

The NYH Marine Department and the Cholera Epidemic of 1832

It Was the Only Part of the Hospital that Admitted Cholera Patients

by GARY E. EDDEY

The late 18th century was a period of burgeoning activity in the port of New York and along the entire eastern seaboard of the United States, a period when hundreds of square-rigged vessels filled the harbors. Among the needs created by this activity was that of providing medical care for the merchant seamen who passed through the ports. Beginning in 1799, the New York Hospital had a department specifically for this purpose. Although mentioned only sparsely in histories of the hospital, the marine department functioned for 71 years and had a considerable impact on the development of the hospital and of health care in the city.

The department had its origins in an act passed by Congress and signed by President John Adams in 1798. The act imposed a tax of 20 cents a month on merchant seamen's wages "for the temporary relief of sick and disabled seamen" in existing hospitals established in major ports of the United States. It also provided for the construction of facilities for the care of merchant seamen where no hospital existed. In effect, the legislation established the first

Gary Eddey '83, an enthusiast of sea lore, is currently landlocked in Chapel Hill, North Carolina.

This 1832 broadside details cholera cures prepared by a local chemist. The remedies advertised — laudanum, cholera pills and clysters and mustard poultices.

REMEDIES FOR CHOLERA

As prescribed by the Edinburgh Board of Health, and approved of by the Faculty of New-York.

CAREFULLY PREPARED BY JEFFERSON B. NONES,
APOTHECARY AND CHEMIST,
NO. 644 1/2 BROADWAY, NEW-YORK.

NO. 1.—CHOLERA MIXTURE.
A table-spoonful with 60 drops of Laudanum, in half a wine-glassful of cold water. If this fail to relieve, repeat two spoonfuls, with 30 drops of Laudanum every half hour. Half these doses of mixture and laudanum, for children of 14. One-fourth for children of 7. Do not exceed the doses prescribed; and stop when the vomiting and cramps cease, unless you have medical advice.

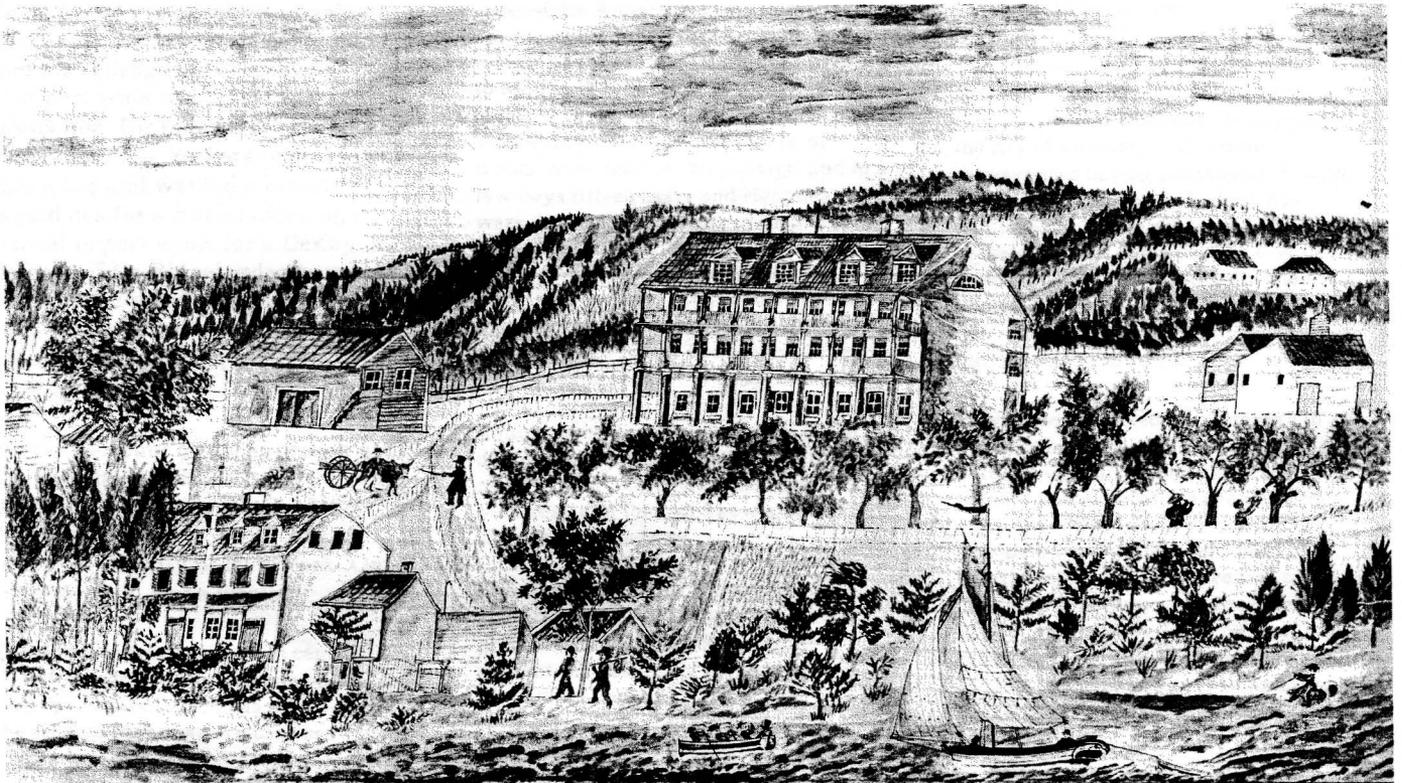
NO. 2.—BOTTLE OF LAUDANUM.

NO. 3.—CHOLERA PILLS.
To be used if the mixture No. 1 be vomited. Two pills at first, and then one every half hour, if the first fail to relieve. Half these doses for children of 14; one-fourth for children of 7. Do not exceed the doses prescribed, and stop when the vomiting and cramp cease, unless you have medical advice.

NO. 4.—CHOLERA CLYSTERS.
Inject three tea-spoonfuls in a wine-glassful of thin warm gruel, and retain as long as possible by pressure below with a warm cloth; if not retained, repeat immediately, but otherwise not. Half the dose for children of 14—one fourth for children of 7.

NO. 5.—MUSTARD POULTICES.
A fourth part is enough for one person. Dust it thickly over porridge poultices, of which apply a large one on the belly, and others on the soles and calves. Remove when the patient complains much of the smarting.

Greenwich Printing Office, 118 Barrow-street.



A three-story stone building at the Seamen's Retreat and Hospital on Staten Island was built in the 1830's. An earlier frame building is at lower left in this painting by the Norwegian-born seaman Lars Christensen. It was purportedly to pay for this construction that the collector of the port attempted to cease reimbursement to the New York Hospital for the care of seamen.

national prepaid medical-care plan in the United States.

The governors of the New York Hospital lost no time in responding to the new legislation. At their monthly meeting in September 1798, they appointed a committee to write to the President of the United States and "inform him of the general design of this establishment, and that the board are desirous to adopt such measures contemplated in the Act, as may by the President be thought necessary."

By the following July, the Secretary of the Treasury had authorized the collector of the Port of New York to reach an agreement with the governors of the hospital on the terms for admitting sick and disabled seamen into the hospital. Several months later a contract was signed with the collector to provide care to all seamen of the Port of New York at the cost of three dollars per

week. On December 3, 1799, the first bill was sent to the collector, and later that month the first in a long series of payments was received by the hospital, for the tidy sum of \$1,103.91.

At this time the New York Hospital consisted of a main building and various outbuildings such as an ice house and stables; then, in 1806, the South Building, or Lunatick Asylum, was opened. Initially the merchant seamen were cared for in the lower two floors of the main building. But in 1826, five years after the psychiatric division was moved uptown to Morningside Heights, the South Building was renovated at a cost of \$7,000 and officially became known as the Marine Building, with most of its space thereafter being devoted to the care of merchant seamen.

A diary written by a male nurse of the 1840's, James Duffe, provides a candid look into the day-to-day

activities of the marine department. Duffe writes that nurses in the marine department were commonly former sailors who acted more like guards than health professionals. With thefts and disorderly conduct daily occurrences, discipline was a major function of a nurse. Duffe tells of clothing and even mattresses that were stolen, often under the "watchful" eyes of the nurses.

A nurse of the 1840's earned about nine to twelve dollars per month in addition to room and board. Apparently only the most minor medical procedures, such as bandaging, were delegated to the nursing staff. Their duties consisted primarily of cleaning the rooms and feeding the patients.

Duffe took a dim view of some of the patients in the marine department, writing that in "this house one really admits the worst of the vagrants and criminals disguised as seamen." It is

unclear whether he is referring to the character of some of the seamen themselves or to the fact that people besides sailors were admitted for free care. Gaining admission would not have been difficult, for the only information required by the hospital was the name of the ship and its captain.

The financial arrangements between the New York Hospital and the collector of the Port of New York became problematic shortly after the agreement was signed. In July 1804 the collector imposed a limit of 75 on the number of seamen to be treated at any given time at the hospital. Why this was done is not clear, but, in any event, the hospital continued to treat all the seamen found to require admission and continued to bill the government for their care. As a result, by 1819 about \$14,000 worth of medical care had gone unpaid. Reimbursement was no more timely than it is today: by 1831 the figure had risen to over \$17,000.

In that latter year, the marine department was confronted by a more serious threat when the collector, one Samuel Swartwout, attempted to cease all reimbursement, purportedly to pay for construction at the Seamen's Retreat and Hospital on Staten Island. The governors rose to the challenge, firing off a letter to the Secretary of the Treasury, and Controller Swartwout's tone quickly became more respectful. Eight years later it would be discovered that he had misappropriated more than a million dollars in public funds, by which time he would have fled to England.

With merchant seamen constituting 30 to 40 percent of the hospital's patients, it is easy to understand the governors' alarm over Swartwout's machinations. Yet, the governors' letter to the Secretary of the Treasury made no mention of the economic repercussions to the hospital from the closing of the

marine department: the era when the government would consider bailing out a hospital had not yet arrived.

In their letter to the Secretary, the governors pointed out that the distance to the Seamen's Retreat and Hospital on Staten Island, "six miles by water and two by land," was not an insignificant concern. Transporting sick and disabled seamen there from the tip of Manhattan, they wrote, was no easy task. In contrast, the New York Hospital occupied a convenient place and, besides, was "located on the highest and most healthy ground in the city."

The governors asserted that four physicians and four surgeons of the highest caliber were providing care to the merchant seamen. The care furnished by the retreat, they argued, could not possibly be as good as that provided by the New York Hospital, where all kinds of patients were treated. The fact that the merchant seamen had their own building and that the hospital had provided over \$17,000 in free care to them were adduced as further evidence of the hospital's commitment to their welfare.

Finally, the governors closed with an argument that seems as timely now as it was then:

The Governors will also ask your attention to the effect which removing Seamen from the New York Hospital will have on Medical Education and Science. The Hospital, as it now is, furnishes many cases of wounds and sickness highly instructive and interesting, and important operations are performed and remedies exhibited which are witnessed by great numbers of Students and contribute to their individual improvement and to the promotion of the healing art. Should seamen be withdrawn, the benefits will be materially lessened.

The Secretary of the Treasury and the commission he had appointed to look into the matter agreed with the hospital governors, and Collector Swartwout was required to continue to pay for the care of seamen in the

marine department at the rate of three dollars per week. Additional charges of five dollars for burial and two dollars for psychiatric patients were also agreed upon. In 1856 the governors prevailed upon the government to raise the weekly fee to four dollars, although the deficit seems to have continued. Ten years later, when merchant seamen constituted almost half the patients in the hospital, their care, according to historian Eric Larrabee, cost one to two dollars more per week than the government was paying. This

' located on the highest and most healthy ground in the city '

may have contributed to the decision a few years later to move the hospital uptown. The marine department continued to exist until 1870, when the New York Hospital closed down in anticipation of moving.

While the governors of the hospital were waging their battle against Collector Swartwout in 1831, a cholera epidemic was sweeping through Asia and Europe the arrival of which in New York the following year would make the struggle over a contract seem trivial.

The state of medical knowledge in 1832 with respect to this disease can be illustrated by an anecdote involving two physicians who were sent to Canada, where the epidemic first appeared on the continent, as representatives of the New York City Board of Health. Upon their return to the city, Drs. Rhinelander and DeKay submitted a lengthy report to the commissioner of health stating that, although they were unsure of the etiology of the disease, they could recommend two types of treatment. Dr. Rhinelander felt it essential to

drink brandy to prophylax against the disease, whatever it might be, and his colleague Dr. DeKay believed that port wine was the only means of protection. For several years thereafter New Yorkers who went into a bar and wanted a brandy would ask for a Rhinelander, or, if partial to port wine, for a DeKay. In defense of Dr. Rhinelander, however, it should be pointed out that he did report a cure "in the Crosby-street Hospital by injecting the veins with a saline solution."

A vivid account of the approach of the epidemic comes to us in the diary of Philip Hone, a governor of the New York Hospital and a former mayor of the City of New York. On June 15, 1832, Hone wrote:

The Albany steamboat which came down this afternoon brought alarming news that the cholera, which has of late been the scourge of the eastern continent, has

crossed the Atlantic and made its appearance first in Quebec and from thence travelled with its direful velocity to Montreal. It was brought to the former city in a vessel called the CARRICKS, with a cargo of Irish immigrants, of whom many died on the passage; and in a few days fifteen cases and eight deaths were reported principally in the narrow, dirty streets of the lower town, and the last report gave 70 cases, of which 59 died. This dreadful disease has not been more mortal in any part of the world which it has visited. The proportion of deaths to the number of cases is dreadful.

It must come down to us and we are in a dreadful state to receive it. The city is in a more filthy state than Quebec and Montreal, and I do not know a European city which is more so.

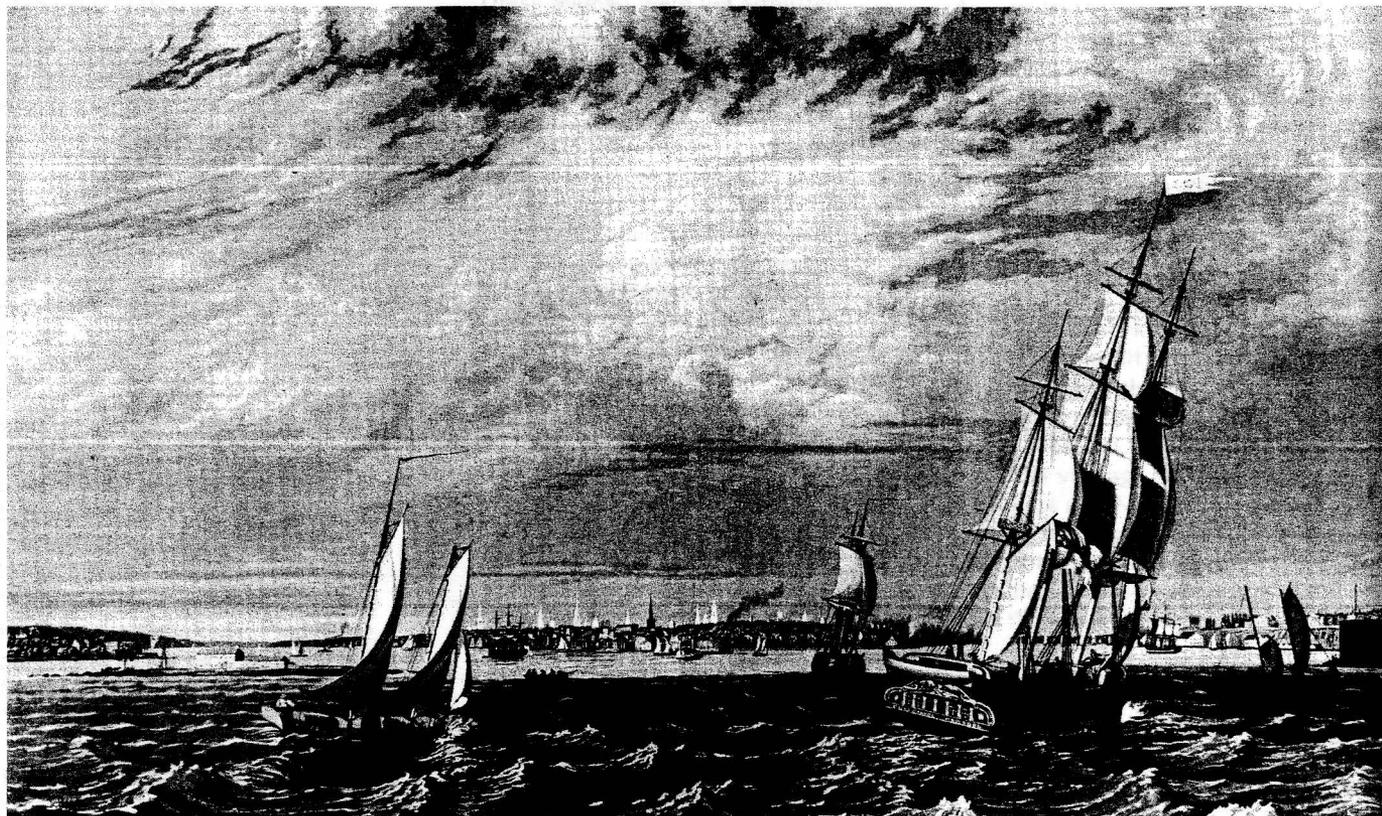
The alarm is great in Albany and Troy, and Committees of these cities have proceeded to adopt measures to prevent the passage of emigrants by the Champlain Canal.

On June 16 he wrote:

The accounts are confirmed Mr. Bowne, the mayor, has published his proclamation interdicting the approach to the city of steamboats and other conveyances having passengers ill with the disease. Bishop Onderdonk has published a very sensible pastoral letter to the ministers of his diocese urging them to make a spiritual use of the apprehended danger

On Monday, June 18:

Prayers were offered up yesterday in all the churches to avert the threatened visit of the cholera and sermons preached to prepare the minds of the people of the affliction which now seems to be considered inevitable. Our Board of Health met on Saturday evening and took measures to enforce ordinances relating to cleaning the streets and removing the rubbish. Dr. Rhinelander and Dr. DeKay are sent as commissioners to investigate the state of the disease in Canada and to report.



New York harbor in the 1830's, from a painting by the artist John G. Chapman. The view is north to the Battery, with the Hudson River entering the bay on the left and the East River entering on the right.



The first New York Hospital was located on Broadway a little to the north of City Hall. The Marine Building is to the left. The structure on the right is the North Building, erected in 1841.

On June 26, he asks whether the first cases have arrived and describes the overall panic of the city. On July 2 he writes that "it is quite certain that the Cholera exists in our City," and on the following day describes how thousands of people are leaving the city to avoid the epidemic and how the lower part of Manhattan is literally becoming a ghost town.

The epidemic struck with its greatest ferocity during the last three weeks of July, and tapered off somewhat in August. By September 4 Hone could write:

The City appears, and the streets, as full of people as it usually is at this season. If the cholera is still amongst us it proceeds quietly, uninterrupted by municipal legislation and apparently unheeded by those who are exposed to it.

By the time the epidemic petered out completely in October, some 3,500 people had died of the disease.

The policy of the New York Hospital was decided early in the epidemic and adhered to throughout its course. It was not to admit cholera patients.

The board first considered this question at a special meeting on July 5, called because a "person with symptoms of Cholera" had been sent to the hospital. A committee consisting of Philip Hone and John Stevens was appointed to "confer with the Board of Health in relation to Cholera Patients who may be brought to the NYH and to recommend such measures as they deem expedient on the subject [and] to report to this Board tomorrow."

That next day, Hone and Stevens met with the board of health, which asked that the following resolution be conveyed to the board of governors:

Resolved that the Governors of the New York Hospital be requested by the Board of Health to provide such accommodations for persons sent there sick of cholera as they deem proper at the expense of the Board of Health and report such cases daily to this Board.

Hone and Stevens reported to the governors,

that they applied to the Board of Health for instructions as to the disposal of persons applying at the Hospital for relief, and were informed that at present they might be sent to the Merchants Bank

in Greenwich now used as a temporary Hospital and they instructed the Superintendent of the Hospital accordingly. Your committee have since been informed that other suitable Buildings in different parts of the city were about to be taken by the Board of Health to serve as temporary Hospitals and have full confidence that under present arrangements proper provisions will be made for the reception of Cholera patients.

The report concluded as follows:

Your committee report the Facts and refrain from expressing any opinion on the obligation which the Governors of the Hospital may consider themselves under to cooperate with the Board of Health in their measures to alleviate the Distress of our Citizens under the present grievous infliction of Divine Providence.

If Stevens and Hone refrained from judging the issue, the governors did not, passing at that same meeting the following resolution:

Resolved that this Board consider themselves interdicted by their Laws from receiving in the Hospital any patients labouring under the disease known as Asiatic or Malignant Cholera.

The Governors of the New York Hospital having heard that a Cholera Hospital has been opened in the Park and that [five] others are about to be prepared in different parts of the City, therefore

Resolved that it is deemed inexpedient for this Board to provide at present any accommodations for Cholera patients under the Resolution of the Board of Health authorising the same to be made at their expense.

There are no statements on the record from the hospital's physicians regarding this matter, although one must assume that they were in agreement. The governors clearly did not want to run the risk of having cholera patients jeopardize patient

“In effect, two rather different hospitals were operating within the bounds of a single institution.”

care already in progress. The laws to which they allude in barring cholera patients are the Rules and Orders of the New York Hospital, Section X of which stated that “no patients shall be admitted whose cases are judged incurable, lunatics excepted, nor any whose cases do not require the particular convenience of an Hospital.”

It is not surprising that the hospital would have had such a policy. In the early 19th century, voluntary institutions, like the New York Hospital, were at pains to combat the widespread impression of hospitals as in the words of Benjamin Rush “sinks of human life.” As the sociologist Paul Starr points out in his recent book *The Social Transformation of American Medicine*,

Voluntary institutions were generally kept cleaner and better maintained and had less of a moral stigma than the almshouse, although they were still not widely used by members of the middle

and upper classes. Anxious to give these hospitals a more attractive identity and to make them safer and more acceptable, their managers and physicians excluded dangerous or morally reprehensible cases. The contagiously ill they sent to the pesthouse, and the incurable and chronically ill, as well as those whom they thought wicked and undeserving, they sent to the almshouse. Such exclusions enabled the hospitals to restrict the number of patients they admitted and to keep down the reported mortality rates

The policy of the hospital notwithstanding, the fact is that the annual report for the year 1832 listed 12 patients admitted for the care of cholera of whom eight died. Obviously, some cholera cases were admitted. If we seek clarification in the Selected Case Records of the New York Hospital, we find that all the recorded cases of cholera (not all 12 are in the records) involved merchant seamen.

These seamen were not admitted through oversight or error. A review of the rules and orders of the hospital turns up a resolution passed by the governors in February 1804 specifically exempting merchant seamen from “so much of the Bye-Laws as relates to the discharge of Incurable Patients.” The resolution may have been passed to meet some federal requirement, or perhaps to demonstrate a high degree of commitment to the care of merchant seamen. As noted previously, several months later the controller of the Port of New York would impose a limit on the number of merchant seamen treated at the hospital. Perhaps the February resolution of the governors was designed to forestall that action; at the least, it does suggest a desire to cultivate the government's good will.

How significant a role did the marine department play in the epidemic? Total mortality figures suggest only a minor role, although possibly the incidence of cholera among merchant seamen was low. Considering that most cholera victims lived in the filthy, narrow streets of the worst

parts of town, merchant seamen may not have been widely afflicted, and the cases handled by the NYH marine department may have represented a significant number of those who were.

What is clear is that cholera patients were admitted to the marine department but almost certainly not to the main hospital. In effect, two rather different hospitals were operating within the bounds of a single institution. One was federally supported, the other supported largely through private means; one was willing to accept contagious or incurable cases, the other was not; one was oriented toward the American hospital's earliest constituency the solitary, the travelers, those on the fringes of society while the other was straining for a new respectability. The marriage must at times have been uncomfortable, although the considerable contribution the marine department made in patients and revenues would keep it going until a new age brought the emergence of the modern hospital. For the New York Hospital specifically, that would be a magnificent new structure at Fifth Avenue and Sixteenth Street, a building, in Larrabee's words, “for the Gilded Age.”

As the New York Hospital strained toward modernity in the early and middle part of the 19th century, the marine department may have seemed to lag behind. On the other hand, from the vantage point of the era of Medicare and Medicaid a time when a hospital's obligation to treat the contagious and incurable is assumed it is hard to say which was the more modern facility.

The author wishes to thank Dr. Lewis Drusin and Ms. Adele Lerner of the NYH-CMC Medical Archives for assistance in the preparation of this article.