



**David Boyd Haycock, Sally Archer, eds.** *Health and Medicine at Sea, 1700-1900*. Woodbridge: Boydell Press, 2009. xiv + 229 pp. \$95.00 (cloth), ISBN 978-1-84383-522-6.

**Reviewed by** Christiane N. Fabbri (Yale University)

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**Commissioned by** Iain C. Hutchison (University of Glasgow)

## **Surgeons, Sailors, and Slaves in the British Royal Navy: Observations of Maritime Medicine from 1700 to 1900**

Naval medicine in the context of military, colonial, and social history has become a growing area of historical enquiry, as evidenced by the number of publications in the field within the past decade. The nine essays presented in this volume are based on the 2007 series of historical seminars sponsored by the National Maritime Museum in Greenwich. Collectively, they highlight the important contribution of maritime medicine to the development of the British Empire during the eighteenth and nineteenth centuries. They explore the crucial role naval surgeons played during this period in the advances in sanitation and hygiene, surgical techniques, nutritional deficiencies, and tropical diseases. They also underscore the growing professionalization and prominence of naval medicine, starting with the founding in 1694 of a hospital for old and disabled seamen in Greenwich followed by the establishment of the Sick and Hurt Board for taking care of sick and wounded seamen and prisoners of war, through to its contributions in the fields of Laboratory Medicine and Tropical Diseases at the end of the Victorian era.

The book is based on extensive original research, and includes a valuable bibliography. Its contributors come from a broad range of fields: social and cultural history, military and colonial history, the history of science and medicine, psychiatry, and surgery. The nine chapters of the collection are grouped around two central themes:

the first five are devoted to the practice and administration of naval medicine in the Royal Navy, and to the crucial importance of sailors' health in war and maritime battles; the second four examine health at sea in times of enforced migration, during the voyages of slaves, convicts, and indentured or poor migrants.

The editor's introductory chapter sets the stage from the opening of the eighteenth century when the renowned London physician Richard Mead reflected that "medicine still deal[t] so much in conjecture that it hardly deserves the name of a science" (p. 1), to the end of the nineteenth century, when after Louis Pasteur's discoveries the causative organisms of most common contemporary infectious diseases had been identified.

The first chapter, an award-winning essay by medical historian Erica Charters, discusses the inception of what may be some of the first large-scale clinical trials conducted for the purpose of maintaining and improving the health of seamen by the Sick and Hurt Board during the Seven Years War of 1756 to 1763. Historians have attributed the success of Britain during this war to the navy's regular sending out of fresh provisions; clearly, medical and naval officials recognized that this was key to maintaining health and preventing disease among sailors during long periods at sea. Contemporaries such as naval physician James Lind understood diseases like scurvy to be the result of a lack of fresh provi-

sions, but still explained the disease itself with traditional medical theories of putrefaction and lack of adequate humors rather than lack of a specific substance, namely the essential nutrient now known as Vitamin C, or ascorbic acid. It was the initiative and systematic investigation by the Sick and Hurt Board that led to the institution of early standardized experiments, first in land hospitals, then at sea, where naval surgeons were charged with evaluating the efficacy of the experiment. Their findings led to effective new means of provisioning men at sea, such as the issue to sailors of the widely popular “portable soup.” Most likely this empirical approach was motivated as much by strategic military concerns as by therapeutic ones. Nevertheless, as Charters shows, in its quest to improve the health of seamen the Sick and Hurt Board contributed significantly to the development of standardized clinical research methodology.

John Cardwell’s essay, “Royal Navy Surgeons, 1793-1815: A Collective Biography,” is part of an ongoing research project seeking to provide insight into the geographic and social origins, medical training, and professional expertise of the naval surgeons of the French Wars. Contemporary caricatures of “middle-aged sawbones, driven to the Navy by alcoholism or incompetence” (p. 38) are not borne out by the extensive data culled from multiple primary sources, including service registers and other Admiralty archives. Indeed, the prototypical naval surgeon of the era, in spite of his usually relatively modest background, received considerable education and training, comparable to that of his civilian counterparts, including apprenticeship as well as university and teaching hospital study. Tracing the career paths of his cohort, the author demonstrates that a considerable number of naval surgeons developed successful practices after their naval service, with some, such as Scottish surgeon and naturalist Sir John Richardson, garnering lasting fame for their advancement of nineteenth-century science and letters.

Michael Crumplin, himself a retired surgeon, focuses on the practical challenges faced by the ship’s medical officer after what, in the author’s view, was often inadequate experience or haphazard training. He describes the training and credentialing of naval surgeons, and provides much interesting detail of their practice setting, including allocation by rate of ship, daily practice and record-keeping requirements, surgical instruments needed and supplied, together with medicinal inventories and sick-bay and dispensary plans. While most of the surgeon’s duties entailed the care of common ailments such as gastrointestinal complaints, colds, and rheuma-

tism, combat injuries would rapidly overwhelm a lone practitioner with few or no assistants, no matter how sophisticated his casualty triage system. Until 1795, naval surgeons were able to fine their patients fifteen shillings for presenting with venereal infections. These were considered shameful but reportedly accounted for over 60 percent of urinary tract complaints, and the protocol surely discouraged consultation (p. 77). Ships medical officers were also called upon to deal with gruesome battle wounds and perform major operations such as limb amputations under extremely difficult conditions.

Pat Crimmin’s essay sheds light on how political contexts and cost considerations influenced the activities and therapeutic choices of the Sick and Hurt Board. Her painstaking study of the board’s archival records helps explain some of the difficulties encountered in improving naval medicine and sailors’ health, as well as the board’s own ultimate demise when it was abruptly abolished in 1805. The accusations were a deplorable state of its business, financial slackness, and poor record keeping. After all, “medical men, by their training, could not be expected to transact the business of accounts” (p. 106).

At the end of the Napoleonic Wars, and over the half century following the abolition of the slave trade, the career of a Royal Navy surgeon had become so unattractive that it deterred most volunteer candidates. The health of the navy and the working conditions of seamen received equally little attention. Mark Harrison’s essay details how the problems of naval antislavery operations in tropical stations, and the high death rates of the crews of the West Africa Squadron, ultimately focused public awareness on the plight of sailors and brought about a turning point. Thus the fateful Niger Expedition (1841-42) not only resulted in the development of medical topography and quinine prophylaxis against fevers, but also led to broader reforms of naval medicine and health, including improved conditions for its surgeons. At the end of the nineteenth century these efforts culminated in the founding of the London School of Tropical Medicine. The formal study of tropical diseases had grown out of what was originally a branch of the Seamen’s Hospital Society.

A second section of four essays centers on the morbidity and mortality that befell crew and passengers on-board slave ships and during the enforced voyages of convicts and indentured laborers. The death rates among such migrant populations were a consequence of

the often appalling and inhuman circumstances: overcrowding and inadequate provisioning (to maximize profits) together with filthy conditions. All this made

fertile environments for the spread of diseases such as dysentery, smallpox, and scurvy; it is estimated that gastrointestinal diseases caused over 40 percent of such deaths. Slave mortality during the so-called Middle Passage is reported to have fluctuated widely, from about 10 percent to over 50 percent. In 1693, of 700 slaves bound for Barbados on the Royal Africa Company's ship Hannibal only 480 arrived alive. Decreases in death rates in the transatlantic slave trade by the middle of the nineteenth century reflect the direct impact of improved health conditions and the critical role of the ships' surgeons. Interestingly, mortality rates of the crew, likely due to malaria or yellow fever contracted in West Africa, remained unchanged over the same period of study.

The lessons learned by the Royal Navy of the eighteenth century were gradually implemented during the transport of convicts and other emigrants from Britain to Australia in the nineteenth century. Legislation supporting strict sanitary guidelines for surgeons and captains of

government-commissioned ships resulted in much lower passenger mortality rates during these voyages compared to those of the much shorter, but unregulated, transatlantic crossings.

This book will be of interest to many historians, particularly those working in the field of maritime and colonial history, and the social history of medicine and public health. Clearly, maritime medicine in the eighteenth and nineteenth centuries is "a rich subject, ... ripe for further investigation" (p. 17). Navy surgeons not only played an important role in the health of their ship's passengers, but also made incontrovertible contributions to the development of investigational medicine and public health. Future avenues of research might profit from greater scrutiny of the veterans of maritime service: the numerous retired and/or disabled sailors and their physical and emotional sufferings, post-traumatic casualties of the era.

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