Brute forces

Roy Porter

A History of Medicine in the Early US Navy. By Harold D. Langley. *Johns Hopkins University Press: 1995. Pp. 435. $49.95, £41.50.*

A REMARKABLE labour of love, Harold Langley's substantial volume records the lives of early US naval surgeons, the engagements in which they were involved and the casualties they treated, in painstaking and often gory detail. During the war of 1812 against the United Kingdom, Amos Evans was surgeon on the *Constitution* which grappled with HMS *Java* off the South American coast. Seaman Peter Furanse was injured. He had been severely wounded by grapeshot that lodged in his Achilles tendon. The ball was removed, the leg splinted and hot poultices applied. Furanse was purged and an "antiflogistic [*sic*] regimen" attempted. He became a distressing post-operative case. After two days he discharged a great amount of pus from his wound; eight days later he died.

A couple of hundred pages of Langley's book are given over to particulars such as these. At times it seems as if every case of yellow fever or venereal disease (known as 'ladies fever', for which the surgeon expected private payment) and every tumble from a mast gets its mention. All this makes it a rather gruelling read, however valuable for the scholar as documentation.

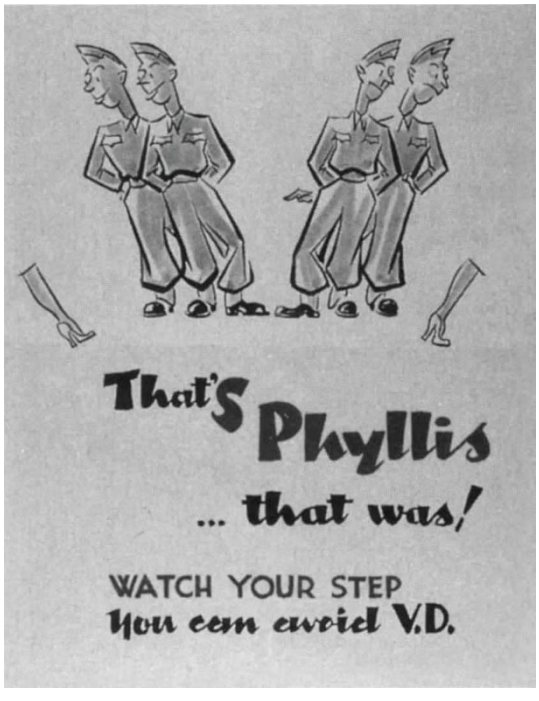
Such wounds, treatments and deaths were of course the bread-and-butter of naval surgery in every fighting nation. So too was a certain brutality. One of the very first surgeons employed by the US Navy, Charles Webb, was cashiered for sticking his dirk into the chest of a black cabin boy and flogging a seaman. (Barbarity of that order was at least noted and punished.) Edward Cutbush, a career naval surgeon and the hero of Langley's story, was to complain that the service was dogged by an unwholesome image: "I can assure you that the description of a naval surgeon, by the pen of the celebrated Dr Smollett in his *Roderick Random*, has prevented many men of professional abilities from entering our service, under an idea that the surgeons and mates were considered in the same menial situation". But in truth it hardly needed novel-reading to convince young medical men that naval service was neither well remunerated nor well respected.

US naval surgeons typically lacked a university degree or an infirmary training. Unlike their colleagues in Europe, they had not attended Hunter's anatomy school or the Paris hospital; they had picked up their skills by apprenticeship and had then been recruited haphazardly. Aboard ship, they therefore occupied a highly equivocal place on the social ladder, often being treated with blatant disdain by the officer class. Surgeon Shannon was drinking one evening with the officers on the brig *Scammel*. They fell to debating the meaning of the olive branch on the Great Seal of the United States. The surgeon ventured his view, whereupon he was informed by Lieutenant Ludlow in no uncertain terms that he had no right to an opinion on the subject. An argument broke out, pistols were fetched, there was talk of duels; and the incident ended with Shannon's resignation from the service.

None of these rather shambolic touches is surprising, as the US Navy was new — it was established only in 1794, with the commissioning of four frigates — and somewhat limited in its operations, being viewed primarily as an instrument of coastal defence rather than, as with Britain or Napoleonic France, an arm of imperial policy. Naval surgery therefore led a somewhat hand-to-mouth existence. There was long-running congressional resistance to setting up Navy hospitals. The fear was of jobbery and peculation, a worry amply justified when, for instance, Benjamin Waterhouse, the surgeon in charge of the Boston hospital, was caught trying to get rich quick by salting away stores and funds by the tactic (all too familiar nowadays from the sleazy actions of the boards of our own privatized utilities) of assigning them to his wife, under her maiden name. In place of naval hospitals, sick sailors, where possible, were off-loaded into civilian hospitals ashore. The United States developed no big naval medical establishments and, partly by consequence, no valiant figures of the stature of James Lind, Thomas Trotter or Sir Gilbert Blane.

In such circumstances, it is no wonder that the first US book of navy medicine, Cutbush's *Observations on the Means of Preserving the Health of Soldiers and Sailors* (1808), was essentially cribbed from the pioneering writings of Trotter. Like the British naval physician, Cutbush stressed the need for hygiene and ventilation, the importance of warmth aboard ship during the winter and the havoc that habitual intoxication could wreak on sailors' health.

Yet it would be wrong to paint too negative a picture. A few individuals campaigned long and hard for improvements, especially Cutbush, who had studied medicine in the 1790s at Pennsylvania Hospital and been appointed as surgeon to the frigate *United States*. In due course, naval hospitals were set up in Boston, New Orleans and so on, with an asylum in Philadelphia. From 1823, lectures were given, especially to assistant surgeons, to improve their skills; entrance examinations were later introduced; and as a culmination of the growth of professionalism the Bureau of Medicine and Surgery was established in 1842, by which time the Navy Department had on its roll 61 surgeons and around the same number of assistants. At least from that time onwards, the charge that the service was riddled with Smollettian savagery would no longer stick. □



Anti-venereal-disease poster designed for use among the Allied troops during the First World War. Both the incidence and the fear of syphilis dramatically increased until after the Second World War, when antibiotics began to be widely used. The poster appears as part of a small exhibition at the Wellcome Institute for the History of Medicine in London that runs until 30 September. Entitled "Fatal Attractions", it looks at AIDS and syphilis from medical, personal and public perspectives.

Roy Porter is at the Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BN, UK.