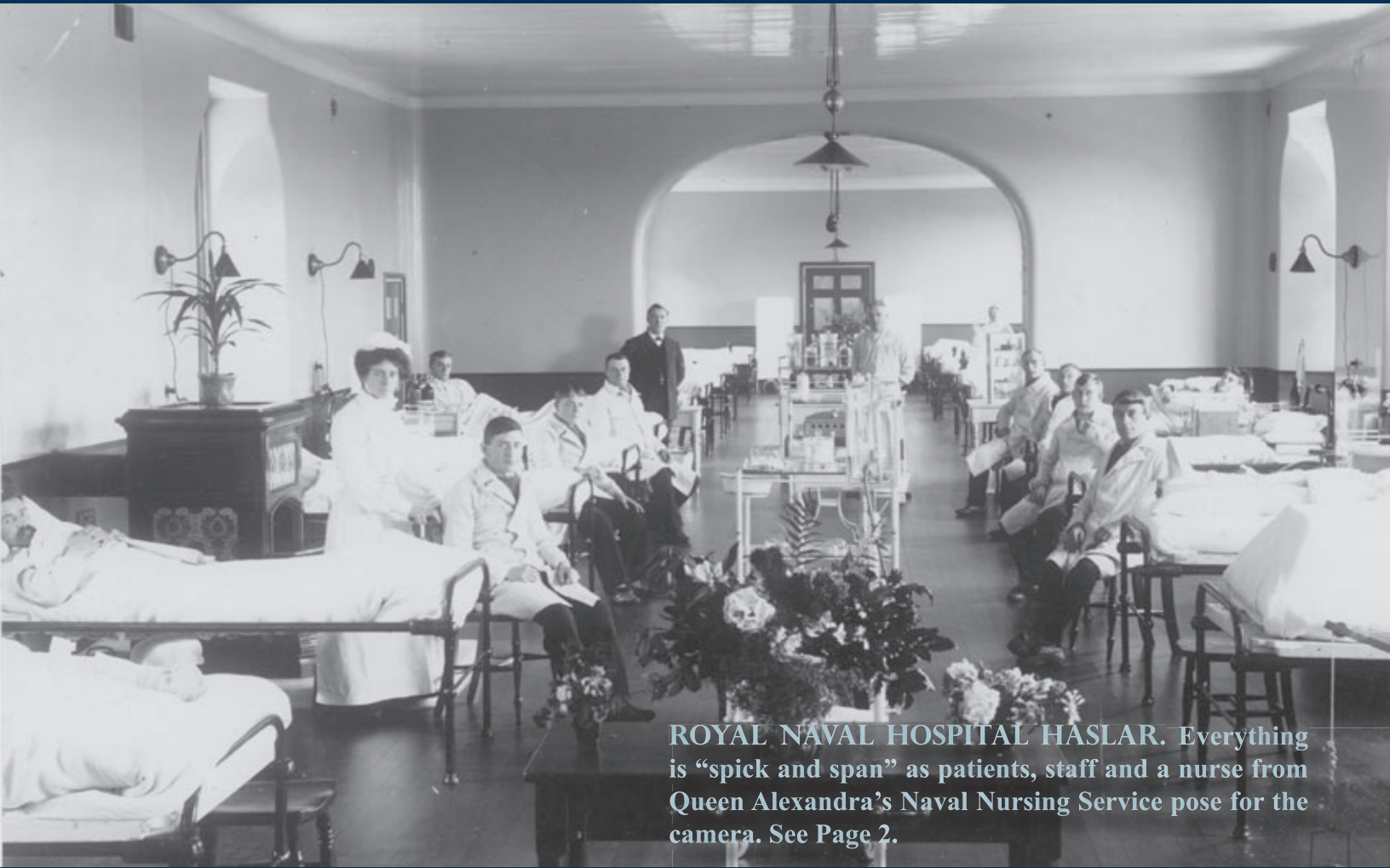


The Grog Ration



ROYAL NAVAL HOSPITAL HASLAR. Everything is “spick and span” as patients, staff and a nurse from Queen Alexandra’s Naval Nursing Service pose for the camera. See Page 2.

CONTENTS

*Royal Naval Hospital Haslar -
Paragon of Nautical Medicine* p2

Davis’s Regulations for U.S. Navy Hospitals p6

Temporis Ars Medicina Fere Est p10

*Interpreted Fallacies of
Navy Medical Birthdays* p11

Galvanic Therapy at NH Brooklyn, NY p12

*From the Book Locker:
Moryak* p14

Scuttlebutt p15

*Gordian Knots:
Navy Medical History Quiz* p16



Royal Naval Hospital Haslar

PARAGON OF NAUTICAL MEDICINE

A view of St. Luke's Church at Royal Naval Hospital Haslar

All images courtesy of Haslar Heritage Group

By Eric C. Birbeck

The Royal Hospital Haslar has a long and a most distinguished history in providing medical care to the Royal Navy for over 250 years. More recently, the hospital has provided healthcare to civilian population of the Portsmouth, U.K. (since 1950) and to all three military services in the U.K. (since 1996).

The hospital's story really begins in 1745, when John Montagu, the Fourth Earl of Sandwich, in partnership with the Admiralty (i.e., the authority responsible for the Royal

Navy) submitted plans for a hospital to King George II. Haslar was to be one of three proposed hospitals to provide hospital care for sailors of the Royal Fleet. The building of the hospital took 16 years and was completed in 1762.

Haslar was designed by Theodore Jacobsen, FRS, in the manner of the Foundling Hospital (London) and constructed under the direction of James Horne, a surveyor, and John Turner, a Master Carpenter from Portsmouth Dockyard. Even Dr. James Lind, "The Father of Nautical

Medicine," saw Haslar as ambitious undertaking. In a letter to a friend, dated 1758, Lind described Haslar as "an immense pile of a building and when complete it will certainly be the biggest hospital in Europe!"

By 1753, with the hospital only half built, the situation concerning the care of sick and wounded sailors in the Portsmouth and Gosport area was desperate; having heard of the new building, desperate patients were already living in the builders' accommodation (huts) in the grounds of Haslar. Consequently the



The front facade of Haslar, circa 1880

first hundred patients were admitted into the first stage of the hospital by direction of the Admiralty. And although no record of a formal opening can be traced, Royal Hospital Haslar is believed to have opened on the 12 October 1753.

The original hospital plans included a chapel within the main hospital, which was to have been sited in the fourth side of the quadrangular building. Due to over-expenditure, this part of the hospital was never built. St. Luke's church was eventually built facing the quadrangle, but not completed until 1762. It served staff, their families and patients. Surgical and medical patients were to be seated either side of the aisle with staff and labourers seated in the gallery.

The first decades at Haslar were not without problems. There are many accounts of drunkenness and petty scandal amongst both staff and patients. Some early female nurses imported rum from nearby Gosport taverns in pig bladders, suspending them under their skirts as they smuggled them through the hospital sewers at low tide. And this was done despite the presence of

armed guards. The patients, many being "pressed men," were escaping from Haslar in large numbers, necessitating a guard of soldiers, stationed close by, who were instructed to patrol the perimeter wall and apprehend those attempting to escape. Haslar at this time resembled a prison more than a hospital. Records show that all doors on the ground floor were locked at night to prevent patients escaping.

The hospital buildings soon became overcrowded. Discharged pensioner sailors lived in the attics, staff and their families shared the main building, and many were accused of stealing patient's food.

In 1761, three sailors (patients) petitioned the Admiralty by letter, stating their grave concern at the way in which they were being mistreated by the staff. There followed various Admiralty inspections and in the late 18th century the hospital underwent many changes, including the appointment of a Naval Commanding Officer.

This improved the lot of the sailor as a patient, and the hospital administration changed eventually for the good.

During the 19th century many Army casualties from the Peninsular campaign (1809), the Battle of Waterloo (1815), and the Crimean War (1853-56) were admitted and treated at Haslar. Such was the fine treatment given by Haslar to the Army that the hospital was held up as a shining light to nursing by the Army authorities.

By the late 19th century service pensioners (Navy) were also admitted both for care and shelter, including the Greenwich Pensioners, who in turn helped to care for the patients. In return many wards (named after famous Admirals) in the hospital held pensioners who ended their days in comfort.

From research, it is estimated that both the Paddock burial area and the Memorial Gardens (opened in 1826) contain the remains of some 13,000 sailors and soldiers who served their country through a century of conflict from 1753-1859, only to die at Haslar, or be landed from ships for burial. This also includes 114 Russians from the impounded Russian Fleet in Portsmouth, 1808-9. It is thought that there is nowhere within the United Kingdom where those who served their country and died lie so close, side by side, brothers-in-arms in death as in life.

Since 2005, teams of archeologists and forensic analysts have set out to explore the Paddock burial areas at Haslar. One skeleton recently found (2009) was discovered with coins over the eye sockets, one of only three examples found in the U.K. On closer examination, one coin was a Slavery Abolition token minted in 1794 for a limited period in the local area. The coin bore the inscription "Am I not a Man and a Brother." Another skeleton had multiple fractures from the skull

to the leg bones (possibly due to a fall from a great height) and yet there was evidence (calcification of fractures) that the person had survived the fall and lived for some six months after the event. Following examination of those exhumed, re-interment will take place in the Naval Cemetery (1859 – to date) at Clayhall, a short distance from Haslar.

One headstone of interest in the Memorial Gardens is sacred to the memory of an American sailor, a native of New York, named James Pierce, aged 32, who died on board the Frigate *Niagara* on 18 June 1857.

During the 19th and early 20th centuries, many physicians left Haslar

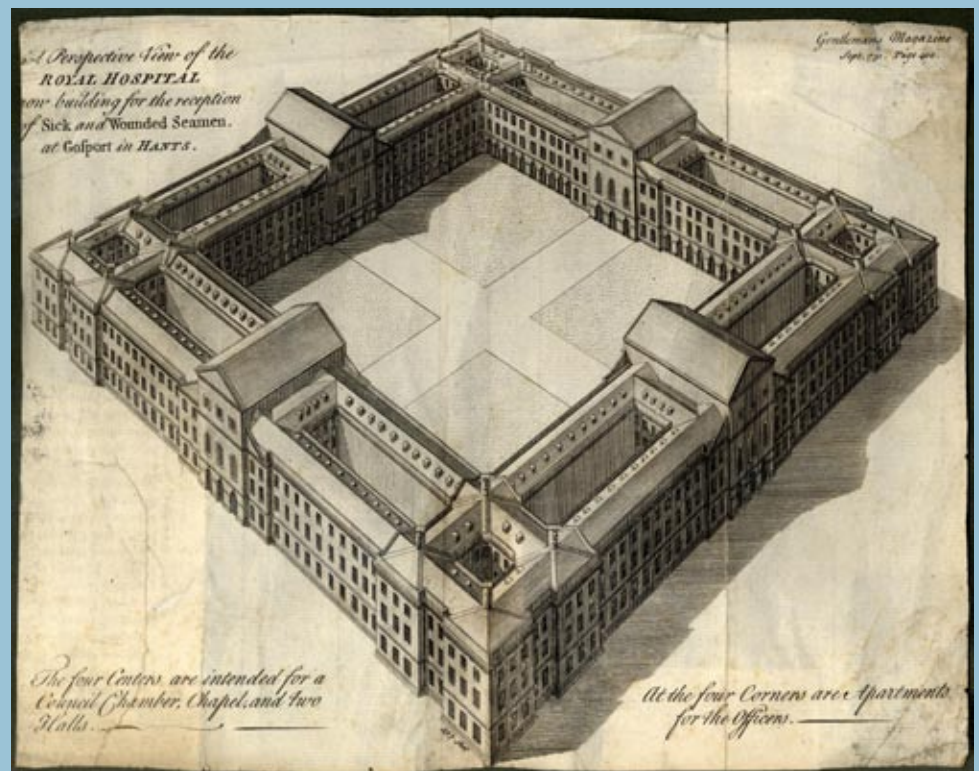
as members of expeditions, not only pushing forward the frontiers of medicine but also those of global exploration. The most famous of these was Sir John Richardson, Inspector of Hospitals and Fleets, who undertook two expeditions in support of Franklin in search of the Northwest Passage. At the age of 62 he was, at the request of Lady Franklin, involved in the search for Franklin and his crew. Richardson became a naturalist of renown, and played a part in founding the museum and library at Haslar that held a collection of animals, birds, and books. The museum was destroyed by enemy action in October 1941, with the total loss of the collection. The library survived, and the books

are now held by the Historic Collections Library in the Institute of Naval Medicine at Alverstoke.

Richardson is also known to have met with Florence Nightingale. In a letter to his wife, he describes a lengthy meeting with Miss Nightingale, who wished to know how naval hospitals were run and equipped in order to improve Army hospitals. Richardson also met and corresponded with Charles Darwin. While Richardson was not a theorist, his findings made Darwin's theories possible.

Thomas Huxley, under Richardson's direction, left Haslar in 1846 as the surgeon on board HMS *Rattlesnake*. During his time in the southern hemisphere he devoted

A SUCCESS AT TWO TRADES. Theodore Jacobsen, Esq., (1686-1772) was a successful mercantile banker who “dabbled” in the gentlemanly pursuit of architecture. Judging by his talents, one would be remiss to categorize him as just an amateur architect. Among his noted designs are the Foundling Hospital in London (1742-52), the Inner Quadrangle at Trinity College, Dublin (1752-59), and the “Royal Naval Hospital for Sick Sailors” at Haslar. (completed in 1761). Below, we see a portrait of Jacobsen (1742) by Thomas Hudson (1701-1779) and Jacobsen's original design for the Navy hospital, as published in *The Gentlemen's Magazine* (1751).



time to the study of marine life. Later, through his studies and support, he became known as “Darwin’s Bulldog” for his unwavering advocacy of Darwin’s theory of evolution.

William Balfour Baikie, a physician at Haslar, was appointed to the Niger expedition in 1854, which explored the west coast of Africa. He was instrumental both in discovering a treatment for malaria and in the discovery of Nigeria. Edward Atkinson, vaccinator at Haslar in 1909, became Captain Scott’s medical officer on the ill-fated South Pole expedition of 1912. Atkinson survived Gallipoli, and was decorated for his life-saving actions during the First World War.

Others came as famous men to the hospital, among them James Lind, the “father of nautical medicine” who discovered a cure for scurvy thanks to his work on board HMS *Salisbury*. Lind continued his studies whilst at Haslar, for in his time ships landed many of their crew suffering from scurvy. In 1759 he is reputed to have advised Sir Edward Hawke, in command of the Fleet blockading the French port of Brest, of the importance of fresh vegetables and fruit. On the day of the battle of Brest, out of 14,000 men in the fleet, only 20 were not fit for duty. In 1797, the First Lord of the Admiralty visited Haslar and asked to see a case of scurvy, but not one could be found.

In 1847, Captain Sir Edward Parry, Arctic explorer of renown, took command of Haslar. He had previously overseen the transition from sail to steam for the Royal Navy, but had made his name in Polar exploration. Parry worked with Richardson to improve the care of patients at Haslar, especially those incarcerated in the hospital asylum.

His departure from Haslar in 1852 was much lamented

Those named have their place in history, along with many others too numerous to mention here.

During the many wars of the 20th century and, especially, the First and Second World Wars, Haslar was a busy hospital. During and after D-Day, both allied and enemy troops were treated at Haslar in great numbers, and Royal Navy surgeons were joined by U.S. Army surgeons in treating the wounded. Haslar continued to grow in professional and technological ability in the treatment of its patients, both at home and in areas of conflict. In 1954, the word “Naval” was formally included in the title of the hospital, only to be removed again in 1996 when Haslar became the core Tri-Service hospital and the original title of “Royal Hospital” was added once more.

When Haslar entered its fourth century it opened a new chapter in its history, joining in partnership with Portsmouth Hospitals National Health Service Trust in 2001. Blending the best of medicine in the Naval Health Service with the best of military medicine at the same time. It was sophisticated hospital with advanced medical technology, housed in a prestigious and splendidly-preserved historic Georgian building.

Times quickly change. On 31 March 2007, the Royal Hospital Haslar ceased to be a Ministry of Defence-managed hospital, and 254 years of continuous military medical care came to a close.

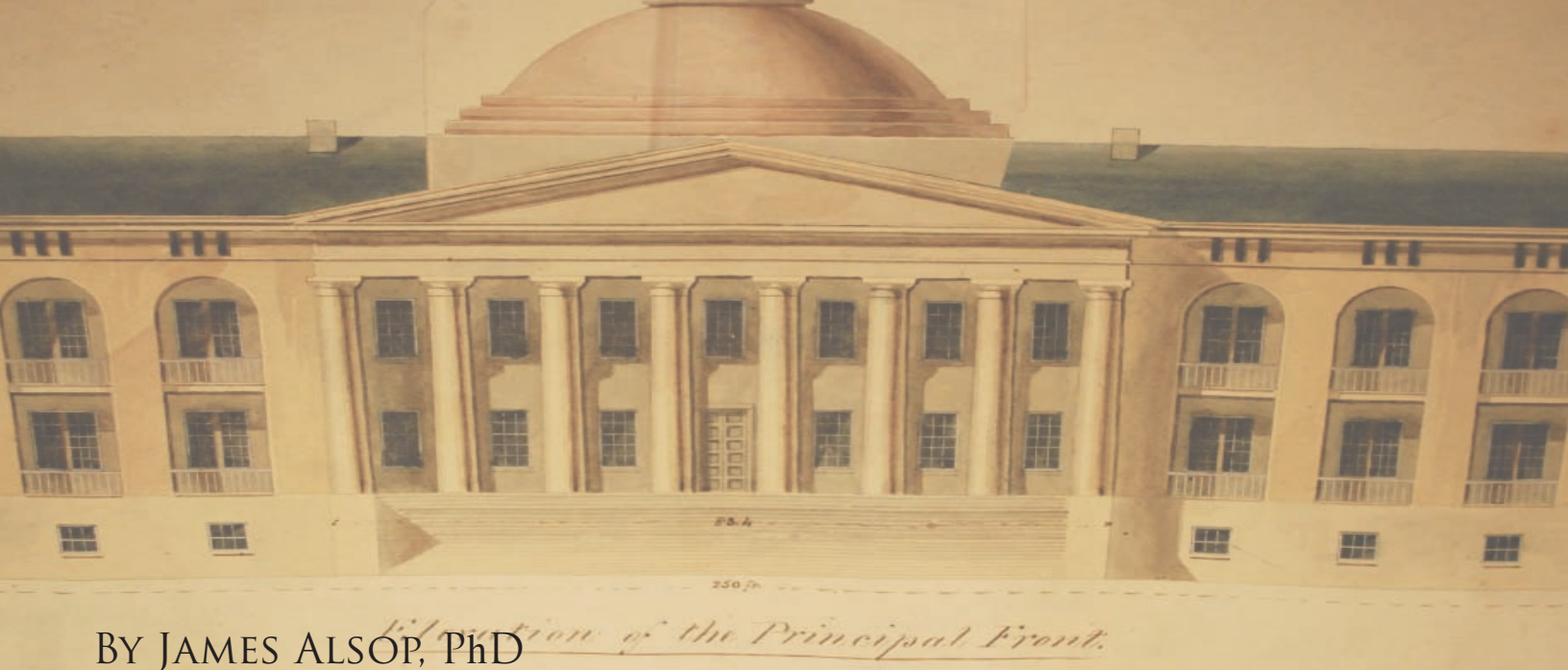
Grand in conception and magnificent in design, the Royal Hospital Haslar is certainly assured a place in history; and in celebrating that history we must remember those who designed it, and those who built the

hospital from bricks made of local clay, not forgetting those who have served in the hospital throughout the centuries. The staff from early years were followed from the late 19th century by the Sick Berth Staff and Queen Alexandra’s Royal Naval Nursing Service, and from the 20th century by the ladies of the Voluntary Aid Detachment, Wren Sick Berth staff and Royal Navy Medical Branch Staff, joined in later years by medical colleagues from both the Army and Royal Air Force.

In July 2009, the Royal Hospital Haslar finally closed after 256 years of service and history. We must certainly remember the sick and injured patients admitted across the centuries, from Trafalgar to D-Day, who served and fought for their country or countries, and for whom, through a vision of the Admiralty, the Royal Hospital Haslar came to be built. We now look forward to the future use of this fine Georgian building, that changed history and the care of the maritime sick and injured, in a new vision, that of a “Veterans’ Care Village.” ■

ABOUT THE AUTHOR

Eric C. Birbeck, MVO, served in the Royal Navy Medical Service and has come to know the history of the Royal Hospital Haslar during his year association with the hospital. He is an author and founding member of the Haslar Heritage Group (in 2001). In 2007, he was appointed a Member of the Royal Victorian Order (MVO) for Services to Her Majesty the Queen.



BY JAMES ALSOP, PhD

Surgeon Davis's Regulations for U.S. Navy Hospitals (1811)

On 26 February 1811, Congress passed the “Act Establishing Navy Hospitals,” which authorized the erection of immediate-care institutions for naval officers, seamen and mariners, and one asylum for disabled or aged veterans. This action was intended to provide a permanent solution to the unsatisfactory existing arrangements whereby servicemen were cared for either in one of the hospitals of the merchant marine service, in temporary structures located within the naval yards of the principal ports, or in private housing under the traditional contracting-out system.¹ The Act required

that the Secretary of the Navy, Paul Hamilton, prepare the regulations for the internal operation of the hospitals, to be laid before Congress at the next legislative session. Hamilton sought the advice of several distinguished medical officers of the Navy, including Dr. Edward Cutbush, who had already authored a treatise on hospital management, and Dr. William P.C. Barton, who seized upon this opportunity to develop ideas which were subsequently published in a well-regarded study.² One of the most senior surgeons consulted by Hamilton was Surgeon George Davis, USN (1779-1824), whose report has

never seen the light of day. Davis was unique among the small group of consultants as the only medical expert not then in the employment of the Navy. Commissioned in 1799, Davis had seen service in the Barbary Wars as the senior medical officer of the American squadron, before leaving in 1803 to serve first as the U.S. chargé d'affaires at Tripoli and subsequently, in 1806, as consul.³ In 1811, he was in private practice in New York City. Davis would later return briefly to naval service during the War of 1812 as hospital surgeon at Sackett's Harbor on Lake Ontario.⁴

Davis's report, dated 12 March

1. United States, Statutes at Large, ed. R. Peters (Boston, 1848), II, 650-1; Robert Straus, *Medical Care for Seamen: The Origin of Public Medical Service in the United States* (New Have, 1950), 22-40, 59-64.
2. Edward Cutbush, *Observations on the Means of Preserving the Health of Soldiers and Sailors: and on the Duties of the Medical Department of the Army and the Navy: With Remarks on Hospitals and their Internal Arrangement* (Philadelphia: Dobson, 1808); William P.C. Barton, *A Treatise Containing a Plan for the Internal Organization and Government of Marine Hospitals, in the United States: Together with a Scheme for Amending and Systematizing the Medical Department of the Navy* (Philadelphia: the author, 1814); Barton to William Jones, 16 January 1813, National Archives, Department of the Navy, RG. 45/464/216/1; Harold D. Langley, *A History of Medicine in the Early U.S. Navy* (Baltimore: Johns Hopkins, 1995), pp. 171-3.
3. Langley, pp. 50, 88, 97.
4. Langley, p. 233.

1811, was the first to be received following passage of the Act of Congress. He was later brought to Washington for consultations with Hamilton.⁵ However, before decisive action could be taken on implementation of the Act, the nation was at war and plans were shelved. In 1817 and 1818 the House of Representative approved resolutions which called for investigations into the lack of action on the Act of 1811. However, loss of focus, inadequate finances, and tension between a federalist hospital agenda, which supported the early campaign for a few large regional centers, and a states-rights preference for the construction of more modest health facilities at all U.S. ports, produced inertia.⁶ The first permanent naval hospital was opened in 1830, at Norfolk, Virginia. The Philadelphia Naval Asylum opened in 1833. The remaining general-purpose regional naval hospitals - at Brooklyn, Boston and Pensacola - were erected at varying speed of construction during the 1830s.⁷ By that time, Davis's code of regulation, although not irrelevant, had been forgotten.

Historians have long lamented the fact that the only set of proposals to arise out of the legislation of 1811 now available for study is the one contained in William Barton's treatise.⁸ This lack can be rectified, in part, by the publication of

the Davis report. Although still-born, all the hospital plans of 1811 possess considerable historical value. They reveal contemporary expert perspectives on the arrangement, staffing, and provisioning of purpose-built hospitals. They permit scholars to place American ideas on the meaning and structure of these public institutions within the context of the better-known reform of the 19th century hospital overall, during the slightly later era of its societal transformation.⁹ The Act of Congress had called for "capacious hospitals ... in which all the sick of every description of the Navy might be comfortably nursed", in an atmosphere of "kind and assiduous attention." Davis's model hospital was designed to meet this objective, and – on paper – it was successful. Along the way, we learn his views on nursing, sobriety, the smoking of tobacco, and much more.

George Davis to The Honorable Paul Hamilton, Esq., Secretary of the Navy of the United States [with attachment], New York, 12 March 1811.¹⁰

Sir,

In conformity to your orders under date of the 8th February I repaired to this City and have now the honor to submit to your consideration the result of my enquiries

(herewith enclosed) relative to the Internal regulation of Navy hospitals. They are generally divided into those which are erected for the temporary reception of the sick & wounded, and those properly styled Invalid Hospitals, which are considered as a permanent Asylum, for the disabled and superannuated, under the existing circumstances I presume this distinction could not be maintained. The happy utility of the former is entirely dependent on the selection of the Medical and Surgical Departments. The latter is more immediately connected with the kind and assiduous attention of the Governor, Matron, and Nurses; The Physician in most cases offers but a palliative remedy for those diseases, which have already unstrung the Chords of life, and promise permanent relief but with death. His humanity, and the consoling attention of those around them, may alleviate present suffering, but his skill seldom allows a rational hope, of rennovating [sic] youth, or health.

The Diseases which may be considered as incurable [sic] among seamen, are Pulmonary, Chronic, and Venereal affections, and due care should be had, in distributing them in separate wards, as much as may be, agreeably [sic] to this division. The Surgical & Medical cases should be perfectly distinct. Much depends upon the arduous and

4. Langley, p. 233.

5. Langley, p. 173.

6. Louis H. Roddis, "Naval Medicine in the Early Days of the Republic," *Journal of the History of Medicine and Allied Sciences*, 16 (1961), 120-1; Hans A. Brings, "Navy Medicine Comes Ashore: Establishing the First Permanent U.S. Naval Hospitals", *ibid.*, 41 (1986), 249-92; Langley, pp. 284-5.

7. Brings, pp. 284-90.

8. Allan M. Richman, "The Development of Medical Services in the United States Navy in the Age of Sail: 1815-1850" (unpublished Ph.D. thesis, University of Minnesota, 1973), p. 215.

9. Charles Rosenberg, "And Heal the Sick: The Hospital and the Patient in Nineteenth-Century America," *Journal of Social History*, 10 (1977), 428-47.

10. National Archives, Department of the Navy, RG 45/464/206, "Suggestions relative to establishment and administration of Navy Hospitals, 1811-1818."

important duties of Nurses, they are the Physicians strongest best aid, in all cases of violent disease; they are charged with the important duties, of administering the Medicines, attending to the personal cleanliness of the diseased, & their bed-linen, and Wards. Ebriety is a most general and destructive habit, arising as well from the menial services & constant privation of need, as from the little attention paid to the selection of this class of Domestic, and with them in most instances, originate the little disorders, incident to hospital Establishments - hence the imposing necessity of strict attention to their moral characters, and the unyielding regulation of constituting this fault, & dismissal from service - their wages should be liberal.

The duties of the different officers as designated might be united. The Surgeon or Physician might act as Governor, and the mates as superintendants or clerks, altho this latter duty as far as practicable should be kept distinct from the medical department.

THE REPORT:

NAVY HOSPITAL—

To the building should be attached at least 4 acres of ground, and 8, if the funds would permit, for the convenience of erecting out buildings; the raising of vegetables etc, for the hospital, and affording proper exercise to the Convalescents. The building should consist of at least 8 wards for the sick, 1 apartment for the Surgeons Mate, 1 for the Physicians Mate, a room for the Apothecarys Shop, a room for the Matron, a theatre or operating room, and an apartment to be used for the general convenience of the officers residing in the house,

subject to such regulations as may hereafter be ordered. No ward should contain more than 12 patients allowing at least 3 feet space between each bed. The Medical and Surgical wards should be perfectly distinct. The Medical wards divided into 1, Contagious or infectious diseases, 2d Venereal, 3 Chronic considered incurable [sic], 4 Convalescents, and as far as may be practicable the patients should be kept separate, and restricted to their own wards.

THE GOVERNOR—

The Governor is to be charged, and held responsible for the entire disbursements of the Institution. All requisitions for medicines, stores, etc. for the hospital are to be signed by him. He is to visit with the Physician & Surgeon all the wards at least three times a week; he is charged solely with the internal regulation of the hospital, as to order and good Government, among the patients and servants, and is to cause all the orders of the Physician & Surgeon relative to the sick to be duly enforced - is to punish all neglects of duty; but is strictly enjoined to have no interference with the Medical departments as to the indulgence granted to the patients, in exercise, diet, etc. etc. He should transmit to the Navy Department a monthly report of the expenditures etc. etc.

THE SUPERINTENDENT, CLERK, OR STEWARD—should reside in the hospital, and is under the immediate direction of the Governor. He shall purchase fuel, provisions, and all other supplies (except Medicines) for its use. He shall keep under his key all stores, wines, spirits, sugar, molasses, & all other necessaries. He shall see that the

outer Gates are allways locked at a seasonable hour. He shall not allow any patient to go out of the house without special permission from the Physician or Surgeon. He shall visit every ward morning and evening, oftener if necessary. He shall report to the Governor any irregularities, on the part of the servants, or Nurses, such as drunkenness, profane swearing, or clandestinely introducing any spirituous liquours. He is to take care that no wine or spirits are used in the hospital excepting by the direction of the Physician or Surgeon for the use of the patients. He must have the hospital white-washed every spring and autumn, and every ward whitewashed four feet from the floor upwards, at least 4 times a year, & at such times as may hereafter be directed. He is to appoint one patient in each ward to read the bible every evening to the other patients, and see that the same be strictly observed. On the decease of a patient he must enter his name and the time of his decease, and it shall be his duty to have the body immediately removed to the dead house, and kept in safety, until delivered to the house, or the friends of the deceased for internment [sic]. If the mates, or any of the subordinate officers, or servants, should conduct themselves in decorously or in any way violate the regulations of the hospital, he shall report the same to the Governor in writing. He shall furnish to the Governor a weekly report of expenditures, as well in hospital stores, as the ordinary supplies for the house, and the accounts of the former compared monthly with the books of the Mates.

THE MATRON, OR GOVERNESS— is charged with a general superintendance over the Domestic oecon-

omy of the hospital; she is to visit the wards at least once a day; see that the beds, linen, and apartments are kept clean - and the patients and servants are hereby directed to be submissive & obedient to her. She is to visit daily the Cook room, or kitchen, see that there be no waste of provisions, that it be well cooked, and that the exceptions as to the diet of individual patients, ordered by the Physician or Surgeon be duly attended to, and faithfully administered - that the meals be served at the regular hours. She is to keep a correct account of the bed-linen, furniture etc., and report their state quarterly. She is to employ the Nurses, whose duties will permit, in repairing the linen of the house, and is to report to the Governor all neglects of duty, or inattentions on the part of the Nurses or servants.

PHYSICIAN & SURGEON—shall visit each patient at least once a day, oftener when any case shall require particular attention, and their visits shall be at stated hours. They shall be careful in examining the diseases of all patients sent for admission, and are hereby enjoined not to receive any, excepting under the Instructions & forms directed to be observed by the surgeons in the Navy. And should any patients be sent from shipboard, whose hurts, or complaints, might probably be cured in a short a time on board their own ships; the Physician or surgeon is to report the same to the Governor, who is immediately to cause them to be returned, to their ships, and to transmit the Surgeons or Physicians report without delay to the Navy Department. He is to report all patients whose states of Convalescence will admit of their removal to the Governor, and

whose duty it shall be, to place them on board any of the ships or vessels of war of the U.S. agreeably to the Instructions which may hereafter be given. He is to transmit to the Navy Department a monthly report of the state of the sick, noting the day of admittance, discharge or death, designating such as may be considered convalescent. His prescriptions of medicine, diet, etc. shall be written & the same kept in a journal by the Mates. No capital operation shall be performed without previously advising the Physician & Governor, who shall be invited to attend, with such professional gentlemen, as in their discretion may be deemed proper. They are to examine all medicines, ordered for the hospital & see that their quality be good, and that the same are charged at the usual price. No bills for such supplies shall be paid without their signature. They are to inspect daily the state of the apothecary shop, see that the Mates, and Nurses, perform the duties required of them, who are thereby enjoined to be obedient and attentive to their orders.

SURGEON AND PHYSICIAN MATES—

They are to visit the wards at least morning & evening and be prepared to report the state of the patients to the Physician & Surgeon; they shall compound and make all medicines that are directed in the prescription book, & deliver them as directed but upon no account are they to permit any medicines to be carried out of the house. They shall put up the medicine prescribed for each ward separately and have them regularly labelled, with the name of the patient for whom each prescription is intended, and send the same with-

out delay by the orderly man, to be by him distributed to the Nurses & Patients. They shall at all times keep the shop in neat and clean order, and be careful that oeconomy is used about every thing relative this department. No medicines, wines, or spirits shall be prescribed or administered to the patients, unless by the express direction of the Physician or Surgeon, excepting in cases of emergency, and such cases must be immediately reported. It shall be their duty to transcribe into a book kept for that purpose the (ship) Surgeons report of the patient sent for admission, as well as those remedies prescribed by the Physician or Surgeon, their daily reports of the same, and such other circumstances as may afford a compleat view of the case. It shall be their duty to attend to the faithful applications of the Baths, at the proper temperature directed by the Physician or Surgeon. They shall not be absent from the house after the hour of closing the outer gate, without special permission, and on no pretext whatever can both absent themselves at the same time. In case of any deviation from this rule, the Superintendent is hereby enjoined and required to report the same, on pain of dismissal from service.

THE BOARD—

The Governor, Physician and Surgeon shall constitute a board for the purpose of confiring [sic] on all matters relative to the hospital. They shall recommend any amendment, or alteration of the regulations which circumstances may require. They shall meet at least once a month, and report the result of their deliberations to the Navy Department; and they are charged seperately [sic] and conjointly to be

attentive to their general duty.

THE PATIENTS—

The patients must not use profane or indecent language, get drunk or behave rudely, on pain of such punishment as the Governor in his discretion may think fit. They shall not leave the house without special permission nor their wards at the fixed hour of visitors. No patient shall play at cards, dice, or any game of hazard within the hospital, or introduce any

spiritous liquours into the house, or go out without leave. No patient shall enter the kitchen, or any of the servants apartments, under any pretence whatever, except by order of the Superintendent or Matron. No patient shall be permitted to smook [sic] in the house unless by the consent of the Physician or Surgeon.¹¹■

ABOUT THE AUTHOR

James Alsop is a professor of history at McMaster University in Hamilton, Ontario, Canada. He is a specialist in social history as well as the history of health and medical treatment in 18th century England and the Atlantic world. He has been the recipient of several Wellcome Trust and Burroughs Wellcome research grants, including the history of malaria treatment and Civil War medicine.

11. This is the first known promotion of a non-smoking regulation by an American doctor. It went counter to the long-standing belief, found in the U.S. Navy, the merchant marine and elsewhere, that tobacco smoking provided an effective personal preventive against the miasma of contagious disease. See, for example, Usher Parsons, *Sailor's Physician* (2nd ed., Providence, 1824), pp. 146-7. In 1814 W.P.C. Barton limited smoking in his model hospital to the courtyards: Barton, *Marine Hospitals*, p. 103. In 1830, he criticized the debilitating, "filthy and vulgar" practices of tobacco smoking and chewing at length in his, *Hints for Medical Officers Cruising in the West Indies* (Philadelphia: Littel, 1830), p. 89. The permanent naval hospital at Norfolk enacted a non-smoking policy in its regulations of 1838: National Archives, Department of the Navy, RG. 45/464/216, "Reports on epidemics, 1830-1840."

TEMPORIS ARS MEDICINA FERRE EST



This sun-dial at the National Naval Medical Center in Bethesda, MD, was one of several commissioned by RADM Ammen Farenholt, MC, USN, in the 1920s.

BUMED Library and Archives

To many, the sun-dials at the National Naval Medical Center are something of curiosities. Some 70 years ago, each of these conditional timekeepers stood on Navy hospital campuses at Brooklyn, NY, and at Hospital Point in Pearl Harbor, TH. They were among several commissioned by a physician, scholar, and craftsmen named RADM Ammen Farenholt, MC, USN (1871-1956) in the 1920s. Each were cast bronze with the poet Ovid's timeless advice, "Temporis Ars Medicina Fere Est," meaning "Time is usually the best means of healing." Sadly, documentation on Farenholt's project is surprisingly scant and we do not know how many sun-dials were actually commissioned or in fact still exist. Today there are several known to exist—in Bethesda and Newport, RI.

If you have one of these sun-dials at your hospital, clinic, or station—whether on display, or resting in some basement storage—please let us know. We want to ensure that the history of these timeless artifacts is documented.■

INTERPRETED FALLACIES OF NAVY MEDICAL BIRTHDAYS

Anyone who has served in the U.S. Navy can tell you that heritage and tradition are of utmost importance to this service—especially when it offers the opportunity to serve a ceremonial cake. Here at *The Grog Ration* we respect this proud legacy and are readily available to provide additional reasons for serving up that unsung, frosted accompaniment. However, before we do this we think it is only proper to clear up a few fallacies relating to the current crop of Navy medical birthdays.

HOW OLD IS NAVY MEDICINE?

Congress established the Navy Department on 30 April 1798 and arguably this could be acknowledged as the start of the Medical Department, and not 31 August 1842 when the Bureau of Medicine and Surgery (BUMED) was established. Like our hospitals, BUMED is a part, and not the whole, of the greater Navy Medical Department. Also, it should be noted that since 1972, the date of 13 October 1775 has been acknowledged as the official anniversary of the U.S. Navy. In actuality this is anniversary of the Continental Navy which ceased to exist after 1783 (or at least after 1785 when the last of the Continental ships was sold).

WHEN SHOULD THE MEDICAL CORPS CELEBRATE ITS BIRTHDAY?

The Appropriations Bill of 3 March 1871 created the titles of “Surgeon General of the Navy” and “Medical Director” and “established” a formal corps of Medical Officers. Ever since, the Navy Medical Corps has celebrated this day as its anniversary, but this does not account for the hundreds of Navy physicians who served from 9 March 1798 (date of the first Navy physician commission) to 2 March 1871. In their correspondence, many of these pioneers often referred to belonging to a “Navy Medical Corps.”

WHERE WAS THE FIRST NAVY HOSPITAL?

Before the “First” facilities were constructed in Portsmouth (VA), Philadelphia (PA), Portsmouth (NH), Chelsea (MA), Pensacola (FL), Brooklyn, (NY) and Washington (DC), and even before the “First” parcel of real estate was purchased for use as a Navy hospital site (in Washington, DC, in 1821), sailors and Marines were treated at makeshift Navy facilities and Marine (later Public Health) hospitals spread throughout the eastern seaboard from Charleston to Boston, as well as New Orleans, and even overseas in Syracuse (Sicily) and Gibraltar. The Naval Hospital in Portsmouth, VA (aka, Naval Hospital Norfolk), is the oldest Navy medi-



The Staff of *The Hospital Corps Quarterly* celebrate the Hospital Corps's Birthday on 17 June 1946.

BUMED Library and Archives

cal facility still in commission and should be noted as the first of the permanent Navy hospitals to receive patients. As for its official date of operations it is an inconvenient fact that many of the first Navy medical facilities never had formal commissioning ceremonies so it is hard to pin down a specific date (and just forget about the time of day!) Even so, July 1830 is a justifiable anniversary.

So without belaboring the fallacy argument and moving beyond the boundaries of purism into the dreaded territories of sticklerville and killjoy-burgh, let us state that there is ample opportunity to celebrate new anniversaries of meaning and note. The dates of battles, peace treaties, commissions and promotions are well and good; however, let us not forget the day of February 26th. On this day in 1811, Congress established the Navy Hospital Fund, and it could be argued that the U.S. Navy Medical Department became a unique entity separate from both the Army and Marine Health Service on this day. The Fund would lead to the establishment of the first permanent Navy hospitals, and ultimately the very identity of the Medical Department. Call it “Navy Hospital Day,” or “Navy Medical Memorial Day,” or just call me when the cake is served. ■ ~ABS

Electricity in Medicine

The Use of Galvanic Current in the Treatment of Bed-Sores at Naval Hospital Brooklyn, NY

Frankenstein's Monster is not the only one to be subject to Galvanism—i.e., application of direct electrical current by cell or battery to the human body. On 3 June 1844, a 24-year-old seaman named Leopold Rogers was admitted to Naval Hospital Brooklyn, NY, with syphilitic rheumatism and was the subject of what may be termed "Galvanic therapy." Upon admission, his physicians described his health as generally "feeble." His pulse was weak, his appearance was emaciated, and he expressed feeling pain when the slightest pressure was placed on his abdomen. Seaman Rogers suffered "paroxysms of severe pain" to his extremities that prohibited him from rising from his bed. On 18 July, his doctors reported a large slough forming on the right side of his spine; and on the 23rd, a 2-inch diameter ulcer appeared on his back.

The patient's long confinement at the naval hospital grew troubling for the attending physicians Surgeon William S.W. Ruschenberger, USN, and Passed Assistant Surgeon James Gould, USN. Ruschenberger wrote that "The general condition of the patient, ... as well as the little benefit derived from the treatment of the bed-sore which had become a source of great irritation and annoyance, led to an unfavorable prognosis. But little amelioration could be anticipated, unless the ulcer on the back could be healed." What does one do when the medical treatment fails? Dr. Ruschenberger saw this as the opportunity to try his hands at what would later be termed "electrotherapy." In this installment of a section we call "Electricity in Medicine," we offer you Dr. Ruschenberger's case of "Bed-sore successfully treated by Galvanic Current."

Ruschenberger's Report as published in *The Medical Examiner and Record of Medical Science* (1 January 1852)

In the autumn of 1842, I resorted to Mr. Mansford's galvanic plates¹, in the treatment of a case of epilepsy, and found difficulty in preventing the surface under the silver plate from healing. I discovered, however, that by alternating the zinc and silver

plates, that a discharge was kept up from both blistered surfaces, and that either would heal under the continuous application of the silver plate, in the course of a few days, while ulceration extended, seemingly, in a corresponding manner, under the zinc.

The circumstance suggested a trial of Mr. Mansford's plates in the treatment of the bed-sore in the case of Rogers. As he suffered very much from pain and swelling

about the right maleolus extrenus, a blister two inches square was applied over it at night. On the morning of the 7th of August, the cuticle was removed, and Mr. Mansford's plates applied, the silver plate being placed over the ulcer on the back and the zinc over the ankle: the plates were about two inches in diameter; slips of buckskin were substituted for muscle, which directed by Mr. Mansford.

August 11th.—Ulcer is assum-

1. Dr. John Griffith Mansford (1786-1863) – British surgeon and theological writer. He is perhaps best known for his study "Researches into the nature and causes of epilepsy" (1819).

ing a decidedly better aspect; granulations shooting up healthily; edges less elevated and not so thick; discharge laudable. Continue plates, changing the dressing daily. Suspend liq. Ammon. Acetate²; resume pills of cicuta³ and arsenic; anodyne⁴ at night.

15th.—The surface beneath the zinc plate has become ulcerated; apply a blister an inch square over opposite malleolus. P.M. Transfer zinc plate to newly blistered surface.

21st.—The ulceration beneath the zinc plate so much extended that the apparatus is discontinued. Simple dressings to ankles; ceratum zinc. carb⁵ to back.

26th.—Paroxysm of severe pain in ankles last night; relieved by anodynes.

28th.—Ulcers on back healing rapidly; those over the ankles nearly well.

A tonic treatment, with nourishing diet, and subsequently syrup of sarsaparilla with iodide of iron, were continued until January 16th, 1845; when the patient was discharged from the hospital, at his own request, almost entirely restored to health.

The application of this galvanic pair was continued during fourteen days, when the ulcer on the back had improved so much, that it could be treated, in my opinion, by the usual dressings. Had it been necessary to continue the apparatus, it would have been necessary only to remove the cuticle from other points for accommodation of the zinc plate. ■

2. Ammonium acetate.

3. Derived from a poisonous perennial herbaceous plant, aka water hemlock. In the 19th century cicuta pills were often used to treat sleep and nervous disorders.

4. A type of medicine used as a pain reliever.

5. An ointment also known as cerate of impure carbonate of zinc.

The “Vitalizing” World of Electro-Therapy, as seen by one newspaper—

“Electricity is both safe and reliable, eradicating from the human system, when properly applied, all curable diseases among which are numerous forms unrelieved by other remedies. The positive and negative extremes in Electricity are peculiarly adapted to the opposites of disease. These, in connection with its powers of contraction and relaxation, constitute its preeminence. From its extreme subtility (sic) and power it can be made to traverse every part of the system, removing obstructions inaccessible to all remedial agencies. When properly applied it stimulates every part, vitalizes every part, and brings the system into harmony and health.”

*“The Glorious Achievements in Electrical Science,”
The New York Times, 21 Sep 1867*



Review

Moryak: A Novel of the Russian Revolution

by CAPT Lee Mandel, MC, USN

Publisher: iUniverse, Inc

Publication Date: January 2010

Hardcover: 552 pages

ISBN: 978-1-4401-4150-8

Navy medicine's own, CAPT Lee Mandel continues the grand tradition of the physician-novelist with his engaging historical fiction, *Moryak: A Novel of the Russian Revolution*. In *Moryak*, Dr. Mandel tells the story of LT Stephen Morrison, a naval officer and aide to Secretary of the Navy, Joseph Bonaparte. Morrison is a Russian-born, master of language, knowledgeable of global politics, and utterly fearless. In essence, Morrison is the American Sidney Reilly. And like history's super-spy, he is sent on a secret mission to Moscow where there is more than adventure and a few surprises waiting for him and the reader alike.

The novel starts off in 1905 as the Russo-Japanese War is coming to a close. Or so we think. President Theodore Roosevelt learns that Russian Tsar Nicholas II purportedly plans to sabotage peace negotiations at the Portsmouth Peace Conference in New Hampshire. In response, he sends the gifted Stephen Morrison on a secret mission with none other than British agent Sidney Reilly to kidnap the Tsar and remove him from Russia. As you can imagine, if the mission was accomplished without a hitch then the novel would be short, boring, and not worthy to read. Fortunately for the reader, and to the detriment of the protagonist, LT Morrison's mission does not go exactly as planned, and as a result, intrigue and suspense are in plentiful supply.

Mandel's prose is written with aplomb and zeal. And it is clear for any reader that the author is a historian at heart who is passionate and knowledgeable about early nineteenth century affairs. Mandel sprinkles his pages with the standard-bearers of pre-World War I era—Theodore Roosevelt, Tsar Nicholas II, Vladimir Lenin, and the spymasters William Melville, and Felix Dzerzhinsky. But these historical figures are more than just name-droppings or simple cardboard effigies of real people. Each personage is fleshed out with character and voice. In this context, Mandel's novel is a masterclass for those seeking the key to blending history and fiction. Dr. Mandel's advice is simple: read up on the lives of your historical characters.

Although, *Moryak* will especially appeal to historians and history hobbyists alike, the novel is written in such a way that it is not out of reach for the generalist looking for a nice preamble to bedtime. However, I cannot help but think that *Moryak* was written solely as the perfect complement to Robin Bruce Lockhart's biography of Sidney Reilly, *Ace of Spies* (1967), and of course, the brilliant miniseries, "Reilly, Ace of Spies" (1983). ~ABS

Scuttlebutt:

medical and nautical history news,
notes, and miscellany

A CALL FOR PAPERS

The Society for the History of Navy Medicine seeks papers submissions for its Fourth Annual Meeting and Papers Session, to be held in conjunction with the 116th annual meeting of the Association of Military Surgeons of the United States in Phoenix, Arizona, 31 October – 5 November 2010.

While the Society would like to highlight the 100th anniversary of U S Navy Aviation - Aviation Medicine, papers on any aspect of the history of navy medicine or medicine in the maritime environment are welcome. Presentations should be limited to no more than 20 minutes with five minutes for Q & A.



Deadline for submissions is 15 April 2010. Email your 250 word abstract and a brief CV to Tom Snyder, MD, Executive Director of the Society at tlsnyder@history-navy-med.org.

ORIGINAL PAPER: CANCER IN COMICS

For those who will be attending the History of Medicine Conference in Rochester, MN, from 29 April-2 May 2010, we would like to bring your attention to the original paper of Army Medical Archivist, Mr. Michael Rhode entitled “Cancer in Comics: No Laughing Matter.” In addition to his knowledge of medical history, Rhode is one of the foremost experts in comic art and this original presentation should not be missed.

ABSTRACT:

During the 20th century cancer awareness became increasingly public and “branded” by colored ribbons and emblems and also through visual popular media such as movies (e.g. *An Act of Murder*, 1948; *Love Story*, 1970; *The Doctor*, 1991, *Wit*, 2001; *My Life Without Me*, 2003). The genre of popular culture recently most prolific in featuring cancer, however, is the comic book, along with its more reflective and complex relation, the graphic novel. Initially understood as “alternative” or “underground” reading material and simultaneously dismissed as “kid’s stuff” and juvenile, from the 1960s on this genre has attracted serious attention by scholars owing to the themes addressed and manner in which they are dealt with. Scientific discoveries, “great medical men” and technology have also been a staple of this genre (Hansen, *Bull. Hist. Med.* 78 [2004]). As the genre of comic books and graphic novels traditionally dealt with issues of victimization, empowerment, justice, injustice, and retribution, it is not surprising that it has become a recognized medium through which to deal with “tough” social and moral issues of continuing concern.

Our discussion will illustrate how, using recent works (such as Jim Starlin’s *The Death of Captain Marvel*, 1984; Harvey Pekar’s *Our Cancer Year*, 1994; Marisa Acocella’s *Cancer Vixen*, 2006; Brian Fies’ *Mom’s Cancer*, 2006; Tom Batiuk’s *Lisa’s Story: The Other Shoe*, 2008), medicine and bioscience are portrayed through an analysis of their narrative structure, graphic design, characters, and social criticisms, while identifying any instructive (self help) “take home” messages. This discussion will also compare these graphic cancer writings with other textual “pathographies,” invalidism/sickness and identity narratives (e.g. Brody, *Stories of Sickness*, 2003; Hawkins, *Reconstructing Illness: Studies in Pathography*, 1999). Mention will also be made of how such material has benefits in the medical classroom. We will also augment recent cancer historiography, for as insightful as the works are they do not address this powerful and increasingly widespread form of popular culture.

GORDIAN KNOTS

The Navy Medical Department has long been on the forefront of what President Roosevelt called “acts of sincere disinterested friendliness.” For well over a hundred years, Navy medical personnel have exhibited diplomacy in the form of medical assistance to nations and peoples afflicted by natural disaster and poverty. In this edition of Gordian Knots we aim to test your knowledge about some of these operations and their corresponding descriptions. Note, not all Operations have a corresponding action listed.

OPERATION

1. Operation Handclasp (1973)
2. Passage to Freedom (1954)
3. Operation Sea Signal (1994-1996)
4. Operation Unified Response (2010)
5. Dilly Typhoon (1869)
6. Messina Earthquake (1908)
7. San Francisco Earthquake (1906)
8. Chimbote Earthquake (1970)
9. Ethiopian Yellow Fever Epidemic (1961)
10. Operation Frequent Wind (1975)
11. Operation Magic Carpet (1945)
12. Operation Eagle Pull (1975)
13. Operation Repatriation (1954)
14. Continuing Promise (2009)
15. Knickerbocker Storm (1922)

ACTION

- A. Helicopter evacuation of refugees from South Vietnam.
- B. *Haven's* mission to Saigon to pick up 721 sick and injured French soldiers and legionnaires (survivors of the Battle of Dien Bien Phu) and returning them to Oran Algeria, and Marseilles, France.
- C. Evacuation of more than 860,000 refugees from communist North Vietnam.
- D. USS *Sanctuary* (AH-17) conducts a 75-day cruise to Colombia and Haiti. Navy medical personnel treat several thousand of Colombians and Haitians in need of medical care.
- E. USNS *Comfort* conducts a 120-day humanitarian mission to South America, Central America, and the Caribbean. During this mission the hospital ship visited 12 nations and its medical personnel saw over 98,000 patients.
- F. Medical team from hospital ship USS *Idaho* renders aid to Dutch colony following a devastating typhoon.
- G. Navy preventive-medicine unit travels throughout African nation to fight deadly infectious disease.
- H. Teams from Naval Hospital Mare Island set up aid station in this West Coast metropolis.
- I. Three ships from “Great White Fleet” are diverted to Italian city to render aid.

SOLUTIONS

JANUARY/ FEBRUARY 2010 QUIZ

QUESTIONS

- 1.) What was the original name of USS *Repose* (AH-16)?
- 2.) USS *Bountiful* (AH-9) was better known as what famous ship in World War I?
- 3.) Long before it sank in San Francisco Bay, USS *Benevolence* (AH-13) was called by what name?
- 4.) **True or False.** Before being purchased by the U.S. Navy for use in the Spanish-American War, USS *Solace* (AH-2) was a merchant ship in the United Fruit Company.
- 5.) All but one of these ships originally served as troop transports.
 - a.) USS *Bountiful* (AH-9)
 - b.) USS *Comfort* (AH-6)
 - c.) USS *Samaritan* (AH-10)
- 6.) All but one of these ships served as transoceanic passenger liners.
 - a.) USS *Refuge* (AH-11)
 - b.) USS *Hope* (AH-7)
 - c.) USS *Samaritan* (AH-10)
- 7.) The only military hospital ship to be built from the keel up as a U.S. Navy hospital ship was _____.

Today, the Navy hospital ship serves as one of the most visible symbols of the Navy Medical Department. But this was not always the case. You could say that our ships did not always look the part. The hulls of our first hospital ships—i.e., Red Rover, Ben Morgan, and Idaho—were not marked by the giant Geneva red crosses of later epochs. Similarly, our individual hospital ships did not always serve a medical function. It could be said that some of these ships had radically different lives before joining the Navy. In this edition of the quiz we ask you to identify the original names and/or functions of some of these hospital ships.

ANSWERS

- 1.) *Marine Beaver*
- 2.) USS *Henderson*
- 3.) *Marine Lion*
- 4.) True
- 5.) USS *Comfort* (AH-6)
- 6.) USS *Hope* (AH-7)
- 7.) USS *Relief* (AH-1)



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.

Here at "The Grog," we are ALWAYS looking for engaging articles and news pertaining to the history of nautical medicine. If you would like to submit an article or news feature for publication, or if you have a lead for a story, please contact us at:

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