History
Watching over Jack: Alexander Bryson, 1802-1869

J V S Wickenden

Introduction
In an earlier article, Doing it by the book: what the books in the Historic Collections can tell us about naval medicine in the nineteenth century [Wickenden, 2007] the name of Alexander Bryson appears frequently as a source of information. All his books are held in the Historic Collections library of the Institute of Naval Medicine, and while cataloguing – and reading – them, I found myself attracted to the style of his writing and the fearlessness of his invective. I was also intrigued by the contrast between the man whose writing could express such passion, “this estimable gentleman” according to the British Medical Journal [Hutchinson, 1869], and the chilly nonentity who emerges from the brief article in the Oxford Dictionary of National Biography (ODNB). The present paper attempts, accordingly, a fuller assessment of Alexander Bryson, trying to flesh out the story of a man who, while no unsung hero (certainly more unsung than heroic), seems to have fallen into undeserved oblivion. I am not medically trained, and any medical errors are mine entirely.

Early life and career
Alexander Bryson was born on 5 April 1802 at Houston in Renfrewshire, to James Bryson and Margaret Barr, married since 1785. An older brother, Robert, was born in 1795, and the IG (International Genealogical Index) records five other brothers, of whom at least three died in infancy. Robert married in 1821, started a family and set up as a cotton broker in Glasgow, with some success to judge by the increasing size of his household in the Scottish censuses.

Little is known about Alexander Bryson’s early schooling. The ODNB [Mills, 2004] states that his professional education began at Edinburgh: however, neither Edinburgh’s University, Royal College of Physicians, nor Royal College of Surgeons have any record of him. There may be some confusion with another Alexander Bryson (1816–1866), a geologist and chemist from Edinburgh.

Alexander Duncan records that Bryson was educated in Glasgow, and became a licentiate of that Faculty (now the Royal College) in 1825 [Duncan, 1896]: his signature appears in the 1824 matriculation album for Glasgow University. His older brother Robert was 30 in this year, and it is tempting to think that he may have put up the money to pay the university’s fees.

Bryson’s studies entailed attendance at two courses of lectures on anatomy, one in the practice of physic (i.e., medicine), one in chemistry, one in materia medica, and one in surgery, with six months of hospital work and at least three months’ practical pharmacy. In 1827 Glasgow University awarded him an MD. He began his career in the Royal Navy early in the same year, perhaps even before the award of his MD was formalised, when on 13 February 1827, two months before his 25th birthday, he joined the Royal Naval Hospital Haslar as a hospital mate.

Sea service
On 11 October he was appointed assistant surgeon to HMS Magnificent, the receiving ship for Royal Naval Hospital Jamaica. He was aboard Magnificent for just over a year before being appointed assistant
surgeon to RNH Jamaica itself in January 1829.

After a year he made the voyage home again, only to join HMS Dryad on 27 May 1830: the first of four eventual postings to the African station for duty on the anti-slavery squadron. On 28 June 1831 he moved directly from HMS Dryad (5th rate) to HMS Atholl (6th rate), on the same station. This was effectively a promotion, as Bryson was now listed Acting Surgeon, which suggests that Atholl’s own surgeon had died or been invalided home. Bryson’s Medical Officer’s Journal for this voyage survives in the National Archive [ADM 101/88/3], recording cases of fever, “neurosis,” cachexia (weight loss and general debility) and miscellaneous skin conditions and parasitic infections.

There are traces already in this journal of a typically Brysonian prose style, and also of his very real sense – evident in the description of the effects of mercury, too long to give in its entirety – of there being a patient, not an experiment, on the other end of the medical procedure:

“[W]ho can say [mercury] is harmless that has seen a patient … doomed to languish two or three or four weeks under its influence … It is … to be hoped that the days of mercury used as a specific in inflammatory fever are fast drawing to an end … Unfortunately for medical science its most strenuous advocates have hitherto been unable to explain satisfactorily the real nature of the benefits [sic] they expect to result from its use – nor can they define its action.”

Bryson was more restrained than the average surgeon of that time when it came to bleeding his patients: “[venesection] is certainly of the greatest utility, but only when employed with due regard to consequent debility.” Nor did he ignore the latest drugs.

“The sulphate of quinine … [is] of great benefit [sic], and materially assist[s] in preventing debilitating paroxysms of fever.”

Home again from Africa in May 1832, Bryson was posted in quick succession to two 1st-rates: HMS San Josef, guard ship at Plymouth, and HMS Castor at Chatham. He then joined the new brig-sloop Griffon at Chatham for a four-year posting to the Cape of Good Hope and the West Africa station, after which he was rewarded with promotion to surgeon, and a four-year stint in home waters with the paddle-sloop HMS Salamander at Woolwich.

**Convict ship surgeon**

In 1841 he was off again for six months to the West Africa station in HMS Madagascar, another 5th-rate, followed by a posting as Surgeon Superintendent aboard the Marquis of Hastings, a convict ship bound for Hobart Town in what was then Van Diemen’s Land (Tasmania). Bryson’s Medical Officer’s Journal for this voyage has also survived, and can be consulted. [ADM 101/50/6]. At the end of the case studies is to be read:

“The following are part of a section of the Prisoners put under treatment according to the directions of the Inspector General Sir William Burnett … to try the relative effects of Lemon Juice, Citric Acid and Nitrate of Potash in the cure of scurvy”.

James Lind’s clinical trial on cures for scurvy aboard HMS Salisbury in 1747 is well known, but this is ninety-five years later, and forty-seven years after lemon juice was made Admiralty issue. Bryson labelled his three groups (nine men each) Divisions 1, 2 and 3, and gave each group a different potential cure.

By coincidence I had been contacted, earlier in 2009, by Dr Katherine Foxhall, of Manchester University. Chapter 4 of her PhD thesis [Foxhall, 2008] deals with precisely this subject. I extract four quotations:

1. “The renewed interest of the navy in testing various remedies for scurvy in the nineteenth century appear to stem from a report by Charles Cameron, a convict ship surgeon who in 1829 described the ‘almost miraculous’ effects of the efficacy of an ‘old remedy’ first recommended by another naval surgeon in 1795. In this treatise, Dr Paterson had described the ‘extraordinary effect of a solution of nitre in common vinegar in restoring above eighty seamen from the scurvy’. The Admiralty enthusiastically received Cameron’s report, and proposed that two
tons of nitrate of potash should be in future be supplied for every 100 men on convict ships. This seemed to solve an ongoing concern about the medical efficacy, but more importantly the ‘unnecessary expenditure’ of issuing lemon juice at sea.”

2. “By the 1840s, the personal interest in scurvy that some surgeons had displayed developed into a centrally mandated experiment on thousands of male convicts.”

3. “Of the fifty-three convict surgeons that the Navy supplied with scurvy remedies between 1840 and 1844 eleven specifically reported their opinions, and a further thirteen journals provided evidence of scurvy during the voyage.”

4. “Surgeon McKecknie on the Layton felt there was ‘little difference between citric acid and nitrate Potass [but both were] preferable to Lime Juice.’ In contrast, Bryson declared nitrate of potass ‘objectionable’.”

As we now know, lemon juice contains ascorbic (antiscorbutic) acid, or vitamin C, and does cure scurvy. Citric acid, though present in large amounts in lemon juice, is not the same; nonetheless its appearance in the trial is not unreasonable. Nitrate of potash, alias potassium nitrate or KNO3 or saltpetre, is in these days used to relieve angina, but why it should have been considered as a potential cure for scurvy is a mystery. Possibly those men whom it appeared to help were suffering from blood pressure, but it must have tasted revolting, apart from anything else.

(It is only fair to add that Alexander Armstrong [Armstrong, 1858, p.40], discussing the symptoms of scurvy, wrote “‘The thoracic pains are much more frequent and severe, and in a few cases which I attended symptoms of Angina Pectoris were present’”)

Bryson recorded that both lemon juice and citric acid had a positive effect on scorbutic symptoms, lemon juice having the edge.

Nitrate of potash either gave no evidence of a cure or was positively injurious. The same conclusions are repeated by Armstrong in his 1858 book, probably influenced by the two articles by Bryson in the Medical Times which Armstrong cites [Armstrong, 1858, p.101].

Between 3 July 1843, when Bryson’s service on the Marquis of Hastings ended, and his next posting on 9 January 1845, there is a longer gap in the record than usual. At that time naval surgeons were placed on half-pay as soon as they were paid off (unlike army surgeons who were always on full pay), and a long gap could drain their finances considerably; in addition, time on half-pay did not count as time served towards promotion.

HMS Eclair and shore service

Bryson would have spent some of this time on the voyage home from Australia. En route, perhaps for the first time, he came across HMS Eclair. She had left England in April 1844 for anti-slavery duty off West Africa: by the time she returned to the waters off Southampton in September 1845, nearly half her crew had died of yellow fever; more, including her second replacement surgeon Sidney Bernard, were still to die. The House of Commons Parliamentary Paper 125, March 1846, is a Return of officers and men who volunteered to serve on board Her Majesty’s Ship “Eclair” from the day the Yellow Fever broke out on board, to the day the said Ship was paid off. At the head of a list captioned “The following officers volunteered, but their services were not required:—” is the name Alexander Bryson.

Perhaps because his voyage on the Marquis of Hastings had been both difficult and rough – the handwriting in his journal bears some witness to this – Bryson’s next posting was the Royal Yacht William and Mary, permanently based at Woolwich. During this posting he wrote his most important work, Report on the climate and diseases of the African station [Bryson, 1847], published in the year of his appointment to HMS Fisgard. Bryson was to remain officially attached to Fisgard, a training ship for engineers and nominal depot ship for personnel ashore at

Watching over Jack: Alexander Bryson, 1802-1869 47
Woolwich, for the rest of his career, with occasional postings additional for special duty to Somerset House, where the Medical Department of the Admiralty was based.

Life ashore was no less busy: the publication of *Report on the climate and diseases of the Africa station*, with its condemnation of conditions aboard slave ships, and of behaviour of the quarantine authorities towards the crew of HMS Eclair, embroiled him firmly in two *causes de célèbre* at once. Regarding Eclair, Sir William Pym, inspector-general of army hospitals and superintendent-general of quarantine, published a response in 1848, apparently under the misapprehension that Bryson and Sir William Burnett were in collaboration [Pym, 1848]. He may not have expected the riposte [Bryson, 1849], which demonstrates Bryson at his most biting. The sharpness of his attack is, to modern ears, slightly blunted by Victorian style:

‘Benevolence is truly a noble attribute of the human mind, but it may be doubted whether Sir William was fairly under its promptings when he felt it to be a duty incumbent on him to step forward in the cause of humanity, and give to the world his second edition.’

Indeed, it was 33 years since Pym’s first edition had appeared. There was evidently a certain amount of interservice rivalry, under the surface at least. Although Pym outranked him, Bryson, vehement in defence of his sailors, seems to have taken little account of that. This is hardly the Bryson of the ODNB, “more interested in statistics than in the problems of naval surgeons,” and surely too passionate to be dismissed as “cold and dry” [Mills, 2004].

The 1850s too were busy years for Bryson. In 1853 comes the first mention in the *Lancet*, as gathered from Capt. Pickering Pick’s 1930s compilation [Pick, 1932], where Bryson is noted as an examiner of naval medical candidates.

**Deputy Inspector-General and upward**

On 1 March 1854, after a third posting to Fisgard as surgeon, Bryson was appointed Deputy Inspector-General of naval hospitals. His duties consisted chiefly of preparing the Statistical Reports on the Health of the Navy, first as assistant to Sir William Burnett, Inspector-General of naval Hospitals, and then working alone. The Health of the Navy was first published in 1856; it appeared annually until 1935, and afterwards less frequently. The two-year delay between Bryson’s appointment and the appearance of the first volume may have been due to the outbreak of the Crimean War in 1854. In the same year Bryson contributed ‘Extracts showing the prophylactic influence of quinine’ to *Notes on diseases in Turkey, and Memoir on the remittent fever of the Levant* (London: Stewart and Murray); remembering, perhaps, his earlier experiences aboard HMS Atholl.

He also compiled, and wrote the report of the medical and statistical returns of the Baltic and Black Sea Fleets during the Crimean War [Great Britain. Admiralty, 1857] While it covers the medical statistics of the Naval Brigade with habitual depth and thoroughness, it also gives Bryson a chance to show his affection for his comrades: “there is not, perhaps, any class of men so regardless of their lives as the thorough-bred seamen of Her Majesty’s navy: and it is difficult to make them believe that there is not something discreditable in crouching behind stone walls or parapets in the presence of an enemy.”

In November 1859 he was gazetted as Honorary Physician to Her Majesty; in the same year he re-edited the *Manual of medicine and medical statistics for the Admiralty manual of scientific enquiry*, and about this time also wrote *On the recent introduction of yellow fever into Port Royal, Jamaica* for the Transactions of the Epidemiological Society of London. This suggests that he was keeping a reminiscent eye on medical conditions at the scene of his first service abroad.

On the family front, also in 1859 his brother Robert’s daughter, Margaret, who had married a Patrick Mitchell some years before, gave birth to a son. The baby was christened Alexander Bryson Mitchell, suggesting that there were still close links with the family back in Scotland.
The 1861 census records Alexander Bryson, aged 58, Physician of Hospitals, Royal Navy, living in a house called The Hermitage, at Barnes. Also in the household are Helen Buck, from Mortlake, aged 57, the cook, and Celia Hill, housemaid, from Bisley, aged 19, and a visitor from Scotland: his niece Mary, brother Robert’s younger daughter and sister to Margaret.

At times the Health of the Navy volumes seem to have made little impact: in November 1862 the Lancet records simply that “Dr Bryson compiled a Blue Book”; giving brief details of a few statistics. A record in The National Archives throws more light on the next move in his career: “18 Jan 1864 Sir John Liddell bears strongest testimony to ability stating he knows no one so competent to fill the place of Director General – 21 Jan 1864 Appointed Director General of Medical Department for 5 years.” Sir John Liddell, who recommended him, was the previous incumbent of the post, which Bryson in fact occupied for five years and a quarter.

Maybe in response to this appointment the editor of the Lancet waxed lyrical, quoting Thomas Dibdin and giving me the title for this article: “Dibden’s ‘sweet little cherub who watched over Jack’ is replaced by the more prosaic but less mythical Dr Bryson who keeps never-failing watch over the sailors’ health and well-being” [Pick, 1932] Even to the partial reader, anything less cherubic than Alexander Bryson would be hard to imagine.

In June 17 1865 the Lancet’s editor notes that ‘several military officers, who had never been engaged with the enemy, have had the honour of knighthood conferred on them, while the Medical Director-General has only received the C.B. - a glaring exhibition of “derogatory contrast” […] “We will accept this crumb of honour [but] will not relax our efforts on behalf of this important branch of the profession”’ [Pick, 1932]

Perhaps Sir John Liddell’s assessment of Bryson’s ability was wrong; perhaps there is evidence in an as yet undiscovered source, but the ODNB says firmly that Bryson “was neither an efficient nor a popular director-general.” [Mills, 2004]

According to the British Medical Journal, “he endeavoured to be honest and impartial in the distribution of his patronage. His manners were blunt, and he did not care to conceal his dislike of the self-conceit of those who entertained an inordinate estimate of themselves and their services” [BMJ. Such honesty does not lead to popularity; as to efficiency, there is as yet no evidence. He was, however, extremely busy: among other things replying to letters sent to him from surgeons all over the country requesting promotion, or a post of any kind. One, garnered from Peter Davis’s comprehensive website on the Royal Navy during the lifetime of William Loney (1817-1898), surgeon RN, will suffice:

8 Cumberland St. Pimlico SW
10th. August 1865

Sir, I beg respectfully to request that you will be pleased to place my name on your list of candidates for promotion to the rank of Deputy Inspector-General. And while expressing my readiness to proceed on foreign service on promotion I should - in the meantime - be glad of any Staff employment at home in my present rank.
I have the honor to be
Sir
Your most obedient Servt.
Wm. Loney
Staff Surgeon R.N.

Bryson replied the same day, with letter no. 2,351:

Sir,
I beg to acknowledge the receipt of your letter of this day’s date, requesting that your name may be placed on the list of candidates for promotion to the rank of Deputy Inspector General, and a Staff Appointment at Home for the present.
I am,
Sir,
Your humble Servant,
A. Bryson
Director General.

Loney, who was on half-pay at the time,
wasn’t appointed Deputy Inspector General, but in November that year he did achieve Medical Officer-in-Charge at Haulbowline Hospital in Cork. [Davis, 2009b]

Bryson was responsible not only for the promotion of serving members of the RN Medical Service, but also for the admission of candidates. Time and again in the years between 1850 and 1870 the literature refers to the difficulties of finding adequate medical officers – adequate both in number and in competence – for the Navy. This letter, from the British Medical Journal of 1866, reporting on the examinations of candidates during 1865, sounds like Bryson at work again; he was certainly among the signatories. It gives some indication of what the Board was up against:

“\textit{The majority of those rejected were utterly ignorant of the Latin language, two failed altogether in Anatomy and Surgery, and two were so ignorant of Materia Medica, that it would have been dangerous to have passed them as qualified … we are sorry to have to add that many of the manuscripts … have given evidence of such ignorance of orthography and the most ordinary rules of English grammar and composition as could hardly have been credited in members of a liberal profession.”}

Later career and last years

In 1866 Bryson was involved with the Committee on the Position of the Medical Officers of the Army and Navy [Great Britain. Parliament, 1866] going into considerable detail over inequalities of rank, pay and position and the ensuing difficulties. In the Army at that time there was what the report calls “a natural feeling of disappointment on the part of the medical officers, as to the non-recognition of their relative rank,” while a memorial from the Royal College of Physicians points out the “general and settled feeling of discontent with their position which prevails among the Medical Officers of the Navy,” it being regarded as “highly desirable that the medical services of the Army and Navy should be assimilated as closely as their relative nature will admit in rank, pay, position and retirement.” One of the letters quoted, respecting this memorial, is from Dr Bryson, and, “the Committee are led to believe … that, independently of the personal and social discomforts which are inseparable from a sea life, and which are especially experienced by young men on their first joining the naval service, the pecuniary and social advantages are in favour of the military service.” [Great Britain. Parliament, 1866] While it is not absolute evidence, I am inclined to believe that this shows Bryson to be more “interested in the problems of naval surgeons” than the ODNB would have us think. However, an editorial in The Lancet (September 29 1866), in Surgeon Captain Pick’s compilation, quotes The Army and Navy Gazette as saying that Dr Bryson is “expected back from leave shortly,” which suggests that the level of work he put into the report was not altogether recognised.

Next year, 1867, Glasgow’s Faculty (now the Royal College) of Physicians and Surgeons thought highly enough of him to make him an Honorary Fellow, but that is the last real milestone in Alexander Bryson’s active career. The end of it is difficult to account for, although in July and August of 1867 there was another cause célèbre in the news when one of the inspectors-general was called upon to retire in “utter defiance of the new warrant.” [Pick, 1932] This was Dr Stewart, the inspector-general at RNH Stonehouse, whose retirement had been ordered three years before due time. In December 1867 it was announced that he would be able to hold his appointment until 1868; and on August 22 1868 the Lancet ran an editorial transcribed by Captain Pick thus: “It may be from insuperable force of circumstances but the director-general does not appear to stand by his subordinates. Take the case of Dr Stirling. Has the director-general formally protested or left any record that he has supported his junior officer? The editor quotes the case of a young assistant-surgeon who was appointed abroad ‘out of his turn’, and on his complaining to the director-general, the latter pleaded ignorance of all reasons why the navy cannot get surgeons” [I might add that this seems unlikely, given the evidence already quoted]. The Lancet continues: “Dr
Bryson cannot be far off the age when retirement is expected in civil life – a rule which might be extended to the public services.” [Pick, 1932]

This gives some hint that not all was rosy in the garden; but as for Bryson’s retirement when it finally arrived, his record in the National Archives, already cited for his appointment to replace Sir John Liddell, simply states “placed on the retired list 15 April 1869,” fair enough when he was earlier noted as “appointed for five years” in 1864.

On the other hand, we read that to the Lancet for January 23, 1869, “the sudden resignation of Dr Bryson, the Medical Director-General” came as a surprise. “He will, however, continue to act until his successor is appointed. The fact is that this officer has served the allotted five years and his age precludes him from taking on further official duties. The editor speculates as to his successor.” [Pick, 1932]

The ODNB interprets all this as “suddenly dismissed from his post in 1869, failed to receive the customary knighthood, and spent his last months haggling over his pension”, [Mills, 2004] while Peter Davis writes, on his William Loney website “He resigned when, without consulting him, the Admiralty appointed a Civil Commission to enquire into the state of naval hospitals.” [Davis, 2009a]

Munk’s Roll, the obituary publication of the Royal College of Physicians, may be the source for both of these statements, although it suggests that it was the Admiralty which did the haggling. It too is not not positive about its subject’s personality: “Bryson’s preoccupation with statistics and lack of hospital experience, combined with his blunt manner and want of humanity, unfitted him for the responsibilities of his high rank. Nevertheless they did not justify the callous treatment accorded to him on his retirement in 1869 – refusal of the customary knighthood, sudden dismissal, the appointment of a civilian commission of enquiry without reference to him, and haggling over his pension – actions which aggravated his final illness.” [Brown, 1955]

The commission to enquire into the efficiency and economical working of the Naval Hospitals is noted to have been appointed in the Lancet of February 19th, near enough the date of Bryson’s resignation to suggest that failure to consult him was indeed a contributory factor in his decision. The Times for Monday, April 5th, 1869 records the appointment of his successor: “Inspector-Gen. Armstrong, R.N., has been appointed Director-General of the Medical Department of the Navy, vice Dr Bryson, C.B., retired.” This was Sir Alexander Armstrong, KCB, the Arctic explorer already cited above, who had been indeed among the successors concerning whom the Lancet’s editor speculated, calling him “a friend of royalty and well known in scientific circles.” One begins to wonder whether it was not Bryson’s humble origins which blocked him from a knighthood of his own.

A simpler answer may be that Bryson retired because he was aware of ill-health closing in on him. Only six months after his retirement he was “suddenly and more than usually indisposed” with what was probably the first of a succession of strokes. On the afternoon of Friday 10 December the same year, he was walking in the garden of The Hermitage, when he “complained of feeling very unwell. He walked into the dining-room, went up stairs to his bedroom, and returned” – only to collapse, unconscious. Three local doctors cared for him over the weekend, including his usual doctor, Dr Willis of Barnes, but he died on the Sunday morning, 12 December 1869, without regaining consciousness. He was sixty-seven.

He had made, or re-made, his will on 7 July 1864, some months after his appointment as Director-General of the Medical Department. It reads as follows: “I leave to Mary Bryson daughter of my brother Robert five hundred pounds. All the rest of my effects of whatever kind I leave to Sarah Bryson daughter of my brother Robert Bryson.” It seems likely that by 1869 Sarah, hitherto not found in the records, had been at Barnes for some time, perhaps acting as hostess in the absence of any Mrs Bryson (as Mary may have been doing when the census was taken in 1861). Their sister Margaret was provided for by her marriage, and presumably Robert’s
sons were likewise assured of an inheritance from their father. It seems somehow typical that Alexander Bryson should have taken care to look after those of his extended family who were otherwise unprotected.

Obituaries appeared in the Lancet and the British Medical Journal on December 18. The Lancet [Wakley, 1869] takes much the same tone as the ODNB 130 years later. ODNB’s assessment of Bryson as “cold and dry” [Mills, 2004] derives, however, from the British Medical Journal, but omits a vital element of context. For what the British Medical Journal obituary [Hutchinson, 1869] actually says about Alexander Bryson agrees with the conclusion which, after studying his work and his writing, I had myself reached: “under a somewhat cold and dry exterior, he was known to possess a very kind heart and generous disposition.”

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Address for correspondence
Mrs J.V.S. Wickenden, MA (Oxon) Dip.Lib.
Historic Collections Library
Institute of Naval Medicine
Alverstoke
Gosport
Hants. PO12 2DL

NB: The Historic Collections are available for research or visiting by interested parties, whether civilian or forces, during normal working hours by arrangement with the Librarian.

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Mrs J V S Wickenden, MA (Oxon) Dip Lib
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