This research note uses new methodologies to investigate the presence of women nurses and other labourers on British hospital ships during the Revolutionary and Napoleonic Wars. Using pay lists, musters, and log book records, it is possible to track the work of women labourers throughout the naval medical system of care. The work of women on these ships challenges our previous assumptions concerning medical care in the late eighteenth and early nineteenth centuries.

During the thirty-five years of near constant warfare between the start of the American Revolution and the end of the Napoleonic Wars, naval medicine relied on the gendered labour of thousands of women as nurses and washerwomen to care for sick and wounded seamen in hospitals and hospital ships. In addition to examining the work of women labourers on hospital ships, this paper will demonstrate both the importance of hospital ships to British naval medicine in the late-eighteenth and early nineteenth century and showcase the wide variety of medical care provided at these installations. Hospital ships functioned as medical transports for the sick, floating sites of control for patients deemed a desertion risk, and as overflow hospitals.
reintegration of hospital ships into the story of Napoleonic Era naval medicine illustrates the complexity of the naval medical system. Conceiving of naval medicine as a system of care showcases each stage of medical care delivery – re-integrating hospital ships, hospitals, and convalescent ships into the naval medicine narrative – and highlights the importance of women to this medical network. This system included ships like Medusa, the primary hospital ship of the Channel Fleet in 1797, which operated as transports for the sick between ships of the line and onshore hospitals with a medical staff that included women nurses and washerwomen. By integrating the experiences of these women labourers into the historiography of British naval medicine, I highlight the important and omnipresent role of women in naval medical care while also considering the impact of women civilian labour in supporting eighteenth-century British imperial and naval ascendency.

The realities of such an interconnected system of care were well understood by contemporaries, as a brief recounting of the situation at Gibraltar Naval Hospital illustrates. In 1794, Gibraltar Naval Hospital was in a dismal state. The hospital was short on medical attendants, nurses, beds, and bedding, forcing the sick “to sleep on the Floor and in so crowded a manner.” Even worse for the patients, the hospital surgeon Mr. Bayne was “quite worn out & paralytic, that he can scarce Carry his food to his Mouth.” Worried about the state of the Gibraltar Hospital, Admiral Hood recommended the following plan: “the Fleet being short of Surgeons Mates, but having a good Character of the Surgeon of the Speedy which I do not mean to take with me, I must give him an Order to Act as an Assistant Surgeon to the Hospital for the present & direct Doctor Harness to put a Mate ashore from the Hospital Ship.” Admiral Hood’s solution did more than attempt to solve the problems at Gibraltar Naval Hospital – it underscored the connectivity of the provision of naval medicine during the Revolutionary and Napoleonic Wars.

Sources and Methodology

This research project builds upon my previous research and methodology which focused on women’s labour in naval hospitals. Going deeper, this paper will use hospital ship musters, logbooks, and pay list records to illustrate

1 John Harness to Lord Hood Vice Admiral, 20 June 1794; and Sick and Hurt Board, In-Letters and Orders 1794-1796, ADM/E/45, National Maritime Museum.
2 Lord Hood Vice Admiral to Admiralty, 24 June 1794, ADM/E/45, NMM.
3 Lord Hood Vice Admiral to Admiralty, 24 June 1794, ADM/E/45, NMM.
the role of women at floating medical institutions. Laurence Brockliss, John Cardwell, and Michael Moss labelled the Napoleonic Era hospital ship “the medical command centre of a naval fleet.” Furthermore, the role of hospital ships in transferring medical supplies to the fleet and taking sick and wounded back to shore for care in hospital, as demonstrated through historical geographic information system (HGIS) mapping, showcases the importance of such floating hospitals in the larger fleet-wide medical care system. The location of hospital ships can be tracked through the logbooks of captains and lieutenants held at the National Archives and National Maritime Museum. Mapping the movement of hospital ships, when combined with muster records, shows how these hospital ships transported sick and wounded seamen from ships of the line to on shore hospitals. Mapping outbound movements, coupled with correspondence and other documentation, demonstrates that these same hospital ships carried medical supplies and fresh food back to blockading ships. I will use pay list records to better understand the medical complement of hospital and convalescent ships, an approach that was highly fruitful in my work on nurses at Haslar (in Gosport, Hampshire) and Plymouth. It was in

these pay list records that I found the first representation of women nurses on hospital ships. Unfortunately, nurses were not present in all the pay lists, and initially I believed that this was because ships at sea did not contain a nursing complement. However, this assumption proved to be incorrect. As I continued my research to include hospital ship muster records (which I originally began to look at to better understand the scale of patient numbers and the types of conditions treated), I found nurses listed either on a separate page of the muster records or at the end of the list of men mustered. It appears that these nurses were listed in the muster records to account for their daily victualling. Therefore, to showcase the presence and numbers of women nurses on board hospital and convalescent ships in this paper, I will be using both pay and muster lists. Digital methodologies are also crucial to my understanding of nursing on hospital ships during the Revolutionary and Napoleonic Wars. In a similar methodology to how I used a database of pay list records at Plymouth Naval Hospital, I used musters and pay lists to track nurses on hospital ships.6

With regard to nursing care on these ships, it was generally understood that although nurses should be engaged for tending to the sick, there were no specific requirements or clear instructions on who should be hired to provide care until the War of Austrian Succession in the 1740s. The labour market of port towns, especially in wartime, meant that many medical practitioners who sought nurses would take the best candidates who were available, whether they be female or male.7 For example, in a 1741 letter, George Rogue, the commander of the *Sutherland* hospital ship in Portsmouth harbour, asked the Sick and Hurt Board:

As this ship is going to Spithead to take on Board Sick men, I beg you will send down the Compliment of Nurses or give me directions to procure them my self, and upon what Conditions, and if they are to be men or Women, Commissr. Heughes with whome I was last night says it will be impossible for me to get Men Nurses in this place, and I hear the Surgeon of the Slemham hospital Ship found difficulty to get the Women he has now, but if you please to Give me your directiones, Shall do my best to furnish my self with those I can find are best Qualified, for this purposes, and should be glad to know if there is a washerwoman or man to be allowed besides the Nurses.8

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6 For more on this methodology see Spinney, “Servants to the hospital and the state,” 5-6 and Spinney, “Naval and Military Nursing,” 5-6, 164-165.


Rogue was successful in finding women nurses for his hospital ship, mentioning in a hastily scrawled postscript: “Just now there is come to me three women Nurses Offering their Service to go abroad in the Ship, I have Examin’d them, and find they have been all used to Nursing; and appear to be Sober discreet women but I could say nothing to them till I have yr. Commands only desired them to Call again in three days.”9 Rogue’s preference to employ women as nurses on the *Sutherland* was linked to their skills as laundresses, but in a pinch, he would employ whoever was available to do the work.10

The decision to employ women on board Revolutionary and Napoleonic War hospital ships was a change from the War of Austrian Succession when either men or women could be employed in nursing roles, as the above quote by Rogue, the commander of *Sutherland*, indicates. This paper will use the

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9 George Rogue to Navy Board, 20 July 1741, ADM 106/945/148, TNA.
10 Rogue’s preference for women in this instance also conforms to hiring of women to perform domestic labour in on shore hospitals. See Regulations respecting the Nurses and other Servants of the Royal Hospital, 1760 in Instructions, precedents and historical notes relating to the Sick and Hurt Board, collected for the Board of Revisions: Vol 1, 1805, p. 437-440, ADM 98/105, TNA. See also *Instructions for the Royal Naval Hospitals at Haslar & Plymouth* (London: Philanthropic Society, 1808), 6-7.
hospital ship Medusa as a case study to demonstrate the importance of nurses at sea to the provision of medical care. Additionally, the movements of the Medusa from the Spring to Autumn 1797, combined with its muster records, allow for a succinct study of when nurses came on board, from where, and whether they left service due to a reduction in patient numbers or at their own request.

Types of Hospital Ships

Before further considering the presence of women nurses on hospital ships it is necessary to provide a brief overview of the types and use of British hospital ships. The Royal Navy had used hospital ships since the sixteenth century, primarily as overflow for sick quarters on shore. By 1742, during the War of Austrian Succession, when the first Admiralty instructions to the Sick and Hurt Board were issued, the role of hospital ships was more varied: “And for as much as His Majesty’s Service doth often require the fitting out of Hospital Ships to serve in Fleets or Squadrons, or in Ports for the better accommodating, and Curing of Sick and Wounded Seamen belonging to His Majesty’s Ships.” During the Revolutionary and Napoleonic Wars, hospital ships were classed into three categories: moored hospital ships (lying at anchor close to shore, in port, or at a river station), hospital ships “appointed for Sea Service,” and convalescent ships for men discharged from hospital but not yet fit for work at sea or who were waiting to rejoin their ship. Within these categories, hospital ships were also used for specific purposes, such as Enterprise which was moored off the Tower of London to house newly pressed men during the Armament of 1790, or to treat sick and wounded Prisoners of War in the case of Sultan. HMS Medusa, for its part, journeyed between the Channel Fleet and Squadrons operating during the blockade of the French and Iberian coasts, on shore hospitals at Haslar and Plymouth, and dockyards

11 Admiralty instructions to the Sick and Hurt Board 1741, Office of the Commissioners of Sick and Wounded Seamen (Sick and Hurt Board) and successors: Out-Letters, 1792, article 41, ADM 98/103, TNA.
12 Admiralty to Commissioners for taking Care of Sick and Hurt Seamen, 4 June 1790, Sick and Hurt Board In-Letters and Orders 1784-1793, ADM/E/44A, NMM.
13 Admiralty to Commissioners for taking Care of Sick and Hurt Seamen, 14 July 1790, ADM/E/44A, NMM.
14 Sick and Hurt Board to William Yeo, 2 July 1797, Letters from Haslar and Stonehouse Naval Hospitals, ADM 1/3533, TNA.
15 Admiralty to Commissioners for taking Care of Sick and Hurt Seamen, 11 May 1790, Sick and Hurt Board In-Letters and Orders 1784-1793, ADM/E/44A, NMM.
16 Captains Log Sultan, 1803-1806, ADM 51/4505, TNA.
It is not surprising that the numbers of nurses, and indeed all medical personnel stationed on board hospital and convalescent ships varied according to the number of patients treated on board. Convalescent ships had the most variation in personnel, including whether or not they carried nurses on board. The convalescent ship *Gladiator* stationed at Portsmouth from 1793-1795, carried no nurses or any other servants on board, choosing to raise one helper from the convalescents.\(^{17}\) Similar practices were employed on board the convalescent ship *Grana* anchored at Sheerness from 1793-1796.\(^{18}\) For all of 1793 there was

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\(^{17}\) Hospital Ship Gladiator Musters 1793-1795, ADM 102/238, TNA.

\(^{18}\) Hospital Ship Musters Grana 1793-1796, ADM 102/244, TNA.
only a helper employed, until Eliza Harrard started as a nurse in July 1794. By January 1799, a matron, two nurses, and one helper raised from among the convalescents were listed on the *Grana* musters. At this stage in my research, I do not yet know why there was a change in the personnel on board *Grana*, but I do have two theories that align with the practices of shore hospitals. First, the patient complement on board *Grana* was constantly shifting in this period, primarily due to transfers to and from other hospital ships, rather than returns of convalescents to their own ships. The decision to employ a matron and stable nursing staff could represent an attempt to ensure continuity of care, which would not necessarily be present if the ship had continued to rely on helpers raised from a constantly shifting patient base. The navy perceived the restoration of the sick and wounded seamen back to their ship as a key public good, continuity of care through stable caregivers would assist in this goal. Second, there was an increase in the number of convalescents on board during this time and the nurses and matron could have been brought on to help better manage and care for the larger number of men. If the convalescent ships followed the same understanding of nursing care present in on-shore hospitals, then nurses would provide both medical attention when necessary but also be responsible for cleaning ward environments, while the matron acted as a housekeeper, managing stores of bedding and other non-medical supplies. Also, by 1799 *Grana* had begun to employ washerwomen, making its ship complement even more resemble that of an on shore hospital.

Hospital ships that were designed to operate at anchor close to on-shore hospitals tended to share nursing personnel with the hospital. This was the case of *Le Caton* stationed off Plymouth in the 1790s. Hospital Governor Richard Creyke included *Le Caton* in his reports to the Sick and Hurt Board, suggesting that he, if not the Sick and Hurt Board as well, conceived of *Le Caton* as part of the Plymouth hospital establishment. At least one nurse had connections to the hospital, having worked both at the naval hospital and on

19 Hospital Ship Musters Grana 1793-1796, ADM 102/244, TNA.
20 Hospital Ship Musters Grana 1798-1800, ADM 102/246, TNA.
21 Hospital Ship Musters Grana 1798-1800, ADM 102/246, TNA.
22 “It being the utmost consequence to the public, that the Seamen and Marines, sent to the Hospital, should be restored to health as expeditiously as possible, and that the attention of those to whose care and skill they are entrusted, should be diverted as little as may be to other objects ....” *Instructions for the Royal Naval Hospitals at Haslar & Plymouth*, 8.
23 Hospital Ship Musters Grana 1798-1800, ADM 102/246, TNA; and Convalescent Ship Grana Musters 1796-1798, ADM 102/245, TNM.
24 *Instructions for the Royal Naval Hospitals at Haslar & Plymouth*, 10-13, 16-17, 31, 37, 49-54, 80, 85, 121, 153, 178-179, 195, 204-207.
25 TRN/3, NMM.
board *Le Caton*. Townsend had worked at Plymouth naval hospital from 8 October to 5 November 1790 and was employed as a nurse on *Le Caton* by 1796.\textsuperscript{26} Unfortunately the pay list records for *Le Caton* only commence in January 1796 so it is not possible to know whether or not she had previously been employed on the hospital ship during the intervening years.\textsuperscript{27}

Other hospital ships that operated at anchor, such as *Enterprise* moored to the Tower of London and *L’Engageante* anchored in Cork harbour, also had high concentrations of nurses. *Enterprise*, for which there are musters available from 1790-1816, list no helpers, only nurses, as can be seen from May 1790, when one nurse – Sarah Stevens – was employed. The growth of the number of nurses in later years coincided with the growth in patient numbers.\textsuperscript{28} The hospital ship *Argonaut*, anchored at Chatham, also employed a large number of nurses. The *Argonaut* musters, available from 1800-1816, also show a change in the composition of hospital ship personnel in this time. The first musters from January 1800 list eight nurses, three helpers, five washerwomen, and one matron.\textsuperscript{29} By July 1805, the complement of hospital personnel had become relatively stable with one matron, one helper, and seven nurses aboard.\textsuperscript{30} The same complement of roles with seven nurses, one helper, and one matron was also present in April 1809.\textsuperscript{31} There thus seems to be an increased reliance on nurses as the French Revolutionary and Napoleonic Wars continued. I suggest that this change occurred within the context of greater stability in nursing regulations in on-shore hospitals in the second half of the 1790s, as well as the increased demand for seamen. The employment of helpers on board hospital ships thus decreased as demand for men’s labour in the navy grew, and simultaneously, as nurses’ authority increased in medical contexts.\textsuperscript{32}

Unfortunately, the decision to include or not include nurses on either the muster records or pay lists seems to have been entirely up to the ships’ commander or contractor. Luckily, *Medusa*, which is the best case-study I have for a ship operating at sea in the Channel, does include nurses in its hospital

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\textsuperscript{26} Plymouth Pay Lists 1789–1794, ADM 102/687, TNA.
\textsuperscript{27} Le Caton Hospital Ship Musters 1796–1797, ADM 102/473, TNA.
\textsuperscript{28} Enterprise Hospital Ship Musters 1813–1814, ADM 102/220, TNA.
\textsuperscript{29} Hospital Ship Argonaut Musters 1800–1801, ADM 102/14, TNA.
\textsuperscript{30} Hospital Ship Argonaut Musters 1805–1806, ADM 102/16, TNA.
\textsuperscript{31} Hospital Ship Argonaut Musters 1809–1810, ADM 102/19, TNA.
musters. Additionally, the physician to the Channel Fleet, Thomas Trotter, who was stationed aboard Medusa, referenced the presence of nurses and their accommodation on board the ship in his medical treatise Medicina Nautica.

HMS Medusa was a fourth-rate carrying 50 guns when it was launched in 1785. The ship was recommissioned as a hospital ship in March 1796 when retrofitting and repair work began. By the start of 1797, Medusa was set to sail with Admiral Alexander Hood’s fleet to continue the French blockade. The fleet’s departure was delayed until May as it was caught up in the naval mutinies of 1797, including mutiny aboard Hood’s ship Royal George. This delay enabled the laying of extra provisions on board Medusa, so that when the hospital ship joined the fleet at St. Helens on May Day, it was “now complete in every thing that I could devise, for the comfort of the sick.” On Tuesday, 16 May 1797, Medusa “Ans’d the Sigl. to unmoor, & unmoor’d Immediately and hove to the first service.” On board at that moment were six women listed as “borne on the Hospital Establishment” in the hospital ship musters. This medical complement included Matron Sarah Neal and nurses Sarah MacKenzie, Mary Hackley, Lucy Wright, Judith McCullum, Elizbeth Dewson, and Lidy Moody, all from Portsmouth and all of whom entered the ship on 27 April.

HMS Medusa received her first patients on 21 May, with five cases of typhus coming on board from La Nymphe. Medusa, in company with the fleet, arrived off the coast of Ushant on 26 May, where it remained and received patients until 8 June when it and the rest of the fleet sailed for Plymouth. Medusa left the fleet off Plymouth on 14 June and arrived at Spithead on 15 June, where it landed patients. From 20 June to the 6 July, Medusa was moored

33 Admiralty: Royal Navy Ships’ Musters (Series I), Ship: Medusa, ADM 36/13400, TNA.
34 Journal of the proceedings of His Majestys Ship Medusa Jno. Eaton Esqr. Commr from 30 March 1796 to 31 March 1797, ADM/L/M/110, NMM.
37 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA.
38 Medusa Musters, ADM 36/13400, TNA.
39 Medusa Musters, ADM 36/13400, TNA.
41 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Hospital Ship Medusa Musters 1797, ADM 102/576, TNA.
42 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, Volume II, 25; Hospital Ship Medusa Musters 1797, ADM 102/576, TNA.
at Spithead where it was resupplied with medical stores and provisions. Upon leaving Spithead it headed to Torbay to rejoin the fleet that was moored there, arriving on 12 July. Once reunited with the Fleet, Medusa received fifty-four sick on board on 16 July. These sick men remained on board Medusa when it and the fleet sailed for Ushant on 17 July. More sick were received onto Medusa on 28 July, the day before the hospital ship sailed to Plymouth to land the sick at Plymouth Naval Hospital and receive fresh supplies.

Medusa returned to port in Plymouth on 29 July 1797 where it had a short turn-around time of three days. Trotter had concerns about both the “small scale of accommodation” in the ship, which “does not admit of laying in a large stock of Articles for the use of the Sick,” and “the short space given to clean and purify the hospital.” Given the short time frame, he directed the Sick and Hurt Board’s Agent in Plymouth to purchase supplies in advance without securing prior approval from the Sick and Hurt Board. Trotter believed

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43 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA.
44 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, Volume II, 25.
45 Trotter, Medicina Nautica, 25; Hospital Ship Medusa Musters 1797, ADM 102/576, TNA.
46 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, 26; Hospital Ship Medusa Musters 1797, ADM 102/576, TNA.
47 Thomas Trotter to Evan Nepean, 29 July 1797, ADM/E/44A, NMM.

Naval hospitals at Plymouth and at Haslar, near Portsmouth: facades and plans. Etching. (Wellcome Collection)
that “the expence I find will scarcely exceed £300,” and that “it appears the only means for expediting Service.” The supply worries of Medusa continued when replacement bedding could not be loaded on board from Plymouth Naval Hospital. According to Trotter “from the number of Sick received on board the Medusa, in the course of the Summer, and many of these Cases the worst description, the Bedding has become so soiled and unwholesome,” that the whole ships store of bedding needed to be replaced. Perhaps owing to the heavy work load, three of the original nurses had requested to leave the ship and nursing work by the beginning of August. Wright was the first to go, being discharged from Medusa on 23 May and having worked just short of a month. However, she was quickly replaced the following day by Jane Smith. The number of nurses on the ship would continue to grow until it reached a peak of eight at the end of July, with nurses entering the ship from Plymouth, Portsmouth, and Torbay.

By 5 August the hospital ship was back with the Fleet off the coast of Ushant. On 20 August, Medusa received the pregnant wife of a seamen stationed on La Pique, “in the eight month of pregnancy, subject to constant hysterics, and incessant retchings and vomiting.” Trotter “allowed [her] one of the nurse’s cabins, with suitable attendants,” and prescribed her the “usual routine of medicines” opium, castor, and camphor, but she was unable to keep food down. It was during this time that Medusa received her first cases of smallpox from HMS Mars. Trotter traced this outbreak back to Haslar Naval Hospital and recommended the construction of a separate smallpox building “a sufficient distance from Hospital” to prevent the spread of the disease. The Admiralty instead indorsed the cheaper bricking up of the connecting doors between the smallpox wards and others in the hospital. Meanwhile, the unnamed pregnant woman was landed at Torbay “where she had relations” on 26 August and Trotter reported that she “was delivered of a healthy child the morning after she landed: from this time all her complaints ceased.”

48 Thomas Trotter to Evan Nepean, 29 July 1797, ADM/E/44A, NMM.
49 Thomas Trotter to Admiral A Gardner, 4 November 1797, ADM/E/44A, NMM.
50 Supernumaries borne on the Hospital Establishment, Medusa Aug 2-29 September, ADM 36/13400, TNA.
51 Captain’s Logs Medusa May 10 1797-May 9 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, Volume II, 26.
52 Trotter, Medicina Nautica, Volume II, 26.
53 Trotter, Medicina Nautica, 26-27.
54 Hospital Ship Medusa Musters 1797, ADM 102/576, TNA.
55 Thomas Trotter to Evan Nepean, 30 August 1797, ADM/E/46, NMM.
56 Admiralty to Sick and Hurt Board, 29 September 1797, ADM/E/46, NMM.
57 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, 27.
Medusa returned to the fleet on 2 September when the fresh “stock, fruit, and vegetables” she carried on board were distributed to the fleet.58

Medusa made two more journeys between the fleet off Ushant and Plymouth. Sick were landed on 25 September and the hospital ship rejoined the fleet off on 10 October, where vegetables and lemon juice were distributed to the surgeons of the ships of the line.59 Medusa returned to Plymouth on 4 November. A healthy fleet meant that only ten sick were landed. By the time Medusa left her Plymouth moorings on 15 November, the fleet was already on its way back from Ushant for the winter, and Medusa rejoined the fleet at Spithead on 18 November.60 Of the original complement only Neal (the matron) remained on board, but all five nurses that had joined the hospital ship in July, plus three more that had joined in August and September were still stationed on board Medusa.61

I was able to trace the nurses employed on board Medusa and determine that there were “suitable” accommodations for them through both muster records and Trotter’s accounts. Women were employed not only on ships moored close to shore but were also present on ships that travelled between the naval hospitals of the British Isles and the Channel Fleet.

Conclusion

The women showcased here represent but a fraction of women’s labour contributions to British mobilization for the Revolutionary and Napoleonic Wars. Women and their labour were crucial to the function of onshore hospitals but were also a part of hospital and convalescent ships whether those ships operated at anchor or at sea. This labour was in service of the state, in a public sphere, and for the public good, qualities that are often not associated with working class women during the long eighteenth century. Through the integration of the approximately dozen hospital ship musters and/or pay lists that include women nurses and washerwomen I hope to highlight this labour. By using new methodologies, like HGIS, we as scholars can uncover hidden realities and challenge our previous assumptions concerning medical care and British naval hospital ships in the late eighteenth and early nineteenth centuries.

58 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, 29.
59 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, 30.
60 Captain’s Logs Medusa May 10, 1797-May 9, 1798, ADM 51/1208, TNA; Trotter, Medicina Nautica, 30.
61 6 October-29 November 1797, ADM 36/13400, TNA.
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