British Naval Health, 1700–1800:
Improvement over Time?

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Did British naval health improve over the course of the eighteenth century? The Sick and Hurt Board sought cures for common ailments such as scurvy by encouraging experimentation, and the development of cheap universal treatments. It also strove to provide a healthful environment and diet. Overall, prevention rather than the development of cures was very much the focus. This chapter also argues that too much emphasis has been placed on the authoritarian nature of the British Navy in the eighteenth century.

If one considers Admiral Hosier’s expedition to the West Indies in 1726, when ‘in two years a squadron of 4,750 men lost over 4,000 dead, including the admiral and his successor, seven captains and fifty lieutenants’ and compares it with Admiral Lord St Vincent’s return to Plymouth, from the blockade of Brest in November 1800, with a fleet of 28,000 men, of which only sixteen needed hospital treatment after a cruise of eight months, it seems obvious that naval health had improved during the course of the eighteenth century.1 Earlier in that century it was impossible to conduct operations for a prolonged period without losing large numbers of men to sickness and death. Only in the 1790s could Nelson, then in the Mediterranean, declare a cruise of six weeks nothing extraordinary and this was, in great part, because he was an officer careful of his men’s health, serving under an admiral, Sir John Jervis, later Earl St Vincent, who took the greatest care of everything connected with it.

The Royal Navy was not indifferent to the health of seamen: far from it. Manning the service was a continual and insoluble problem throughout the century, and the illnesses of seamen and their deaths from disease were important contributory factors. Naval health was thus often a high priority for the Admiralty and for its subordinate department, the Commission for the Taking Care of Sick and Wounded Seamen and for the Care and Treatment of Prisoners of War, more commonly known as the Sick and Hurt
Board. The very existence of such an organisation argues the Navy’s concern with seamen’s health, but the office only became permanent from the 1740s, during a period of prolonged warfare. The Sick and Hurt Board was an administrative body, working through its appointed agents and surgeons, making contracts for the supply of hospitals, sick quarters, medical care, and food, in the earlier period, later undertaking these functions itself, but always aiming to contain, and if possible cure, sickness and return men to duty. The early commissioners were civil servants who had often worked in other branches of naval bureaucracy. This provided them with ample administrative experience but they had no medical knowledge.

In the 1740s and for some years thereafter, the Board had no physician among its members. Though Dr Maxwell served as one of the commissioners from 1757 until 1771, the balance in favour of doctors as commissioners only tipped in their favour in 1795, when Drs Blaine, Blair and Sir William Gibbons formed the London board with Dr Johnston as a resident commissioner at the Royal Naval Hospital, Haslar. This medical predominance remained thereafter until the Board’s abolition in 1806. Before that shift, the commissioners relied for necessary medical advice on external experts. In 1740, they consulted Dr Mead on the prevention of scurvy, taking additional advice from Doctors Monrow and Cockburn; and in March 1754, faced with proposals by Dr James Lind, their surgeon at Haslar hospital, Gosport, on better ways of improving seamen’s health on long voyages, they consulted Drs Schomberg and James, as acknowledged experts.²

Yet in the 1740s, the Admiralty was increasingly asking the Board for more and more detailed information on the numbers of men sick ashore at home and abroad, the greatest number sick ashore at various ports since July 1739 to August 1740, and for monthly accounts of the sick. The bureaucratic difficulties of compiling such statistics produced only partial answers, but those statistics that were produced in 1740 were sufficiently sobering, and perhaps for the first time the Admiralty glimpsed the scale of the war-time health problem. There were 9,775 men sick ashore, over 3,000 at Plymouth, the remainder at Gosport, over 3,500 were ashore at the eastern ports of Woolwich, Rochester Sheerness and Deal. The Board could produce no figures from abroad for comparison in this period, though figures for earlier in 1739, eight hundred sick at Gibraltar in February, one thousand at Port Mahon in April, were sufficiently alarming.³ The Admiralty requested such figures because of a crisis in manning the fleet. War with Spain, begun in 1739, called for a greater effort in raising men but the lists of newly raised men were being outstripped by the sick lists, thanks to an epidemic of typhus. In 1744, when war with France developed, the problem was one of desertion. The Admiralty, insisting on better and more frequent