

THE SHIP-SURGEON IN THE NAVY OF THE ORDER OF ST. JOHN IN MALTA

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The Order of the Knights of St. John was founded in Jerusalem about the middle of the eleventh century as a hospitaller undertaking developing in the following century also as a military organisation. The Order first began to explore the potentialities of sea enterprise towards the end of the thirteenth century, after settling in the island of Rhodes. It rose to a first class maritime power towards the beginning of the fourteenth. By the time the Knights came to Malta in 1530 they had evolved into a highly efficient naval force.

In those days the Mediterranean basin was sharply divided between Christian and Moslem contenders, each side considering it a religious obligation to fight each other whenever they met.

Until the close of the seventeenth century the largest unit of the Order's navy was the galley - a ship that averaged 55 metres in length and 14 metres in width. It was driven by oars and designed for the grappling and boarding tactics then in vogue. The ship's complement averaged five hundred to six hundred men comprising knights, soldiers, technical officers and oarsmen - the latter being either Moslem slaves or mercenaries¹.

Each galley had a sick berth which was "perfumed" with rosemary four times a day or sprinkled with vinegar to offset the foul smells of cramped and confined interiors. On the ship's return to Malta from a cruise, the sick and wounded were transferred to the Holy Infirmary at Valletta on a ticket of admission by the surgeon.

Surgical students were taken on for training at an early age, their apprenticeship starting even at the age of twelve years². They were accepted only after being examined and approved by one of the surgeons of the Holy Infirmary and the teacher of anatomy. Special stress was laid on their

attendance at the anatomical demonstrations. They also had to be present during operations and to watch operated patients for some "unexpected haemorrhage"³. They received instruction on the introduction and use of the catheter to ensure that they became adept in the manipulation of this instrument.⁴ By 1682 the course of studies was fixed at ten years.

As the hot climate of the Maltese summer tended to interrupt the practical study of anatomy, nineteen anatomical models in coloured wax were acquired in 1766 together with a manequin of the human body in the same material⁵.

No one was appointed surgeon, assistant surgeon or barber-surgeon in the naval service without first undergoing a competitive examination and obtaining approval in accordance with the principle that competency was to overrule seniority, the latter being taken into consideration only when the candidates were of equal competency in which case the senior man was preferred.

Naval surgeons whose ships happened to be in harbour had to attend the anatomical demonstrations, operations and post-mortem examinations taking place at the Holy Infirmary to freshen up their knowledge of surgery⁶. The surgeon was bound, by the navy's official regulations, to abide by the instructions of the physician in treating patients.

He was precluded from prescribing internal medicine except in certain circumstances when he was allowed to administer light cordials, such

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as rhubarb and manna preparations. The medicaments prescribed by the physician were to be given to the sick by the surgeon or assistant surgeon himself and not by the barber-surgeon or other employees to prevent the occurrence of some mistake that might give rise to such untoward reactions as "a rise in temperature, profuse sweating and collapse". The surgeon was in charge of certain linen items of the sick berth and he was enjoined to ensure that these items were properly laundered and did not deteriorate through negligence. Finally, it was his responsibility to ascertain that the drinking water on board was fit for consumption and that fruits bought from ports of call were wholesome and ripe. In treating venereal cases, the surgeon was forbidden to employ mercurial inunctions on account of the toxic effects of the mercury vapour on the health of non-venereal patients in the confined space of the sick berth. The Order strongly disapproved of the indulgence by its galley crews to illicit amours that resulted in venereal infections. As a deterrent, the surgeon was directed to keep a register for the entry of the names of venereal patients treated on board and of the quantities of drugs used in the treatment of such mariners to enable the Government Treasury to have the cost of treatment refunded by the patient who was also obliged to pay a fee to the surgeon.

The surgical personnel of each galley consisted of a surgeon, an assistant surgeon and two barber-surgeons. There was only one physician to look after the sick of the four galleys. He visited each galley in turn being taken on his rounds on a skiff when weather permitted; when he was prevented from calling, the surgeon of each galley assumed responsibility for the care of all the sick on his own ship. Every ship was provided with a medicine chest. The surgeon was to ensure that it was adequately stocked and that its pharmaceutical preparations were frequently examined and checked for possible deterioration. Flax and cotton wool were issued for the dressing of wounds. The key of the chest was kept by the assistant surgeon. In an encounter with the enemy the surgeon with his team proceeded to battle station in the hold to prepare the beds, the surgical appliances and instruments and wait for the arrival of casualties. Until the 18th century the most common way in which sea battles were fought in the Mediterranean was by boarding the enemy's ship and engaging him in a hand-to-hand fight so that the surgeon had to be prepared to deal with injuries produced by splinters, swords, axes, pikes and arrows besides firearms. For instance,

in a naval battle fought between four galleys of the Order and a Turkish ship in Barbary waters on the 8th October 1700, there were five knights and seventy four crew wounded on the Christian side and thirty two casualties among the Turks who were taken captives and brought to Malta ⁷ so that the surgical team had to cope with no less than one hundred and eleven injured men.

Apart from the hazards of shipwreck and the dangers of battle, the surgical team ran the grave risk of falling prisoners in Moslem hands and carried into slavery in North Africa or even as far away as Constantinople to await their ransom. A case in point is that of a surgeon, Claudio Camilleri, who was captured by the Turks and was retained on board the flagship. While a slave, he became the personal surgeon of the Commander of the Turkish galleys of Rhodes. The Commander was so satisfied with the Maltese surgeon's services that for many years he refused to allow Camilleri to ransom himself. The surgeon, therefore, grasped the first opportunity to escape to freedom. The chance came in the early weeks of 1784 when, together with other Maltese slaves on board, he took part in a rising of the Christian captives. Having overpowered their Turkish masters, they took possession of the ship which they conducted to Malta with the Commander himself as prisoner.

Those surgeons who managed to evade captivity and return to Malta, had yet to face another hurdle - the performance of a period of isolation in quarantine with the rest of the crew as a preventive measure against the possibility of their ship being contaminated by plague. But the surgeon's stay at the Lazzaretto was not always one of inactivity or rest for some sudden emergency, requiring his services ashore, could crop up. Such an instance occurred in 1660 at a time when the Grand Master was gravely ill at his Palace in Valletta. A galley surgeon, who was in quarantine, was ordered to go ashore to attend to the sick Grand Master Annet de Clermont, but as no boat was allowed to approach his ship in quarantine, the surgeon was instructed to divest himself of all his clothes and to plunge into the sea completely naked and swim across the harbour to the Valletta foreshore from where he was taken to the Palace after putting on fresh clothing. These instructions were strictly carried out but in spite of the surgeon's devotion to duty and expert skill, the Grand Master was dead within two days ⁸.

The Assistant Surgeon had to be present during the distribution of the diets and to check that the

bowls, tumblers and spoons had been well cleaned by the attendants - in default of which he was to report the attendants concerned to the Captain for the application of the penalty contemplated in the hospital regulations. The barber-surgeon was in charge of a register in which he entered the diagnosis of the illness, the diets prescribed and the medicaments ordered with their doses in full. He was also to ensure that he had at his disposal "all the equipment that might be needed in an emergency including the instruments for the performance of blood-letting". The number of surgeons in the navy varied from time to time, their maximum number having reached ten at the beginning of the 18th century⁹. No retiring age was fixed so that some of them had served for ten and even fourteen years¹⁰.

On leaving the navy, the surgeon aspired to be taken on the staff of the Holy Infirmary hoping to rise to the post of senior surgeon and ultimately to lithotomist and oculist. And yet in spite of his usefulness, skill and experience the surgeon occupied a lower status in the medical hierarchy

vis-a-vis the physician for while the latter was esteemed as the recipient of an academic education, the surgeon did not attend a university and hence he was considered to be more a craftsman than a professional practitioner. That attitude is now a thing of the past for today we acknowledge the essential unity of medicine and surgery; however while rightly enjoying their well deserved prestige and equality of status with the physicians, the surgeons of today must reflect that they stand on the shoulders of the surgeons of the past. It is therefore, fitting that we should pay a tribute to these pioneers for their legacy. In doing so may I be allowed to echo the words of an eminent British master of operative surgery, Barkeley George Andrew Moynihan, Lord Moynihan of Leeds - words which apply to all surgeons of all times. "*They are*", he says, "*a band of men inspired by the loftiest purpose, lavish in labour and sacrifice for the welfare of mankind ... They have come throughout the ages from every land ... and they are the common possession and the pride of the World*"¹¹. They are, as the motto of your "Chirurgical Club" very aptly states "Without Frontiers".

References:

1. Arch 1759, ff. 384 & 395, National Library of Malta. Cassar P. Medical History of Malta, London 1965; 118.
 2. Ibidem, p.439.
 3. Arch 660, f.211, National Library of Malta.
 4. Arch 646, f.102, National Library of Malta.
 5. Cassar, P. op., cit., p.443
 6. Ibidem, pp. 439-40.
 7. Rossi, E. Storia della Marina dell'Ordine di S. Giovanni di Gerusalemme, Rodi e Malta, Milano, 1926, p.82.
 8. Arch 121, f.103t, National Library of Malta.
 9. Cassar, P. Il chirurgo di bordo nella marina dell'ordine di San Giovanni di Gerusalemme, di Rodi e di Malta, in Pagine di Storia della Medicina, Maggio - Agosto, 1973, Rome, p.30.
 10. Ibidem, p.32.
 11. White Franklin A. (Edit). Selected Writings of Lord Moynihan, London, 1967, p.69.
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