Health of the British Seafarer in the nineteenth and early twentieth centuries

G C COOK

MD, DSc, FRCP, FRCPE, FRACP, FLS
Visiting Professor, University College, London
Hon. Archivist, the Seamen’s Hospital Society
The nineteenth century was one of change in the maritime world; for example, Wood and sail gave way to iron and steam.

The health and medical requirements of the British Royal Navy (RN) had been largely taken care of since the latter days of the previous century. For example, scurvy had been largely eliminated, although venereal disease, tuberculosis, cholera and smallpox remained significant problems. Pioneers of RN health improvement had included: James Lind (1716-94), Sir Gilbert Blane (1749-1834) and Thomas Trotter (1760-1832).\(^1\)\(^2\)

However, health care in the British merchant navy (‘mercantile marine’), upon which Britain was at that time so dependent, was very far from satisfactory. There were two major reasons for this: (i) most merchant vessels (unlike those of the RN) did not have a surgeon on board, and (ii) the majority of those who served on merchant ships did so for one or two voyages only, and unlike their equivalents in the RN, did not regard this as a career. Furthermore, merchant sailors were not entitled to treatment in the RN hospitals which by that time had been well developed, that situated at Haslar (near Portsmouth) being the best example.\(^1\)\(^2\)

In order to improve, and care for those in the merchant service, the Seamen’s Hospital Society (SHS) was founded in 1821.

**The Seamen’s Hospital Society**

This was entirely voluntary, and proved to be one of the greatest of British Victorian charities\(^3\)\(^4\); today, it is alas known to a very small minority of individuals. Apart from a small administrative office at 29 King William Walk, Greenwich, facilities are now limited to a few beds, for seafarers and their dependents, at St Thomas’s/Guy’s Hospital(s) in central London, as well as a Seafarers’ Benefits Advice Line.
Unlike their counterparts in the RN then, sailors in the merchant service were poorly cared for both physically and spiritually.

During the winter of 1817-18 which, according to contemporary accounts, was a particularly severe one, the appalling plight of seafarers, who were milling around the Pool of London in large numbers, led to a public appeal and formation of the Committee for the Relief of Distressed (Destitute) Seamen, this charitable foundation was launched by public subscription. Several meetings were chaired by William Wilberforce (1759-1833), better known for his involvement in the anti-slavery campaign and a member of the ‘Clapham Sect’. Its successor, the SHS, officially came into being on 8 March (to this day observed as Founders’ Day) 1821, two of its more enthusiastic supporters being Wilberforce – who immediately became a Vice-President - and Zachary Macaulay (1768-1838) who was a member of the Management Committee. Early meetings were held at The City of London Tavern, situated in Bishopsgate in the City of London, the first President being Viscount Melville (1771-1851)

The RN proved supportive of the newly formed Society and immediately loaned a 50-gun hulk, *HMS Grampus* - which was anchored off Deptford (near Greenwich), and was the first hospital ship. This vessel rapidly proved too small for the expanding clinical requirements of the SHS, and in 1831 the RN granted use of the hulk of the 104-gun ship *HMS Dreadnought* which had served at the Battle of Trafalgar (21 October 1805). Throughout this period, fund-raising dinners and sermons were essential means of obtaining revenue.

In 1832 an event of momentous significance occurred in the early history of the SHS; John Lydekker (1778-1832), a member of Lloyd’s of London and prominent ship-owner (his five vessels plied the south Seas and Greenland collecting whale oil) suddenly, and unexpectedly, died of cholera, which was (during the first major epidemic – 1831-32) rife in London. Although no image of this important benefactor exists today, we do know he was buried at St Dionis Backchurch, a Wren foundation which was razed to the ground in the late nineteenth century. A memorial commemorating his beneficence was later established at Lloyd’s, and this has recently been removed to London’s
In his uncontested Will (written immediately before he died, and unwitnessed) he left the Society nearly £60,000 which led to a successful approach to the British Parliament for an Act of Incorporation (1833); this not only gave greater legal status to the organisation but also conferred a number of additional rights to the SHS. In 1857, the Dreadnought was replaced with a larger hulk, HMS Caledonia (renamed Dreadnought) which formerly had held 120 guns.

Following a great deal of ‘political’ activity, the base for the clinical activities of the institution were transferred on 13 April 1870, to dry land; the Admiralty had, after a great deal of uncertainty, eventually granted (at nominal charge) the Infirmary and Somerset Ward (these hospital facilities closed in 1986, the buildings today constitute the Library of Greenwich University) of the Royal Hospital Greenwich, which was designed by Christopher Wren (1632-1723), Nicholas Hawksmoor (1661-1736), and John Webb (1611-1672) and was completed in 1696. This immediately became known as the Dreadnought (Seamen’s) Hospital. This listed building designed by James “Athenian” Stewart in 1769 Health care of the sailors in Britain’s merchant navy had thus become ‘land-based’ instead of river-based, on the Thames.

Disease(s) on the hospital ships (1821-1870), and in the late nineteenth century

The extant records of the SHS allow documentation of the major diseases encountered during this 50-year period on board ship. These were dominated by sexually transmitted diseases – syphilis and gonorrhoea. ‘Ague’ (which undoubtedly encompassed numerous diverse febrile illnesses prior to Laveran’s demonstration (in 1880) of the causative agent(s) of Plasmodium spp infection), was also a major cause of morbidity and mortality. Other infectious conditions encountered were epidemic typhus, dysentery, and ‘enteric fever’ (the causative agents of which were not delineated until the ‘germ-theory’ of disease was enunciated in the latter years of the nineteenth century). Cholera swept across Britain in three major epidemics between 1831 and 1854; the SHS was instrumental in producing posters for captains of ships drawing attention to the necessity for rapid medical attention to men with acute diarrhoeal disease, whilst George Budd FRS (1802-82) and George Busk FRS (1807-86), an SHS physician and surgeon, respectively, documented the prevalence and treatment
of individual cases of this disease. The SHS also carried out a great deal of work to prevent scurvy in the Mercantile Marine. This disease had, by the early nineteenth century, almost disappeared from the RN as a result of the pioneering work of Lind, and Blane (see above). However, due to adulteration and poor storage of lime (and, more importantly lemon) juice in the merchant navy, and poor discipline which was far less exacting than that in the RN, this disease continued to be a menace within the Mercantile Marine until the early twentieth century. By introducing the Mercantile Maritime Amendment Act of 1867 (largely at the initiative of the SHS’s Harry Leach MRCP [1836-1875], who was later to become the first Port Medical Officer of the City of London), which made inspection and testing of lime-juice mandatory, the Society was very largely instrumental in eradicating this disease from the Mercantile Marine. Another disease which assumed enormous practical importance was ‘phthis’; consumption, or tuberculosis (see above). Smallpox (a highly contagious communicable infection) was never intentionally managed on any of the SHS ships; immediately it was diagnosed, the infected case was removed to an isolation hospital.

The spectrum of disease in seafarers in the late nineteenth century (ie after removal to land) has also been well documented.\textsuperscript{11,12}

**Some early physicians and surgeons**

Several senior medical personnel served on the hospital ships. Amongst the firm’s physicians and surgeons, were Sir Andrew Halliday (1781-1839)\textsuperscript{13} and Sir Richard Dobson FRS (1773-1847).\textsuperscript{14} George Roupell FRS (1797-1854)\textsuperscript{15}, who subsequently became senior physician at St. Bartholomew’s Hospital, London and died of cholera in the 1853-54 outbreak, made important observations on this disease, and also on typhus. Budd (see above) later laid claim to being a major pioneer of hepatology and gastroenterology, having written two monographs (\textit{On Diseases of the Liver}, 1845, and \textit{On the Organic diseases and Functional disorders of the Stomach}, 1855) which were largely based on his SHS experience. Busk (see above), one of the early surgeons on the \textit{Grampus} and the first \textit{Dreadnought} hospital-ship, was in addition to his surgical skill, an outstanding
polymath; he was, for example, an authority on the Gibraltar skull (an early example of Neanderthal man).

One example of research carried out at the land-based *Dreadnought* hospital, was a successful clinical trial of the newly introduced ‘open-air’ treatment for pulmonary tuberculosis; this took place in the ‘Ranlett’ ward, situated on the roof of the main land-based hospital. The *Dreadnought* hospital was also accompanied by a nurses home, a pathology laboratory (now residential accommodation for the University of Greenwich), and museum (largely based on a collection assembled by Busk).

**Non-medical staff**

The SHS had, from its origin in 1821 (see above), until 2000 always had the reigning British monarch as its Patron; since 2000, however, HRH the Duke of York has filled this role.

Although the first President was Viscount Melville (see above) (whose presidency lasted from 1821 until 1851), in recent years none has been more distinguished than Lord Lloyd of Dolobran (1870-1941) – who occupied this position from 1938 until 1941.

The Society has had numerous Chairmen of outstanding calibre; of particular note being Joseph Moore and Sir Arthur Clarke.

Of Secretaries, none has been well known amongst Hospital Administrators as Sir Henry Burdett (1847-1920), nor Sir James Michelli (1864-1939) for long and dedicated service to the SHS.

**Extensions to the SHS’s ‘Empire’**

In addition to the *Dreadnought* hospital, the SHS established (in 1890) a Branch Hospital, situated between the Royal Albert and Victoria Docks, in London’s dockland; this was later to become the nidus for the London School of Tropical Medicine (LSTM) (see below); the foundation stone had been laid (by the Prince of Wales, later King Edward VII) on 16 July 1889. In addition, **dispensaries**
(for merchant seamen) opened at East India Dock Road (1880) and Gravesend (1887). In 1918, the ‘Angas’ convalescent home was opened (at Cudham, Kent), and in 1921 King George’s Sanatorium (at Liphook, Hampshire) was made available for merchant sailors convalescing from tuberculosis. This infection proved to be an enormous problem in seafarers serving in the mercantile marine throughout the nineteenth, and well into the twentieth century; lack of ventilation especially when the hatches were battened down, and the cramped living conditions were clearly important. The ‘lascars’ (East India Seamen) seemed especially vulnerable. Later, the Tilbury hospital (formerly the Passmore Edwards hospital) situated at the Tilbury dock-gate was opened (having taken the place of a small dispensary). In 1927 a brief ‘flirtation’ with Marseilles, southern France, was launched but, due to various problems (mostly political and financial) this only survived for a mere five years.

Teaching commitments of the SHS

In 1877, the SHS inaugurated nurse-training on lines which Florence Nightingale (1820-1910) had advocated; this gave rise to a School of Nursing which was in many respects a pioneering institution, antedating most nursing schools in the metropolis – with the exception of that at St. Thomas’s which had been founded in 1860. This formed the venue for tropical nursing courses, which remain extant (at the LSTM) to this day. A ‘new’ nurses’ home (opened in 1929 after an appeal by Lord Devonport [1856-1934]) now also provides residential accommodation for the University of Greenwich.

In February 1898, the SHS Committee of Management received a letter from the Colonial Office (signed by H. Bertram Cox) requesting the formation of a School of Tropical Medicine; it contained the following:

“Sir, The question of improving the medical service of the British Colonies in West Africa has been receiving Mr Secretary Chamberlain’s (the Rt. Hon. Joseph Chamberlain [1836-1914] was the British Secretary of State for the Colonies between 1895 and 1903) serious consideration. At present the newly appointed medical officers receive no special training in
the diagnosis and treatment of *tropical diseases* [my italics] before they proceed to West Africa and, although an attempt is made to give them whenever possible some preliminary instruction at the Head Quarters' Hospital of the Colony, this course cannot be followed in every case and the arrangement is, on the whole, unsatisfactory."

He continued:

“He is advised [presumably by Dr. (later Sir) Patrick Manson [1844-1922], the ‘father of tropical medicine’] that the experience and training to be obtained at the Seamen’s Hospital [at the Albert Docks] would be the most suitable in the present instance, and he would be greatly obliged to the Managing Committee if they could give him their valuable assistance in the matter."

The letter suggested further, that the Foreign Office should also be involved:

“The Secretary of State for Foreign Affairs is being asked whether it is wished that the Protectorates in East and West Africa, at present administered by the Foreign Office, should be included in the proposed scheme, but, in any case, it is not probable that more than six officers would be under instruction at any one time.”

The SHS readily acceded to this request, and the LSTM was opened for teaching and research at the Albert Dock Hospital (ADH)\(^{21}\) on 2 October, 1899, but not before a great deal of acrimonious correspondence from three of Manson’s colleagues (John Curnow [1840-1902] and John Anderson [1840-1910], both physicians, and George Robertson Turner [1855-1941], a surgeon, at the *Dreadnought* Hospital.\(^{22}\) Their dissatisfaction emanated from (i) a belief that other venues (eg the Royal Army Medical Corps hospital [the Victoria Hospital] at Netley, and the Royal Naval Hospital at Haslar (see above) were eminently more suitable for a tropical school, (ii) that establishment of a School at the ADH would deprive the *Dreadnought* Hospital of most of its ‘tropical’ cases, and (iii) that
the scheme as outlined contained allegations that they were themselves incompetent in their dealing with ‘tropical’ cases. In retrospect, these colleagues were partly correct in that there were not great numbers of ‘tropical’ cases at the ADH; this hospital had in fact been instituted in London’s docklands to deal with morbidity, most importantly injuries acquired by the local personnel employed there and not merchant seamen – including those with a tropical infection. The ADH (which had thus become the cradle of London’s tropical medicine) was rebuilt in 1936/7 following collapse of its foundations, and has recently been razed to the ground!

In 1905, the SHS launched the London School of Clinical Medicine at the Dreadnought Hospital (at Greenwich); this initiative was extremely important in postgraduate education in the metropolis in the early twentieth century, and attracted many influential physicians and surgeons to its staff. This school, which was to close during the Great War (1914-18) remains, however, poorly documented today.

**Epilogue**

The Seafarer has always been particularly vulnerable to numerous disease entities, especially when serving in a ‘tropical’ location. While health-care in the RN was greatly improved in the late eighteenth century, that was certainly not the case in the British merchant navy. The SHS had been founded soon after the Napoleonic wars, to care for the physical and spiritual requirements of The Mercantile Marine of many nations: it was one of the greatest of Victorian charities in Britian. The SHS was also a progressive organisation in pioneered nurse-training, post-graduate medical education and was responsible for launching the formal discipline ‘tropical medicine’, not only in London but also elsewhere. Following the steep decline in merchant shipping which occurred in the 1960’s, it has lost the overriding raison d'être which it possessed in the early nineteenth century. There has been an unquestionable improvement in the well-being and health of those serving in the mercantile marine over the last century or so.
References


