

Before the Surgeon General: Marine Hospitals in Mid-19th-Century America

JOHN JENSEN

The "Act for the Relief of Sick and Disabled Seamen" of July 16, 1798, laid the foundations for a national system of hospital care for sailors and, ultimately, for the establishment of the U.S. Public Health Service (PHS). Creating a powerful public health bureaucracy, however, was not the intention of the Act's legislative fathers. Public health remained a local concern and a local responsibility in 1798. It was not until 1870, when Congress established a more tightly organized Marine Hospital Service and the first Supervising Surgeon (later the Surgeon General) was appointed, that an efficient medical organization began taking form within the Federal government.

Although not a modern medical bureaucracy, the Marine Hospital Fund established in 1798 still provided an important safety net for hundreds of thousands of mariners who served on American sailing ships and steamboats during the 19th century. The program also served as a major stimulus for the development of hospitals, particularly across the midwestern region of the United States. This essay focuses on the marine hospitals before the 1870 reorganization, with emphasis on those located in the Midwest.

Precedents, Problems, and Progress

Historians have paid relatively little attention to the early decades of operation of these marine hospitals. The common perception we have of the pre-1870 era is one of corruption and inefficiency and of unsuccessful efforts by good people to impose order upon chaos. This view, while accurate



Marine Hospital Service doctors from the Chicago hospital, 1878.

to a point, overlooks the program's broader place in American history and its very real implications for the lives of mariners.

The 1798 "Act for the Relief of Sick and Disabled Seamen" was based upon older English precedents. In 1588 England emerged as a sea power by defeating the Spanish Armada; recognizing the importance of seamen, the Crown created a marine hospital program. Funded through a tax of sixpence per month on Royal Navy seamen's wages, the program soon expanded to include merchant seamen. During the 18th century this practice of providing health care to seamen spread to the colonies of British North America. Marine hospitals, funded through a variety of taxation schemes,

were set up in a number of Atlantic ports including Charleston, South Carolina, and Norfolk, Virginia.

The legislation passed by the U.S. Congress in 1798 built on these colonial precedents and was modeled after the English system in financial organization. A tax of 20 cents per month on sailors' wages theoretically entitled actively employed mariners to government-paid health care including room, board, physician care, and necessary medicines. While the tax was intended to fund the construction and operation of Federal hospitals at major ports, few were built by the government in the years before 1820.

The administrative organization of the Marine Hospital Fund appears straightforward on first glance. The master or vessel agent deducted the hospital tax from mariners' wages and paid it to the local Collector of Customs, an appointed agent of the Federal government. To apply for aid, a sick or

injured mariner provided the Collector or his agent with a note from the captain of his previous vessel attesting that he was indeed a mariner and had paid the hospital tax. The Collector would then issue an entrance permit, which entitled the mariner to hospital care.

In practice many problems emerged. There were questions regarding qualifications for hospital admittance. Had the sailor served long enough? Were lake, river, or canal mariners subject to the tax and entitled to care? What about unemployed sailors who had previously paid taxes? Despite the occasional promulgation of national rules under various Treasury Secretaries, such questions were most often decided locally. Policies

fluctuated depending on the port and the whims of the Collector or Surveyor in charge. Tax collection was also uneven and often insufficient to meet local health care costs. Such funding shortfalls contributed to the low or nonexistent levels of care that existed in many communities during the Fund's first three or four decades.

Despite problems, the marine hospital program stumbled along and grew from a handful of Federal hospitals in 1820 to a collection of roughly two dozen government-built hospitals by the eve of the Civil War. In addition, thousands of mariners received care through Marine Hospital Fund contracts with local physicians, city hospitals, almshouses, and charitable hospitals operated by religious organizations.

Westward Expansion

Westward expansion and internal commerce broke decades of official lethargy regarding marine hospitals. Between 1800 and 1860 the mid-continental United States was settled at a rate unprecedented in history. The key to rapid development was water; the Mississippi River system and the chain of giant fresh water lakes that stretch from western New York to Northern Minnesota provided efficient natural highways for moving goods and people.

It was technology, however, that unlocked these waterways' vast potential. The construction of practical steamboats beginning with Robert Fulton's *Clermont* in 1807 made upstream navigation inexpensive and even luxurious. With the opening of the Erie Canal in 1825, Great Lakes commerce boomed. The success of the Erie Canal spawned a canal building craze that further enhanced the mid-continental maritime network. Urban historian Richard Wade has captured the steamboat's place in midwestern history: "It was an enchanter's wand transforming an almost raw country-

side of scattered farms and towns into a settled region of cultivated landscapes and burgeoning cities."

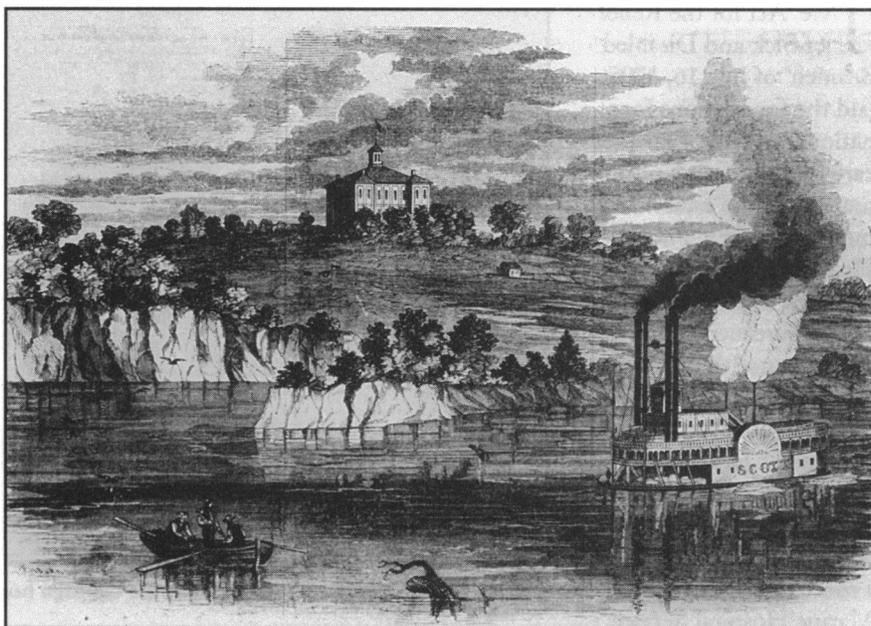
Water and waterborne commerce built the Midwest and created tremendous pressure for new marine hospitals. By 1820 an estimated 20,000 men were working on the Ohio River alone. Sixteen years later, Dr. Daniel Drake of Cincinnati calculated that at least 40,000 men were working on the rivers of what was then the western part of the country. Other estimates were even higher.

Marine medical care had been available in many river and lake ports

uchah, Kentucky; Napoleon, Arkansas; Chicago, Illinois; St. Louis, Missouri; Evansville, Indiana; Vicksburg, Mississippi; Detroit, Michigan; Cincinnati, Ohio; Burlington, Ohio; and Galena, Illinois.

Jacksonian Politics and Maritime Medicine

While the rapid mid-continental settlement drove the Federal marine hospital program's expansion, Jacksonian politics provided its character. Corruption and incompetence in government grew rampant during the



National Library of Medicine

The Marine Hospital at St. Louis in the mid-19th century.

through contracts with local institutions and physicians at least as early as 1833 (just as contracts had been used to provide care in some eastern seaports from the early days of the Marine Hospital Fund). Responding to political pressure from western states, in 1837 Congress appropriated funds to purchase sites for marine hospitals in seven Mississippi Valley cities. More land purchases soon followed. It took a decade or more, however, to complete most of the hospitals. Between 1849 and 1859 the new Federal hospitals opened in New Orleans, Louisiana; Pittsburgh, Pennsylvania; Louisville, Kentucky; Cleveland, Ohio; Natchez, Mississippi; Pad-

Jacksonian period (1829–1861). Political connections rather than professional merit became the main qualification for public office, including the lucrative post of Federal Marine Surgeon. In addition to paying about \$1000 per year, the job left plenty of time for private practice and other professional activities.

The importance of the Marine Hospital Fund to American mariners, however, should not be overlooked. Mariners, by the nature of their work, were usually away from home during period of illness or injury, so even the flawed safety net provided by the Fund became an important comfort. By the 1850s more than 10,000 mariners,

between 5% and 10% of the American maritime workforce, were receiving marine hospital benefits each year.

The sick and injured mariners in Jacksonian America were taken care of by medical practitioners ranging from villains to medical giants. In port after port, at least in the Midwest (the region I have studied most closely), men of high professional standing served as marine physicians. Buffalo's Austin Flint, Sr., Cleveland's Horace Ackley, and Cincinnati's Daniel Drake (popularly known as the Benjamin Franklin of the West) are but three examples of elite physicians who tended mariners during the mid-19th century. These men all enjoyed professional reputations that extended far beyond their own communities. Pioneer medical educators, these physicians helped establish some of the Midwest's first permanent medical schools.

Yet not all marine physicians were of such high standing; nor did the care they provided always serve the best interests of mariners. Inferior or unorthodox doctors (for example, a homeopath in Cleveland in 1869) at times gained office. And even highly respected teaching physicians could not resist capitalizing on mariners as a particularly valuable brand of clinical material. Typical hospital and almshouse patients of the period generally suffered largely from chronic conditions brought about by poverty, age, or dissipation. In contrast, hospitalized mariners, usually younger and healthier, frequently suffered from acute ailments and traumatic injuries—the types of conditions aspiring physicians expected to encounter in private practice. The opportunity to receive clinical instruction in a marine hospital ward attracted medical students, and schools such as Western Reserve Medical College in Cleveland advertised their marine hospital connections accordingly.

Marine Hospital Care at Mid-Century

In 1849, at Congressional request, Drs. George Loring (surgeon at the marine hospital in Boston) and T.O.

Edwards (an Ohio physician who later served in Congress) investigated American marine hospitals. They reported that mariners in New York and Boston received good care in proper hospitals, at least by contemporary standards—although overcrowding was reported to be an increasing problem. The facility in Mobile, Alabama, represented the far end of the spectrum. Patients were “[c]rowded in large numbers in the lower wards, without regard to disease.” The hospital in New Orleans, apparently, was even worse.

But the South had no monopoly on misery: in New Haven, Connecticut, Newport, Rhode Island, and several other ports mariners were treated in “city infirmaries”—often a euphemism for paupers’ hospitals (where care was often of poor quality). This practice declined as the century progressed, but as of 1855, Treasury Department investigator William Gouge reported that mariners in at least six ports were still being treated in facilities intended for paupers.

The overall quality of hospital care available to mariners appears to have improved as the century progressed. By the 1850s, marine hospital care may have been consistently of the highest quality in the midwestern United States. In that region, urban development and the creation of a medical infrastructure were directly linked to and shaped by the expansion of maritime commerce. In city after city, from Buffalo to St. Louis, the establishment of permanent hospitals reflected, in part, both the need to care for sick or injured mariners and the financial opportunities provided by the Marine Hospital Fund.

Caring for mariners at different times in Buffalo, Detroit, Chicago, Milwaukee, St. Louis, Pittsburgh, and a number of other river and lake ports, Catholic hospitals were a vital part of the American marine hospital system. The Catholic church founded many early midwestern hospitals and became an important provider of high quality care for mariners. Loring and Edwards noted the “kind and ample”

care provided by the Sisters of Mercy at St. Louis and the “great neatness and intelligent care” of the Sisters of Mercy at Pittsburgh. Travelers’ memoirs as well as letters and petitions from mariners indicate that the care Catholic hospitals provided mariners across the Midwest was generally excellent, in spite of the financial constraints under which these institutions typically operated.

The Results of Federal Medicine

Despite the possibility of encountering a corrupt or incompetent physician or of being displayed as an interesting case, on balance American mariners benefited from the Federal marine hospital program. The hospital care mariners received in most ports was no worse than what was available to most other members of the community. And, irrespective of medical issues, the fact that marine care was government-paid and that patients did not have to be pauperized to receive it made it far superior to the options open to other non-wealthy people. By the 1850s, at least, the Marine Hospital Fund frequently helped mariners avoid the poorhouse or charity infirmary during periods of medical dependency.

The Federal government has been in the business of providing health care services for a very long time. During the 19th century, despite unending administrative, financial, and political problems, tens of thousands of citizens received needed medical care through the Federal government’s marine hospital system—care that would have been unavailable or at least grossly deficient without government intervention.

John Jensen is a PhD candidate in the Department of History at Carnegie Mellon University.

Address correspondence to Mr. Jensen, Carnegie Mellon Univ., Dept. of History, Baker Hall 240, Pittsburgh PA 15213; tel. 412-638-5435; e-mail <jj38@andrew.cmu.edu>.