

# The Grog Ration



## Medicine on Board the *Decatur*, 1854-1859

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### U.S. Navy in Washington State Timeline

#### 1838-1842

Navy officer Charles Wilkes commands a geographic expedition to the Antarctic continent, the islands of the Pacific, and the American Northwest. On this voyage, Wilkes and his men surveyed 800 miles of streams and coastline in the Oregon Territory (including what is now Washington).

#### 1855

Pacific Squadron lands in Seattle to put down American Indian uprising.

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By Lorraine McConaghy  
Museum of History and Industry, Seattle, WA

**T**he U.S. Sloop-of-War *Decatur* was one of five ships assigned to duty in the Pacific Squadron from 1854 until decommissioning in 1859. The ship was three-masted, 117' in length and 32' abeam, and armed with 16 32-pound carronades. The ship carried 145 men and boys, when at full complement.

About halfway through her five-year cruise, the ship experienced a complete turnover of officers, including the medical men. The ship's first two medical officers were Surgeon R.W. Jeffery and Assistant Surgeon John Y. Taylor, and they served January 1854 through

March 1857, sailing from Boston to Saint Croix, to Norfolk, then south to Rio de Janeiro, through the Strait of Magellan, to Valparaiso and Honolulu, then on to Puget Sound, to San Francisco and finally to Panama. The *Decatur* became significantly involved in Washington Territory's Treaty War, and both Jeffery and Ward treated wounded members of the citizen militia as well as officers and enlisted men in the U.S. Army. Surgeon Taylor was detached for three weeks from the *Decatur* for shore medical duties on Puget Sound.

The cruise's second pair of medical officers, John Ward, Passed Assistant Surgeon,

and L. Cooper Lane, Assistant Surgeon, joined the ship at Panama in March 1857, spending the ship's remaining tour of duty in the Pacific harbors of Panama, Costa Rica, and Nicaragua. The ship became involved with the evacuation of survivors of William Walker's filibuster army, and Lane performed compassionate surgery on civilian patients in Nicaragua. Lane and Ward returned with the vessel to Mare Island Navy Yard in June 1859.

### The *Decatur* became significantly involved in Washington Territory's Treaty War

All four of the *Decatur*'s medical officers went on to interesting careers, not considered in this brief article.

The *Decatur* has left a paper trail at archives and libraries throughout the United States, and the

ship's medical records offer unique opportunities to explore the social history of Navy life in the 1850s. Specifically, the ship's medical log, *Abstracts of Patients*, RG52, Records of the Bureau of Medicine and Surgery, NARA, offers a day-by-day medical overview of the ship's officers, Marines, and enlisted men for the entire cruise. The log includes name, rating, stated age, stated birthplace, dates admitted and discharged, diagnosis, and whether the injury or disease was incurred as a result of duty. Occasionally, the medical log noted remarks about the patient's outcome.

The ship's medical journal – *Medical*

U.S. Navy in  
Washington State  
Timeline (Cont'd)



**Commanding Officer  
Plaque, NH Seattle, WA.**  
BUMED Library and Archives.

**1889**

Washington becomes the 42nd state in the Union.

**1891**

Naval Station Puget Sound Established. Sickbay of the USS *Nipsic* is used as the station dispensary until a temporary on-shore facility is built in 1901.

**1904**

Moses Seattle, grandson of the famous chief Seattle, for whom the city is named, dies at the Navy Station dispensary.

**1912**

Naval Hospital Puget Sound (Bremerton) opens.

**1942**

Naval Hospital Seattle is commissioned. This wartime facility closes in 1947.

**1968**

Naval Hospital Whidbey Island is commissioned

**1983**

Naval Hospital Whidbey Island is renamed Oak Harbor.

*Journals and Reports on Patients, RG52, Records of the Bureau of Medicine and Surgery, NARA* – only covers the first half of the Pacific Squadron cruise. However, from January 10, 1854 through March 31, 1857, the journal – maintained by Surgeon Jeffery – offers far more comprehensive information than the brief annotations of the medical log, including prescriptions, dosages, nursing care and extensive treatment notes. Jeffery was reflective about his patients in the journal, for instance noting that a stubborn case of ophthalmia was really due to “a venereal taint of long standing.” The journal is very occasionally autobiographical, for instance, Jeffery joking about trying to keep notes “during very heavy weather and an attack of seasickness.”

Neither the log nor the journal is complete. The journal occasionally refers to cases not noted in the log; squadron and other correspondence occasionally mention cases not noted in the log or the journal. The journal makes it quite clear that the patients listed in the log were exceptionally ill or injured, and that other, lesser complaints were dealt with off the record. The data from which this article is drawn under-report illness on the *Decatur*.

Analysis of the medical log indicates that the *Decatur's* crew suffered three dozen significant workplace injuries over the five-year cruise– fractures, dislocations, bruises and lacerations that occurred in the line of duty. Nearly as many serious injuries took place ashore during brawls on liberty, including broken hands and noses, dislocated shoulders and massive contusions. No member of the *Decatur's* crew was wounded during the Pacific Squadron cruise; one crew member was shot to death in Seattle and another fell to his death during a storm in the Strait of Magellan.

Far more common than wounds and

injuries were contagious diseases and infections. More than 100 cases of intermittent and remitting fever and malaria were treated on board the *Decatur*, and their frequency escalated when the ship was stationed off Central America. There were only four fevers of any sort treated in 1854, none in 1855, and one in 1856; in 1857, 31 fevers were treated, and that figure nearly doubled in 1858, and then fell to 11 cases in 1859. Quinine was an effective treatment and there were no fever deaths on board ship, although many *Decatur* men suffered chronic attacks of fever.

Compared with fever, pulmonary infections occurred consistently throughout the cruise, from Norfolk to Puget Sound to Valparaiso. The *Decatur's* surgeons treated 50 cases of catarrh, bronchitis, pleurisy, and phthisis. One man died in Seattle's Elliott Bay of catarrh, another at sea off Panama of pleurisy. A number of men with phthisis were surveyed and condemned throughout the cruise, diagnosed with incipient tuberculosis, and sent either to hospital or home.

In the moist wooden environment on board, staphylococcus infections became very troublesome. Epidemics of ophthalmia, conjunctivitis, iritis, and otitis swept through the officers and crew, infecting eyes and ears. Boils, wens, and abscesses were ubiquitous, and healed very slowly, as did bacterial skin infections like erysipelas and impetigo. Paronychias, or staph infections of the skin at the nail's base, were common throughout the cruise, but especially in warm, wet weather.

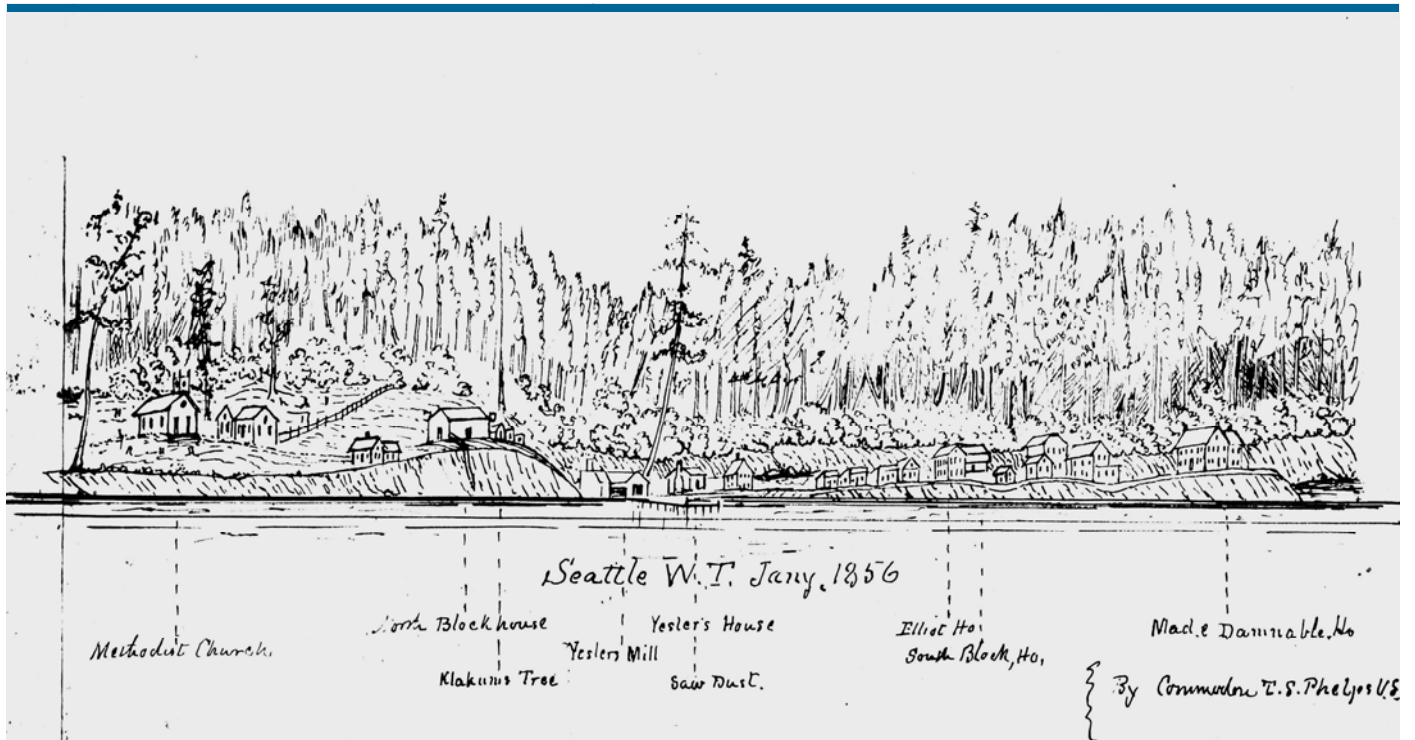
Gastro-intestinal tract infections were also common throughout the cruise, and tended to occur in clusters. Over five years, the surgeons admitted three cases of cholera, and 49 cases of diarrhea and dysentery to sick bay. However, constipation and hemorrhoids were also common. Some patients veered unhappily between diarrhea and constipation, alternately dried up by magnesium and chalk and loosened up by rhubarb and oil.

Venereal infection was widespread among the marines and sailors on board the

*Decatur*. The surgeons treated 34 cases of gonorrhea and 54 cases of syphilis, as well as the venereal complications of orchitis and urethral stricture. Between 25% and 30% of the *Decatur's* crew was infected with venereal disease at any point in the cruise, and were freely given liberty throughout the Pacific West to further infect sexual partners.

Without antibiotics, the surgeons could offer little to heal any of these infections. Thomas Johnson was 21 when he

treat boils, brewed flaxseed tea for bronchitis and dispensed syrup of squills for pleurisy. The two most effective drugs used on board were herbal - quinine was made from Cinchona bark and opium from poppies. The surgeons specified that opium be compounded in nearly every prescription for a wide variety of illnesses, to relieve anxiety and pain. After a long course of such medication, some men came to enjoy the release of opium. Jeffery's journal noted that Marine Thomas Gould had become "addicted to the use of



**Black and white drawing of Seattle, drawn from the *Decatur's* deck by Lieutenant Thomas Stowell Phelps. The building on the far right served as a house of "ill repute." It is flanked on the left side by the Methodist Church. Courtesy of Museum of History and Industry, Seattle, WA.**

joined the *Decatur* as a landsman in 1854, and he left the ship an ordinary seaman in 1857. However, he contracted gonorrhea early in the cruise and was diagnosed with secondary syphilis by its end. Nothing effective could be done for him. Ordinary seaman Lewis Keeler's tonsillitis was treated by "touching the affected parts" with silver nitrate; the same specific that was painted onto venereal chancres. The surgeons used heavy metals, like silver, mercury and lead, in solution to "paint" and dry out such infections. Surgeon Jeffery confessed frustration to his journal that he could "heal" the chancre, but the disease renewed itself, from within.

The *Decatur's* surgeons also stocked their pharmacopoeia with herbal remedies that relieved symptoms rather than cured disease. They compounded herbal poultices to

opium when he can procure it," and suggested that the surgeon was suspicious that his patient's chronic eye infections were self-induced.

Turning from the medical journal to the log, it's interesting to re-sort the chronological data biographically and follow men through the cruise. For instance, William Brown, born in Boston, in his 40s, remained with the *Decatur* throughout the entire cruise, and never rose above ordinary seaman. He was frequently disciplined, but he also suffered from repeated bouts of catarrh and diarrhea; he contracted anthrax in 1856 and a series of fevers in 1858. Infectious disease was no respecter of persons: Lieutenant Joseph DeHaven joined the ship in 1857 and soon fell ill with cholera. After his recovery, he suffered alternately from diarrhea and constipation, and fell ill with recurring

fever throughout much of 1859. Robert Foreman was a tough seaman, born in Scotland who – at 39 – began to complain of painful rheumatism. In May 1858, he received treatment for primary syphilis, and also contracted the fever that swept the *Decatur*. On shore at Panama in early 1859, he returned to the ship from a drunken brawl, much cut and bruised.

Neurological and psychological illnesses piqued the surgeons' professional interest, but there was no place for them on a man-of-war. A 21-year-old landsman, Thomas Bradley, tried to commit suicide off Mare Island in 1856 "during mental derangement." The surgeons patched up his razor cuts, and sent him back to work. Five members of the *Decatur* crew were surveyed and condemned for insanity or epilepsy. For instance, Nelson Rogers, a 45-year-old quartermaster, suffered a series of seizures in July 1855, while at sea, and didn't regain full consciousness for nearly two weeks. In April 1856, he experienced "a temporary mental aberration" and eventually became "deranged." The *Decatur* surgeons discharged Rogers to the Marine Hospital in San Francisco on July 11, 1856.

Aged men had no place on a man-of-war, either. The oldest man on board was 75 – George Raymond worked the second half of the cruise as wardroom cook. Surveyed, the surgeons condemned Raymond as an epileptic but found that his illness was incurred in the line of duty "from exposure to intense heat while cooking." Raymond was able to go home to Arkansas and draw his pension, at least for a little while.

Not every man had a home to go to, and men grew old quickly on board. Their work life was hard, and so was their play. Binge drinking was commonplace on liberty and half a dozen men were treated for delirium tremens. Work in extreme conditions strained ligaments and dislocated joints; hernias were common. Sailors began complaining of rheumatic aches and pains when they were only in their mid-30s. Captain of the After Guard, Hans Carl was another "old salt" on the *Decatur*. When Carl died at 62, his diagnosis was "catarrhus senilis" – the medical journal notes were fatalistic. Surgeon Jeffery clearly believed that Carl's time had come. Other older *Decatur* sailors – Quartermaster Sam Silk, for instance – left the ship in 1859, and headed for the Naval Asylum in Philadelphia. Silk was worn out at 55 – he was too old to ship out on a man-of-war.

The medical records occasionally reveal their own unreliability as men offered purser's names, and varying ages and places of birth. The *Decatur* held five John Smiths. John Smith, 2<sup>nd</sup>, seaman, born in Maryland, was recorded as aged 28 in 1858 and aged 48 in 1857. Another John Smith, seaman, told the surgeon that he was born in France; Nicholas Andrews that he was born in

Greece – their names were anglicized, at the very least. Sailmaker Augustus Warren claimed to have been born in Dublin during one illness and in Glasgow during another; Captain of the Hold, Robert Cammon, similarly claimed Boston in 1855 and Ireland in 1858. Such examples could be multiplied.

Nevertheless, the *Decatur's* medical records significantly enrich the muster lists, allowing the researcher to estimate the percentage of crew born outside the United States, to learn their stated ages, and to catch glimpses of their lives on board ship and ashore. Most provocatively, correlation of the medical record with records of subjudicial punishments and summary and general courts martial suggests causal relationships between illness or injury, and offense.

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## An American Navy Surgeon and His Papal Patient

By Harold Langley, Ph.D.

In the course of their professional lives, many U.S. Navy medical officers have had a variety of experiences. Surgeon Charles Fleury Bien-aime Guillou was fortunate in meeting a number of the famous men of his day. One of his most memorable encounters included a pope.

Guillou was born in Philadelphia on 26 July 1813 and attended neighborhood schools. When he was thirteen his father presented him to the Marquis de Lafayette, of American Revolutionary War fame, while the Frenchman was visiting the United States during 1824-1825. His formative years were also shaped by a private military academy near Philadelphia that he attended, and by his medical education at the University of Pennsylvania.

Upon receiving his medical degree in 1836, Guillou passed the entrance examination for U.S. medical officers and was commissioned as an assistant surgeon on 9 February 1837. In the 1830s it was not uncommon for some graduates of medical schools to enter the armed forces to acquire additional experience. A naval officer was expected to perform surgery when necessary, and this expertise might be acquired while working in association with a senior medical officer who held the rank of surgeon.



*Surgeon Guillou and his family in 1864.*  
Courtesy of Library of the College of Physicians of Philadelphia, PA.

In addition, the Navy offered opportunities to travel and to observe people and conditions in foreign lands.

Once he was commissioned, Guillou sought assignment to an expedition that was to explore regions in the Pacific ocean. He was granted his request, but the enterprise was delayed until 1838 when it sailed under the command of Lieutenant Charles Wilkes. By the time the Wilkes Expedition had completed its work in 1842, a number of its participants, including Guillou, had clashed with its leader. A court martial found Guillou guilty and sentenced him to be dismissed from the service. In view of the number of officer complaints against Wilkes, however, the sentence was reduced to a year's suspension without pay. The doctor managed to use some of that time to good advantage. Guillou passed his examination for the rank of surgeon in June 1842, but because there was no vacancy in that rank he was not promoted until 28 August 1847. By the time his suspension was lifted Guillou was becoming known not only for his medical expertise but also for his fluency in foreign and classical languages. Clearly Guillou was a man who could be useful on diplomatic occasions. He was assigned to the *Columbus*, a line-of-battleship of eighty guns that was the flagship of Commodore James Biddle. Biddle

was to carry to China the 1844 treaty with that nation recently ratified by the U.S. Senate. While in the Far East, Biddle was to collect all the data he could on social, political, and commercial affairs of the countries he visited. In that connection, Biddle made an unsuccessful effort to open commercial relations with Japan in 1845.

For Guillou and his medical colleagues, the most eventful part of the voyage may have been the need to

treat 488 cases of diarrhea while in Chinese waters. When Biddle reached Honolulu he learned that the United States was at war with Mexico, so the *Columbus* sailed to California and the commodore established his headquarters at Monterey. The *Columbus* was largely inactive because of the effects of the recent sickness of the crew. Biddle and his ship left California in July 1847 and reached Hampton Roads, Virginia, the following March, where the officers and men were released from duty.

Soon after the *Columbus* docked at Hampton Roads, Guillou was ordered to the frigate *Constitution* as a surgeon, and sailed to the Mediterranean. Since 1815 the United States had maintained a naval presence in the Mediterranean to protect American commerce. This duty entailed visits to various ports and meetings with political leaders, American diplomatic and consular officials, as well as merchants. Guillou's assignment to the flagship of the Mediterranean Squadron put him in Italy and in a position where he could exercise his linguistic skills.

Italy at that time was divided into eight political entities. The lower portion of the Italian "boot" and the island of Sicily constituted the Kingdom of the Two Sicilies, whose capital was at Naples. To the north of it were the Papal States, where the pope exercised a temporal as well as spiritual power. Their capital was Rome. While the *Constitution* was at Naples in the summer of 1849, news was received that the queen of the Kingdom of the Two Sicilies had given birth to a daughter. It was the custom of the time for the representatives of friendly nations to call upon the royal couple and to express the happiness and congratulations of their governments on the occasion of the arrival of a new member of the ruling family. Accordingly, John Rowan, the U.S. Charge d'Affairs to the Kingdom of the Two Sicilies, went to the palace of King Ferdinand II on 30 July 1849. He was accompanied by Surgeon Guillou who, in this instance, was acting as Secretary of the American Legation and as translator. During the visit the king expressed an interest in visiting the *Constitution*, and Rowan invited him to do so. Rowan and Guillou then went to call upon the queen and they found that she was talking to

Pope Pius IX in his spiritual capacity. While waiting in the queen's antechamber, Guillou met Cardinal Antonelli, the Papal Secretary of State, and other cardinals, as well as the commanding officer of the pope's Swiss Guard.

The next day Rowan and Guillou went to Rome to pay their respects to Pope Pius IX. During their visit Rowan invited the pope to visit the *Constitution*. The pope agreed on the condition that King Ferdinand II accompany him. Thus, on 1 August, the king and the pope entered a barge and were rowed toward the American frigate. As the barge passed by the warships of Spain, France, and Great Britain in the harbor, the crews of those ships manned their yards as a mark of respect. When the barge reached the *Constitution*, an American lieutenant gave an order to man the yards and to hoist the flag of the Kingdom of the Two Sicilies. At that point the king asked Guillou to have the order changed so that the flag of the Papal States would be hoisted to the masthead above that of the Kingdom of the Two Sicilies. After this was done, sailors raced up the masts and formed a line across each of the ship's yardarms in the traditional ceremony of manning the yards as a mark of respect for notable guests.

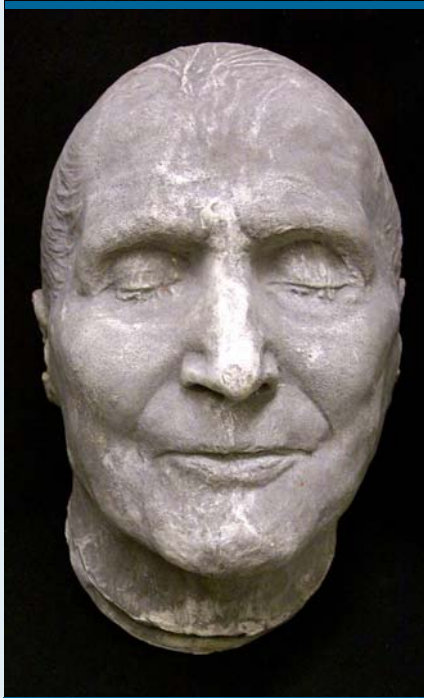
After the *Constitution's* guns fired salutes in honor of the two heads of state, the visitors were escorted to Captain John Gwinn's cabin, where they were formally received. Officers and men were then mustered at their quarters while the king and pope inspected the ship. Following the inspection a group of sailors sent a petition to the pope through the ship's executive officer and the captain asking that they be allowed to present themselves to the pontiff. Some of these sailors were Catholics and others were men who admired the Holy Father. The pope granted this request. Accordingly, more than three-fourths of the crew formed lines along the gun deck facing a pathway formed down the center.

As the pope entered the deck from a cabin door, the sailors knelt. With his left arm resting on that of Surgeon Guillou for support, and his right arm blessing the sailors as he passed by them, the pope walked the length of the gun deck. Behind him walked the cap-

tain and King Ferdinand, followed by various dignitaries and some naval officers. When the pope saw a group of young boys in the crew who served as powder monkeys to the ship's guns, he placed his hand gently on their hands. Upon reaching the front of the bow of the gun deck, the pope turned around and the procession stopped. The dignitaries now formed into two facing lines. As the pope retraced his steps, each official bent on one knee as he passed him and then fell into line behind the pontiff. The party then walked to the rear of the gun deck and to the wardroom for refreshments.

The wardroom was where most of the ship's officers dined and where they might spend their off-duty hours. While holding a basin for the king to wash his hands, Guillou noticed that the pope had taken a seat under a skylight and appeared to be ill. Upon investigation the surgeon ascertained that the pope was suffering from seasickness. Guillou gave the Holy Father something to ease his discomfort, and the pope expressed his gratitude to the surgeon for his timely intervention. The distinguished visitors soon left the ship amid appropriate ceremonies.

The next day the pope sent an emissary to the *Constitution* to deliver rosaries to the men and boys in the crew, and an invitation to Guillou to visit St. Peter's. It seems unlikely, however, that the surgeon visited the basilica. To express his gratitude for the medical treatment he had received, the pope sent Guillou some prayer books inscribed by himself, some rosaries he had blessed, a medalion bearing his likeness, and a plenary indulgence. During his time in the Mediterranean Guillou had the opportunity to meet several heads of state and dignitaries, but he



*Death mask of Pope Pius IX.*  
Courtesy of Lawrence Hutton Collection of Life and Death Masks, Department of Rare Books and Special Collections, Princeton University.

was most impressed by his brief encounter with Pope Pius IX. This may have been due in part to the fact that Guillou was a member of the Masonic Order, and at that time relations between the Masons and the papacy were very strained. On an individual and medical level these differences were being surmounted.

Following his return to the United States, Guillou in 1852 married Dinah Postlewaite of Natchez, Mississippi. She subsequently bore a daughter, and the couple later adopted another daughter. In 1854, Guillou resigned his commission in the Navy and moved to Honolulu, where he was placed in charge of a hospital. His skill and reputation led to his appointment as the court physician of the Hawaiian royal family. The surgeon's earlier contacts in Italy led to his appointment in June 1864 as the Italian consul as Honolulu. Three years later Guillou left Honolulu and settled near Petersburg, Virginia, to be close to his daughters. While visiting New York City he caught pneumonia and died there in January 1899. He was buried in Petersburg, Virginia. So ended the life of a physician and surgeon whose career brought him into direct contact with a number of distinguished personages of his time, including a pope.

**Professor Langley is an emeritus curator of naval history at the Smithsonian Institution's Museum of American History and an expert on the social history of the U.S. Navy. His many publications on naval history include *Social Reform in the United States Navy, 1798-1862* (1967) and *A History of Medicine in the Early U.S. Navy* (1995).**



## Scuttlebutt: Maritime History Happenings

**A Very Special Day in Marine Corps, Navy Medicine, and U.S. History.** On 10 November 2006 The National Museum of the Marine Corps (NMMC) will be dedicated. NMMC will be a lasting tribute to U.S. Marines — past, present and future. Situated on a 135-acre site adjacent to the Marine Corps base in Quantico, Virginia, the museum's soaring design evokes the image of the flag raisers of Iwo Jima and beckons visitors to its 100,000 square foot structure. World-class, interactive exhibits using the most innovative technology will surround visitors with irreplaceable artifacts and immerse them in the sights and sounds of Marines in action.



Site model of the new museum.



Looking west upon the NMMC

The Museum is a joint venture of the United States Marine Corps and the Marine Corps Heritage Foundation. The Foundation is raising the private funds necessary to build the National Museum of the Marine Corps. This effort is being complimented by the Marine Corps' obligation of funds for artifact restoration and architectural exhibit design. A volunteer leadership board, the Founder's Group, is leading the call to action for private-sector donations. Over 50,000 Marine Corps veterans and others have contributed gifts totaling several million dollars.

We plan to tell, and preserve forever, this uniquely American story of contribution and sacrifice, valor and victory. We will tell it through the eyes of Marines, whose story it is to tell. We will tell it with a clarity and strength befitting the world's premier fighting force, an institution that predates the founding of the Republic. We will tell it through the National Museum of the Marine Corps and Heritage Center.

**History of Military Medicine Conference: Securing the Ultimate Victory.** The Army Services Medical Museum (United Kingdom) will be hosting a conference exploring the history of military medicine and health care. The event will take place based in Keogh Barracks, Ash Vale, Hampshire over the period 11-13 April 2007.

It includes twenty papers given by international academics and medical historians on subjects ranging from the early modern period, Napoleonic period, 19<sup>th</sup> century, the First and Second World Wars and covers all aspects of medicine and health care including veterinary medicine and dental care.

For more information please contact: the AMS Museum (Conference), Keogh Barracks, Ash Vale, Aldershot, GU12 5RQ, Tel: 01252 858820, Fax: 01252 868832 or email: [armymedicalmuseum@btinternet.com](mailto:armymedicalmuseum@btinternet.com)

**In the next issue...**

*Navy Medicine in the Age of Polar Exploration*

**If you have historical articles, photographs, trivia—pertaining to Navy medical history—that you would like to share please send an e-mail at: [ABSobocinski@us.med.navy.mil](mailto:ABSobocinski@us.med.navy.mil)**

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