of some mentioned who are said to despair of success.⁴⁷

Afterword

The historiography of the campaign has tended to concentrate, on the one hand, on the disasters of the first winter and on the perceived incompetence of the heads of department during this time; and, on the other, to overemphasize the contributions made by the talented and well-connected Nightingale and the undoubtedly experienced government-sponsored Sanitary Commissioners. Inevitably, this has resulted in an unbalanced view of what actually took place and this has been further distorted by those who have failed to heed the common-sense advice embodied in Beevor's dictum, and have thereby chosen to analyse events incorrectly with hindsight.

The misinformation highlighted in this article can be placed in one of four principal categories. The first involves either the failure to seek out primary sources for the correct information, a demonstration of ignorance of military protocol, or the misrepresentation of data which in itself is not necessarily inaccurate. The remaining three are best characterized by either Samuel Butler's bon mots that 'though God cannot alter the past, historians can', or Josephine Tey's 'Pure Tonypandy: a dramatic story with not a word of truth in it'.⁴⁸ There are flights of fancy that are clearly absurd; unkind and sometimes malicious remarks made without any reference to contemporary documents that might support the assertions made; and finally — and possibly most serious — the seemingly deliberate falsification of the facts, as evinced on several occasions by the influential and hence much cited Woodham-Smith.

The Crimean campaign proved challenging from the medical point of view for several reasons: first, dysfunctional management systems in the army as a whole, especially during the early months; second, long lines of communication and the total reliance on shipping for supplies; third, the need to evacuate large numbers of sick and wounded; fourth, epidemics of

⁴⁷ John Hall, diary, 9 September 1854, RAMC/524/15/6. Incidentally, Sweetman noted that two senior engineers, Burgoyne and Tylden both had reservations, but seemingly from a technical point of view. See John Sweetman, *Raglan from the Peninsula to the Crimea* (London: Arms and Armour Press, 1993), pp. 209–10.

⁴⁸ Samuel Butler, *Erewhon Revisited: Twenty Years Later* (London: Fifeild, 1920), p. 169; Josephine Tey, *The Daughter of Time* (London: Arrow, 2009), p. 127.

cholera in 1854 and 1855; and, lastly, the appearance of ‘land’ scurvy and the development of medical conditions associated with malnutrition and excessive hardship during the winter of 1854 and 1855.

It is to the credit of Hall and his colleagues, together with those in other departments of the army, that between them they were able to rise above the overwhelming problems of the first six months after the invasion and thus convert the ‘Sanitary disaster’ of the winter of 1854 and 1855 to the ‘Sanitary success’ manifested in 1856. That this success was achieved principally near the front line before Sebastopol cannot be doubted as that was where the greater proportion of the army was concentrated and where the medical officers and other support staff had to work, often under extremely hazardous and trying conditions.

Successive generations have been content to lionize the military achievements of Marlborough, Nelson, and Wellington, but their triumphs were only achieved with the involvement of thousands of people working for a common purpose. Perhaps, in a similar light, it would now be appropriate to consider — as acknowledged by Panmure when he proposed a vote of thanks to the army in the House of Lords on 8 May 1856 — the spectacular transformation from a ‘Sanitary disaster’ to ‘Sanitary success’.⁴⁹ Surely it is preferable to celebrate the memory of the many people who contributed to this triumph rather than demonize those in senior positions by portraying them as either uncaring or incompetent. Certainly, the application of Beevor’s dictum to the campaign as a whole will confirm that putting the record straight is no less than they all deserve.

⁴⁹ ‘Vote of Thanks to the Army, Navy, and Marines, Militia, etc.’, Parl. Debs. (series 3) vol. 142, cols 182–205 (8 May 1856).