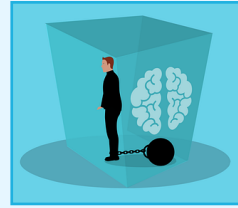


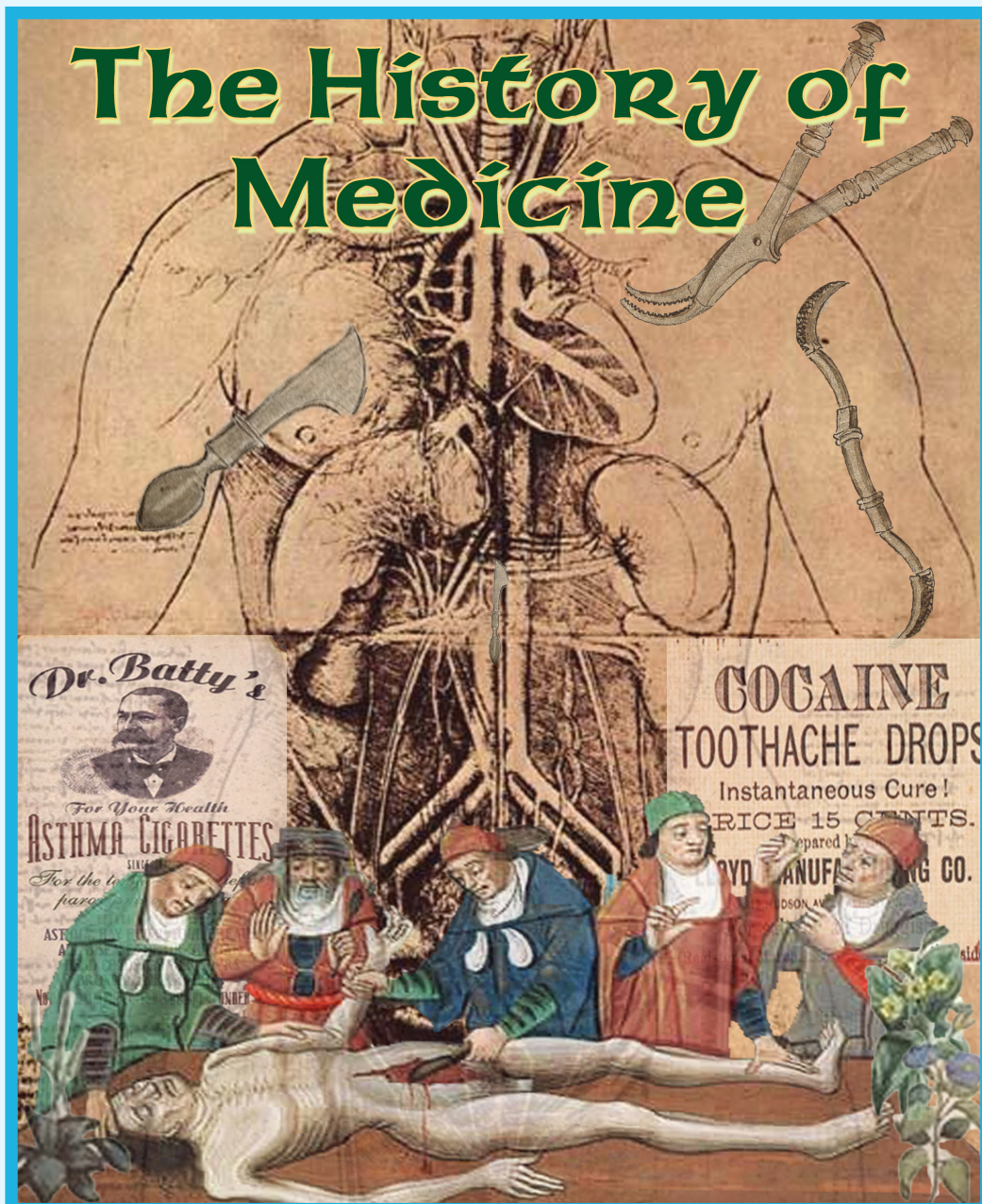


PHYSIC GARDENS

**MEN'S HEALTH**

GUESS THE INSTRUMENT!

THE HIPSPRAY



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The Hypospray is produced for STARFLEET International members by
the STARFLEET Medical Auxiliary Programme.

From the Editor's Desk

The inspiration for this edition came from a trip to Edinburgh. While exploring the city's outdoor offerings, the CO of the USS Alba and I stumbled across a medicine garden. Medicine has come a long way, but it is still rooted in the old remedies. The healers of the past got a lot of things wrong, but what they got right is still used today. As we delve further into the science of medicine, never forget the people who discovered willow bark tea took away the pain.

Jessica Odell
Editor In Chief



For Imogene and Robert

Welcome to The Hypospray

In this edition we focus on the history of medicine.

We see how societies have changed in their approach to illness and disease from ancient times in Babylon, China, Egypt and India to the present with the introduction of the earliest concepts of diagnosis and prognosis.

The advancements in effective treatments and even cures for many infectious diseases and not forgetting the advancement in Military medicine and the methods of trauma treatment and surgery. The development and advancement of Public health , surgical tools, treatments and remedies from ancient times through the Middle Ages and renaissance period to the 19th and 20th centuries.

Our very own Deputy Surgeon General is in fact a descendant of Florence Nightingale!

A fascinating subject even for those not directly involved within the medical field of interest.

Captain Mark Logan PhD, SFMD

Surgeon General

STARFLEET Medical

From The Office of The Surgeon General



Mark Logan, SG



Pippa Slack, DSG

Thank you for being a
part of STARFLEET
Medical, and HAPPY
HOLIDAYS!

LLAP,
Jessica Odell
Editor in Chief

Medicine in Ancient Greece

The formation of modern medicine is often attributed to the ancient Greeks, specifically Hippocrates. While the 12 Olympians and temples may come into mind when we think about ancient Greece, surprisingly like modern times, alternative and evidence-based medicine co-existed with each other.

Healing temples in Ancient Greece were called Asclepions and they were mostly located near modern spas and mountain sanctuaries. The temples often had dogs, roosters and non-venomous snakes (aesculapian snakes) as they were a symbol of Asclepius, the Greek god of physicians.

In the temples, the patients went through two major steps during their treatments. The first step was Katharsis which is also known as purging. Following a series of baths, the patient has prescribed a clean diet for a couple of days and in some cases, they release their emotion through art. The patients then give an offering to the temple, allowing the second stage to begin. During incubation, or dream therapy, the patient sleeps in the Abaton-enkoimeterion which is like a dorm in the Asclepion. With the use of drugs, they are lulled into a hypnotic state then put to sleep. The dreams they saw were then recounted to the priest who prescribed them the treatment according to said dream. This is because they believed dreams were prognostic as they thought to have been visited by Asclepius, Hygeia or Panacea in said dreams.

Unlike healing temples, the medical school of Kos was founded by Hippocrates, the father of modern medicine. In the medical school of Kos an emphasis on building the patient's strength using a mixture of diet and hygienic measures. They also believed that drastic treatments should only be used when necessary.

While the field of medicine has significantly developed over the past two thousand years it is nice to know that somethings such as the benefit of a good diet and hygiene would never change.

Ens. Felicia Hung

ASG R19



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Physic Gardens



By the Medieval period, the knowledge of the healing properties of myriad plants were well known. However, there was no corner pharmacy and doctors were limited in number and expensive. Instead, small gardens were maintained in villages. Wealthy landowners would have the ability to plant their own private physic gardens on their estates. Plants and herbs were often planted in groups based on specific ailments or for balancing the four humors (blood, phlegm, yellow bile, and black bile).

Not all of the plants were used fresh, and many would have been harvested, dried, and then powdered for adding to tinctures, pastes, or even just food. Some of the plants used then are still used today, although we have been able to extract the specific chemicals that are effective from many of them.



Here are some of the traditional herbs found in many physic gardens.

For gastroenterology, plants such as speedwell, lemon balm, and meadowsweet were used. It was thought these herbs would reduce inflammation and prevent or help cure intestinal ulcers. Eyebright, ginkgo, and meadow clary were used to to treat eye disorders.



For skin ailments, comfrey was a common cure. Interestingly, it was also used to treat broken bones, respiratory,



and intestinal issues! Aloe is well known as a plant that aids in burn treatments. There were even plants that were used in the prevention of cancer, such as cinnamon, broccoli, and feverfew.

Coughs were a major problem in the medieval period, and there were numerous remedies including horehound, licorice, oregano, and pennyroyal. Camomile and sage were considered cure-alls, and prescribed for everything from epilepsy to kidney problems.



With the passage of time, and the advancement of science, medicines have come a long way. However, many modern pharmaceuticals were created by analysing the old herbal remedies.



Jessica Odell
SFM, R20



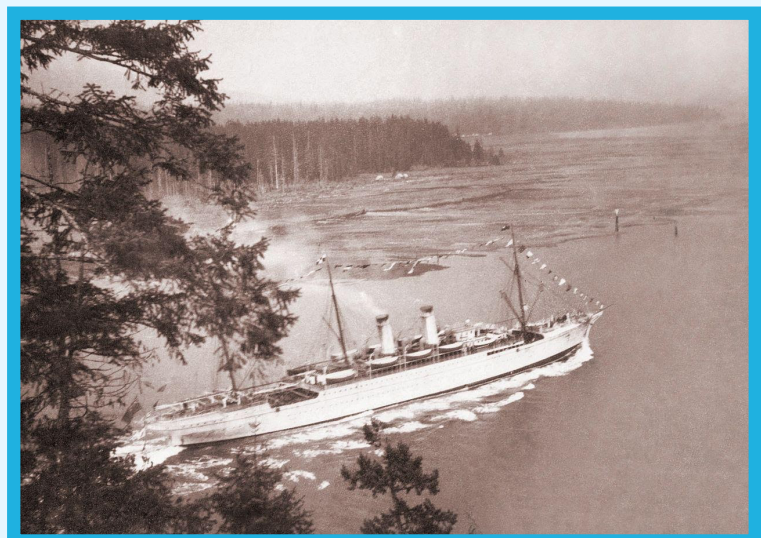
A Brief History Of Emergency Medicine

From the early annals of recorded history, some form of emergency assistance has been provided by passers by to those in need. On Earth, The Terran religion of Christianity's New Testament tells of the Good Samaritan who provided assistance to a person who should have been their enemy,

Across the Federation, and different worlds, Emergency Medical Assistance eventually became formalised. The first vehicles for transporting the injured were pulled by people or animals, later becoming motorised and from around the late 24th Century, some Terran vehicles were even able to transport casualties at Warp Speed to receive vital medical attention.

From the early days of Florence Nightingale to the formation of Starfleet Medical (shortly after the founding of United Earth Starfleet in the 2140s) right up to the present day, people have had an urge to provide medical assistance when required.

Dedicated vessels for Medical Treatment began as sailing vessels, often commandeered from the civilian merchant fleets (such as the RMS Empress of India in the Terran First World War).



The Denobulans reportedly used specialised medical ships to transport their medical supplies in the 22nd Century, perhaps even earlier.



Over time Starfleet and the Federation developed Medical Vessels which were able to provide hospital level assistance to whole planets. During the 2370s, the USS Fleming was a medical transport vessel.

In 2375 discussions were held regarding sending twenty-five Federation hospital ships to provide aid to the Romulans during the dominion war, which highlights the amount of resources the Federation were willing to put into emergency medical care.



Non-Federation species such as the Kraylor also operated medical vessels.




It would appear that across time and across the galaxy, sentient beings have always cared for the health of each other. Even in times of war, it is not uncommon to find a person providing care for someone who should be deemed their enemy. From the earliest Terran ambulances, drawn by horses, to the fleet of Hospital Ships operated by Starfleet Medical for the Federation, the preservation of life has continued to be a vital part of a civilised society.

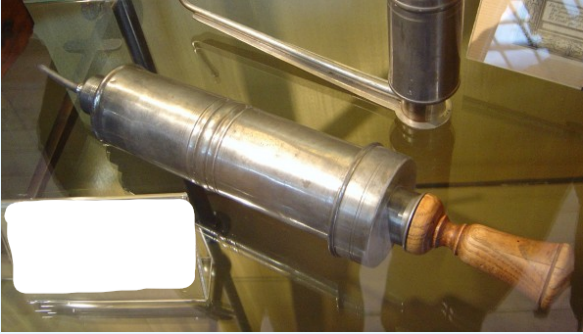


LTJG James Goulding SFMD,
Committee Chief for Emergency Preparedness, Starfleet Medical.



Guess The Instrument

Match the picture to the descriptions!

	Instrument	What it does	
1		This instrument contains two hidden blades that spring out and cut and dilate the neck of the bladder after which the surgeon probes with forceps for a bladder stone or vesical calculus. No anaesthetic was available at the time this instrument was used.	A
2		This instrument was inserted into the male urethra and then the plates spaced further apart to stretch the urethra as far as possible and allow a proper urine flow.	B

3		<p>These instruments were used for levering fractured bones into position, and possibly also for levering teeth out.</p>	C
4		<p>This instrument has blades which swing around and make multiple cuts at one time, allowing more effective blood letting to take place.</p>	D
5		<p>This instrument was used to find a woman's womb as it was believed that it could wander around the woman's body, causing havoc upon her internal organs and creating hysteria.</p>	E

6		<p>This instrument was placed over the crown of a tooth that was to be extracted with the bolster against the outside gum. The handle was pressed down upon and the tooth was then levered out. Different sized instruments allowed different sized teeth to be levered out. Unfortunately, the use of this instrument could result in the severe laceration of gums, haemorrhaging and even a fractured jaw bone.</p>	F
7		<p>This instrument was used to grasp and then crush an external haemorrhoid to restrict the blood supply. Eventually the damaged tissue would die and wither off. Internal haemorrhoids were first coaxed out using hoods and then crushed.</p>	G
8		<p>Used in trepanning with one end driven into the patient's skull to hold the instrument in place whilst the doctor turned the blade. Later variations were useful in arm and leg amputations and dental surgeries.</p>	H

9		<p>This device is entered into the anus after which fluid is introduced into the colon by a series of pumping actions. Commonly boar's bile was used in these enemas.</p>	I
10		<p>This device was used to remove arrows from wounded soldiers in the medieval ages.</p>	J

From The Regions

Region 1

The History of Nursing

One of the good things that has come out of the pandemic is that society realizes the importance of having medical professionals on staff at hospitals and nursing homes. Looking back at the history of nursing it is easy to see the dangers in the profession and the rewards of being a nurse.

Nursing has been a part of society for decades and is only ever growing and evolving. Most people think of the nursing profession as beginning with the work of Florence Nightingale, an upper class British woman who captured the public imagination when she led a group of female nurses to the Crimea in October of 1854 to deliver nursing service to British soldiers. Nurse Nightingale was the founder of the first official schools of nursing.

Nursing is a profession that is in high demand. With a national average of there being roughly 3.1 Million nurses working in diverse sittings and fields they are the front line providers of healthcare services. When people thought of taking care of the sick in history it mainly was done in their homes and was the responsibility of family, friends, and neighbors with a knowledge of healing practices up until Nurse Nightingale's inspired change.

During the early 19th century hospitals were built but mainly in the more populated sections of the country, generally in large cities. Nursing care in these institutions differed enormously. In hospitals that were operated by religious nursing orders the patient received a higher quality

of care. But in other institutions the nursing care was more variable, ranging from good in some hospitals to haphazard and poor in others.

The year that made one of the most impact on American professional nursing history was 1873 in which there were three nursing educational programs established, the New York Training School at Bellevue Hospital, the Connecticut Training School at the State Hospital, and the Boston Training School at Massachusetts General Hospital. These nurses were trained to deliver in home care, bedside care in institutions, care for pregnant women, care for soldiers, care for the sick, and care for society. These schools were based on Florence Nightingale's principles of caring for the sick and injured.

Nursing jobs are easy to find but in modern society they take a strain on the person working them. Long and often thankless hours worked while exposing themselves to germs and illnesses makes nurse retention a huge issue. Without nurses more people will be dying due to unsanitary and nonstandard care. So please take the time to thank a health care worker you know. It makes a difference and is much appreciated.

Cheryl M. Williams
RN Region 1/Yorktown

Region 7

The end-of-year holidays are a time that I look forward to personally. However, as Ned Stark in “Game of Thrones” would often say (when he still had his head attached, at least) “winter is coming.” Many of our respective countries are now in the midst of a spike in SARS-CoV-2 infection rates (including lockdowns in the United Kingdom, Ireland and Western Europe, with impending ones in the United States and Canada). Every member of SFI must do their best to prepare physically, emotionally and mentally. That includes those of us in the Medical Directorate. First and foremost, we will need to lean on each other a little bit more, as we have been, and as best as possible. We have various ways to stay in contact with each other, including social media, Apple FaceTime, Zoom and Discord. Of course, you could also do things the old-fashioned way and call someone.

Physically, we have to be mindful of flu season, so unless there is a medical reason to not take one, please get a flu vaccine. No, you do not get influenza from the vaccine. First of all, it is made from killed or weakened viruses. Also, it takes two weeks for your body to establish immunity to the four strains in this season’s shot. There is a window of opportunity in there for flu to take hold, so keep doing your usual to prevent it. It’s bad enough with that nasty coronavirus out there, one doesn’t need to make it worse with influenza, which has its own problems in and of itself.

Do your best, within your ability, to move your body, even if it’s a short walk around the block. It’s easy to get parked on your butt and Zoom or doom-scroll the day away. Not only can exercise of some sort help with getting fit, but it helps modulate your mood - and your immune system. We will be inside far more as the weather gets colder and the days get shorter. It also means we will be in drier air, which dries up our upper respiratory system, which makes us more vulnerable to certain

illnesses. Stay hydrated and stay as vigilant - if not more - as possible to minimize potential exposure to COVID-19; the risks are even higher in most of our respective countries than they were during the first wave of the pandemic.

Keep your brain active, as much as possible. Establishing a structure to your day will make the time less burdensome, hopefully. Even if you can get out of bed for the day, that is a good start. Not everyone is geared-up to learn a new language or write *The World's Greatest Novel* during these times, so if you end up binge-watching "The Mandalorian" or "Schitt's Creek," that may be the least to feel a sense of accomplishment.

Contact a fellow crew member (or other friend) for help, if needed, or for just a chat to check in with each other. Keep on engaging in watch parties. If you are experiencing symptoms suggestive of depression and/or anxiety, please consult a behavioral-health professional or your national/state/provincial mental health telephone line.

Hopefully, in due time, the vaccine studies will show further positive results, and we can all take the first steps to a semblance of pre-pandemic life. My ship's Security Chief (who is also a real-life security consultant) reminds our crew that all pandemics end. Even the 1918 influenza pandemic ended, but it had three waves of recurrence before that happened. Hang in there!

CAPT Ariel Vitali, MD
Medical Officer

Region 17

Are Anti Maskers Waging Biological Warfare?

At this point in 2020, the word pandemic is a household word due to the global outbreak and continued effects of COVID-19. But in spite of clear evidence from reputed public health and medical organizations regarding the simple task of wearing a face mask to a) prevent the spread from the source, and b) to protect oneself from acquiring this virus and others. Worse, wearing a mask has been politicized in such a way as to turn the opinions of otherwise thoughtful and intelligent people to conform to an anti mask crusade.

It is widely considered that in the 14th century, the bubonic plague (and its friends pneumonic and septicemic plague) was brought to the European continent through biological warfare means. At the Siege of Kaffa (Caffa) in what is modern day Ukraine in 1343, the Mongol army catapulted plague infected bodies over the walls of the city to deliberately weaken the defenses of the forces defending the city. Prior to the germ theory of disease, it was thought that many things could cause disease such as miasmas (bad or smelly air), offending the gods, or by breaking some societal rule such as pilfering a neighbors eggs. But even with these disease theories, the biggest indicator that someone would get sick was by being exposed to others who were sick.

As we struggle to contain the massive spread of COVID-19, the same thing can be said. Fomites (transmission of the virus through physical contact with surfaces) are not the primary mode of transmission, but prolonged exposure to shared air containing virus containing droplets. A simple tool to limit spread is by source control, keeping those virus containing droplets away from others by wearing a mask. It is not a political statement, a religious violation, or a limitation of any liberty. It

is a simple way to show you care about others, limit spread of a deadly virus, and even a way to show respect for those who are at higher risk than yourself. If an individual blatantly eschews a simple gesture such as this, could they be considered as wagers of biological warfare? Protect yourself, protect your family, and protect your community by being against biological warfare such as this and stay safe out there!

Brett McIlff, PhD

Public Health Chair

Region 20

The Complementary History of Osteopathy

Osteopathy all began with a gentleman by the name of Andrew Taylor Still, the son of a Methodist minister and physician, born on the 6th August 1828 in Kirksville, Missouri.

Initially Andrew decided to become a physician in his father's footsteps and so after studying medicine he began his career with an apprenticeship under his father. When the Civil War began, he served as a hospital steward and joined the Company F of the Cass County Home Guard of the Missouri Cavalry (Union)



where he served as a “de facto surgeon”. In this time of service, Andrew had many responsibilities which included maintaining hospital stores, furniture and supplies for the ill and injured, filling prescriptions and, when medical officers were not present, taking care of patients.

in 1864 Andrew's life took a fateful and tragic turn when his wife and two of his own children and another he had adopted died from spinal meningitis. His last child died from pneumonia – he had lost all of his family to disease that he, as a physician, was unable to help those he loved most. He was heartbroken and devastated by their loss and became convinced that if he studied the human body in terms of its anatomy and physiology he may be able to find alternative ways to help heal the human body from illness and injury.

He became convinced that medicine had failed to shed light on the aetiology and effective treatment of disease and as a practising physician he felt that therapeutic regiments of his day often caused more harm than good. Many of the drugs that doctors prescribed at that time, such as arsenic and mercury, castor oil and opium were toxic. Unfortunately,

doctors did not know that the medicines they used were so dangerous because pharmacology was still in its infancy. Common medical practices such as purging, vomiting, blistering, and bleeding often left patients in a weakened condition or led to their deaths.

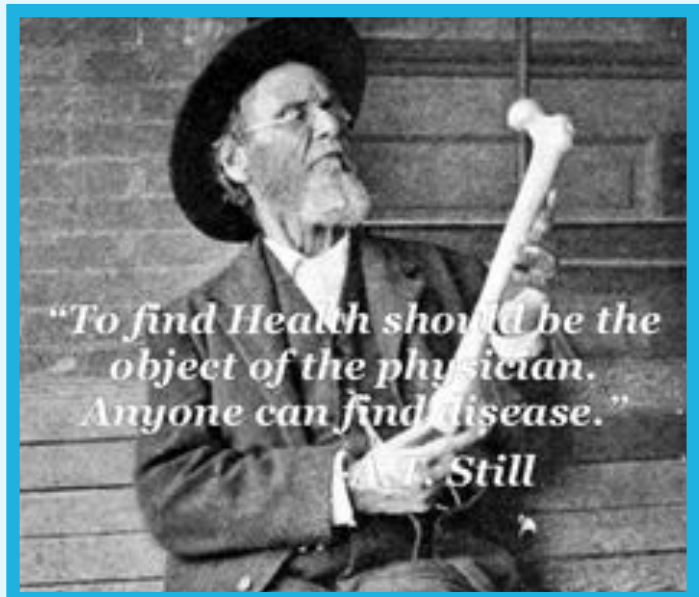
Andrew Still went back to his studies at the new College of Physicians and Surgeons in Kansas City, Missouri in 1870 and after graduating he sought to reform the medical practices of his time. Still began to investigate alternative treatments such as hydropathy, bone setting, the effect of diet upon the body and even magnetic therapy and much appreciated the lack of potentially harmful intervention with these modalities of treatment. He hoped that one day, 'rational medical therapy' would comprise of the manipulation of the musculoskeletal system (and through that other systems in the body), surgery and, only when necessary, the use of drugs such as anaesthetics, antiseptics and antidotes.

In the end, he founded Osteopathy, its name given by blending the Greek words for Bone, 'Osteon-' and 'pathos' to convey his belief that disease and physiologic dysfunction were related through a disordered musculoskeletal system. In essence, Still believed that through diagnosing and treating the Musculoskeletal system he could in turn help to treat a variety of diseases and prevent the use of unnecessary and potentially harmful drugs and remedies.



With this newfound approach to medicine, Andrew Taylor Still established the American School of Osteopathy (now A.T. Still University) in Kirksville, Missouri in 1892. Still became one of the first physicians to promote the idea of preventative medicine, with the goal of maintaining the body in as healthy a state as possible so as to prevent the occurrence of disease in the first place. He believed also that once disease had begun, that instead of concentrating upon the symptoms of the disease as orthodox medicine traditionally did, that he would instead concentrate on finding the origin or cause of the disease and focus upon that instead.

Still defined osteopathy as, "that science which consists of such exact, exhaustive, and verifiable knowledge of the structure and function of the human mechanism, anatomical, physiological and psychological, including the chemistry and physics of its known elements, as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease, and regained its normal equilibrium of form and function in health and strength."



Over time, during which he treated patients with a wide range of conditions, from dysentery to sciatica and arthritis, with varying results, he gained a reputation as an effective practitioner. Patients from all over

America flocked to Kirksville for treatment. Soon demand was so high, boarding houses were built and train routes were altered to cater for the amount of people seeking treatment

In 1892, 22 osteopathic students enrolled at the American School of Osteopathy and this first class of both men and women (symbolic of Still's strong sense of liberalism) were taught over a period of two years and included in-depth education in physiology and anatomy.

He drew in full practice rights for his students, and upon graduation, awarded them the title of D.O. (Doctors of Osteopathy).

One of Still's early students was J. Martin Littlejohn, who, after taking on a job as physiology lecturer at the American School of Osteopathy, registered as a student and then later that same year became Dean of the school. However, following bitter disagreements with some of A.T. Still's followers regarding the role of physiology within osteopathy, as well as other factors, he was released from his role as Dean and moved to Chicago, where he established the Chicago College of Osteopathy in 1900.

Theoretical education was expanded upon and physiology became a core subject. Despite criticisms from the American School of Osteopathy, the Chicago College of Osteopathy went from strength to strength and was seen as a key scientific osteopathic institution. Due to the onset of political changes, J. Martin Littlejohn moved back to Britain with his family in 1913, where he worked in hospitals in a variety of jobs, until he helped found the British School of Osteopathy (BSO) and the Journal of Osteopathy in 1917. This helped to lay foundations for osteopathy in Europe.

When the BSO opened (where I trained as a young student), the British Osteopathic Association (formed in 1903 as a British branch of the American Osteopathic Association, where American-educated osteopaths came to live and practice) wanted a school based on American tradition

where graduates practiced both osteopathy and what is known as 'allopathic medicine', meaning conventional medicine. The BSO did not share the same views, and the BOA eventually made some leeway with this ambition with the establishment of the London College of Osteopathic Medicine (LCOM) (London Bridge Osteopaths, 2013) in 1946, which saw shorter osteopathic courses being offered to medical professionals, and therefore, the professionals graduating from the courses became the first British-trained osteopaths to start practice.

In 1935, the British Medical Association campaigned for a new parliamentary bill, which saw osteopathy being refused any official recognition. Osteopathy was considered to be outside of mainstream medical practice in Britain and was not a legally regulated profession until the introduction of the Osteopaths Act in 1993, which led to the establishment of the General Osteopathic Council, as well as the Register opening, in 1998.

Like other medical professions, osteopathy is now subject to statutory regulations and qualified practitioners need to register with General Osteopathic Council in order to practice and use the title of 'osteopath'.

Some notable quotes from Andrew Taylor Still

"I began to see during the civil war, in that part of the states of Missouri and Kansas where the doctors were shut out, the children did not die."

"An osteopath is only a human engineer, who should understand all the laws governing his engine and thereby master disease."

"A student of life must take in each part of the body and study its uses and relations to other parts and systems."

"You should know the cause of a disease and be able to remove it. You know the course of an artery, nerve, and vein, and before you take your hands off should know that you have removed all obstructions to the

nerve, vein and artery, giving force and nourishment to the depleted locality.”

“My father was a progressive farmer, and was always ready to lay aside an old plough if he could replace it with one better constructed for its work. All through life, I have ever been ready to buy a better plough.”

“Let us not be governed today by what we did yesterday, nor tomorrow by what we do today, for day by day we must show progress.”

“I do not want to go back to God with less knowledge than when I was born. I want my footprints to make an impress on the field of reason. I have no desire to be a cat and walk so lightly that it never creates a disturbance. I want my footprints to be plainly seen by all...”



Pippa Slack

SFM, Deputy Surgeon General

Men's Health

Men and Mental Health

The perfect storm for mental health is on the horizon. Several factors are coming together in the worst possible way to make the winter of 2020 potentially the worst it has ever been, especially for men. Winter months are a triple whammy. Less sunlight is coupled with many not venturing outdoors because of cooler temperatures. Cooler temperatures means less skin is exposed to the sun. While that is great for the harmful rays emitted, it also means Vitamin D production goes down. Vitamin D helps with muscle movement, the carrying of nerve signals, and an important component of the immune system. If this wasn't bad enough, lack of sunlight has been shown to increase depression. The effect is so drastic above the Arctic Circle, most households have artificial sunlight lamps to help combat this. Because it isn't as noticeable in the most of the Lower 48 states, many homes do not.

This winter, this annual occurrence is intensified by arrival this year of COVID-19. In addition to keeping people indoors even more, the risk of transmission means less social interactions. While the introverts of the world are rejoicing, most people need social interaction. Combined with all other factors, this winter could see a huge uptick in mental health issues for everyone.

While mental illnesses affect men and women, women are affected more often than men. Yet at the onset of the article I indicated this could be worse for men. The reason is while women are more likely to be affected by mental health issues, they are also more likely to seek treatment.

Men generally seek medical attention less than women, but when it comes to mental health, the disparity is staggering. Because of the

stigma society has placed on men regarding feelings and emotions, the likelihood of a man seeking treatment is far less than for women. Too often, this is because of denial. One of the important things is to recognize the warning signs –

Anger, irritability, or aggressiveness

Noticeable changes in mood, energy level, or appetite

Difficulty sleeping or sleeping too much

Difficulty concentrating, feeling restless, or on edge

Increased worry or feeling stressed

Misuse of alcohol and/or drugs

Sadness or hopelessness

Suicidal thoughts

Feeling flat or having trouble feeling positive emotions

Engaging in high-risk activities

Aches, headaches, digestive problems without a clear cause

Obsessive thinking or compulsive behavior

Thoughts or behaviors that interfere with work, family, or social life

Unusual thinking or behaviors that concern other people

Recognizing the problem is a key step towards getting help. It is imperative that family and friends be supportive if any kind of issue is suspected. Men need to realize they aren't alone and there is help!

Captain Jim Landelius,
Men's Health, STARFLEET Medical
MedicalMHLth@sif.org

Sources:

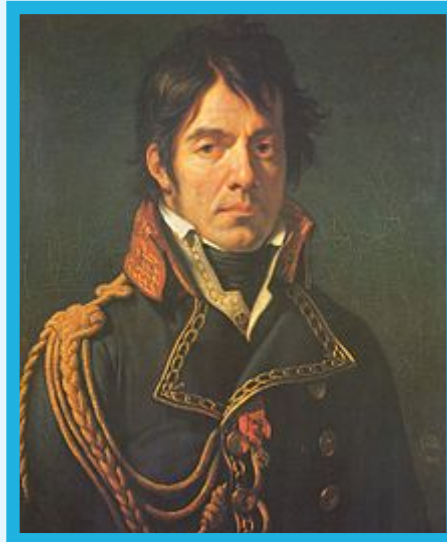
<https://www.nimh.nih.gov/health/topics/men-and-mental-health/index.shtml>

<https://ods.od.nih.gov/factsheets/VitaminD-Consumer/>

<https://www.spokesman.com/stories/1997/nov/24/alaskans-suffer-from-lack-of-sun-disorder-pushes/>

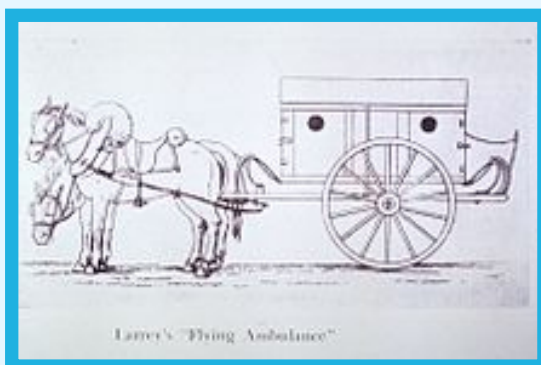
Historical Archives

Dominique-Jean Larrey (1766-1842) : A Pioneer of War Medicine.



*Larrey by Anne-Louis Girodet,
1804*

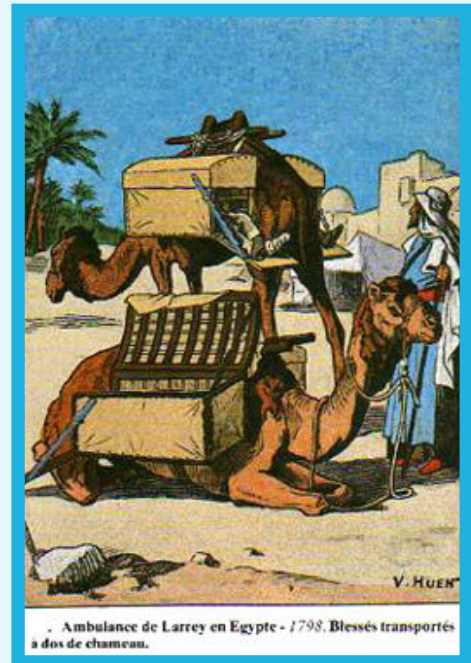
He was a doctor and military surgeon. He is the son of a shoemaker but was brought up by his uncle, a major surgeon at La Grave hospital in Toulouse. He apprenticed with him for six years before going to Paris to complete his training with Desault, chief surgeon at the Hôtel-Dieu.



He began his career as a Royal Navy surgeon in 1787 aboard the frigate La Vigilante. On his return to Paris, he obtained a post by competitive examination at the Invalides hospital and there he met personalities like Bichat and Corvisart (future private doctor of Emperor Napoléon). He will then be in almost all the battlefields of the French Revolution, and in 1792 created in Mainz the first flying ambulances at the head of which he saved the soldiers under enemy fire,

finding ridiculous the previous habit of maintaining the personnel of health outside the battlefield.

He was then able to save many more soldiers, and became so famous that he was asked to teach at the Val de Grâce military health school. In 1796, he was in charge of the inspection of camps and hospitals of the army of Italy, then appointed chief surgeon of the army of Egypt in 1798. He will therefore accompany the expedition to Egypt commanded by General Bonaparte, where he distinguished himself by saving General Fugière, wounded in his shoulder at Aboukir. He adapted his ambulance system by attaching lockers to the backs of camels so that he could transport the wounded.



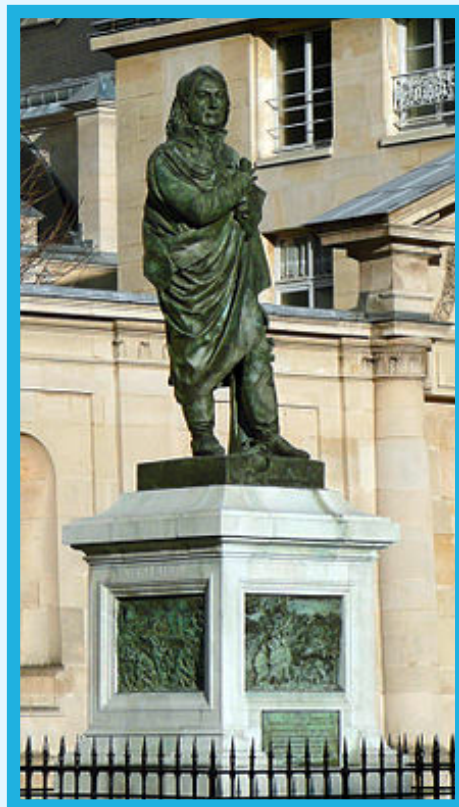
. Ambulance de Larrey en Egypte - 1798, Blessés transportés à dos de chameau.

He defended his thesis in 1804, and received from the hands of Napoleon Bonaparte, first consul, one of the first officer's crosses of the Legion of Honor. Chief Surgeon of the imperial guard then of the Grande Armée, he was created Baron of the Empire in 1809. He was famous at that time for not treating only the wounded from his own camp and for not basing himself on rank, which even earned him the respect of his enemies. This arrangement saved his life because, taken prisoner in Waterloo, he was recognized by the Prussian Marshal Blücher whose son he had previously saved on another battlefield. Blücher prevented his soldiers from shooting him and had him released. Larrey's dream of health services cooperation on the battlefield was realized by Henry Dunant, who established the Red Cross in 1863.

He remained loyal to emperor Napoleon during the Restoration, which led him to be ostracized by kings Louis XVIII and Charles X (even if

Louis XVIII made him a member of the Royal Academy of Medicine in 1820), but Louis-Philippe recalled him. He then became a member of the Army Health Council, carried out an inspection in Algeria in 1842, fell ill there and died in Lyon. His body, first buried in the Père Lachaise cemetery in Paris, has been resting since 1992 in the vault of Gouverneurs des Invalides, next to the Emperor Napoleon.

A statue was erected to him in 1850 in the courtyard of the Val de Grâce military hospital in Paris. In Toulouse, two military hospitals bear his name today, and his birthplace house in Baudéau, in the Hautes-Pyrénées department, has become a museum.



Statue of Larrey, courtyard of the Val de Grâce military hospital, Paris

Medically, he was a master of amputation, which was the only cure for gunshot wounds to prevent infection since there were no antibiotics at the time. He was known to be a good surgeon because he could amputate

a limb in less than a minute (he had to do 200 after the battle of the Sierra Negra and battle of Eylau). He was also a pioneer of maggot therapy, used in Egypt to heal infected wounds. He also had to perform a mastectomy on Frances Burney, wife of General Arblay. She was awake during the operation and recounted all the details several months later. His son Hippolyte (1808-1895) was chief army doctor and surgeon to Napoleon III.

Commander Anne-Laure Perrin
CMO USS Versailles, DASG R9

Ann Preston : The First Woman Dean of a Medical School.

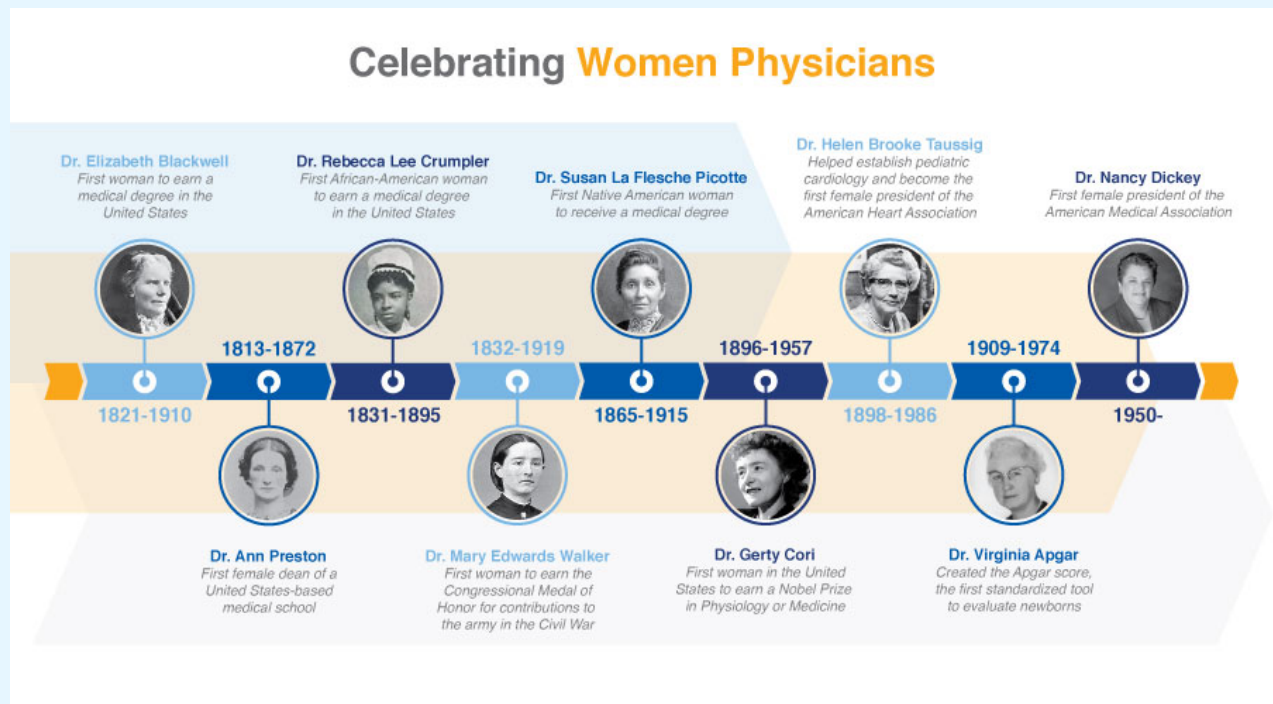
I would like present you Ann Preston, the first woman dean of a medical school. She was a doctor, activist and educator. She fought for women in the medical field.



Ann Preston (December 1, 1813 – April 18, 1872)

Ann Preston was the first woman dean of a medical school, the Woman's Medical College of Pennsylvania (WMCP), which was the first medical school in the world to admit women exclusively. At a time when the medical profession was nearly all-male and considered unacceptably coarse for women to enter, Ann Preston campaigned for her female students to be admitted to clinical lectures at the Blockley Philadelphia Hospital, and the Pennsylvania Hospital. Despite the open hostility of male medical students, and sometimes of male faculty, Preston determinedly negotiated the best educational opportunities for the students of WMCP.

She graduated in 1851, one of eight women awarded a medical degree. Dr. Preston returned to the college the following year for



postgraduate work, and was appointed professor of physiology and hygiene there in 1853. In 1862 she led the effort to found the Woman's Hospital of Philadelphia in order to provide sorely needed clinical training to the college's students.

Ann Preston (1813-1872):

"Wherever it is proper to introduce women as patients, there also it is in accordance with the instinct of truest womanhood for women to appear as physicians and students."

CDR Yesenia Lopez, SFMD
Chief Medical Officer
USS Longbow

Sources:

https://en.m.wikipedia.org/wiki/Ann_Preston

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Counselor's Log

The Top Five Most Influential People in the History of Psychiatry

The Interesting and intriguing history of psychiatry is marked not only by powerful changes in theoretical conceptualization but also by the numerous individuals who have taken part in the evolution of the field.

1. Emil Kraepelin

It has been noted that Emil Kraepelin (1856-1926) has had the most influence, more than any other psychiatrist, on the actual practice of psychiatry. Known as the "father of psychiatry", Kraepelin believed the chief origin of psychiatric disease was due to biological and genetic malfunctions. Kraepelin announced that he had found a new way of looking at mental illness. He believed a more "clinical" view, versus the traditional view of that time which was that mental illness was strictly "symptomatic". His clinical view became what is known as the "descriptive approach". He emphasized diagnosis on the basis of "observable" symptoms rather than signifying underlying causes. For example, he distinguished between Dementia praecox (a "premature dementia" or "precocious madness") and manic-depressive psychosis. This distinction became known as the "Kraepelin dichotomy", and today we would see it as schizophrenia and bipolar disorder.

This paradigm shift took the grouping of diseases, or common patterns of observable symptoms or behaviors of mental disorders and formed the basis of the modern psychiatric classification system. This modern classification system is what has become known as the Diagnostic Statistical Manual of Psychiatric Disorders or the DSM. The most current edition being the DSM V.

2. Sigmund Freud

Freud (1856-1939) the "father of psychoanalysis" promoted the idea that the majority of mental illness existed on an unconscious level, outside of one's awareness, with forces that greatly influenced human behavior. These forces he labeled as the id, ego, and superego. Loosely the id could be described as the libido or seat of sexualized energy; the superego as the moralizing agent; and the ego as the organized, realistic agent that mediates, between the instinctual desires of the id and the critical super-ego. According to Freud's theory, mental illness arose when the ego was incapable of maintaining control of the id and superego, when their impulses became too strong. Freud believed this imbalance was often caused by early childhood trauma.

Freud's ideas permeated American psychiatry throughout most of the 20th century. Freud was responsible for opening up psychiatry from the hospitals to the outpatient units. Before Freud, psychiatrists were known as "mad doctors" and asylum keepers" separated from the rest of medicine. The rise of psychoanalysis brought psychiatry out of the dark dungeons of the asylum.

3. Eugen Bleuler

Eugen Bleuler (1857-1939), an early follower of Freud, is best known as the originator of the term "schizophrenia". His understanding of schizophrenia made him the first one to point out Kraepelin's conceptual error on schizophrenia. Kraepelin believed patients suffering from schizophrenia were suffering from an early form of dementia, where as, Bleuler believed that not all patients suffering from schizophrenia became demented. On this premise, Bleuler had many patients with schizophrenia discharged from the hospital rather than given a lifelong commitment, which was common practice in the 1800's. Another area in which Bleuler differed from Kraepelin was that Kraepelin's research was

based on patient records whereas Bleuler's research was based on direct clinical observation. These observations of the patient's made Bleuler an early proponent of what is now known as the biopsychosocial model of psychiatry. At the time of Bleuler, most psychiatrists were either psychoanalytic or biological in their thinking. Instead of it being one or the other, Bleuler insisted both ways of thinking were useful in understanding and treatment of mental disease.

4. Nathan S. Kline

When it comes to modern psychiatry, none have had a greater influence on the development of psychiatry than Nathan S. Kline (1916-1983). Because of his development of the first antipsychotic and antidepressant, he has become known as the "father of psychopharmacology". Kline insisted that his use of medication was not a replacement for psychotherapy but was adjunctive to it. He saw psychotherapy as serving a very useful role in many, if not all, forms of psychopathology.

Despite Kline's widespread success regarding the promise of psychopharmacology, he frequently warned of the overuse and misuse of psychiatric medications. He believed a more thorough understanding of psychoactive medications and how they effect human functioning, could forever change the field of psychiatry.

5. Aaron T. Beck

First a psychiatrist than a psychoanalyst, Beck (1921- Present) was studying Freud's theory on depression and felt it did not accurately or adequately explain depression. He had been developing a cognitive theory of depression. Beck believed that depression was developed from negative self-schema which were a set of beliefs and expectations about oneself that was essentially negative and pessimistic. He thought these

negative schemas were acquired in childhood, usually as a result of trauma of some kind.

Beck took his theory which he applied to psychotherapy and it became known as Cognitive Behavioral Therapy (CBT). CBT cannot only be applied to treating depression but also can be used to treat anxiety disorders, personality disorders and other disorders. Beck also developed several psychometric instruments with the Beck Depression Inventory (BDI) being the most well known.

Sources:

The Five Most influential Psychiatric Thinkers of all Time. Mark Ruffalo, in Psychology Today online.

Tranquilizing humanity into Oblivion: A Warning from Nathan S. Kline. Mark Ruffalo, Mad in America online

Wikipedia

Deborah Keyes M.A.

Cadets' Corner

Creativity Contest!

We would like to feature YOUR creativity in the next edition of The Hypospray!

Write a Trek story. Draw a picture. Build a cardboard spaceship!

Have fun, Cadets!

Please send your submissions to:

medicalhypo@sfi.org by February 15, 2021

Live Long and Prosper!

Quiz Answers:

1H, 5B, 8G, 2A, 7E, 10C, 3D, 6I, 9J, 4F.