



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

ALL AT SEA

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GEORGE BASS

(1771-1803) – SURGEON AND EXPLORER

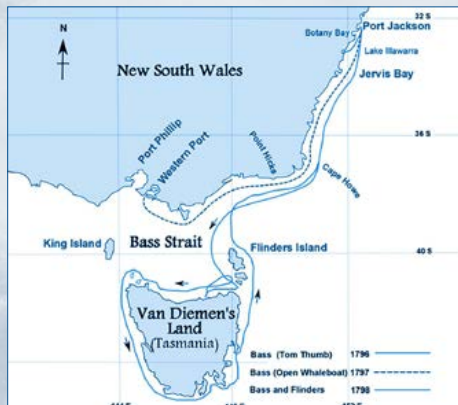


'Wombat' by William Elford Leach, Zoological Miscellany, 1815 (SLV)

Surgeon and sailor, George Bass was born in Aswarby, Lincolnshire. Apprenticed to a local surgeon apothecary, at the age of 18 he was accepted as a member of the Company of Surgeons. He sat two more examinations at the Company of Surgeons and became a Surgeon's Mate, before promotion to a Surgeon Second Rate in 1789. He served in several ships, became proficient in navigation and seamanship and transferred to HMS *Reliance* in March 1794.

A cultured and well-read man, Bass was aware of the voyages of the Pacific explorers and when he reached Australia, he indulged his passion for exploration. In 1799, he was elected member of the Linnaean Society of London and his works including those on the anatomy of the wombat and feeding habits of the swan, were published.

April 1794 - September 1795	Bass sails to Australia on the <i>Reliance</i> , with his personal servant, William Martin. Matthew Flinders was the Master's Mate and Governor Hunter was a passenger.
October - November 1795	Bass, Flinders and Martin travel south to the Georges River in a 2.4 metre masted rowing boat – the <i>Tom Thumb</i> . Their favourable report caused Governor Hunter to establish a settlement at 'Banks Town'.
March 1796	Bass, Flinders and Martin set out in a slightly larger <i>Tom Thumb</i> . They discover Lake Illawarra and explore Port Hacking. They were also helped by the local indigenous people.
December 1797 - February 1798	Bass with a crew of six left Sydney in a whaleboat. They travel 1,931 kilometres, discover the Shoalhaven River and Twofold Bay, then travel along the coast of Victoria to Wilson's Promontory and Westernport Bay
October 1798 - January 1799	Bass and Flinders want to prove that Van Diemen's Land was an island and separated from the mainland by a strait. They set out in the 25 ton sloop, <i>Norfolk</i> and in 12 weeks, circumnavigate Tasmania. They also examine the Derwent Estuary and on Christmas Day, 1798, Bass climbs Mt Wellington.



Wikimedia Commons

Bass found the neighbourhood of the Promontory to be the home of vast numbers of petrels, gulls and other birds, as is still the case, and he remarked upon the seals observed upon neighbouring rocks, with "a remarkably long tapering neck and sharp pointed head".

In 1800, Bass married Elizabeth Waterhouse who was a sister of the *Reliance's* second commander, Henry Waterhouse. He then engaged in some unsuccessful commercial ventures with Charles Bishop and after returning to Port Jackson in 1801, made several voyages to New Zealand and the South Pacific. His last voyage was in February 1803 when he sailed to Tahiti on the *Venus*. The ship and its crew were never seen again.



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THE NAVAL SURGEONS CHEST



Surgeons had been in the navy since the sixteenth century and when individuals were examined by the Company of Surgeons (and after 1800, by Royal College of Surgeons) for their fitness to practice in the Royal Navy, their instrument chests were also scrutinized for appropriate and good quality instruments. However, it was not easy for poorly paid surgeons to maintain a suitable instrument chest, so to stop them selling or pawning instruments before the voyage, the chest was sealed by the examiners.

When not engaged in battle, surgeons tended the sick and the HMS *Victory* for example, had a sick berth on its upper gun deck. Unfortunately, it was too close to the heads or toilets but was well ventilated, with moveable canvas screens. During battle stations the surgeon set up an improvised theatre in the cockpit. Mess tables were tied together, instruments were cleaned in barrels of vinegar and loblolly men (named after the porridge they served to patients) or male nurses, assisted the surgeon with his duties.

What were some of the instruments in a typical surgeon's chest?

1. Amputation instruments including a tenon saw generally used in English ships and a petit screw tourniquet to stem bleeding.

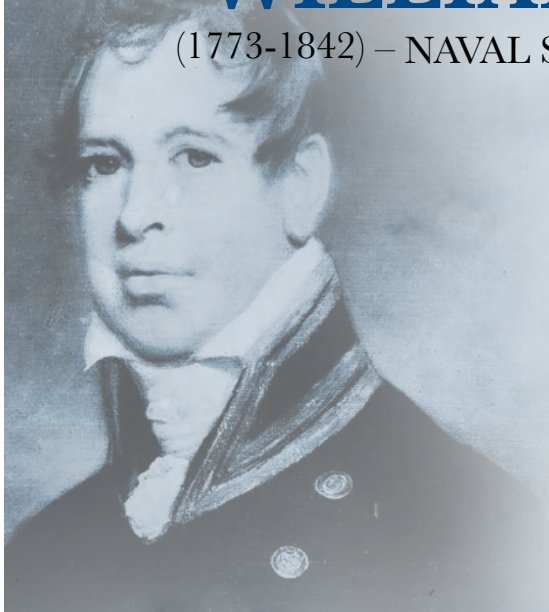
After the 1797 attack on Tenerife, *Nelson's life was undoubtedly saved by the action of his nephew, Josiah Nesbit who quickly threw a tourniquet around his right arm.*

2. Trephining instruments were used for a depressed skull fracture or to drain an inter-cranial haematoma. Instruments included a hand held T-Bar trephine, Hey's saw to open the skull or widen a burr hole and an ivory handled brush to keep bone dust away from the operation site.
3. Genitourinary instruments including catheters and trocars to drain fluids
4. Probes, probe scissors and bullet forceps for wounds
5. Instruments for cupping and bleeding. These included glass or horn cups, knives and a seton needle to produce counter irritation
6. Weights and scales for weighing medicines. Noticeably, after 1805, medicines were provided by the Royal Navy.
7. Pocket instruments such as lancets.

ALL AT SEA

WILLIAM BEATTY

(1773-1842) – NAVAL SURGEON AT TRAFALGAR



William Beatty by Arthur William Devis, c1806 (Wikimedia Commons)



Surgeon amputating a leg

Irishman, William Beatty entered the Royal Navy as a Surgeon's Mate in 1791. Four years later he was examined by the Company of Surgeons and formally qualified as a Ship's Surgeon. When the Napoleonic Wars began in 1803, Beatty was surgeon aboard the 74 gun ship *Spencer*, deployed in the blockade of Brest. In December 1804, he was posted Lord Nelson's flagship, HMS *Victory*.

The Battle of Trafalgar was fought on the 21st October, 1805. The *Victory* had a crew of 861 men and of these, 62 died and 129 were wounded. Working in the cockpit with the battle raging around him, Beatty was kept busy with amputations (11 were performed on the day) and a variety of other wounds. Then, as he recorded in his eyewitness account, *An Authentic Narrative on the Death of Lord Nelson* (1807), the fleet commander, Vice-Admiral Horatio Nelson was hit by a musket ball.



The Battle of Trafalgar, J.M. Turner, 1822 (Wikimedia Commons)

*...About fifteen minutes past one o'clock, which was in the heat of the engagement, he was walking the middle of the quarter-deck with Captain HARDY, and in the act of turning near the hatchway with his face towards the stern of the *Victory*, when the fatal ball was fired from the Enemy's mizen-top [sic]...The ball struck the epaulette on his left shoulder, and penetrated his chest. He fell with his face on the deck.*

Nelson was aware that he had been shot through the spine and told his surgeon: *Ah Mr Beatty, you can do nothing for me. I have but a short time to live.* He died three hours later, but not before he had learnt that a great victory had been won.

Nelson did not want to be buried at sea, so his body was taken back to England in a barrel of brandy. The brandy gradually seeped into the corpse's orifices and marines guarding the body were severely frightened when gases caused the lid of the barrel to open. As the *Victory* approached Portsmouth, Beatty performed an autopsy, removed the musket ball and as required by the Admiralty, wrote a history of the wound.

Beatty finished his career as Physician to the Greenwich Hospital and he was also Physician to William IV. He was knighted in 1831 and died in 1842.



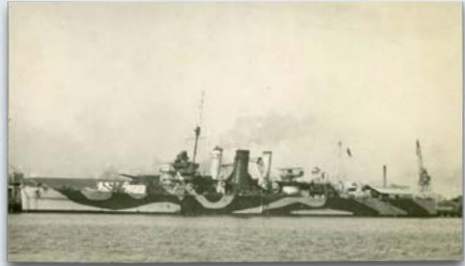
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MALCOLM STENING

NAVAL SURGEONS OF WORLD WAR 2



Malcolm Stening, c1940



HMAS Australia, Sydney 1942 (Private collection)

Although surgeons wishing to serve their country during WW2 did join the navy, the number of naval surgeons who served during the war, is relatively small.

In November 1940, Malcolm James Lees Stening was appointed Surgeon Lieutenant on the cruiser, HMAS *Australia* and remained on the ship until March 1943.

Work at sea for the naval surgeon could be challenging. Stening noted:

To operate at sea with an unsteady table and a moving deck requires good footwork and balance in addition to the required manual dexterity.

In 1941, when off the coast of Africa, he mentioned an unusual incident:

...my sleep was disturbed by an agitated steward shouting almost hysterically: 'Doctor Commander Rednall is dying and has the devil in him.'...Rednall was sitting bolt-upright in bed, his face a mask of horror with his eyes converging inwards to what appeared to be a snake weaving to and fro from his open mouth. Realising it must be a large worm, the head was firmly seized and a round worm about twelve inches in length was removed from his mouth.

And in July 1941, the *Australia* had only been on convoy duty for three weeks when:

...five surgical problems presented themselves in quick succession which disclosed to a degree the shortcomings of surgery at sea...

Despite these obstacles, he managed to deal with the five cases which included an appendectomy, an umbilical calculus and the removal of an open safety pin from an Able Seaman's stomach

Stening was on the *Australia* for the Battle of the Coral Sea (4-8 May, 1942). Essentially an air battle, fought between carrier borne planes of the allied and Japanese Imperial navies, it heralded a new type of naval warfare.

At the height of the battle, *Australia* became the sole target:

...as 19 heavy bombers came over the stern and out of the sun at high level and cluster bombed the ship which was straddled by 500 pound bombs as she steamed at full speed making sharp 'S' bends as she avoided the bombs and was obscured from view of other ships by the bomb splashes.



Australia under attack, 7 May 1942 (Private collection)

The result of the Battle of the Coral Sea was inconclusive but significantly, the Japanese abandoned the idea of invading of Port Moresby by sea and decided on a land based assault via the Kokoda trail.

Malcolm Stening finished his war service as a senior medical officer aboard the British battleship, HMS *Howe*. After the war, he had a successful career in Obstetrics and Gynaecology at the King George V Hospital in Sydney.



ALL AT SEA

ROWAN NICKS & JAMES GUEST

NAVAL SURGEONS OF WORLD WAR 2

Rowan Nicks



Rowan Nicks operating, Volos, Greece 1944

A New Zealander by birth, (George) Rowan Nicks, who was studying in London when war broke out, joined the Royal Navy. By September 1941, Rowan

had been posted to the destroyer, HMS *Wallace*, which looked after convoys sailing between Scotland and London. Life on the crowded destroyer (400 men crammed into a space for 150) was not easy – when the ship was buffeted by wintery gales, the heavy seas would cause the mess decks to flood and it was bitterly cold and uncomfortable.

The ship was often on action stations and Rowan was always busy. He noted:

During the night action, tracer bullets would tear the air in all directions, and star shells falling slowly would illuminate the sea and the convoys.

Battles with the enemy dive-bombers and the intrepid German E-boats were followed by rescuing survivors and wounded on damaged convoy ships. I was often sent out in the pinnace to bring in the wounded and collect bodies floating in the water.

Rowan's last posting in 1944 was to the Landing Craft Casualty Clearing Ship 253 (LCCS 253), operating around Dalmatia, Greece and the Adriatic Islands. LCCS 253 was a converted infantry landing craft and its conversion to a casualty clearing ship was a new concept for the Royal Navy.

When depth charges exploded near where naval survivors from the Inshore Squadron were swimming, Rowan touched on what was to become his main surgical focus:

[They]... were admitted in respiratory distress with blast injuries to their lungs and viscera. I was unable to help them but resolved when I next visited the mainland to find out more about wartime chest problems...

After the war, Rowan Nicks chose to train in the relatively new field of Cardiothoracic Surgery. After training at the Brompton Hospital in London, he worked as a Cardiovascular surgeon at the Greenland Hospital in Auckland and Royal Prince Alfred Hospital in Sydney.

James Guest



James Guest 1942 (AAWA)

Another surgeon who joined the RAN was James Stuart Guest who was medical officer on the HMAS *Westralia* from 1942-1946. During his time on the ship, it was involved in seven major

Pacific landings including Hollandia, Leyte, Tarakan and Brunei. It had a fully functioning operating theatre and there was time for Guest to have the ship's engineer fashion a new surgical retractor – a Balfour retractor copied from an instrument catalogue.



James Guest's surgical retractor (RACS Museum)

Jim Guest left the Navy in 1946 and after helping rehabilitate ex-prisoners of war from the island of Ambon, he decided that: *I wasn't going to grow grapes in Mildura* (his birthplace). Instead, he decided on a career in colorectal surgery and worked at the Alfred Hospital in Melbourne.

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NAVAL SURGEONS TODAY

Ian Young joined the Canadian Forces as a medical undergraduate with the Navy in 1990. He says he chose the Navy because he had: *a desire to serve, a desire for adventure and a desire to complete my education without any significant financial debt.*



Commander Ian Young, HMAS Canberra, 2015

Transferring to the Royal Australian Navy in 1998, Ian has served on a number of ships, the most recent being *HMAS Canberra*; and has served on operational deployments in Afghanistan, Iraq, Papua New Guinea, Indonesia and the Indian Ocean. His first role in the Navy was as a primary care doctor but an interest in Orthopaedic Surgery and trauma management led him to train under the Medical Officer Specialist Training Scheme as an Orthopaedic Surgeon. Currently he is involved with the Medical Specialist Program for the Australian Defence Force (ADF).

Ian enjoys the routine of life on a ship and intersperses ongoing training and medical supervision for his colleagues with developing standard operating procedures, keeping fit and other leisure activities. His official naval posting is to the Maritime Operational Health Unit (MOHU) at HMAS *Penguin* in Sydney and he is also a Senior Surgeon for the Navy and a Professional Liaison Officer for Surgeons in the Navy. Although Ian maintains his clinical skills by working at Melbourne's Frankston Hospital, he still goes on regular deployments with the Navy and has also done many exercises with the Army. He is on *48 hours' notice-to-move to deploy with the Navy or wider ADF for operational deployment*



Operating at the ANZAC Role 2E hospital in Taji, Iraq, 2016



Simulated surgery, HMAS Canberra, Exercise SEA RAIDER, 2015

Like Ian Young, Ailene Fitzgerald joined the (Royal Australian) Navy as a medical undergraduate in 1991.

She transferred to the Naval Health Reserves in 2000 and completed her surgical training. Currently Director of Trauma Services at the Canberra Hospital, Commander Fitzgerald maintains her links with the Navy Reserves and serves as Assistant Professional Liaison Officer for Navy Surgeons.



Ailene Fitzgerald, 2015