

**The American Ambulance in Paris, 1870-1871**

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Reporting from Paris on 11 November 1870, *Daily News* correspondent Henry Du Pré Labouchère wrote, “The ambulance which is considered the best is the American. The wounded are under canvas, the tents are not cold, and yet the ventilation is admirable...It is the dream of every French soldier, if he is wounded, to be taken to this ambulance.”<sup>1</sup> Also in the French capital during the Prussian siege, Wickham Hoffman, Secretary of the United States Legation at Paris, asserted that the American ambulance “was soon so well and so favorably known, that I heard of French officers who put cards in their pocket-books, on which they had written the request that if they were wounded they might be carried to *l’ambulance américaine*.”<sup>2</sup> Other newspaper reporters, medical personnel, and bystanders—French and foreign—consistently described the American ambulance in similar positive terms throughout the duration of the siege from September 1870 until January 1871. This acclamation was a result of the stark contrast between the sanitary conditions, organization, and medical success of the American ambulance and those of the majority of hospitals and ambulances operating during the Franco-Prussian War and the subsequent siege of Paris. While French-sponsored medical facilities were often disorganized and unsanitary, the creators of the American ambulance developed an efficient system composed of clean, well-ventilated tents and practical ambulance wagons and staffed by experienced surgeons and devoted personnel. Consequently, the patients in the American ambulance recovered more successfully than did the wounded placed in French-sponsored ambulances and hospitals.

This essay will provide a brief overview of the Franco-Prussian War and subsequent siege of Paris before moving to a discussion of the innovations surrounding voluntary aid to the

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<sup>1</sup> Henry Du Pré Labouchère, *Diary of the Besieged Resident in Paris: Reprinted from “The Daily News,” with Several New Letters and Preface* (London: Hurst and Blackett, 1871), 202.

<sup>2</sup> Wickham Hoffman, *Camp, Court, and Siege: A Narrative of Personal Adventure and Observation During Two Wars, 1861-1865; 1870-1871* (New York: Harper and Brothers, 1877), 226.

wounded as stipulated by the 1864 Geneva Convention. An outline of France's lack of proper medical preparation for war will serve as a precursor to a detailed examination of the functioning of military and civilian hospitals and ambulances during the siege of Paris; this examination will highlight the disorganization, unsanitary conditions, and abuses within the French-sponsored medical facilities. A description of the establishment, form, and methods of the American ambulance will be followed by an examination of the various contemporary acclamations for the American ambulance's service during the Prussian siege. Finally, a short discussion of the differing mortality rates of the American ambulance and certain other Parisian ambulances and hospitals will solidify the contrasting effectiveness of each medical facility.

On 19 July 1870, France's Emperor Napoleon III declared war on Prussia. France suffered its first major defeats in early August, and on 2 September Napoleon III surrendered to the Prussian forces at Sedan. News of the Emperor's capitulation reached Paris the following day, and on 4 September, the city's republican deputies announced the fall of the Second Empire and the creation of the Third Republic. As historian Melvin Kranzberg notes, "The defeat at Sedan did not mean the end of the war; it merely meant the closing of one phase of the campaign and the opening of another."<sup>3</sup> This second phase of the Franco-Prussian War was the siege of Paris, which began when the Prussians completed their encirclement of the French capital on 19 September 1870. Prussian artillery units began hurling shells into the city on 5 January 1871, and on 28 January, the French government agreed to an armistice with recently-unified Germany. During these four months of siege and intermittent French sorties outside the city, Paris faced shortages of information, food, and fuel; it was within this milieu that the various ambulances and hospitals labored.

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<sup>3</sup> Melvin Kranzberg, *The Siege of Paris, 1870-1871: A Political and Social History* (Ithaca, N.Y.: Cornell University Press, 1950), 18.

In 1870 the term “ambulance” had a more diverse meaning than its present-day definition. Bertrand Taithe suggests that “the word *ambulance* [emphasis author’s]...had the double meaning of [a] wagon or carriage designed to transport wounded patients, and that of an improvised field hospital usually of more than six beds.”<sup>4</sup> The presence of volunteer ambulances of various nationalities during the Franco-Prussian War and the siege of Paris was the result of the rules for voluntary aid for the wounded established during the 1864 Geneva Convention. The war itself was “a watershed in the history of the relationship between war and charity: It provided opportunities for the aid societies of belligerents and neutrals to demonstrate their utility to army medical services and to the wounded themselves....”<sup>5</sup>

The road to the 1864 Geneva Convention began on 9 February 1863, as Gustave Moynier—president of the Geneva Society for Public Utility—and four other individuals met in Geneva to discuss the feasibility of creating voluntary relief committees and national aid societies for the wounded. Establishing the International Committee to Assist the War Wounded on 17 February, the five individuals resolved to encourage governments throughout Europe to form similar committees.<sup>6</sup> In October 1863, representatives from fourteen nations gathered in Geneva and formally decided “to support the establishment of committees of relief in all countries, the neutralization of personnel caring for the wounded, and the neutralization of the wounded themselves” and designated a red cross on a white armband as the approved badge of the neutral medical personnel.<sup>7</sup>

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<sup>4</sup> Bertrand Taithe, *Defeated Flesh: Medicine, Welfare, and Warfare in the Making of Modern France* (Lanham, Md.: Rowman and Littlefield, 1999), 74.

<sup>5</sup> John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, Colo.: Westview Press, 1996), 105.

<sup>6</sup> Hutchinson, 23.

<sup>7</sup> John S. Haller Jr., *Farmcarts to Fords: A History of the Military Ambulance, 1790-1925* (Carbondale, Ill.: Southern Illinois University Press, 1992), 63; Hutchinson indicates that, in an effort to provide the relief movement with more coherence, the International Committee urged all national societies to incorporate the term “Red Cross society” into their names in the 1870s, 6.

In August 1864, delegates from sixteen countries met in Geneva for the International Congress, and representatives from twelve of these nations eventually signed the Geneva Convention on 22 August. The United States, wishing to maintain a neutral position in European affairs, sent only an unofficial representative and a member of the United States Sanitary Commission to Geneva.<sup>8</sup> By signing the 1864 Geneva Convention, nations accepted the October 1863 statutes for the organization of neutral battlefield hospitals and ambulance corps and for the voluntary creation of national relief societies within participant countries.<sup>9</sup> The Geneva Convention did not formulate any legal or disciplinary measures to ensure the appropriate use of the Red Cross emblem.<sup>10</sup> The abuses of the emblem and of the Convention article guaranteeing neutrality to individuals offering aid proved problematic during the Franco-Prussian War and the siege of Paris. As John Hutchinson notes, "...It is remarkable that none of the delegates foresaw the likelihood that it [the Convention article explaining neutrality] would be abused."<sup>11</sup>

In his carefully researched study of French medicine and the defeat of 1870, Bertrand Taithe asserts that French medical practice in 1870 "was in a state of political crisis denounced by many. Parisian medicine...did not enjoy the scientific prominence and the international culture hegemony of the first half of the century."<sup>12</sup> Although clinical medicine in Paris in 1870 was at its apex in terms of diagnosis of ailments and pathological science, Parisian medicine was "very poor in [m]any other respects."<sup>13</sup> As Taithe explains, "The great wards of Parisian hospitals still functioned uniformly and indiscriminately. The isolated patients could still be

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<sup>8</sup> Hutchinson, 45.

<sup>9</sup> Haller, 64.

<sup>10</sup> Haller, 66.

<sup>11</sup> Hutchinson, 49.

<sup>12</sup> Taithe, 48.

<sup>13</sup> Taithe, 58.

treated by martyrdom-seeking nuns without much [sanitary] protection.”<sup>14</sup> A comparison of mortality rates following surgery in civilian hospitals in London and in Paris provides an example of the generally poor sanitary conditions in Parisian hospitals. Observations published by Dr. Matthew Berkeley-Hill and Dr. James Simpson in 1870 revealed that in six thousand cases of major operations in Parisian hospitals, the mortality rate was approximately 60 percent; conversely, London hospitals with more than three hundred beds never experienced mortality rates higher than 40 percent.<sup>15</sup> Taithe sums up the pre-siege conditions of civilian hospitals: “It is still striking how far public health remained limited to the *appearance* [emphasis author’s] of cleanliness and order, and how hygiene had much more credence as a moral and policing concept than as a clinical one”<sup>16</sup>

Both the French army medical corps and the French voluntary aid society were ill prepared for the Franco-Prussian War. French military surgeons and physicians lacked training and were not properly equipped for the conditions of war and siege; the low status of military medical staff, the dangerous working conditions, and a meager income all contributed to a shortage of well-trained individuals.<sup>17</sup> From the beginning of the war, the inadequacy of the French army medical services was clear: “Many regiments did not dispose of the required number of medical officers. Few in the army knew anything about the Geneva Convention and were either ready or willing to abide by its terms.”<sup>18</sup> Additionally, at the outbreak of the war, the medical corps did not have an efficient method for transporting the wounded.<sup>19</sup> As a result of these shortcomings, the French “were forced to delegate much of the [ambulance] responsibility

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<sup>14</sup> Taithe, 58.

<sup>15</sup> Taithe, 59.

<sup>16</sup> Taithe, 61-62.

<sup>17</sup> Taithe, 74-75.

<sup>18</sup> Taithe, 79.

<sup>19</sup> Haller, 70.

to charity and public-spirited voluntary nursing organizations.”<sup>20</sup> In Dr. Thomas Evans’ lengthy history of the American ambulance, Dr. Edward Crane chastised the French army’s medical corps for having “neither the ability nor the courage to assume to provide for the multitude of sick and wounded, which it was certain would have to be taken care of during the [1870] campaign.”<sup>21</sup>

The French Society for Aid to Wounded Soldiers was founded in Paris in June 1864 in accordance with the October 1863 proposal for the voluntary establishment of national relief societies. In the summer of 1870, the French Society assumed the role of managing the country’s various military and volunteer ambulances.<sup>22</sup> This organization was also not prepared for the war and the siege. Describing the pre-war existence of the French Society, Hutchinson points out that “no serious effort had been made to procure supplies, establish relations with the army or the medical profession, or train nurses and ambulance personnel...”<sup>23</sup> The French Society was essentially a nonfunctioning organization prior to the Franco-Prussian War, resembling “a rather informal club of medical men...and benevolent aristocrats.”<sup>24</sup> The organization’s lack of preparation for war was obvious to contemporary observers. Professor Léon Le Fort, France’s expert in military surgery, commented, “When in July 1870 I took on the organization of the volunteer ambulances, I was astonished...to find neither material, nor medical personnel, nor plan of organization, nor money...”<sup>25</sup> Dr. Crane echoed Le Fort’s sentiment, noting that “the evidence of the complete inefficiency of the volunteer system as

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<sup>20</sup> Haller, 70.

<sup>21</sup> Thomas W. Evans, *History of the American Ambulance Established in Paris During the Siege of 1870-71, Together with the Details of Its Methods and Its Works* (London: Sampson Low, Marston, Low, and Searle: 1873), 165.

<sup>22</sup> Evans, 165-166.

<sup>23</sup> Hutchinson, 109.

<sup>24</sup> Taithe, 165.

<sup>25</sup> Léon Le Fort, *La chirurgie militaire et les sociétés de secours en France à l'étranger* (Paris: Germer Baillière, 1872), 234; quoted in Hutchinson, 110.

applied in France...is irrefutable, and the most remarkable circumstance is, that this evidence is supported by...those surgeons who had the direction of volunteer ambulances”<sup>26</sup>

As the Prussian forces surrounded Paris in mid-September, the city was taking the form of a “giant hospital” in which Parisians converted houses, apartments, hotels, and theaters into ambulances and temporary hospitals.<sup>27</sup> Melvin Kranzberg provides an exhaustive list of the temporary hospitals formed in Paris before and during the siege. He indicates that “the flag of the Red Cross waved from such varied buildings as the Odéon, Comédie-Française, Variétés, Lyrique, Port St. Martin, Cluny, and Belleville theaters, and from the Tuileries, Luxembourg, Elysées,...Corps Législatif, Palais de Justice, and the Café de la Cascade.”<sup>28</sup> This list demonstrates the visual prominence of medical facilities during the siege of Paris, helping to explain the numerous references to ambulances and hospitals in the writings of observers within the besieged city. Kranzberg is indeed correct in his assertion that “the service of hospitals and ambulances, whether native or foreigners, was one of the most prominent aspects of military activity during the siege.”<sup>29</sup> Moreover, an assortment of ambulances served in and around Paris during the war and siege. For instance, the British, Dutch, Irish, Austrian, and Belgian Red Cross societies sent personnel to France to provide medical aid.<sup>30</sup> Some of these ambulances formed early in the Franco-Prussian War, while others, such as the American ambulance, functioned exclusively during the siege. In addition to the more than two hundred ambulances sponsored by France’s institutional forms of civilian medical aid, other benefactors and groups

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<sup>26</sup> Evans, 174.

<sup>27</sup> Taithe, 74.

<sup>28</sup> Kranzberg, 24.

<sup>29</sup> Kranzberg, 67.

<sup>30</sup> Taithe, 166.

established 1,291 ambulances in the French capital.<sup>31</sup> Taithe explains this proliferation of ambulances in Paris, noting that “the flag bearing a red cross validated the independent existence of hundreds of ambulances supported by religious orders, municipal authorities, companies, rich philanthropists..., Jewish, Protestant..., and Freemasons’ organizations, or even individuals.”<sup>32</sup>

The combination of a large number of hospitals and ambulances and the inadequate preparations of both the French Society and the French army medical corps helped to foster an environment of medical disorganization in besieged Paris. Rupert Christiansen asserts that the medical situation within the encircled city “verged on the chaotic.”<sup>33</sup> Additionally, the Prussian siege exacerbated the pre-war shortcomings of both the French Society and France’s army medical corps. Referencing French military medicine, Christiansen notes, “...As the number of casualties expanded, the extent of medical disorganization and incompetence became alarmingly apparent.”<sup>34</sup> The medical corps lacked both a centralized system of monitoring the number of open beds in the Parisian ambulances and a reliable arrangement for isolating contagious patients.<sup>35</sup> George Boyland, an assistant surgeon-major in a French army ambulance, maintained that “...no one director had charge of the whole medical service of the army, nor had any one the supervision of the city department—each ambulance seemed to work for itself.”<sup>36</sup>

Like the army medical service, the French Society was generally disorganized throughout the siege. Describing the Society’s activities, Hutchinson aptly states, “It soon became apparent...that enthusiasm and an air of authority were no substitute for a plan of

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<sup>31</sup> Taithe, 170-171.

<sup>32</sup> Taithe, 171.

<sup>33</sup> Rupert Christiansen, *Paris Babylon: The Story of the Paris Commune* (New York: Viking, 1995), 192.

<sup>34</sup> Christiansen, 192.

<sup>35</sup> Christiansen, 193.

<sup>36</sup> George Halstead Boyland, *Six Months Under the Red Cross, with the French Army* (Cincinnati, Ohio: Robert Clarke, 1873), 104.

organization.”<sup>37</sup> Dr. Crane assessed the French Society as being “almost constantly ignorant of the necessities of the several armies in the field.”<sup>38</sup> Indeed, the organization’s executive council frequently outfitted ambulances with either too many or too few personnel or an insufficient amount of medical supplies. For example, the French Society provided the Fifth Ambulance, staffed with 164 medical personnel, with only three vehicles for transportation of the wounded.<sup>39</sup>

Contemporary observers attested to the general disorder of the Parisian ambulances and hospitals. Reflecting the mismanagement and confusion of medical services in Paris during the siege, witnesses pointed out the glut of personnel in certain ambulances and hospitals. On 19 November Henry Du Pré Labouchère wrote that, despite its large size, the hospital in the Grand Hôtel “seems to me overmanned, for the number of the healthy who receive pay and rations from its funds exceeds the number of the wounded.”<sup>40</sup> Similarly, Felix Whitehurst believed that the disorganization in Paris resulted from the existence of too many ambulances and volunteer medical personnel.<sup>41</sup>

This disorganization often caused confusion among the various ambulances. Whitehurst described a scene in early December 1870—“the third day of the Great Battle of Paris”—in which multiple ambulances were summoned to bring additional medical supplies to a group of wounded soldiers; upon their arrival, however, the ambulance personnel realized that the wounded had been evacuated three hours earlier.<sup>42</sup> Dr. Crane also observed the uncoordinated efforts of the French-sponsored medical services, asserting that “ambulances were sent off one after the other to grope their way...to the corps to which they had been assigned, or to hunt up

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<sup>37</sup> Hutchinson, 112.

<sup>38</sup> Evans, 168.

<sup>39</sup> Hutchinson, 112.

<sup>40</sup> Labouchère, 208.

<sup>41</sup> Felix Whitehurst, *My Private Diary During the Siege of Paris* (London: Tinsley Brothers, 1875), 2:107-108.

<sup>42</sup> Whitehurst, 2:103.

some special field of usefulness.”<sup>43</sup> In his reflections on his service with an Anglo-American ambulance in the Franco-Prussian War, Charles Ryan noted that “...we cannot but remember the appalling disorganization and incompetence of the French voluntary ambulances, which were never found when wanted, and which when they did appear, brought with them little or nothing that was necessary to make a battlefield ambulance useful.”<sup>44</sup>

Onlookers frequently recorded instances of aid personnel misusing their positions in ambulances and hospitals. This misuse generally took two forms. First, individuals sometimes volunteered for ambulance service as a way to shirk military duty in the French army. Kranzberg indicates that “...many able-bodied ‘slackers’ found jobs in hospitals so that they would not have to face danger elsewhere....”<sup>45</sup> Eyewitness evidence supports this contention. Observing ambulance volunteers declining to retrieve the wounded from an active battle in late-September, Labouchère suggested that people enrolled in the Parisian ambulances and hospitals to avoid combat.<sup>46</sup> On 1 October Labouchère confirmed this proposition: “The complaints of the newspapers against the number of young men who avoid military duty by hooking themselves on in some capacity or other to an ambulance are becoming louder everyday.”<sup>47</sup> Another writer described a similar scenario during the siege: “...Many of the young French swells, to keep from going into the field, had donned the ambulance uniform and passed their time loafing about the cafés in the Boulevards.”<sup>48</sup> Finally, Professor Léon Le Fort received a report indicating that, in

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<sup>43</sup> Evans, 168.

<sup>44</sup> Charles Ryan, *With an Ambulance During the Franco-German War: Personal Experiences and Adventures with Both Armies* (New York: Charles Scribner’s Sons, 1896), 82.

<sup>45</sup> Kranzberg, 69.

<sup>46</sup> Labouchère, 32.

<sup>47</sup> Labouchère, 70.

<sup>48</sup> Ralph Keeler, “With the American Ambulance Corps at Paris,” *Lippincott’s Magazine of Popular Literature and Science* 12 (July 1873); <<http://www.gutenberg.org/dirs/1/4/6/9/14691/14691.txt>> (1 October 2008).

Paris and in the provinces, men hoping to avoid military service were found dressed as volunteer nurses with the Red Cross armband.<sup>49</sup>

Eyewitnesses also observed abuses of the Geneva Convention's neutrality statute. The Geneva Convention "explicitly protected ambulances and personnel from requisitions and invading armies."<sup>50</sup> Writers often described situations in which individuals exploited the Convention, establishing makeshift hospitals and ambulances in their apartments and homes under the flag of the Red Cross; by providing limited aid to a small number of wounded, these individuals hoped that they would be relieved of wartime requisitioning and billeting responsibilities. Labouchère described seeing the Red Cross flag waving on "far too many houses. From my window I can count fifteen houses with this flag floating over them."<sup>51</sup> The acerbic Edmond de Goncourt perceptively observed that "the wounded man...is an object of utility....He defends your dwelling from invasion by the suburban population; he will save you later from fire, pillage, and Prussian requisition."<sup>52</sup> Additionally, Goncourt recounted a story heard from an acquaintance in which a Parisian, searching for patients to fill the makeshift hospital in his house, visited a local hospital and paid three thousand francs to obtain the facility's wounded.<sup>53</sup> As argued earlier, the 1864 Geneva Convention instituted no disciplinary measures to ensure the proper usage of the Red Cross flag, an oversight that likely contributed to the widespread abuse of this emblem.

In addition to commenting on the disorganization and abuses within ambulances and hospitals, contemporary observers described the unsanitary conditions in Parisian medical

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<sup>49</sup> Hutchinson, 114-115.

<sup>50</sup> Taithe, 171.

<sup>51</sup> Labouchère, 32.

<sup>52</sup> George J. Becker, ed. and trans., *Paris Under Siege, 1870-1871: From the Goncourt Journal* (Ithaca, N.Y.: Cornell University Press, 1969), 146.

<sup>53</sup> Becker, 146.

facilities. These remarks focused on the lack of adequate ventilation and the proliferation of infection and disease. When discussing inadequate ventilation and poor sanitation, individuals frequently referenced the temporary hospital in the Grand Hôtel. In late December 1870, Labouchère wrote that the selection of the hotel as a hospital site had been “a great mistake, owing to the want of ventilation the simplest operations are usually fatal.”<sup>54</sup> Nathan Sheppard provided similar grim statistics for the Grand Hôtel, suggesting that “...not more than one in ten who are taken there return alive.”<sup>55</sup> Other Parisian medical facilities were also deemed unsanitary and prone to infection and disease. Charles Gordon, a British surgeon in France during the Franco-Prussian War, described the poorly ventilated rooms of the Corps Législatif ambulance as “nests of infection and danger to their wounded occupants.”<sup>56</sup> Gordon condemned the French practice of converting existing structures into ambulances and hospitals, suggesting that “as a rule, no public or private building not originally erected as a hospital is suitable for the reception of wounded men.”<sup>57</sup> Gordon provided additional information about the unsanitary conditions of Parisian medical facilities, claiming that “hospital disease”—infections and illness contracted in hospitals and ambulances—was the cause of the majority of deaths among the city’s wounded.<sup>58</sup>

The American ambulance provided a contrast to the disorganized and unsanitary conditions in most Parisian ambulances and hospitals. The American dentist Dr. Thomas Evans provided the impetus for the establishment of the American ambulance. In his survey on Dr. Evans’ experiences in Paris, Gerald Carson asserts that Evans “felt a deep commitment to bring

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<sup>54</sup> Labouchère, 261.

<sup>55</sup> Nathan Sheppard, *Shut Up in Paris* (London: Richard Bentley and Son, 1871), 186.

<sup>56</sup> Charles Alexander Gordon, *Lessons on Hygiene and Surgery from the Franco-Prussian War* (London: Baillière, Tindall, and Cox, 1873), 45.

<sup>57</sup> Gordon, 58.

<sup>58</sup> Gordon, 193.

together in usable form the lessons of sanitation and hygiene he had drawn from his personal experience and observation, and to publicize again the contribution that a private, volunteer organization could make in reducing the horrors of war.”<sup>59</sup>

Dr. Evans and a group of American citizens met in Paris on 18 July 1870 to discuss the formation of an aid service for the wounded on both sides of the conflict. In the words of Dr. Evans, this aid organization served as a “practical demonstration of the improved methods of treating the wounded, whose results, as illustrated by the experience of the ‘United States Sanitary Commission’ and the American Government, I had been endeavoring...to bring to...the friends of sanitary reform throughout the world.”<sup>60</sup> Created in June 1861, the Sanitary Commission operated during the American Civil War as a voluntary citizens’ association that worked with the Army Medical Bureau to provide aid for the wounded.<sup>61</sup> Realizing the inefficiencies and “cumbrous nature” of the French ambulance system, Evans and his colleagues wanted their aid service to remain “a distinctly American organization.”<sup>62</sup> The group established the American International Sanitary Committee, a five-person council charged with directing the American ambulance and coordinating with other aid societies in France, and Dr. Evans donated ten thousand francs and the contents of the United States Sanitary Commission’s exhibit from the 1867 Paris Exposition to the service of the American ambulance.<sup>63</sup> The necessary preparations for the ambulance were completed with the erecting of hospital tents on the Avenue de

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<sup>59</sup> Gerald Carson, *The Dentist and the Empress: The Adventures of Dr. Tom Evans in Gas-Lit Paris* (Boston: Houghton Mifflin, 1983), 96.

<sup>60</sup> Evans, 3.

<sup>61</sup> Carson, 92-93.

<sup>62</sup> Evans, 18, 22.

<sup>63</sup> Evans, 5; Alistair Horne, *The Fall of Paris: The Siege and the Commune, 1870-1871* (New York: St. Martin’s Press, 1966), 175.

l'Impératrice in Paris on 1 September, and the service functioned for the duration of the Prussian siege, disbanding on 26 March 1871.<sup>64</sup>

The structure of the ambulance and the treatment methods utilized by the ambulance staff contributed to the American facility's commendable medical performance during the siege. More specifically, Dr. Evans pinpointed the reasons for the success of the American ambulance: the preference of tents instead of solid buildings; the careful attention paid to hygienic conditions; and the employment of medical and surgical knowledge gained from the American Civil War.<sup>65</sup> The use of tents instead of existing buildings for housing the wounded was a crucial element of sanitary care in the American ambulance. The tent system of the American ambulance consisted of a variety of "oil-smearred impermeable canvas" structures, including tents for wounded soldiers, a large round tent for wounded officers, and other tents for storage, washing, food preparation, and staff quarters.<sup>66</sup> "What Evans had in mind," Gerald Carson notes, "Was to set up a field hospital under canvas, instead of crowding the sick and wounded into churches and public buildings, as was customarily done in Europe."<sup>67</sup> Portable and relatively cheap, these tents could be quickly disassembled if an outbreak of disease occurred.<sup>68</sup> As Taithe explains, "The American model largely reconstructed the experience of mobility, . . . of a war of movement in the open fields where illness was the enemy and could be eluded physically."<sup>69</sup> Discussing the advantages of a tent system, Charles Gordon indicated that the occurrence of "hospital disease" was "apparently at its minimum" in temporary structures of

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<sup>64</sup> Evans, 23, 495.

<sup>65</sup> Evans, 44.

<sup>66</sup> Christiansen, 193; Evans, 36.

<sup>67</sup> Carson, 107.

<sup>68</sup> Taithe, 90.

<sup>69</sup> Taithe, 90.

canvas and wood and that the benefits of tent-hospitals were “so apparent as the siege advanced, that their further extension was in progress at the time the capitulation of Paris took place.”<sup>70</sup>

The American ambulance staff used certain treatment procedures during the siege of Paris. These included: sufficient ventilation; battle-tested treatment options and skilled surgeons; and an organized wagon service for conveying the wounded to the ambulance tents. Writing about the benefit of ample air circulation, Dr. Crane noted that “the conditions under which the wounded were treated at our ambulance differed in no essential respect from those existing in the other ambulances at Paris, except in so far as the patients were more directly exposed to the influence of open air.”<sup>71</sup> Although perhaps an overstatement, Dr. Crane’s remark highlights the premium that the American ambulance staff placed on proper ventilation. Labouchère theorized that many lives could be saved if the American ventilation scheme was used in all Parisian hospitals.<sup>72</sup> Serving the dual purpose of keeping the inside of the ambulance comfortable and helping to foster continuous air movement, a coal-burning stove placed in a nearby ditch piped warm, dry air into the tents. Observers estimated that with an external temperature of 25 degrees Fahrenheit, the American tents maintained an interior temperature of 55 degrees Fahrenheit.<sup>73</sup>

The medical treatments used in the American ambulance were known to be reliable. “Drawing on experiments made and knowledge acquired during the Civil war,” Christiansen explains, “It [the American ambulance] represented the last word in medical modernity.”<sup>74</sup> In addition to exposure to fresh air, the ambulance staff treated the wounded with hot and cold water, quinine, opium, and beds stuffed with naturally antiseptic seaweed.<sup>75</sup> Moreover, the

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<sup>70</sup> Gordon, 58, 53.

<sup>71</sup> Evans, 494.

<sup>72</sup> Labouchère, 261-262.

<sup>73</sup> Gordon, 54.

<sup>74</sup> Christiansen, 193.

<sup>75</sup> Carson, 110; Christiansen, 194.

surgeons in the American ambulance were experienced in war surgery. Gordon observed that the American ambulance produced the most satisfactory results among the Parisian facilities that treated gunshot wounds.<sup>76</sup> Elihu Washburne, the United States Minister to France, pointed out in December 1870 that Dr. John Swinburne, the chief surgeon in the American ambulance, “Is exciting the admiration of all Paris by his successful operations at the American ambulance.”<sup>77</sup>

The American ambulance’s wagon service for transporting the wounded was more practical and more efficient than the wagon services of the French-sponsored ambulances. Consequently, wounded soldiers were conveyed more quickly and more comfortably—without aggravation to their injuries—in the American wagons. Haller describes the American ambulance’s wagon as “exceedingly durable compared to European designs,” noting that the American design received a prize given to the best ambulance at the 1867 Paris Exposition.<sup>78</sup> In contrast, Dr. Marion Sims of the Anglo-American ambulance “criticized the French medical evacuation system as cumbersome and unsuited for the realities of war.”<sup>79</sup> Additionally, George Boyland vividly recounted a wounded officer’s traumatic experience in a French ambulance wagon: “A wounded captain, who was borne upon one of these, exclaimed to us, ‘For the love of God, gentlemen, take me down and let me die.’”<sup>80</sup> Stocked with twelve ambulance wagons, a number of stretchers, and “all the material necessary for the transport and care of the wounded,” the American ambulance garnered widespread approval for its medical transport system during the siege.<sup>81</sup> According to Dr. Evans, the American wagon was “so excellent, so well adapted to

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<sup>76</sup> Gordon, 127.

<sup>77</sup> E.B. Washburne, *Recollections of a Minister to France, 1869-1877* (New York: Charles Scribner’s Sons, 1889), 259.

<sup>78</sup> Haller, 47.

<sup>79</sup> Haller, 69.

<sup>80</sup> Boyland, 46.

<sup>81</sup> Evans, 36.

all the contingencies of waggon [*sic*] transport” that the French Society requested a similar model.<sup>82</sup>

Contemporary observers—French and foreign—frequently extolled the American ambulance for its methods, organization, clean environment, and medical success. For example, Felix Whitehurst wrote, “The whole of the American arrangements are admirable, and especially should be mentioned their waggons [*sic*], which carry four wounded in perfect comfort....”<sup>83</sup> Additionally, Nathan Sheppard described the ambulance’s “neat and tasteful grounds, its ample and well ventilated hospital tents,...the skill of Surgeon Swinburne, and the energy and fidelity of his fellow-workers on the field and at the bedside.”<sup>84</sup> While Elihu Washburne believed that the American ambulance was superior to any French army ambulance, Wickham Hoffman asserted that the American ambulance “did better work than any of the other ambulance[s] in Paris.”<sup>85</sup> French eyewitnesses also marveled at the achievements of the American aid facility. In his history of the American ambulance, Dr. Evans filled approximately thirty pages with examples of the Parisian press’ admiration for the American service. French medical personnel also praised the American ambulance. According to Washburne, the French physician Dr. Ricord “expressed the greatest satisfaction with the ambulance, and give[s] it the preference over all the ambulances of Paris.”<sup>86</sup> Additionally, on 21 September 1870 Washburne wrote that the Surgeon General of the French army visited the American ambulance, giving “the highest kind of compliment to that institution.”<sup>87</sup>

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<sup>82</sup> Evans, 73; Dr. Evans also noted that by 1 January 1871 the American model had become the primary wagon used to retrieve the wounded, 73.

<sup>83</sup> Whitehurst, 1:220.

<sup>84</sup> Sheppard, 266.

<sup>85</sup> Washburne, 1:144; Hoffman, 222.

<sup>86</sup> Washburne, 1:222.

<sup>87</sup> Washburne 1:144.

A final comparison of the mortality rates within the American ambulance with those of certain other French-sponsored medical facilities testifies to the medical success of the American ambulance and highlights the stark contrast between the two services. Alistair Horne notes that four out of every five patients died following amputations in the Grand Hôtel hospital, but only one patient out of every five died after similar surgery in the American facility.<sup>88</sup> While the Grand Hôtel hospital witnessed a 45 percent mortality rate overall, the American ambulance's mortality rate was 3.3 percent during the opening weeks of the siege; as the siege progressed, shortages of provisions and fuel caused this figure to climb to 19 percent, still a much lower percentage than that of the Grand Hôtel or any other medical facility in Paris.<sup>89</sup> Gordon's mortality statistics support this contention: the Ambulance de la Presse experienced a 22 percent mortality rate; the Ambulance de la Marine had a mortality rate of approximately 25 percent; and, in agreement with Evans, the American ambulance had a 19 percent mortality rate.<sup>90</sup>

Throughout the duration of the Prussian siege of Paris, French and foreign observers consistently praised the American ambulance. Organized by Dr. Thomas Evans and a handful of Americans in Paris, the American ambulance represented an efficient, hygienic system of aid that functioned more successfully in caring for the wounded than its French-sponsored counterparts. This essay has argued that the acclaim for the American facility resulted from the contrast between the sanitary conditions, organization, and medical success of the American ambulance and those of the majority of hospitals and ambulances operating during the Franco-Prussian War and the siege of Paris. "Though the military, political, and strategic aspects of the Franco-Prussian War have been fully recorded," Valentine Swain notes, "Little attention has

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<sup>88</sup> Horne, 175.

<sup>89</sup> Evans, 43-44.

<sup>90</sup> Gordon, 120-121.

been given to the medical side of the bitter struggle.”<sup>91</sup> This essay has sought to partially rectify this situation by adding the experience of the American ambulance to the studies of medical aid during the Franco-Prussian War and the siege of Paris.

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<sup>91</sup> Valentine A.J. Swain, “Franco-Prussian War 1870-1871: Voluntary Aid for the Wounded and Sick,” *British Medical Journal* 3 (1970): 511.

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