

Improving conditions for the wounded: Dominique Jean Larrey

In the previous issue, we saw how the selfless work of one particularly determined individual brought about the creation of a wound care product now taken for granted; Sampson Gamgee and cotton wool. This time we focus on the work of a French military surgeon, and how his approach revolutionised acute care practice both on the battlefield and in hospitals worldwide.

Of the pantheon of medical luminaries revered through time, Dominique Jean Larrey (1766–1842) is perhaps rather anonymous. However, his fearless treatment of soldiers while under fire drew praise; Napoleon Bonaparte, under whom Larrey served as Chief Surgeon, described him as “l’homme le plus vertueux que j’ai rencontré, le véritable homme de bien [the worthiest man that I have met]” (Wood, 2008). His courage also impressed the Duke of Wellington, who ordered his men not to fire at him (Richardson, 2000).

The name of Larrey deserves to be remembered principally for two contributions, among a good many others. First, he devised a system of mobile battlefield units known as *ambulances volantes* (literally “flying ambulances”) for the removal of the wounded from the battlefield. Before Larrey, the only ambulance-type contraptions were fourgons — “vans” — pulled by some 40 horses, and thus tremendously slow and unwieldy. The two- or four-wheeled vehicles Larrey devised were far more rapid and agile than the fourgons that preceded them (Wood, 2008), hence their ‘flying’ tagline.

The *ambulances volantes* enabled medics to evacuate wounded personnel far more effectively and rapidly than before, and formed a crucial component of the medical legions which Larrey also devised. Comprising 340 men, carefully structured by rank and duty, such that they could separate into many sub-units and be as mobile as possible, this system afforded casualties ‘the earliest assistance on the field of battle’ (Larrey, [1814] 1985).

The other crucial contribution made by Larrey stemmed from his indiscriminate approach to treating the wounded; he did so regardless of rank or nationality, treating first those whose injuries were gravest according to a preliminary visual assessment



Dominique Jean Larrey was orphaned at the age of 13. His uncle, Alexis, who was chief surgeon at Toulouse, raised him and later took Larrey on as his apprentice.

(Skandalakis et al, 2006). This is triage, as we know it today, which still forms the basis of modern acute care in emergency departments the world over; those with life-threatening injuries are dealt with ahead of those whose ailments are less serious. Though this system seems obvious to modern minds, until the French Revolution (1789–99), casualties were treated according to rank and class (Nestor, 2003). The impact of Larrey in setting a precedent for all subsequent military forces cannot be underestimated. **WUK**

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EDWARD WHITE
Freelance Medical Writer,
BC, Canada