From Palace to Hut:  
The Architecture of Military and Naval Medicine  

Christine Stevenson  

The walls separating medicine from society break down in this examination of early-British hospital architecture, which stresses the similarities and continuities between the civilian and the military. The hospitals examined include those for sick and wounded in the Empire, and later at home and those built for long-term chronic cases. Stevenson considers how matters of state, as well as medical theory and its changes, affected architecture.

The illustrations of the hut, Figures 9.1 and 9.2 overleaf, were published in 1813, by James Tilton (1745–1822), a former ‘Physician and Surgeon in the Revolutionary Army of the United States’. Tilton’s Observations on Military Hospitals includes some vivid recollections of the Revolutionary War, and more than thirty years later what he most remembered were the cold and the excrement. The latter was all over the camp at King’s Bridge, New York in 1776, and with it a ‘disagreeable smell’. ‘A putrid diarrhoea was the consequence.... Many died, melting as it were and running off by the bowels.’ When the enemy shifted, so did the Americans, who left their ‘infectious camp and the attendant diseases behind them’. It was remarkable, Tilton wrote, how the officers and men were ‘always more healthy in motion, than in fixed camps’ before they were ‘reduced to strict discipline and order’.

A very old understanding of disease underpins this account of the King’s Bridge ‘infection’. Even a smell that is merely disagreeable might also be deadly; it caused the putridity, which then killed the ‘melting’ men. Discipline, burying the faeces to be precise, had averted the threat and permitted stasis, the camp that could stay put.

Even so, the best accommodation for sick soldiers was always transient, in the sense of ephemeral. Tilton preferred tents, but they could not be used during the hard winter of 1779–80, so he had his cabin-hospital built of unhewn logs. The middle ward, just over thirty feet long, housed feverish
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Figure 9.1


Figure 9.2