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JOURNAL
OF THE
PROCEEDINGS OF
His Majesty's Ship
TENEDOS,
Capt: Hyde Parker.

Kept by
WILLIAM BEGG.

*Commencing 8th day of April, 1812.
Ending 29th day of March, 1815.*

Title page of William Begg's Journal. Written in beautiful cursive, his daily notes over three years provide a thorough and entertaining look into life aboard a British man-of-war. *Courtesy of the Historical Society of Pennsylvania*

Dr. William Begg, HMS Tenedos, the War of 1812 and the "Battle of Norwood Cove"

By Bill Horner, MD

In August of 1814, Dr. William Begg, a Scottish assistant ship's surgeon serving aboard the British frigate HMS *Tenedos*, made the following entries in his journal:

Thursday, 4th: Weather cloudy with some swell; at noon Monhegan Island in sight. *Friday, 5th:* Light airs and fine; steering for Mount Desert. Beautiful moonlight, at 11 P. M. going right before the wind, with lower, topmast, topgallant and royal studding sails. *Saturday, Augt. 6th.* Moderate and fine; at 4 P. M. came to anchor off Cranberry Island, Mount Desert, in ten fathoms water.¹

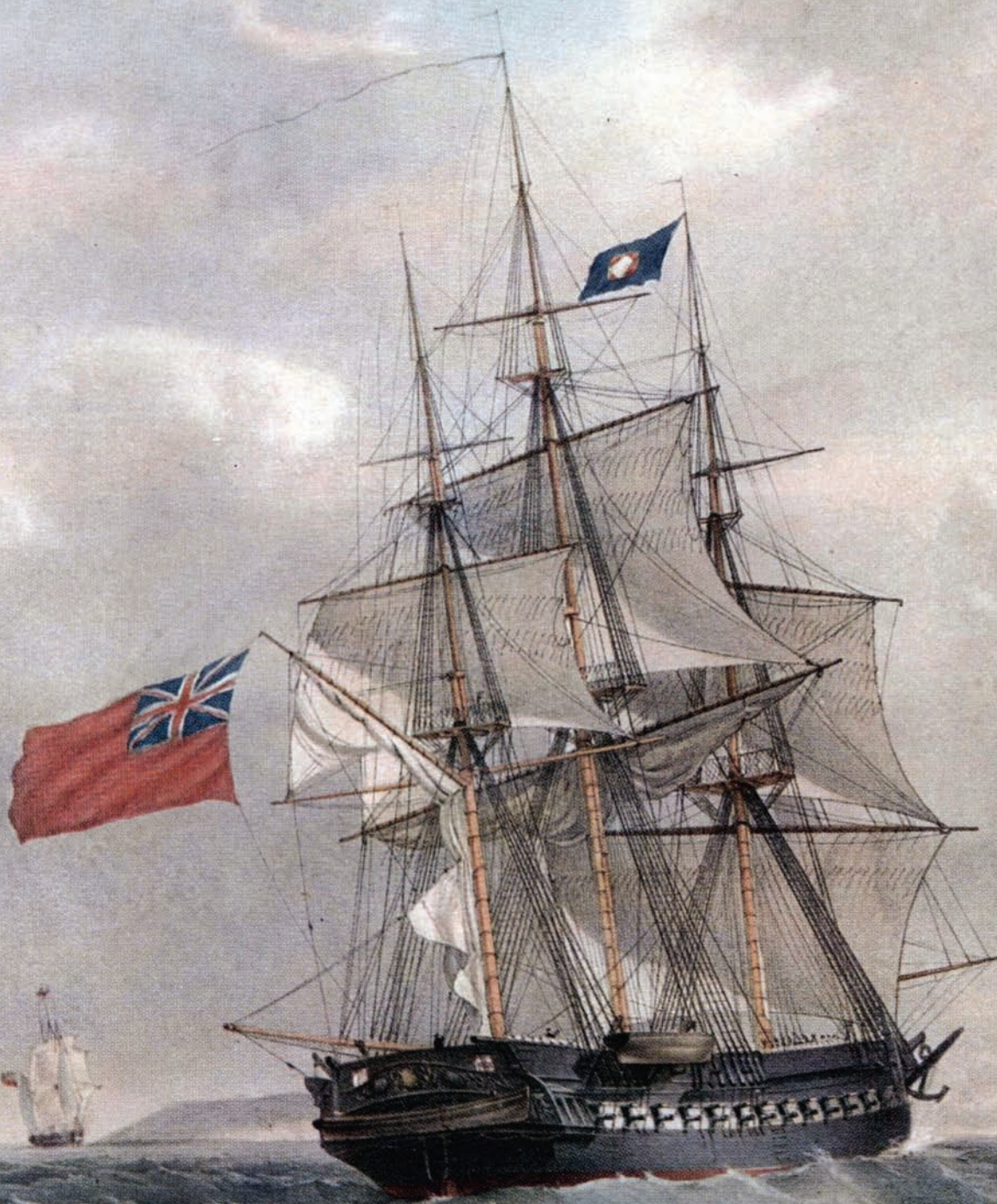
British naval presence in the Gulf of Maine had increased significantly following Napoleon's defeat and abdication on April 6, 1814. *Tenedos* was one of six fifth-rate LEDA class frigates that formed a highly effective blockade of several major ports, such as Falmouth (Portland), Portsmouth and Boston, and regularly raided smaller Downeast harbor communities to exact ransoms from American merchant vessels. She was a formidable thirty-eight gun fighting ship, 150 feet long on the gundeck, displacing 1,082 tons, and carrying 284 men, boys, officers and marines under the command of Captain Hyde Parker III.²

Dr. Begg's three-year journal and the ship's log provide two first-hand

viewpoints, in contrast to the many published secondary accounts of War of 1812 naval encounters along the coast of the pre-1820 "District of Maine."³ They afford an excellent opportunity to examine the lives of sailors aboard men-of-war as they faced the real challenges to health and survival in a medical world far removed from ours. According to the ship's log, on Saturday, August 6, 1814, "*Tenedos* at 4:30 [1630] shortened sail and came to with the small lower bower (anchor) in 10 fathoms in Mt. Desert Harbor ... mid channel. Moored ship."⁴ Four days later, in the early hours of August 10, *Tenedos* "sent the Barge and Cutter manned and armed to Norwich creek to destroy the schooners before mentioned, the Owners being unable or unwilling to ransom them. At 6h 30 min the boats returned without being able to accomplish their purpose owing to the incessant fire kept up by upwards of a hundred men from behind rocks and bushes."⁵

And so transpired the two and one-half hour "Battle of Norwood Cove," well known to Mount Desert Island residents and repeated in multiple iterations over many years. Both the surgeon's journal and ship's log recorded three British casualties by name: John Paterson, Thomas Youghs and William/James Pickard.⁶ The ship's log entry is brief and perfunctory. Dr. William Begg's account, in contrast, is anatomically precise:

[Paterson] received two portions of a musket ball immediately below the mastoid process of the left temporal bone which, wounding the Sterno: cleido mastoideus muscle, passed under the Ligamentum Nuchae to the right



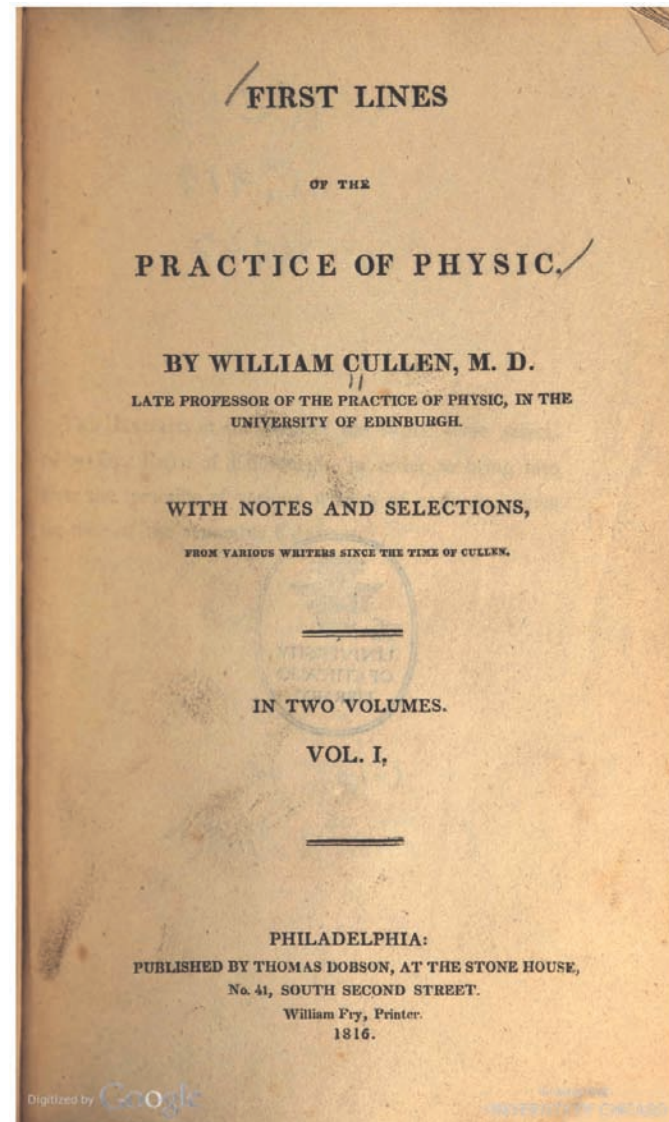
HMS *Pomone* was a sister ship (i.e. identical) to HMS *Tenedos*. There are no known paintings of *Tenedos*.
Courtesy of Wikimedia Commons: a color lithograph by T.G. Dutton, after a painting by G.F. St. John

side of the neck, where a portion of the ball passing out left a wound about an inch in length; close to the surface of this counter opening the remaining part of the ball was felt, upon which Mr. Mitchell [ship surgeon on *Tenedos* — Begg was assistant surgeon] cut down upon it, and with a bullet scoop extracted it.⁷

William Begg's exacting and Latinized anatomical description of the sailor's wound is a telling indicator of the state of medical knowledge and teaching during the eighteenth and early nineteenth centuries. What we understand as internal medicine is far removed from the concepts that governed the practice of medicine, or Physic, in the early 1800's. In contrast, surgery — in particular, trauma surgery — as practiced aboard *Tenedos* was based on a thorough knowledge of the then "Queen of disciplines": Anatomy.⁸ Dr. Begg's recording of Mr. Paterson's wounds aligned precisely with his training in Scotland. In this essay, I will discuss the challenges faced by ships' surgeons, physicians, and their sea-going patients of the Napoleonic era, based as they were on commonly held ideas of medical disease, its causes and treatment. We will discover that while medical practices were archaic, the principles of early nineteenth century surgical wound management correlate exactly with those of today.

Naval Medicine During the War of 1812

William Cullen, MD was Professor of Physic at the University of Edinburgh



Title page of William Cullen's *Practice of Physic*.
Courtesy of openlibrary.org

from mid-eighteenth through the early nineteenth centuries. His *First Lines of the Practice of Physic*, published in 1806, is a reference standard for the period's practice of medicine.⁹ Cullen's work was several decades removed from the scientific discovery of microorganisms and the germ theory of disease. Yet because the basics of human anatomy were by then well-established, this publication represented a quantum leap ahead of the old Humoral Theory expounded by Hippocrates and Galen — blood, black bile, yellow bile and phlegm — that sought only to explain differences in human "temperment." Cullen recognized certain illnesses such as scurvy, but treatment was based solely on close patient observation and the symptoms exhibited, such as fever.

In contrast, modern physicians combine signs, based on careful physical examination, with symptoms. The preliminary and tentative diagnosis derived from this process is further assessed by appropriate tests. As a simplified example, a patient might complain of abdominal pain — a symptom — shifting to the right lower quadrant. The surgeon, by examination, elicits abdominal tenderness — a physical sign — at McBurney's Point.¹⁰ A tentative diagnosis of acute appendicitis is made and confirmed by appropriate tests, and the appendectomy is performed. Diagnosis made; treatment straightforward. To cut is to cure.

Dr. Cullen's fundamental thesis was that symptoms and disease were one and the same. Fever or pyrexia, a symptom, was therefore a disease that required further definition: "Of these pyrexiae I have formed a class, and have subdivided it into five orders of FEVERS, INFLAMMATIONS, ERUPTIONS, HEMORRHAGIES, and FLUXES".¹¹ In the case of fever, his patients were closely observed to establish the exact pattern of fever, resulting in further classification: intermittent, continued, typhus, remittent, synochus, and simple.

Of these, the intermittent fever was the most serious, necessitating a finer subclassification into three stages of paroxysms or fits: cold, hot and sweating.

Why the seemingly obsessive emphasis on fever? Shipboard febrile illnesses were very common, constituting nearly half of the cases a naval surgeon would see on an extended cruise. The prevailing theory was that the heart generated body heat and distributed it widely via blood and the circulatory system. Although Humoral Theory had been largely discarded, blood maintained a strong foothold and became the basis for one of the more widely practiced treatments, bloodletting.

A typical course of illness is described in Turnbull's *The Naval Surgeon: Diseases of the Channel Service*.¹² We find the following under "Typhus, or Common Fever":

To the first symptoms described, soon succeed an exacerbation of the febrile heat, and of the state of the pulse, joined with strong marks of determination to the head. Thus the skin acquires a dry and parched feel, the tongue, hitherto not much changed, becomes hard and furred, and the secretion of saliva as it were suspended. The confusion of the head, and tendency to stupor, increase, accompanied with more or less delirium, which, being at first transient, becomes gradually more continued. The state of the bowels and urine is irregular, but as the disease proceeds, diarrhoea comes on. Symptoms of putrescency

now make their appearance, consisting of small livid spots, like flea-bites, dispersed over the skin. The stupor of head becomes now permanent; great anxiety prevails about the precordia; and frequent sighing takes place: hemorrhage also arises from different parts, especially from gums and intestines, being in the latter case conjoined with diarrhoea; and hiccup soon succeeds, to terminate the scene.

With extended voyages to tropical latitudes, environmental heat combined with fever created a priority to cool the patient as rapidly as possible by first reducing the burden of fluids emanating from the heart — often by bloodletting, on some occasions performed multiple times. As if this were not enough to reduce his burden of fluids, purging was introduced to the regimen: induced vomiting and diarrhea. Again, from Turnbull:

The first step is to cleanse the stomach and bowels, which is useful in two points of view: first, as it unloads the primae viae of any noxious contents which may second the action of the morbid cause; and, secondly, by its stimulus, opening the different excretories, which certainly display a degree of weakened power in expelling their discharges. For this purpose antimonials¹³ have generally been the favorite remedy, given either in the form of the antimonial

solution, or powder, or else James's powder, which is well imitated by rubbing the tartarized antimony with magnesia or chalk.

If the patient survived the initial purge of blood and the "opening [of] the different excretories" with its attendant dehydration, attention shifted to supporting "the strength for a certain period, both by diet and medicine. The chief remedy with this view is wine, in liberal quantity, suited to the circumstances of the case."¹⁴ Another favored supporting tonic was "Peruvian Bark," derived from the bark of the cinchona tree and subsequently found to contain quinine. Although given empirically for fevers in tropical latitudes, it fortuitously became the drug of choice for malaria, a common febrile illness. I say "fortuitously" because the actual cause of malaria and its treatment was not discovered for another seventy years after the publication of Cullen's 1806 text.

What illnesses was the naval surgeon likely to encounter during this period of history? Dr. James Lind, another Scottish surgeon, the reputed father of naval medicine and discoverer of the cure for scurvy, recorded the incidence of shipboard cases in 5,743 patients over three years, 1758 to 1760.¹⁵ Data from the Napoleonic era would have been similar. Fevers, continued and remittent, were most common at 42 percent. Scurvy constituted 22 percent and venereal disease, 13 percent. Rheumatism, consumption (tuberculosis) and dysenteries rounded out the top six. Intermittents, the most serious of the fever patterns, occurred only 1.3 percent of the time.

In summary, life aboard a naval frigate like *Tenedos* was a challenge to her crew's health quite apart from hostile engagements. In addition to extended periods at sea with exposure to tropical as well as common upper latitude communicable diseases, the practice of medicine — diagnostically and therapeutically — was governed by archaic theories and treatments that



HMS *Shannon*'s decisive victory was the turning point for the British Navy in the War of 1812. Buttersworth, Sr., Thomas, HMS *Shannon* captures USS *Chesapeake*, June 1, 1813. Courtesy of the Penobscot Maritime Museum

of themselves were harmful and ill founded.
The seaman's lot was not a happy one.

Naval Surgery during the War of 1812

Although relatively uncommon, broadsides — the engagement between two men-of-war at close range — had devastating effects on both vessel and crew. The June 1, 1813 encounter between *Tenedos*' sister ship, the HMS *Shannon*, and USS *Chesapeake* off Cape Ann, Massachusetts provides a vivid example

of death and destruction. *Shannon* and *Chesapeake* were nearly identical in size and gunnery. *Shannon* lay outside Boston Harbor as part of a blockade, with *Chesapeake* at mooring within the harbor. *Shannon*'s Captain Broke, spoiling for a fight, issued a challenge, as between gentlemen and not uncommon in this era of war: "Sir, as the *Chesapeake* appears now ready for sea, I request you will do me the

favor to meet the Shannon with her, ship to ship, to try the fortune of our respective flags."¹⁵ What an interesting euphemism, this. "To try the fortune of our respective flags" would consign unknown numbers of seamen and officers to certain injury and death, and present the ship's surgeon, his assistant, and loblolly boys with one of the most difficult disaster management scenarios one could imagine.¹⁶

The engagement was particularly disastrous for *Chesapeake*. At least sixty-one crewmen were killed and eighty-five injured, while from *Shannon* thirty-four were killed and fifty-two injured. *Chesapeake's* Captain Lawrence was killed, leaving for posterity only his last words: "Don't give up the ship." An eyewitness observed,

"internally the scene was one never to be forgotten by a landsman.

... The coils and folds of ropes were steeped in gore as if in a slaughterhouse. She was a fir-built ship, and her splinters had wounded nearly as many men as *Shannon's* shot. Pieces of skin, with pendant hair, were adhering to the sides of the ship; and in one place I noticed portions of fingers protruding, as if thrust through the outer wall of the frigate; while several of the sailors, to whom liquor had evidently been handed through the portholes by visitors in boats, were lying asleep on the bloody floor as if they had fallen in action and had expired where they lay. Altogether, it was a scene of devastation as difficult to forget as to describe. It is one of

the most painful reminiscences of my youth, for I was but seventeen years of age."¹⁷

Here was real injury, not a fever of unknown origin. Soft tissue, bone, and blood vessels had been torn apart and as we have seen, surgeons of the Napoleonic era had undergone rigorous training in anatomy that served them well in finding and treating sources of bleeding. Turnbull provides the standard in priorities for the immediate treatment of penetrating injuries:

"immediate restraint of haemorrhage, by the application of the tourniquet, or pressure; full examination of the accident in order to direct the proper treatment; restraint of the haemorrhage is then to take place, by a permanent ligature applied by the needle or tenaculum; the removal of extraneous bodies should then follow, if practicable, by means of the forceps."¹⁸

These basic principles in wound management are used today: control the hemorrhage, identify the specific site of bleeding for precise control, remove foreign material and clean the wound. Lacking specific antiseptics and antibiotics, most wounds of Dr. Begg's time were left open, to heal by "third intention," a term still in use today.

Naval surgeons had to deal with the infection and gangrene that were common to many wounds. For this reason, penetrating injuries of the extremities frequently resulted in amputation. Surgeons were well trained in amputation techniques where speed was of the essence. Pain control usually consisted of a very tight tourniquet, some laudanum, a mouth block and perhaps a bit of opium. Most surgeons could amputate an arm in one to two minutes. However barbaric by today's standards, amputation

reportedly reduced the mortality of gangrene from one hundred percent to fifteen percent. During his three-year tour aboard *Tenedos*, Dr. William Begg never had to deal with the catastrophic results of a ship-to-ship broadside engagement. His closest encounter came when she and three other British frigates defeated Commodore Stephen Decatur aboard his USS *President*. Ironically, the War of 1812 had ended one month earlier. *Tenedos* was employed primarily in blockade and patrolling the east coast of the United States. On April 3, 1814 she and HMS *Junon* did have a close encounter with USS *Constitution*, chasing the latter into the protection of Marblehead Harbor. Shortly after the Battle of Norwood Cove incident, *Tenedos* led the second Penobscot Expedition up to Castine, Maine. Many of her crew were involved in the amphibious assaults on Hampden and Bangor, which had disastrous consequences on both communities.¹⁹

Conclusion

Wartime, for all its destructive effects, often results in major advances in the field of medicine, surgical and non-surgical. Modern trauma surgeons came back from the Vietnam War with a better understanding of the physiology of injury and how to mobilize resources rapidly with helicopters, both bringing enormous benefit to the civilian public. Many of our commonly used words such as "triage" and "ambulance" are of French origin, owing to the pioneering efforts of Dominique Jean Larrey, Napoleon's chief military physician during those devastating wars. Whether the War of 1812 provided any such benefits is difficult to say. It was a strange war, with neither side able to declare a definitive victory. But it did serve as the segue to the Pax Britannica (1815–1914), a peaceful interlude in which there were relatively few naval engagements between foreign powers. On the other hand, the United States,

seizing upon the restored USS *Constitution* ("Old Ironsides") as a permanent symbol of its alleged success in the War of 1812, remained bellicose, soon waging naval wars with a neighboring country, Mexico, and most disturbingly, itself, in the Civil War.

During the one hundred-year hiatus of the Pax, medical and surgical science made significant strides, relieving combatants of much of the suffering experienced earlier. But, as we know, subsequent military history is not kind to the fortunes of land soldier and shipboard sailor.

Bill Horner, MD, is a retired trauma surgeon and has served as president of the Mount Desert Island Historical Society for the past nine years. An avid sailor, he is particularly interested in maritime art, history and medicine. He is proud of his seafaring heritage, research into which ignited his interest in local history. He strongly advocates for collaboration among history organizations and counts the History Trust as a crowning achievement.

Acknowledgments:

As a citizen historian and writer, I have learned that primary resources are critically important. Thank you, Tim Garrity, for bringing the Tenedos' log and Dr. Begg's journal to my attention. Access to these resources can be challenging. For the log, I thank Lindsay Davies, who went to the National Archives in Kew and copied it. The title page of the journal and textural content came to me through the substantial efforts of Margaret Maxey at the Historical Society of Pennsylvania and Rick Wheeler, fellow board member of this society. But secondary accounts do matter, as in the well-known "Battle of Norwood's Cove," best documented in Hutchins and Morrill's 2014 bicentennial compilation.²⁰

1. William Begg, *Journal of the Proceedings of His Majesty's Ship Tenedos, Capt. Hyde Parker. Kept by William Begg. Commencing 8th Day of April, 1812. Ending 29th Day of March, 1815*, Collection of the Library of the Historical Society of Pennsylvania.



Dominique Jean Larrey is regarded as the father of modern trauma surgery. Müller, Charles-Louis (1815–1892), "Larrey pansant les blessés sous le feu des ennemis, (Larrey bandaging the wounded under enemy fire)." *Courtesy of the Bibliothèque de l'Académie nationale de médecine, photograph by Philippe Fuzeau*

2. Specifications and other information on *Tenedos* from the Kent History Forum Archive, accessed 8/17/2019, www.kenthistoryform.co.uk.
3. *Tenedos'* ship's log, courtesy of the British Museum, 53/15999.
4. *Ibid.*
5. *Ibid.*
6. There is a name discrepancy in first name between ship's log and journal.
7. Begg, August 10, 1814.
8. W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge UP, 1994), 12.
9. William Cullen, *First Lines of the Practice of Physic* (New York: L. Nichols, for E. Duyckinck, Bookseller, Stationer, 1806).
10. McBurney's Point, located one-third of the distance from the anterior superior iliac spine to the umbilicus, is the usual site of the base of the appendix.
11. Cullen, 24.
12. William Turnbull, A.M., *The Naval Surgeon; comprising the entire duties of Professional Men At Sea, to which are subjoined A System of Naval Surgery and a Compendious Pharmacopoeia* (London: Richard Phillips, 1806).
13. Antimony is a chemical element, a soft metal or metalloid and is poisonous. It was used as an emetic. Another liquid metal, mercury, was commonly used as a purgative and was known as calomel.
14. Turnbull, 122.
15. *Ibid.*, 149.
16. Loblolly boys were the orderlies of the time, named for the dubious concoction of porridge fed to recovering seamen. Another meaning of loblolly is "swamp," as in Loblolly Pine, not a ringing endorsement of shipboard food.
17. Peter Padfield, *Broke and the Shannon* (London: Hodder & Stoughton, 1968), 144–145; George Henry Preble, *The Chesapeake and the Shannon, June 1, 1813* (Philadelphia: J.B. Lippincott & Co., 1879), 43.
18. Turnbull, 341.
19. William James, *Naval History of Great Britain, from the Declaration of War by France in 1793 to the Accession of George IV*, vol. 6 (London: Richard Bently, 1837). This massive multivolume work, published within 30 years of the cessation of hostilities, covers *Tenedos'* War of 1812 activities thoroughly.
20. Meredith R. Hutchins and Charlotte R. Morrill, *The Battle of Norwood's Cove: Southwest Harbor's Victory over the British in the War of 1812* (Southwest Harbor Public Library, 2014).