This chapter provides an analytical overview of the operational structure, hospital and regimental systems of military medical practice of the British Army in North America and the West Indies, 1755–83, using a database of medical officers, regimental returns, lists of drugs used, correspondence and publications. Practice varied depending on location, season, and time of year, but cooperation between medical and general officers was crucial. Pringle’s emphasis on environment influenced practice, with medics advocating preventative treatments. Army practitioners were among medical officers in the West Indies, at the forefront of moderate therapeutics.

One of the advantages of studying medical history in the military context is that the historian can make use of data that are in many respects fuller than would be available on contemporary practice in the civilian sphere. This essay will focus on British Army practice in North America and the West Indies, 1755–83. In the course of it, I intend to make use of databases that I have created in association with a book project. One database contains information on 858 men who served as medical officers in America or the Indies at some point during the period in question. A second consists of regimental returns; a third, of casualties and overall mortality; a fourth, of lists of drugs distributed for the use of the army abroad, 1703–97. There is also a wealth of evidence available in contemporary correspondence, diaries, and publications. The data taken in toto are sufficiently strong to allow a fair assessment of the medical services that were available to the British soldier in the eighteenth century. Contemporary medicine was limited in its ability to prevent and cure disease and was characterised by premises that have been shown to be mistaken. It appears, however, that on the whole the medical services performed well and beneficially.
The organisation of medical services

The British Army was present in North America regularly after 1664, but prior to 1755 this was usually in the form of detachments and independent companies. Several regiments were stationed in the West Indies during Queen Anne’s War, and afterwards the 38th Foot remained in Antigua, while independent companies were stationed in Jamaica and Bermuda. Large numbers of British regulars participated in the Walker expedition of 1711 and the Vernon expedition of 1741/2. Three regiments relieved the Americans at Louisbourg in 1746, then remained in Canada. Besides a military presence, the army brought a medical presence. As of July 1750, the garrison hospital at Halifax was quite large, including even a midwife. But while army units were stationed in the New World, it does not appear that prior to 1755 the high command or the government back in Britain were sensitive to the health issues peculiar to service there.

During the eighteenth century, army medical services operated on five levels. Outlines of medical policy were set at the War Office, though the consent of the king and of other departments of government might be required. The Secretary-at-War issued directives for the services, but almost always did so on the advice of key medical personnel. Prior to 1756, his main advisors were the Surgeon-General and, of somewhat less importance, the Physician-General. Under this system, central direction was rather weak and medical services in theatres of war tended to be dominated by hospital physicians, Sir John Pringle, the pre-eminent medical figure during the War of the Austrian Succession, being a case in point. In 1756, however, Lord Barrington, the Secretary-at-War, possibly acting at the behest of the Duke of Cumberland, created the position of Inspector of Regimental Infirmaries and gave it to Robert Adair. Unlike the Physician-General and the Surgeon-General, the inspector was a full-time official, with an office at Horse Guards. Nevertheless, Adair made the office as much as it made him. By 1758, his authority was fully established, and between that time and his death in 1790 he dominated medical policy; his advice being frequently sought and almost automatically accepted by a series of Secretaries-at-War. Personal charm helped him establish his influence, as did his marriage into the Keppel family, but he was also able, and he dealt with a vast range of issues.

Serving men in the field were four categories of staff. Each regiment or battalion had a surgeon on its establishment. Foot regiments, though generally not cavalry or dragoons, also employed a mate, and several regiments that served in America 1758–60 had two mates. Medical personnel were on establishments for most major garrisons. Hospitals were often created in Britain to accompany expeditions going abroad.