

The Grog Ration

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The Curious Case of Captain John Paul Jones, Post-Mortem

By Jan K. Herman

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This year marks the 230th anniversary of one of the most famous battles in American naval history. On 23 September 1779, off Flamborough Head, England, the British warship, *Serapis*, struck her colors after a vicious and bloody moonlight encounter with the *Bon Homme Richard*. As the victorious skipper of the outclassed and outgunned *Richard*, John Paul Jones achieved his greatest triumph and ensured his reputation for the ages.

But if his immortal words "I have not yet begun to fight," assured Captain Jones a hallowed place in the pantheon of American naval heroes, they by no means guaranteed his immediate future. The Revolution ended in 1783 and the Continental Navy ceased to exist. America, the Scotsman's adopted homeland, suddenly offered few challenges to one who drew vitality and sustenance from the sea.

Jones spent the remaining years of his life in Europe, first trying to settle

prize claims for his former crewmates and then as advisor and rear admiral in the Russian Navy under Catherine the Great. His health soon after began to fail. The cruel Russian winter took its toll and he contracted pneumonia, a disease that became chronic. Even before his Russian sojourn, he displayed evidence of bronchiolitis, a condition that may very well have approached clinical asthma. Malaria had infected him years earlier in the West Indies and he was also subject to recurring attacks of that disease.

He returned to Paris in 1790, his voice weakened and his diminutive five feet seven inch frame wracked by frequent coughing fits. Two years later the once wiry seaman had already lost much of his appetite and began to show symptoms of jaundice. Jones's limbs swelled and 18th century medicine could do little to stem his overall physical decline.

Colonel Samuel Blackden, a North

*This is a variation of an article originally published in *U.S. Navy Medicine* in April 1979.

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Carolina planter, described his last illness: “A few days before his death his legs began to swell, which proceeded upward to his body so that for two days before decease he could not button his waistcoat and had great difficulty in breathing. . . .”

On 18 July 1792, Jones succumbed to “dropsy of the heart” at age 45. Blackden recalled that “the body was put into a leaden coffin . . . that, in case the United States, which he so essentially served with so much honor, should claim his remains they might be more easily removed.”

Memories faded and time and neglect gradually erased the location of Jones’s unmarked grave. Yet there were those who had not forgotten. In 1845, Colonel John H. Sherburne began a campaign to return the hero’s remains to the United States. He wrote to the Secretary of the Navy George Bancroft and requested that the body be brought home aboard a vessel of the Mediterranean Squadron. Six years later preliminary arrangements were made, but those plans fell through when several of Jones’s Scottish relatives objected. Had they not intervened, a far more serious problem might well have put a premature end to the whole affair. Where was John Paul Jones buried?

Almost another 50 years passed before another individual, the newly confirmed U.S. Ambassador to France, Horace Porter, vowed to locate the grave. “I felt a deep sense of humiliation as an American citizen in realizing that our first and most fascinating naval hero had been lying for more than a century in an unknown and forgotten grave and that no serious attempt

had ever been made to recover his remains and give them appropriate sepulture in the land upon whose history he had shed so much luster.”

After painstaking research into the records, Porter narrowed the field to a long abandoned Paris cemetery now covered by rows of squalid tenements.

Exploratory excavations began on 3 February 1905. Fifty-six days later workmen finally unearthed a lead coffin which was opened in the presence of Ambassador Porter and other witnesses. Those present were amazed to find that the body which had been wrapped in linen and packed with straw, had also been immersed in alcohol. The flesh appeared to be well preserved. Porter wrote: “The face presented quite a natural appearance. . . Upon placing [a likeness of Jones in profile] near the face, comparing the other features and contour of brow, appearance of the hair, high cheek-bones, prominently arched eye-orbits, and other points of resemblance—we instinctively exclaimed, ‘Paul Jones’; and all those who were gathered about the coffin removed their hats, feeling that they were standing in the presence of the illustrious dead—the object of the long search.”

Yet the Ambassador realized that he conjectured on the skimpiest of evidence. A more scientific analysis of the remains was necessary.



One cannot underestimate the role French sculptor Jean-Antoine Houdon (1747-1792) played in the identification of John Paul Jones’s remains. The Houdon bust of Jones, sculpted from life, was arguably the most accurate portrayal of Jones.

Photos courtesy of U.S. Naval Academy Museum

Immediately, a team from the Paris School of Medicine began that investigation.

After removing the linen winding sheet, an anthropologist carefully measured the cranial features. The existence of a “from life” Houdon bust of Jones made comparison that much easier. Porter wrote: “Dr. Papillault, with his delicate instruments, made all the necessary anthropometric measurements of the head, features, length of body, etc., and found them so entirely exact as to be convinced . . . that the length of body, five feet seven inches, was the same as the height of the Admiral.”

It only remained for the experts to conduct an autopsy. The internal organs, flooded with alcohol, were as well preserved as laboratory specimens. Pleural adhesions



John Paul Jones at age 158 years. This is an official autopsy photograph taken of John Paul Jones in 1905.

were present, particularly over the upper lobes. Jones once thought himself infested with tuberculosis, yet examination showed no evidence of tubercular bacilli. The left lung showed a spot surrounded by fibrous tissue, a possible remnant of his bout with pneumonia.

The cardiac muscle, still flexible after 113 years, showed no signs of pathology. The liver was contracted, yellowish-brown in color, and the tissues were dense and compact. Several varieties of crystals were interspersed in the hepatic cells. To the naked eye masses of tyrosin in the organ appeared as white opaque granules. Otherwise, the liver showed no abnormalities. The gall bladder seemed healthy and contained a pale yellowish-brown bile of a pasty consistency. The stomach was contracted, the spleen somewhat enlarged. The tissue of both organs, however, was firm and free of lesions.

The kidneys, very well preserved, were sectioned and observed under the microscope. Clear evidence of interstitial nephritis or brightism existed. Dr. Capitan, one of the attending examiners, spoke more specifically in his report:

The vessels at several points had their walls thickened and invaded by sclerosis. A number of glomerules were completely transformed into fibrous tissue and appeared in the form of small spheres, strongly colored by the microscopic reactions. This verification was of the

highest importance. It gave the key to the various pathological symptoms presented by Paul Jones at the close of his life—emaciation, consumptive condition, and especially so much swelling, which from the feet gained completely the nether limbs, then the abdomen, where it even produced ascites (exudat intra abdominal). All these affections are often observed at the close of chronic intestinal nephritis. It can, therefore, be said that we possess microscopic proof that Paul Jones died of a chronic renal affection, of which he had shown symptoms toward the close of his life.

Capitan's colleague, Dr. Cornill, concluded his report of the microscopic examination by saying: "We believe that the case in point is interstitial nephritis with fibrous degeneracy of the glomerules of Malpighi, which agrees with the symptoms observed during life." A

1952 analysis of the autopsy report suggested that the renal disease may have had its origin both in Jones' recurring fevers and a severe respiratory tract infection he suffered while traveling to Russia.

With positive identification, Ambassador Porter relayed his report to Washington and, shortly thereafter, President Theodore Roosevelt dispatched a naval squadron to France to escort the remains home.

On 6 July 1905, on the 158th anniversary of Jones's birth, religious ceremonies were held in Paris. An honor guard placed the new oak casket upon a French artillery caisson and solemnly the procession moved through the Paris streets and down the Champs Elysees. Across the Seine, at the Esplanade des Invalides, French and American honor guards rendered the flag-draped coffin the highest military honors. The magnitude of the occasion only served to contrast the hasty and very private funeral that preceded the admiral's burial 113 years before.

The journey was not yet over. After the transatlantic crossing and the speeches, the body was carried to the Naval Academy's Bancroft Hall and placed behind a staircase upon two sawhorses. There it rested for seven years. On 26 January 1913 the remains of John Paul Jones, rescued from the obscurity of a forgotten grave, were finally laid to rest in a crypt at the Academy chapel. ■

About the Author

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FORGING IDENTITIES: A HISTORY OF NAVY MEDICAL EDUCATION PART I: SURGEON THOMAS HARRIS AND A “SCHOOL OF PROPHETS”

As far back as 1828, physicians seeking commissions in the U.S. Navy were required to have medical degrees and show proficiency in anatomy, chemistry, materia medica, medical jurisprudence, and midwifery before a board of Navy surgeons, so-called “medical examiners.” As a fact, this may seem unremarkable to us today. It is only by peering through the scope of yesteryear, and looking upon a world where the “M.D.” and medical specialty were precious rarities among practicing “physicians,” that these exceptions become all the more exceptional.

These elevated admission standards ensured that many Navy surgeons would be among the elite of their profession; but this did not guarantee that these new Navy physicians would be prepared for the challenges nautical medicine posed. In 1823, Navy Surgeon Thomas Harris (1784-1861) took it upon himself to solve this riddle. His very solution was a special medical course that offered prospective medical officers the means to pass entrance exams into the Navy, give junior medical officers the knowledge that would get them promoted, and, most importantly, offer a rudimentary instruction in what we may call “operational medicine.”

Formal medical education first appeared in the United States in



With an exception of a brief tour of duty in Key West during a yellow fever outbreak, Surgeon Thomas Harris, USN (1784-1861) served in Philadelphia continuously from 1817 to 1844. During these years he operated the Navy medical school, commanded the Naval Asylum, and even maintained a private medical practice.

BUMED Library and Archives

1765 with the establishment of the Medical College of Philadelphia (later the University of Pennsylvania School of Medicine). The concept of mandatory medical education was still several ages away. For many years medical school education served as a supplement to medical apprentice-preceptorship mode of training. By the early 1820s, the United States could boast of seven-

teen medical schools and a growing number of skilled and inventive physician-educators, many of whom can be credited with producing the Navy’s first doctors or surgeons.¹

This climate may have prepared the future physician for a successful career in urban and rural environments. The practice of medicine at sea offered additional challenges. A medical officer at sea would have to

¹ Shryock, Richard. *Medicine and Society in America: 1660-1860*. Ithaca, NY: Cornell University Press. 1972. p 138

contend with hosts of tropical and venereal diseases, including syphilis and gonorrhoea. They treated the occupational hazards and wounds typical for ships of the day. And in wartime, their exhaustive workload could grow with battle wounds, requiring surgical skills.

The new Navy surgeon's mate (aka, assistant surgeon) had no recorded institutional memory to study or briefing book to read. Their schoolhouse was service with the African, East Indian, European, Mediterranean, and West Indian Squadrons. Surgeon Thomas Harris understood this like few others. He earned his medical degree from the University of Pennsylvania in 1809. After graduation he operated a small medical practice in Philadelphia, PA, before joining the Navy in 1812. Dr. Harris could tell tales of the War of 1812—of service aboard USS *Wasp*, and its celebrated engagements with HMS *Frolic* and HMS *Poictiers*. His wartime experience extended into the Second Barbary War (aka, Algerian War), where he served under Commodore Stephen Decatur's Mediterranean Squadron. It is said that his surgical skills were honed amputating gangrenous and crippled limbs of sailors and Marines with utmost "judgment, coolness, readiness, and dexterity."²

In 1817, Dr. Harris returned state-side and back to Philadelphia, where he served first at the Navy Yard, and

later at the Naval Asylum (i.e., Naval Hospital). Other than a brief tour of duty to Key West, FL, in 1823, Harris would spend twenty-seven continuous years of active duty in the Quaker City.³ When duties allowed, Harris maintained a private surgical practice, which proved so prosperous that it was reported that he obtained a level of personal income "that has seldom been reached in Philadelphia."⁴ This may seem stunning if not outright unethical to us today, but such outside employment was permissible in Harris's day as long as the doctor had permission from his commanding officer and the work did not interfere with his official duties.⁵

In 1823, Harris used his "personal" income to establish a dissection laboratory to teach medical students, and specifically, Navy medical officers anatomy and operative surgery, and share his wartime medical experiences.⁶ This educational experiment proved such a success that Harris was encouraged by his Navy students to "give the course under government auspices."⁷

On 10 May 1823, Surgeon Harris wrote to Secretary of the Navy Smith Thompson that, "Many of the Surgeon's Mates, as well as younger Surgeons of the Navy, manifest, at present, a very laudable anxiety to acquire an intimate knowledge of their profession. As their slender pay deprives them, however, of the

necessary means of instruction, the fostering assistance of government is respectfully solicited. For this purpose they are desirous that you would afford such of them as are not on public duty, an opportunity of hearing lectures on nautical medicine, and military surgery, as well as pursuing a course of dissections under some one, whom you may deem competent to this duty."⁸

Dr. Harris suggested that he could oversee the studies of medical officers, provide them access to his personal library of medical books, "superintend" their dissections, and direct their instruction of anatomy. Harris would write that "Navy Surgeons are not presented with the means of continuing their pursuits in this manner, after entering the public service; and it is not an infrequent occurrence that the first time they pass the details of an operation is on a patient, when it must be necessarily attended with embarrassment and awkwardness. The evils which must result on many occasions from circumstances of this kind, and the advantages to the service of measures that would be so apparent, that I feel persuaded of your friendly disposition to the measure proposed."⁹

On 19 May 1823, Secretary of the Navy Smith Thompson responded, "The plan you propose for the improvement of the Surgeon's Mates and younger Surgeons of the Navy in the different branches of their

² Green, Hennis and Robert Streeten. (ed). "Sketches of American Physicians: Thomas Harris, M.D." *Provincial Medical Journal and Retrospect of the Medical Sciences*. Vol V. London: Henry Renshaw. 1843. p56.

³ Langley, Harold D. "Naval Medicine in Philadelphia, 1815-1840." *Transactions & Studies of the College of Physicians of Philadelphia*. Vol XVII. December 1995. p141.

⁴ "Sketches of American Physicians: Thomas Harris, M.D." p56.

⁵ Langley. p133.

⁶ *Ibid.* p134.

⁷ *Ibid.* p133.

⁸ Roddis, Louis H. "Thomas Harris, M.D., Naval Surgeon and Founder of the First School of Naval Medicine in the New World." *Journal of the History of Medicine and Allied Sciences*. Vol. V. 1950. p240.

⁹ *Ibid.* p241

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profession offers to be productive of much utility to the public service & receives my entire approbation.”¹⁰ Thompson authorized 400 dollars which would, in course, serve as the annual budget. In return for the allowance, Harris would be required to submit an annual report to the Secretary of the Navy and forward his vouchers to the Treasury Department for payment.¹¹

In 1829, Harris’s course of instruction was incorporated into the curriculum of a pioneering school known as the Medical Institute of Philadelphia (and invariably, the Philadelphia Medical Institute). First started in 1819 by University of Pennsylvania lecturers Drs. Nathaniel Chapman (1780-1853) and William E. Horner (1793-1853), the Institute offered supplementary medical education in the “summer” months to the University students. It is considered the oldest private teaching group, the first non-degree granting institution, and first post-graduate institution in the United States.¹² Its course of instruction was delivered by what had justifiably been termed as a faculty of “prophets.”¹³ In addition to Chapman (Practice of Medicine), and Horner (Anatomy), the instructors included the upper-crust of American medical professors, including: William P. Dewees (Midwifery), William Gibson (Operative Surgery), Samuel Jackson (Materia Medica), John R. Mitchell (Chemistry), John Bell (Medical Jurisprudence), and

Hugh Hodge (Principles of Surgery). Course at the Institute took place from 9 to 10 in the morning and 12 to 2 in the afternoon, Monday through Saturday from 1 April to 1 November (with the month of August off). Instruction better prepared students for medical examinations. It offered new or prospective Navy medical officers the preparation for entrance exams and promotion boards.

Harris replaced Dr. Hodge on the staff in 1829, the very same year he further extended himself by joining the staff of the Pennsylvania Hospital (1829-1841).

Harris’s partnership with the Institute and Pennsylvania Hospital further ensured that Navy students—usually officers on duty in Philadelphia—received free admission into the Institute. It has been said that this association of naval officers to the Medical Institute have something of a University of Pennsylvania standard to their training and outlook.¹⁴ Navy doctors were exposed to the latest in civilian medical thinking and, through Harris’ teachings, offered valuable perspective on what can be termed operational medicine.

Harris’s course had achieved great popularity among his pupils. One account states that, “We have never heard a better practical lecturer. His style is familiar, sometimes conversational, and his matter has the great attraction of appearing to emanate more from his experience than the gleanings of books.”¹⁵

We do not know how many Navy students attended the Medical Institute and likewise the naval medical course, but there is evidence of resounding success and support.

In 1834, Acting Secretary of the Navy John Boyle responded to Harris’s annual report, “It is highly gratifying to discover that the lectures are so well attended by the medical officers of the Navy. The zeal, alacrity, and industry with which their studies are prosecuted, cannot fail to produce to the service lasting and beneficial results.”¹⁶

Harris’s annual reports on the Navy medical course have unfortunately been lost to time. Everything that we know about the course comes from the few letters Harris wrote to the Secretary of the Navy after the fact. We do know he continued to receive funding until 1843, just a year after the Bureau of Medicine and Surgery was established. The new Chief of BUMED, and old rival of Thomas Harris, Surgeon William P.C. Barton (1786-1856), reported to the Secretary of the Navy Abel Upshur that the money Harris was allotted for his course never received legislative sanction.¹⁷ Upshur wrote to Harris on 31 January 1841 that “While, therefore, you have faithfully performed your trust, I feel obliged to discontinue the allowance as unauthorized by law.”¹⁸ It would take another thirty years before the experiment in post-graduate medical education was taken up again. *ABS*

¹⁰ Ibid, p242.

¹¹ Langley, p135.

¹² Ibid

¹³ Brinton, John H. “The Faculty of 1841.” *The College and Clinical Record: A Monthly Journal of Practical Medicine*. Vol. XVI. Philadelphia: E. Claxton & Co. 1896. p228 (footnote)

¹⁴ Langley, p145

¹⁵ “Sketches of American Physicians: Thomas Harris, M.D.” p56.

¹⁶ Langley, p142.

¹⁷ Langley, p144.

¹⁸ Roddis, p242

From the pages of the *Naval Medical Bulletin* *On the Acquisition of Useless Knowledge*

Long before there was the journal of *Military Medicine* or *Navy Medicine* magazine there was the *U.S. Naval Medical Bulletin*. From 1907 to 1949, the *Bulletin* served as the official “house journal” of the Navy Medical Department, offering its readership a consistent blend of original research articles and reports, book notices and reviews, historical essays, and the occasional editorial. In the May 1922 issue, *Bulletin*’s editor CAPT William Kerr, MC, USN, published an editorial “On the Acquisition of Useless Knowledge,” inspired by a lecture delivered by scientist and educator Dr. Louis Wilson of Mayo Clinic fame. In his essay, Dr. Kerr presents an argument for a multidisciplinary means of living that will give the retired medical professional a “world to retire to,” and the active duty professional “momentary calm” in their otherwise hectic job.

In speaking on the topic “The Acquisition of Useless Knowledge” before the Medical Six-o’ Clock Club at the University of Minnesota one day last year, Dr. Louis B. Wilson, as we learn from the *Minnesota Medicine* for August, 1921, said: “Useless knowledge to be thoroughly enjoyed must be frankly and unmistakably useless as one acquires it.” But, we ask ourselves, what is the value to a man of anything useless? There seem to be days of high tension and efficiency when only useful knowledge counts. I once heard a busy young surgeon, whose day was filled with professional activities, say rather disparagingly, when discussing an elderly practitioner of our acquaintance, “Why that man possesses more useless information than any man I ever knew!” But he did not realize that this “useless information” was the old man’s salvation, that its possession enabled him to while away the afternoon of life comfortably by his fireside.

In his talk Dr. Wilson elucidated what the old physician had come

to realize early in his professional career. “The old Greek philosopher’s dictum that the individual should spend one-third of his life in training, one-third in his personal enjoyment, and one-third in the service of the State is perhaps not applicable to modern conditions. Certainly the order in which he placed the thirds is not the order of to-day. The medical student spends the first third of his life in learning and a little more than the second third in the service of humanity. The weak point in our present time apportionment lies in the fact that after two-thirds are gone, there still remains another third at the end of life for which frequently no preparation has been made. Thus, the man who knows only the science and art of his profession and ostensibly entirely abandons interest in both when he retires from practice is a sadly misplaced unit in the community. His service to the State is over but he yet lives. Without internal resources of his own and without the means of becoming in harmony with his environment other than by way of his useful, but withal,

narrow life service he is psychologically distraught. He is apt to commit agriculture, California, or suicide. Sometimes even at this late date he attempts to interest himself in the acquisition of useless knowledge, but it is usually difficult to become interested in postage stamp collections after one is 60, unless the germ was planted at a more impressionable period. Indeed, the retired professional man who has no hobby, no perfectly useless bit of knowledge with which he may play, is apparently a fit subject for merciful euthanasia.

But even the busy doctor must relax before the last third of his life. Few minds are capable of keeping up continuously the speed at which the educated physician of to-day must work in the service of the community. There are, and of right ought to be, frequent periods of relaxation. Usually these are spent, and of right ought to be spent, in physical pleasures. For example, in the medical profession are probably more enthusiastic hunters than in any other profession. But hunting comes for short periods only, and with the grad-

ually increasing restrictions of our game laws these periods are becoming shorter and shorter. The fishing season still remains fairly long, but the length of unwarrantable fish is getting longer. Golf in the north, with six months of winter and three months late spring, can claim attention for but a short period. The total length of the closed season on game, fish, golf balls, and even medical society meetings is more than half the year, and one cannot always choose the other half when necessity for relaxation is forced upon one.

How desirable at these times is the pursuit of some form of perfectly useless book-borne knowledge, which by its very uselessness gives the desired relaxation. Dr. Osler, that beloved master of medicine, even in his most active years, spent his hours of relaxation in reading things wholly unrelated to medicine, and much of his charm as well as his personal pleasure came from his knowledge of things not medical.

What are the subjects of useless knowledge in which one may luxuriously indulge one's self not by taking university courses, but by leisure reading and study? One hesitates to mention any of them in the presence of their devotees who would immediately rise and claim for them paramount useful applications. But as the humble learner seeks things out for himself he usually will not go far enough to find the blight of usefulness in astronomy, in geology, in paleontology, in anthropology, in archeology, or in history. Yet each of these subjects, if taken in moderation, gives a man a more perfect orientation of himself in the universe and makes him less sensitive to the petty disappointments of his own or others' abortive attempts at remaking the world in a day. They all teach patience. The record of the slow grinding of the mills of the

gods in the making of the universe, in producing a habitable world, in populating it with evolving types of animals, in distributing races of mankind, and in the development of the arts and sciences and of various social states, in a field of study in which it is delightful to wander. And all the subjects in this field have the additional desirable qualification of offering little temptation to a man having a mere speaking acquaintance with them to show off his modicum of knowledge and to make it pass for profound learning. This is one of the most important points to be considered in the acquisition of useless knowledge for its own sake. The moment one acquires sufficient familiarity with a subject to speak of it learnedly to strangers, the subject has lost its charm of uselessness, since it has become useful to the possessor as a means of publicity. The truest test of personal enjoyableness of useless knowledge is its flavor in solitude. Talk of it much and it becomes like that chastity which has been successfully proven by legal process.

The appreciation of music, of poetry, of painting, of sculpture, and of art in general are all most delightfully useless accomplishments. True, the appreciation of music in its more strenuous forms is open to the possibility of being useful as a means of public aggrandizement. Not everyone who pays \$10 each for grand opera tickets is doing its solely for the love of music. The dress in which grand opera is usually heard is evidence of the usefulness of music as a medium of publicity. But the study of grand opera from the gallery or by one's own fireside with the common garden variety of phonograph is not readily interpretable as a means of seeking social distinction. The perusal of Shelley's "Cloud" will not make one a neighborhood wonder as

a weather prognosticator, but it may give him hours of enjoyment even in times of serious illness.¹ The Art Institute in Chicago and the Metropolitan Museum in New York give more opportunities for the enjoyment of art than the west side of Michigan Avenue, or Broadway at Forty-second Street, though one's presence there is not so useful as a means of ostentation. Parenthetically it is a bit too bad that one is apt to find in the Innis Room in the Art Institute on any free admission day more foreign-born than American-born citizens, and that the gold and the jade ornaments in the Metropolitan Museum in New York attract more youthful American visitors than does the Rembrandt room.

Those who have acquired a hobby never regret the time devoted to the acquisition of the "useless knowledge" pertaining to it. The enjoyment of this knowledge comes mostly in the little hours in between one's labors, "in the days of rest, in the days of relaxation enforced by sickness, by overwork, by age." Its acquisition will give some mental association with the great ones of the past. "It will make life worth living when nothing else seems worth while." The saying of Roger Bacon is still true, "Learning maketh a man fit company for himself." ■

GORDIAN KNOTS

A Navy Medical History Quiz

Colonial Medicine Syncroptic. Use the following letter combinations and hints below to put together the names of popular eighteenth medicines. The number next to the hint corresponds to the number of letter combinations that are needed to form the name of the medicine. A letter/letter combination can only be used once.

AN AN BAR CAL E E E GIN GOR IA IC IC
 IC ICS IF K MEL MET NAK NE NES O OD OR
 OT PAR PER PY RET RO S SUD TAR TI TIC TIC
 U VIAN VIR WI Y

- 1.) Used to increase a person's "nervous energy." (Four)
- 2.) Made from camphor, opium, and rhubarb, this medicine was used to induce sweating. (Four)
- 3.) Popular drink. Sometimes used to ease a person's pain. (Two)
- 4.) Mercury-based purgative (Three)
- 5.) Also termed "febrifuges," these medicines were used to treat fevers (Five)
- 6.) Type of medicine described in number five. (Five, Two Words)
- 7.) Camphorated tincture of opium (Four)
- 8.) A poisonous, colorless salt used in popular medicinal ointments (Five, Two Words)
- 9.) Type of plant used in medicinal tonics (Eight, Two Words)

SOLUTIONS TO PREVIOUS QUIZ (MAR-APR 2009)

In this edition of the quiz we offered an aviation-themed “scrambler.” In order to untie these knots you needed to rearrange the letters to make a word or term used by flight surgeons. Answers appear just below the scrambled letters. How did you do?

- 1.) ttvgiiaalonra cefor
gravitational force
- 2.) xhiapoy
hypoxia
- 3.) dmlecia ceroffi ghlfli tamilziaronfmiri ingraint
medical officer flight familiarization training
- 4.) nhtig dnebslism
night blindness
- 5.) scpionodmeser bmahcer
decompression chamber
- 6.) ghhi iludaett ksnesies
high altitude sickness
- 7.) lvaan psoecaraeo ldcaemi sntutitie
naval aerospace medical institute
- 8.) lvaan rai otnista
naval air station
- 9.) “gekenip mhet nylfgi”
“keep them flying”

BONUS

What Roald Dahl-inspired Disney character served as the name of an ill-fated World War II bomber and the official mascot of Women Airforce Service Pilots (WASPs)?

Fifinella

About *The Grog Ration*

The Grog Ration is a bi-monthly publication dedicated to the promotion and preservation of the history of the Navy Medical Department and the greater field of maritime medicine. Articles and information published in *The Grog Ration* are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

If you would like to submit an article for publication, or would like to suggest an idea for an article, please contact us at:

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