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NINETEENTH CENTURY AMERICAN BANKS FISHING UNDER SAIL: ITS HEALTH AND INJURY COSTS.¹

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In 1967 I began anthropological fieldwork aboard offshore groundfish trawlers with Newfoundland's Grand Banks fishermen. The older crewmen, especially those who experienced offshore fishing under sail, compared life and work in the trawler fishery to how they remembered the earlier schooner and dory cod fishery. By 1955 this latter fishery was wholly displaced by steel-hulled side and, later, stern trawlers that catch fresh fish for frozen fish processing plants ashore.

Their view of these two fisheries was ambivalent and somewhat contradictory. They knew that modern trawling meant better catches and earnings under safer and less physically arduous work conditions. They appreciated the modern vessel's superior navigation and communication technology, accommodations, food, water supplies and hygienic conditions, and reduced risks of being injured, washed overboard and drowned, or lost in their dories to suffer or die from exposure and starvation. But life and work aboard trawlers seemed a step toward becoming trammled factory workers. They regretted the passage of work under sail because, despite its higher risks to life and limb, it was a more Spartan, open-air way of life that seemed healthier. And it required great individual skill, self-reliance, stoicism and endurance. These latter views are familiar in North America, where many people believe in the invigorating, even spiritually renewing and transforming power of life *under sail*, and in the special qualities of professional fishermen. Such beliefs are among the compelling attractions, if not myths of sea callings.

1. This is a revised version of a paper first presented at the joint meetings of the Canadian Society for Medical Anthropology, and Canadian Ethnology Society, in May 1986, at Edmonton, Alberta. Patricia O'Brien gave me most helpful comments on an earlier version of this paper, and Marilyn Furlong and Annette Carter prepared various drafts leading to this present paper. I am grateful to each of them.

But our literature and history give countless demonstrations of the sea's dangers when pursuing its resources, commerce, war, exploration, and even recreation under sail. Improvident crews on long voyages ravaged by malnutrition, scurvy and beri-beri, and others decimated by epidemic disease in the close confines of ships far from aid are among them. These contrasting ideas about life and work at sea under sail are some of the background for this present study. It was undertaken in search of systematic historical information on these matters specific to schooner fishermen in Northwest Atlantic waters during the nineteenth and twentieth centuries.

This essay reports results from an examination of illness, injury, and mortality cases among "American" schooner and dory banks fishermen logged in Dispatches from the U.S. Consul at St. John's, Newfoundland, from 1852 to 1912.² St. John's was the largest medical center adjacent to the eastern Grand Banks. Halifax was the nearest major alternative. These cases chiefly concern men landed ill or injured at various Newfoundland ports. The men are nominally American citizens; crews aboard New England-based American vessels were composed of a mix of native-born Americans, immigrants and migrant workers, a great many from Newfoundland and Nova Scotia. At this time American and Nova Scotian vessels, fleets of large French brigs, barks and barkentines equipped with dories, and increasing numbers of Newfoundland schooners all fished the same waters with similar technology. Therefore comparisons are made with the experience of Newfoundland and Nova Scotia based fishermen, and with mainland French fishermen who annually fished these waters in the latter part of this period, and with merchant and naval seafarers in general.

Two key questions guide this inquiry: Apart from major vessel disasters which claimed the lives of many entire crews annually,³ what

2. The Dispatches are on nine rolls of microfilm, "Dispatches from United States Consuls in St. John's, Newfoundland, 1852-1906 (sic)." made available by the United States National Archives, Washington, D.C. Memorial University's Institute of Social and Economic Research, provided a research grant that aided thorough examination of the Dispatches. Jessie Chisholm faithfully gleaned the information from them.
3. See, for example, the many cases recorded in Gordon W. Thomas, *Fast and Able: Life Stories of Great Gloucester fishing vessels*, Gloucester, Mass., Gloucester 350th Anniversary Celebration, Inc., 1973. In a letter (pers. com.) dated 9 Feb. 1984, the Secretary at the du Pont Preservation Shipyard, Mystic Seaport Museum, at Mystic, Connecticut, wrote: "The schooners in the days when Gloucester was the greatest fishing port in the world were built for speed, not safety, and if their payout was large, so was the loss of human life: a staggering 668 vessels and

does the historical record reveal about the day-to-day health and injury experience of the nominally American men who exploited these rich fishing grounds in the nineteenth and early twentieth centuries? And how did they participate in the health care available in North America at this time? The information examined only partially answers these and related questions.

This survey of Consular Dispatches recorded instances of illness, injury, and mortality among American banks dory schooner fishermen, and circumstances in which they went astray on the fishing grounds.⁴ The following Dispatch is illustrative. It concerns a frequent mishap on often fog-shrouded grounds. Dated July 14, 1894, from the U.S. Consul in St. John's to the U.S. Secretary of State in Washington, D.C., it reads:

I have the honor to inform you of the arrival at this Consulate on the 12th inst. of Edward Muse of Schr. "Eleazor Boynton" Burke Master, Wm. Parsons 2d & Co. owners of Gloucester, Mass., who had his hand shot off whilst discharging fog guns on the Grand Banks. The Captain deposited \$25.00 at this Consulate for his benefit and when sufficiently recovered will forward him to the Consul General at Halifax.

Findings

Between 1860 and 1902 the U.S. Consul in St. John's reported 79 cases of illness and/or injury, and death. Their frequency by decade follows.

1860-1869	2
1870-1889	7
1890-1899	64
1900-1909	6
Total	<u>79</u>

Actual frequencies and rates are unknown. How many American vessels and fishermen operated on the banks and in Newfoundland waters annually during this period is also unknown. Anyway, illnesses, injuries, even fatalities, among fishermen often went unrecorded. When injured or ill some men obtained medical aid from French

3,755 Gloucestermen went to the cruel depths in the 68 years between 1830 and 1897 alone." The information was attributed to Joseph E. Garland's *Down to the Sea*, Boston, Godine, 1983.

4. I discuss the circumstances in which dories went astray in "Usufruct and contradiction: Territorial custom and abuse in Newfoundland's banks schooner and dory fishery," *Maritime Anthropological Studies*, Vol. 1, No. 2 (1988).

surgeons who accompanied the French fishing fleet,⁵ and a few privately when ashore. Others, landed in their former homeland, sought aid from Newfoundland or Nova Scotian kinsmen and never came to the Consul's attention. Further, the several individuals who served as U.S. Consul during these years may have recorded and disposed of cases differently. Despite such uncertainties, these data help illuminate the banks fishermen's work and health circumstances.

My discussion focuses upon the 64 cases in the decade of highest frequency, 61 of which occurred between 1890 and 1894. Most of the cases occurred during June through August, prime fishing months on the eastern banks off Newfoundland and Labrador.

The cases from 1890 to 1899 permit the following breakdown:

<i>Infectious disorder</i>		<i>Injuries</i>		<i>Other</i>	
La Grippe	7	Badly bruised	1	Diabetes	1
Quinsey	1	Broken leg	2	Bright's disease	1
Quinsey & Rupture	1	Broken knee cap	1	Dropsy	1
Consumption	2	Sprained limbs	1	Rheumatism	1
Diphtheria	3	Hand injuries	3	Death-sudden	1
Fever	1	Blood poisoning	1	Unspec. illness	19
Pleurisy	1	Unspec. injury	7	Unspec.	8
Total	16	Total	16	Total	32

In 34 (52%) of the 64 cases reported the Consul failed to specify the illness (19 cases) or injury (7 cases) involved, or does not indicate whether either is involved (8 cases). These latter cases required medical attention, usually hospitalization.

The illness/injury labels given in the Dispatches are taken at face value. Regardless of who made them, diagnoses, diagnostic diacritica, treatment, and theories of causation specific to some illnesses met in

5. In fact, until about 1900, many Newfoundlanders "scattered along the so called French Shore [i.e. the island's west coast] got their medical treatment from surgeons on the French fishing fleet and from the doctors on the British warships that cruised that shore each summer": Albert B. Perlin, "History and health in Newfoundland," *Canadian Journal of Public Health*, Vol. 61 (1970), p. 314. Later, perhaps 20% of the 1143 and 1235 medical cases recorded served by The Saint-Francois-d'Assise society in aid of banks fishermen in 1911 and 1912, respectively, may have been to non-French, many fishing the same waters. Dr. M. le Kermorgant, "L'assistance aux Pêcheurs de Terre-Neuve, d'Islande et de la mer du Nord," *Revue d'Hygiène*, 35 (1913), pp. 658-659.

the nineteenth century and earlier were imperfect. For example, *typhus*, transmitted by infected body lice, was often confused with *typhoid* well into the mid-nineteenth century. The latter disease is transmitted by body excretions, so food and water are easily contaminated. Some outbreaks of typhoid aboard military ships of the period were confused with food poisoning,⁶ a condition not even specifically mentioned in the consular Dispatches examined here. Likewise, seamen reportedly took "diarrhea and fluxes" as a matter of course. They were little distinguished in type if reported. And some dysentery or "bloody flux" may have been cholera, endemic everywhere until late in the last century.⁷

Diagnoses in these Dispatches, whether made by doctors in St. John's or elsewhere in Newfoundland, were probably as accurate as those made in major centers of Europe and North America. Diagnostic, treatment, and etiological information may have moved quickly among doctors in this period. Charles E. Rosenberg,⁸ for example, examining the history of cholera, concludes that information diffused easily "within the European medical community—including its provincial outposts in the Western Hemisphere." Rosenberg suggests that this best applies to "better educated, most critical, often urban physicians." But Newfoundland's medical history indicates its most skillful doctors were well distributed around the island.

In 1894-95 Newfoundland had 60 registered doctors. 15 practiced in St. John's (probably on a fee basis) and 45 in its scattered outports.⁹ By 1911 there were about 119.¹⁰ There was probably a considerable exchange of information among these physicians and little difference between medicine practiced at least in its capital, St. John's, and those outports where trained doctors existed. Most of them had been trained in Britain, Scotland, Ireland, and the United States. The earliest were first military, naval, or ship's surgeons. Some were also missionaries.

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6. W.R. Thrower, *Life at sea in the age of sail*, London, Phillimore, 1972, pp. 164-165.
 7. Christopher Lloyd, *The British Seaman: 1200-1860*, London, Paladin, 1970, pp. 237-238.
 8. Charles E. Rosenberg, "Cholera in 19th century Europe: a tool for social and economic analysis," *Comparative Studies in Society and History*, Vol. 8, No. 4 (1966), pp. 452-463.
 9. Patricia R. O'Brien, "'Book' practicing: A unique aspect of the Newfoundland health care system, 1663-1968." Unpublished manuscript, 1988, p. 11.
 10. Janet McNaughton, editor, "Outport nurse: Margaret Giovannini," *Occasional Papers in Medical History* No. 7, St. John's, Memorial University, School of Medicine, p. ii.

Many were first recruited by trading companies to provide medical service to their employees and client fishermen.¹¹

These doctors were in contact with others in Canada and the United States, particularly New England, and often corresponded with peers and/or teachers where they were trained. A classic early illustration is the Rev. John Clinch, M.D., an Anglican missionary who practiced in Newfoundland at Bonavista from 1775 to 1783, and at Trinity from 1783 to 1819. He corresponded with his ex-classmate in England, Dr. Edward Jenner, perhaps the most important figure in the history of vaccination against smallpox. In 1798 it seems Clinch was the first to vaccinate in Newfoundland and the New World against smallpox, probably with cowpox virus received from Jenner in England.¹²

While the highest frequencies occur in the 1890s, the number and kinds of illness/injury, and, in the few cases reported, death, are unremarkable from one decade to another. There is no surprise in the following maladies and injuries reported: Fever, infections (e.g. "La Grippe", diphtheria, "consumption", and "Quinsey"), diabetes, Bright's disease, "Dropsey", and "old age", blood poisoning from fish hook injuries, fractured limbs, injuries from burst fog guns, and severe bruising and sprains. All occurred among other sailing era seafarers. These findings give small challenge to the nevertheless somewhat impressionistic view met in *Fisheries and the fishing industries of the United States*, by George Brown Goode *et al*, the most frequently cited source for New England offshore fishing operations in the second half of the nineteenth century, who reported:

Diseases (among New England banks fishermen) are comparatively rare, the most prevalent being dyspepsia and rheumatism. In the larger ports, where there is much competition, cases of nervous exhaustion are by no means infrequent among the skippers and the most ambitious fishermen.¹³

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11. Conrad Trelawny Fitz-Gerald, Jr., *The "Albatross": The biography of Conrad Fitz-Gerald 1847-1933*, Bristol, Arrowsmith, 1935; L.E. Keegan, "Medical history of Newfoundland," in Joseph R. Smallwood, *The Book of Newfoundland*, vol. 2, pp. 221-222, St. John's, Newfoundland Book Publishers Ltd., 1937; and O'Brien, p. 13.
 12. K.R. Roberts, "Smallpox: an historic disease," *Occasional Papers in Medical History* No. 1 (1978), p. 37, St. John's, Memorial University, School of Medicine; and R.C. Stewart, "Early vaccinations in British North America," *Canadian Medical Association Journal*, Vol. 39, No. 3 (1938), p. 182.
 13. George Brown Goode *et al*, *Fisheries and the fishing industries of the United States*, Washington, D.C., Government Printing Office, 1887, Section IV, p. 9.

And the present survey found no suggestion of changes in illness/injury rates that might be linked with new technologies, as in sail handling or fishing gear.

Illnesses

The illnesses recorded are interesting, however, for what is unmentioned, yet found in other published and unpublished information. Despite the 1887 report in Goode *et al* mentioned above, no cases of *nervous exhaustion* among either skippers or their men occur in the Reports. Yet exhaustion (physical and emotional) was probably implicated in many of the cases mentioned. Heavy work for days, with minimal rest, was common practice. And high risk to men's lives and well being worked a toll in anxiety and stress. I will say more about this later.

Similarly, the Consul never mentions *alcohol dependency* as a medical problem. It does figure in cases of men left or forced ashore "in destitute condition" by their drunken captains. Binge-drinking in port was common, especially at St. Pierre, where alcohol was inexpensive. Alcoholism reportedly reduced disease resistance among French banks fishermen,¹⁴ and it figured in many accidents. One French doctor regarded alcoholism as "the great danger of Terre Neuve" for French or Metropolitan French cod fishermen.¹⁵

Veneral diseases are entirely unmentioned. They were common afflictions among nineteenth century naval seafarers. And a small number of cases are recorded among French banks fishermen in these waters in the years 1911-1912.¹⁶ They may be among the illnesses simply recorded in the Dispatches as "infectious disease." If so, why is the labeling so unspecific? Was the Consul being diplomatic with his language? Or were these banks fishermen either more prudent or fortunate than their naval and merchant seafarer counterparts? It has been suggested¹⁷ that Newfoundland doctors saw few cases of venereal disease, but further information is needed.

14. Dr. G. Bonain, "les maladies de misère physiologique chez les pêcheurs de Terre-Neuve," *Archives de Médecine Navale*, Vol. 82 (1904), pp. 321-331; see also Dr. Brissot, "Hygiène de la Marine marchande: de Saint-Malo à Terre-Neuve avec les pêcheurs de morue," *Hygiène Générale et Appliquée*, Vol. 2 (1907), p. 404; and Dr. A. Titi, "Nos Pêcheurs des Bancs et du French Shore," *Archives de Médecine Navale*, Vol. 80 (1903), pp. 195-196.
15. E. Descottes, *Contribution à la histoire de la médecine sur les Bancs de Terre-Neuve: étude historique et critique*, Thesis (M.D.), Paris, Libraire le Francois, 1919, p. 53.
16. Descottes, p. 53.
17. Patricia O'Brien, pers. com.

Smallpox is not mentioned among the illnesses specified during the entire period 1852-1912. Vaccination as prophylaxis was increasingly successful in eastern North America by the second half of 19th century. But smallpox outbreaks sporadically occurred during these years, as Newfoundland's own medical history indicates. Its ravages among the sailors and fishermen of the area in earlier years is memorialized in the tragic sea ballad, "Bound down for Newfoundland".¹⁸ It recalls how smallpox decimated the eight man crew of the schooner *Mary Anne*, bound from New York to Newfoundland. Only two men survived.

Seven cases of 'La Grippe'—presumably influenza—occur in the period 1890-1895. Contagious diseases affected many more men than the Dispatches indicate. They hint at only one case of epidemic proportions, however, involving *diphtheria*; on June 6, 1893, U.S. Consul Molloy reported the Gloucester schooner *Marguerite* landed a seaman ill with diphtheria at Bay Bulls. A second case was landed on June 10. Were there others?

Air and water-borne viral infections moved easily among schooner fishermen. Most men slept in crowded foc'sles, two men to each bunk. Fresh water was always limited aboard 19th and 20th century banks schooners, and hygiene facilities and practices minimal. Food and water-borne diseases, such as influenza and typhoid, were easily transmitted in these conditions. For example, you relieved yourself over the side, or seated on a draw bucket in the shelter of the foc'sle, and wiped your backside with whatever was handy. It might be an old newspaper scrap or the end of the bucket rope. Another example: each sailor and fisherman had his own general purpose kit, which included a tin dish or "pannigan." "It was used for soup, fish, salt meat, and what-have-you. The usual practice was to give this an occasional rinsing with tea, and to wash it thoroughly every Sunday".¹⁹

Neither typhus nor typhoid fever are specifically mentioned in the Dispatches. Yet published accounts and oral testimony gathered by the author from elderly Newfoundland banks fishermen establish that body lice were a frequent problem aboard banks (and other) vessels, and that typhoid fever tormented crews well into this century. Thomas

18. Kenneth Peacock, collector and editor, *Songs of the Newfoundland outports*, 3 vols., *National Museum of Canada*, Bulletin No. 197, Anthropological Series No. 65, (1965), Vol. 3, pp. 905-906.

19. Thomas Brenton Smith, *Bluenose sailor: Memoirs of the sea*, Liverpool, Nova Scotia, 1943, n.p., Ch. 2, p. 17.

Burton Smith²⁰ recalled the time in 1884-85 aboard the Nova Scotian coastal schooner *Veritas*, when a crew member brought body lice aboard and the entire crew set to scratching. At first they blamed their itching on a "too liberal diet of salt meat." Later a crew member "examined his coat, and found it almost alive." The enemy realized, they set to its destruction by every means.

"The underclothing we were wearing went overboard, but succeeding changes we soaked in strong pickle..." They rubbed a strong liniment on one man's back as a deterrent, "but when George leaped almost to the forecandle ceiling at... (the) first application to his badly scratched back, we abandoned the idea." They burned their bed sacks upon reaching Liverpool, Nova Scotia. And Smith reported soaking all of his clothes in a weak lye solution, which proved successful. He remembered it as his only experience with body lice.

Body lice do not prove the presence of typhus. It may have been among the unspecified illnesses noted in the Dispatches, but its occurrence was reduced by the annual practice of fumigating (usually with sulphur in Newfoundland) the schooners. Further, for schooners laid up for the winter, it was common practice to open their hatches to the severest cold to kill whatever undesired vermin inhabited them.

Typhoid fever among banks fishermen is indicated in the recollections of a Newfoundland banks fisherman born in 1901. Captain Arch Thornhill (1901-1976) recalled a case in the summer of 1927, when he captained the *Vera P. Thornhill*. His men had been on the grounds fishing for only two days.

One of our men hadn't felt well for the last couple of days since leaving Burin, and he asked me to take him to land again. I got the man to a doctor, who pronounced it was typhoid fever, and he had to be discharged from the vessel.²¹

Scurvy and beri-beri are also absent from the disorders specified during the entire period 1852-1912. Yet other sources indicate their presence among American banks fishermen, sometimes affecting most of a schooner's crew. In 1890, for example, Dr. James J. Putnam, a doctor at the General Hospital in Boston, reported the case of a

20. Smith, Ch.5, p. 47.

21. Captain Thornhill began his banks fishing career in 1918 aboard a Newfoundland owned schooner. He took command of a Nova Scotian owned schooner in the late 1920's and continued to fish through the transition from sail- to auxiliary-powered schooners, and then groundfish trawlers (1948-1962). In the following pages frequent reference is made to the unpublished biography ("Voyage to the Grand Banks") of his life.

fisherman patient who was on a fishing vessel "for nearly six months" before taking ill. Putnam wrote:

The vessel had been insufficiently provisioned, and the captain had insisted on protracting the trip, so that for some time the crew had had little else to eat except mollassess, fried pork, and pan-cakes, and the water had been foul.²²

Nine or ten other men were also affected, most more seriously. "Their legs were badly swelled, so that. . . pitting on pressure (applied to the swollen flesh) was frequently noticed."

Putnam contacted Dr. Fairfax Irwin in St. John's, where some of the men were treated at the "Marine Hospital". Irwin informed Putnam that, "on account of the oedema, the malnutrition, and. . . the typical purpuric condition," he had made the diagnosis of scurvy. Putnam agreed that scurvy accounted for part of the symptoms, but wondered what else might be at work.

The diagnosis was difficult. Putnam wrote to several doctors located in other New England seaports. He was specially concerned to understand the "poly-neuritis" symptom met in his patient. That is, weakness and numbness of feet and lower limbs, fingers and arms. It seemed analogous to, or identical with beri-beri. One Wellfleet, Massachusetts, medical doctor reported the case of a 21 year old fisherman who fished off Black Island in 1889 *in a well provisioned vessel*. He developed poly-neuritis, followed by serious dysentery and severe diarrhea for three months.²³ Putnam suggested that an "infectious form of multiple neuritis" was at work. His review of available evidence suggested that in 1881 and 1889,

There were epidemics of this infectious disease, whatever name it may deserve, occurring among the crews of vessels fishing along our northern shores, and that sporadic cases. . . have occurred during the interval.²⁴

Despite its historic importance among illnesses that affected naval and mercantile seafarers, in his review of especially British Naval medicine, W.R. Thrower²⁵ argues that medical understanding of scurvy's specifics remained inadequate into the 20th century.²⁶ The

22. James J. Putnam, "A form of poly-neuritis, probably analogous to or identical with beri-beri, occurring in sea-faring men in northern latitudes," *Journal of Nervous and Medical Diseases* Vol. 15, No. 8 (1890), pp. 497.

23. Putnam, p. 498.

24. Putnam, p. 504.

25. Thrower, pp. 156, 237.

26. It is not clear that their doctors made a sharp distinction between the disorders, but French medical sources record a relatively small number of cases of beri-beri and/or scurvy (*scorbut*) among men aboard French vessels fishing the Grand Banks as late as 1911. 10 out of a reported 9000 men were affected (Descottes, pp. 51-53).

apparent instances of scurvy, or beri-beri, among late 19th century American banks fishermen discussed above lend support to Thrower's view. But it is surprising to discover either disorder among fishermen aboard American banks schooners at this time. These illnesses contrast with the view of superior provisioning aboard American schooners reported by Goode *et al*:

The food of the New England fishermen is usually of an excellent quality, and to this improvement during the past quarter of a century may be attributed the increase in the longevity and period of active service among these men; this is so noteworthy as to attract the attention of all observers. The cook is often better paid than the captain, and is, in fact, the most important member of the crew.²⁷

The cook was probably not better paid than the skipper, unless he was part-owner of the schooner. But many would agree he had special importance at least from a morale viewpoint. In his "Report on a cod-trawling trip to Grand Bank in 1879," H.L. Osborn observed:

...although it would be possible to purchase in Newfoundland any provisions, they would be obtainable only at very great disadvantage. [A list of provisions is given.] From a glance at this list one can see that a good cook could prepare excellent fare for our men. Their fare was good indeed; far better than I ever saw among the Newfoundlanders, or even the Nova Scotians. ... our bread and butter, and, indeed all our fare, was very much better than that of the folks ashore... I was assured that in our vessel the living was only average, and that some lived even far better, because, being more inshore, they had more frequent chances to obtain provisions.²⁸

Elderly Newfoundland deep-sea fishermen also remember superior conditions aboard especially American, and Nova Scotian schooners in the early decades of this century. They argue that, by comparison, Newfoundland's schooner operators were more "miserly" when provisioning their vessels. For example, Newfoundland Captain Arch Thornhill, cited earlier, recalled:

There was more on their tables than a few leftover beans, like I have seen myself many times. It wasn't until the mid-1930's that we ever got a case of milk for our schooners. We had molasses, but milk, sugar, tinned fruit, fresh meat and such foods were called "extras" by our owners. And the crew had to pay for *all* of it. The owners found the other food. ...

Captain Arch's first cousin and one-time fellow banks dory fisherman and fishing master, Captain Frank Thornhill (b.1903), also described the fare aboard Newfoundland's schooners during the approximate period 1920-1930:

27. Goode *et al*, Section IV, p. 9.

28. "Report on a cod-trawling trip to Grand Bank in 1879," H.L. Osborn, in Goode *et al*, 1887, Part IV, p. 174.

We had hard rough grub. But it was good for the work we were doing. We had beans, potatoes, salt beef, salt pork, and fresh fish right out of the water. The main food was salt beef and potatoes and fish. The only fresh meat we had was seabirds. Hagdowns came in over the banks and we lived off them while they lasted.²⁹ On the schooners the owners paid for the food and gave us only what they wanted to put aboard, and sometimes that was not the best.

I was with Reub' [another schooner master] when the first milk came aboard the schooners, that's tinned milk. You had to buy your own milk. They'd send it aboard with the food but each man would be charged for the milk because they called that extra, same as the raisins and currants. Abe Dolimount was cook all the time and he'd put a can of milk in the big copper kettle when he'd get breakfast, and when he'd pour up the tea, the milk would be in the tea, but the kettle wasn't emptied when breakfast was over because he didn't want to waste the milk; he would just simply fill up again and all through the day the tea was getting darker and darker as he kept filling up the kettle on the same can of milk. He was trying to get as much as he could out of a can of milk, because the less milk he used the less men had to pay for.

And the raisins, well the cook would make buns, and if he wanted to put a few figs in them, well that was called extra. Of course we had flour so we had plenty of bread and beef and pork—that was basic. We had butter, but not much jam. And we had no fresh fruit or anything like that. Now, if you wanted sugar, that went in as extra, too. Now, molasses, well that they'd put aboard. Molasses was considered basic as a sweetener for your tea.³⁰

Important differences in provisioning, and in health consequences among American, Nova Scotian, and Newfoundland based schooners are surprising. All were in a position to frequently make port for bait, gear, and other stores. A vessel might be on the grounds several weeks at a time rather than months, whether fishing off Nova Scotia or Newfoundland. In theory, there were opportunities to obtain the fresh vegetables, if not also fruit, to provide the C- and B-Complex vitamins needed to prevent dietary deficiency. But this assumes that the skipper and/or crew were inclined and able to do so, and that such provisions

29. Victor Butler (b.1896) fished from schooners operating from Harbour Buffett, on Newfoundland's south coast. He described the living conditions aboard the three man, 'jackboat' schooner that fished with trawls close to shore well into the 1940s, as "horrible." The jackboat had a fireplace up forward. But "the food consisted of hard bread, flour, heavy mess pork, molasses, tea, a very bad grade of butter called olio, bread soda and, of course, fish": Victor Butler, *The little Nord easter: Reminiscences of a Placentia Bayman*, St. John's, Memorial University of Newfoundland Folklore and Language Archive, Community Studies No. 1 (1975), p. 56. Men who fished from these vessels often joined larger banks schooners where they found the fare either about the same (especially aboard most Newfoundland vessels) or much better (aboard American and Nova Scotian vessels).

30. Garfield Fizzard, *Master of his craft: Captain Frank Thornhill*, Grand Bank, Newfoundland, Grand Bank Heritage Society, 1988, p. 18.

were actually available in the ports they visited. But fresh vegetables and fruits were scarce and costly in most eastern Canadian ports, and certainly in Newfoundland, especially in the spring and early summer.

Even when fresh foods are available, however, dietary deficiencies may not be forestalled. Thrower,³¹ speaking of naval ships of the 19th century and earlier, argues that “fluxes were common in most ships.” If equally true aboard 19th century banks fishing schooners, gastro-intestinal disorders, including “dyspepsia,” could seriously interfere with vitamin absorption anyway. The vitamins fresh vegetables added to the hard diet of salt beef, beans, and starchy puddings³²—standard provisions aboard American, Nova Scotian, and Newfoundland banks vessels—would little help the flux-afflicted.

Many individuals drawn to banks fishing floundered on its first trial or rite of passage, namely *motion sickness*. This disorder is commonly treated as something seafarers are expected to “accept” as a normal part of their work. Many adapted to schooners and dories on the open sea, but with recurrent bouts of this gnawing and debilitating illness. The percentage of those susceptible in any population is uncertain, but it is likely that most crewmen were somewhat susceptible to it and some were chronically seasick during entire voyages. These latter, perhaps classic “dyspepsics”, doubtless lost weight, weakened, and were little help as crew members. The standard schooner diet did not help. If their skippers hadn’t already discharged them—sometimes in anger, by force at first landfall, many probably left voluntarily at first opportunity. Still others saw no choice but to labor on in discomfort.³³

Gastro-intestinal illnesses sometimes scourged schooner fishing crews in these waters into the 1920s. One such occasion involving “flu” was recalled to me by Newfoundland’s Captain Arch Thornhill. He was mate aboard the schooner *Dorothy Melita*, fishing out of Grand Bank, in the spring of 1926. His skipper at this time was a ‘laddio,’ a hard drinker, which was problem enough.³⁴ They began the trip in early March.

31. Thrower, p. 161.

32. See provision list in Goode *et al*, Section IV, p. 89.

33. James Reason and J.J. Brand, *Motion Sickness*, London, Academic Press, 1975, pp. 29, 59-68.

34. The Dispatches examined revealed four cases in which crew members, some identified as “family men,” either were abandoned or left and refused to return to their schooners because the skipper was drunk, “drinking and carousing,” and/or cruel and abusive. In one instance a skipper drove a man off his vessel at the point of a knife.

The trip lasted about a month and we never got a dory fishing, because nearly every man aboard got the flu. I was sick for 13 days and never got on deck, and he (the Captain) was drunk almost every day. Water and food began to get short... so we left for home. When we arrived at Grand Bank with no fish... all the crew were going to leave him. We couldn't get along, we weren't used to men like that in fishing.

Injuries

Broken and blown off hands, blindness, and other injuries due to burst fog 'guns' or cannons, have their kinship with gunpowder injuries common on naval ships. Among British Navy sailors, burns from small fires and gunpowder explosions were common.³⁵ Fishermen and other sailors of the period may have treated gunpowder rather haphazardly. But faulty technology was sometimes involved.³⁶

Blood poisoning due to fish hook injuries was occupationally specific to fishermen. The problem is old and widely met in hook and line fishing. For example, in his examination of safety in 18th century French cod fishing in the same waters, Jean-Francois Brière observes:

Seamen's hands were also exposed to injury by the daily manipulation of hooks, fishing-lines, knives and fish bones. Such injuries were frequently aggravated by contact with rotting fish bowels, excessive humidity and lack of proper care. In the late 19th century, most older cod fishermen had lost one or several phalanxes of their fingers because of complications from hand injuries and this observation can presumably be extended to their 18th century predecessors.³⁷

Work inshore and close to home, and more ready access to "home remedies" might reduce the risk that such injuries would result in blood poisoning. But professional medical aid for a wide range of injuries and illnesses might be no more accessible or resorted to at home than on the banks. Home cures were standard, and many families could not afford the doctor's fees anyway.³⁸

35. Thrower, p. 154.

36. See Dr. James N. Fraser's account of a fisherman on the Labrador wounded by an exploded fowling piece, in his article, "Remarkable case of gunshot wound where the breech of a fowling-piece was lodged in the upper jaw," *Edinburgh Medical Journal* Vol. 2, No. 3 (1856), pp. 247-249.

37. Jean-Francois Brière, "The safety of navigation in the 18th century French cod fisheries," *Acadiensis*, Vol.16, No. 2 (1987), p. 87.

38. Allen Evans, *The splendour of St. Jacques*, St. John's, H. Cuff Publications, 1981, p. 43. People in the hundreds of small fishing villages or 'outports' around the Newfoundland and Labrador coast ordinarily either cared for themselves or, that failing, they relied upon an elderly man with special healing talents, or an elderly woman, "T'doctor ooman. She was the midwife, etc., etc.; sometimes she cured or

Hernia was a wide met problem among naval sailors where, as in offshore fishing, there was frequent hard pulling and hauling. Christopher Lloyd reports, for example, that "... one seventh of the Navy of Nelson's day suffered from hernias...",³⁹ and many trusses were issued. Although hernia is not mentioned once in the Dispatches surveyed, there is no reason to think banks fisherman escaped this problem. Trusses were available to New England fishermen and advertised by their suppliers at this time.

Fatalities

The fatalities found in this survey are few and unremarkable. Only three certain and two probable cases of death by natural causes are reported for the entire period 1852-1912. One man died suddenly aboard his vessel after hauling his trawl. It is reminiscent of a case from the 1920s recalled by Captain Arch Thornhill, when a man died suddenly in the evening after eating a shellfish snack heated by the foc'sle stove. Another man probably died while in a diabetic coma either aboard ship or after being landed, and a third died ashore of "rheumatism and old age." The record is incomplete for a man "taken ill at Flemish cap" and expected to die, and another "landed in dying condition." There was one death by murder aboard a schooner from Wellfleet, Massachusetts (11 July 1855). Countless other men died when washed overboard from deck or bowsprits, when their vessels went aground, or when their dories overturned or went astray in storms or foggy conditions. Many who died or became seriously ill at sea were landed at or near various Newfoundland communities from which they originally came. There the ill recovered or lived out his last days or hours among family and friends, or strangers, and no claim may ever have been made on either their skipper-employer or the Consul in St. John's.

Death, of course, was disastrous. In Newfoundland in the 1890s and early years of this century, when a man was lost or died during the voyage, his widow or other dependent(s) received a "government grant" of \$80 drawn from the "Bank Fishermen's Insurance Fund." A fisherman, or the merchant on his behalf, contributed 50 cents to this purpose each spring when he signed on. Additional voluntary

tried to, by some old-fashioned medical remedies, sometimes by charms." B.W. Cooley, "Reminiscences," in Joseph R. Smallwood, editor, *The Book of Newfoundland*, volume 6, p. 501, St. John's, Newfoundland Book Publishers Ltd., 1967.

39. Lloyd, p. 238.

assistance came from the vessel owner and neighbors, one's local church, and from the "permanent Marine Disaster Committee of St. John's".⁴⁰ Impoverished widows and their children formed an important part of the labour force in many Newfoundland ports, where they tended the fish flakes. The social "safety nets" and work alternatives were perhaps similar in Nova Scotia and New England, although the earlier appearance of fish processing plants and other industries in or near their ports in later years gave family survivors somewhat different employment alternatives for a time.

A more extensive study of archival information might establish some differences, distinctive patterns of illness, injury and fatality rates among fishermen of the various nations operating in these waters during the period. Different vessel technologies, work regimes, diets, and arrangements for medical aid (especially for French fishermen) suggest that possibility.

Health care and access

The quality of health care available to banks fishermen was probably about the same from New England to Newfoundland. Men typically relied upon home remedies and patent medicines for all but the most disabling injuries or illnesses.⁴¹ Recourse to professional medical aid depended in large part upon having money or barter goods to afford it. Ordinary banks fishermen were probably less able to afford the costs of seeking medical aid than might a skipper or vessel owner and others of the middle class ashore. Most men did their best to sail on despite illness and injury. The relative inaccessibility of needed medical care doubtless increased the inequality of life risks already characteristic of their occupation when compared to workers ashore.

If a man's health problems seemed beyond his control, and he had a few hours of freedom in port and the cash needed to pay the fee, he might seek a doctor's aid. However, a major illness or injury probably meant losing one's berth aboard a schooner for all or part of a voyage. This had drastic economic implications for the ordinary banks fisherman, especially where he was bound to the vessel owner in a credit relationship. Many were, certainly in Newfoundland, up to World War II. If sole supporter of a wife and children, a man's forced

40. Rev. H.J.A. MacDermott, *MacDermott of Fortune Bay*, told by himself, London, Hodder & Stoughton, 1938, p. 189.

41. For example, in Newfoundland, powdered "brimstones" (sulphur) mixed with molasses (hence, brimstone and treacle) was drunk as a 'spring tonic' to help purify one's blood, and it was directly applied to skin infections.

inactivity ashore due to illness or injury often meant relief and dependency upon charity, a stigmatizing and undesirable step.

Authority mechanisms and relationships, and the importance to one's employment of maintaining an "able" image, also impeded access and use of medical aid. While New England banks schooners may have carried "... a plentiful supply of medicines, and some skippers are quite expert in the application of certain simple remedies,"⁴² skippers were anxious to have able men to produce the landings necessary to their success and were loath to weaken their productive force.⁴³ A sick or injured hand had first to convince his master that rest, medicine and/or hospitalization was needed. But skippers took pride in reputations for "driving" their men in an intensely competitive commercial pursuit and for being able to penetrate any "ruse" a simply weary—if not exhausted—"lazy" man might play. They could be difficult to sway.

Some captains found it easiest to simply abandon and replace a man at first landfall. For example, Newfoundland Captain Frank Thornhill recalled the time he was in dory with Captain John Thornhill in the approximate period 1920-1935:

He was boss and he knew he was boss. One time we were getting a baiting of fish on the north side of the bay and I took a pain in my side. I didn't know it at the time but it was a touch of appendix. I just couldn't do the job that I had to do toward putting the squid down. I was in dory with brother Will.

He said, "Frank, go down and rest, for goodness sake. Don't suffer yourself like that." I went down and laid down in the bunk, and after the pain was gone I was alright. And John Thornill came forward after the pain was gone and he said, "How's you feelin' now, Frank?" I said, "Skipper, I'm alright now the pain is gone."

"Well," he said, "I guess you'd be alright as it was if Will hadn't pamped you up so much." That's the words he said to me. "But," he said, "I'm telling you now, when you gets to Grand Bank d'mar marnin, you can take your luggage ashore. You're not wanted aboard yer no more."⁴⁴

Postponed attention and treatment may aggravate illnesses and injuries, endanger lives, and diminish work performance. But a skipper feared to unnecessarily label a man too ill or injured to work. For example, Newfoundland schooner and trawler Captain Arch Thornhill recollected the problem this way:

42. Goode *et al*, Section IV, p. 9.

43. Brière, p. 87.

44. Fizzard, p. 21.

You can't be too easy when you have a crowd of men. You've got to make your living. You had to have the grit in you, the guts . . . Some say you got to be the devil. If you're called a "good" man when you're skipper, you're no good.

I remember one fellow. I had him sized up. He was up in his bunk pretending to be sick, and the rest of the men were out in their dories. I heard about him, went down in the foc'sle and said, "Brother, if you don't get out of this bunk, I might look pretty small, but I'll have you yanked out. You won't be hurting. You'll be *sick*." No man was getting off with that. I know when a man is sick. Brother, he wasn't long getting out and into his dory. Never got sick afterwards.

When berths were scarce a man avoided being termed a malingerer. He only reluctantly sought his captain's aid unless absolutely necessary. The able fisherman's image was built upon apparent good health, hardiness, self-reliance, and perseverance.

Men of this era were also driven by the example and teachings of others, whose lives often testified to the truth of strong moral dictums. For example, Captain J.M. Fudge,⁴⁵ of Belleoram, Newfoundland, who skippered banks schooners from Gloucester in the late 1800s, wrote ". . . life is a battle and we one and all need good clean courage, moral and spiritual, to win out. For a quitter never wins."

Exemplary tales of what men did to "win", and survive, were plentiful. Many living examples were found in Fortune Bay, Newfoundland. The Reverend H.J.A. MacDermott, for example, recalled a man who had gone astray from his vessel in his dory.

For days he had drifted in the Atlantic.
Driven to desperation with thirst, he had
chopped his fingers with his splitting knife,
and sucked them. He lived and was rescued.
One of the small and hardy type of men, he
continued to fish at the Banks later in life
than most men.⁴⁶

Christian teachings were summoned up more often then, and the self-reliant man might be strengthened by faith that a watchful and benevolent Lord would provide, even if the skipper didn't.

Goode *et al*, cited earlier, reported cases of "nervous exhaustion . . . among skippers and the most ambitious fishermen." "Driving" skippers and their driven men were both under stress. Both worried about production. Skippers feared loss of their commands

45. Captain John Marshall Fudge, *The late Captain J.M. Fudge, his life story as a fisherman and businessman*, Moncton, Atlas Press, 1963, p. 6.

46. MacDermott, pp. 265-266.

—“where the real money was,” and dory fishermen feared returning home at the end of the hard voyage with no more than a sack of flour, further indebtedness to a merchant or schooner owner (in Newfoundland), and their clothes bag.

Skippers were at constant risk of losing their men's lives, especially when fishing. Dories sometimes vanished in fog without a trace, suddenly sank within sight of their schooner when, loaded to the gunnels with fish, they shipped a sea and disappeared. The numbers lost, “gone astray,” run down or sunk is unknown, but more than the unpredictable sea lay behind the dangers. Stress and risk was inherent in how fishermen were rewarded under the “share system” or “lay.” It took various forms, ranging from the “count” to the “average share.”

Many Newfoundland banks dory fishermen recall the count as most damnable. It paid a dory crew according to the value of the total number of individual fish they landed as a proportion of the vessel's total landings.

In the event, at the end of trips and voyages men were distinguished as “high dory” and “low dory” fishermen. The latter meant stigma and diminished reputation, and perhaps reduced future employment chances. But many men believed the system just, and that it was the best way to motivate men.⁴⁷ It is enough here to observe that family responsibilities, fear of uncertain earnings—or none at all—and stigma created stresses that drove men to push themselves to extremes, and to fateful risks.

But skippers still had to land sick, injured, and dead or dying men. What happened to these men? In most cases where medical treatment was indicated the skipper of an American schooner estimated how long the man would require care and deposited a sum equivalent to a monthly wage rate to cover his hospitalization and other care ashore. The rate in the 1870s and 1880s was about \$20, probably in gold, per month. For example, on 11 July 1877, \$60 was reported deposited for a man whose “palm was injured by bursting of gun on banks.” He was

47. I have discussed these share systems elsewhere at some length in “Social organization of Newfoundland banking schooner cod fishery, 1880-1948”, in *Seamen in Society*, Paul Adam, editor, pp. 69-81, Perthes, France, 1980, (Proceedings of the International Commission for Maritime History, Bucharest, 1978); and in “The ‘count’ and the ‘share’: offshore fishermen and changing incentives”, *Proceedings of the Canadian Ethnology Society meetings at Halifax*, Richard Preston, editor, Mercury Series, National Museum of Man, Ottawa, 1977, pp. 27-43.

sent to the Marine Hospital in St. John's. Ultimately, all or some of the costs may have been deducted from individual fisherman earnings.

Some captains miserly estimated how much care and cost were appropriate. For example, on 26 August, 1889, a man was reported landed very ill, suffering from rheumatism and old age. His captain, Eli McKay, of the Provincetown schooner *Lizzie W. Matheson*, directed that the bill for his care be sent to his agents, with the P.S. that, "You will try to get this man through as cheap as you can as he has been no good to me." The man died and was buried two days later.

Many skippers landed and left men "in destitute condition." For example, one captain from Rockland, Maine, found one of his men "too ill to go out in dory," and abandoned him at Bay Bulls, Newfoundland, with no deposit made to cover his medical expenses. He was eventually sent on to Halifax (7 November 1888).

The desperate and difficult circumstances these ill or injured men often met is writ large in a report from 12 September 1877: A man developed blood poisoning when a fish hook injured his thumb. His captain simply abandoned him upon landing, made no deposit for medical care and neglected to place the man "under the care of the Consulate." This unfortunate man was bedridden for seven months, "with fever, emaciation and abscesses." He was "never fit to be moved." Upon discharge from the Marine Hospital he could walk only with crutches. The Consul recorded expenses of \$223 Gold. Protesting, the schooner owners offered only \$80. How the matter was resolved is uncertain.

When hospitalized for treatment in St. John's, fishermen faced nineteenth century hospitals. They were often poor health recovery settings. Thrower,⁴⁸ speaking of what British seamen faced in the age of sail, observes, "In hospitals sepsis was rife and everything contaminated with bacteria, which also spread from patient to patient." Three hospitals were apparently in use in St. John's in the late 1800s, when periodic outbreaks of typhoid, typhus, diphtheria, smallpox, and tuberculosis tormented the island's population. Patients with contagious disorders were mixed among those with injuries and general disorders. Hygiene and infection after surgery were common problems, especially when a clean water supply was unreliable. The Marine Hospital, where "American" banks fishermen were often sent, was also a "quarantine station." Its water supply was unreliable, it was reported accessible by a treacherous, if not impassable trail that

48. Thrower, p. 151.

prevented "sufficient medical visits by the attending physician."⁴⁹ One doctor who arrived in St. John's in 1893 recalled the General Hospital then as "small and poorly equipped, but plenty of good work was done".⁵⁰ The situation in St. John's was rough, but perhaps similar to many elsewhere around the North Atlantic at this time.

Conclusion

This essay has attempted to add to our limited information about the health experience of banks dory and schooner and fishermen who operated in Northwest Atlantic waters in the nineteenth and early twentieth centuries. The American Consular Dispatches and collateral information examined indicate a variety of disorders and injuries like those met by other sailing era seafarers. These findings make doubtful any expectation or assumption that banks fishermen health experience was very different from that of other seafarers of the time. Fish hook injuries are the only occupational specific noted. But they occur in many kinds of fishing.

In his Dispatches about New England's banks fishermen, the American Consul at St. John's did not report some disorders, like alcohol dependency, scurvy, measles, venereal disease, and hernia. However, other information cited indicates their presence. They might be expected to occur in a larger survey of similar data. Various published and unpublished sources about New England, Nova Scotian, and Newfoundland banks fishing suggest important differences in the adequacy of food provisions among schooners from American ports. Similar differences probably occurred among Nova Scotian and Newfoundland schooners. But, in general, New England and Nova Scotian schooners may have been better provisioned than their Newfoundland counterparts well into the twentieth century. These differences probably had health consequences for men aboard these vessels.

49. The location of the Marine Hospital referred to in the Consular reports from the 1870s is uncertain. It may have been at the entrance to St. John's harbour, in Ross's Valley, just below Signal hill, where a quarantine facility was reported constructed in 1892. It was rarely used because of its inaccessibility, boarded up for varying periods, and finally purposely destroyed by fire in 1911. Anne Chafe, "Signal Hill Hospitals, 1870-1920," unpublished manuscript, Memorial University Archives, 1983; see also Perlin, pp. 313-316; and Dr. James St. Pierre Knight, "History of the Fever Hospital," unpublished manuscript, presented to the Newfoundland Historical Society, March 27, 1941, Memorial University Center for Newfoundland Studies.

50. Keegan, p. 227.

There are few details in the Consul's Dispatches about captain behaviour, the organization of crews and work, or their economic incentives. But other sources permit several reasonable speculations that bear on illness and injury rates, and fishermen access to health care: Banks fishermen probably differed in their access to ordinary, as opposed to emergency medical care, as a function of their financial and shipboard power positions. Hence captains were probably better off than their crews. Skipper authority and work expectations, and the reward or share systems applied encouraged each man to maintain a "hale and hearty," "fit and able" image, and men often fished under considerable stress at risk to their health and lives. Apart from emergency treatment their captains might provide aboard their schooners, when ill or injured men first attempted to care for themselves, often with home remedies and patent medicines. These failing, and being landed in St. John's for care, they met doctors and hospital settings similar to the standard elsewhere in North Atlantic coastal ports of the time. How the treatment they actually received may have been influenced by arrangements and instructions left by their captains upon landing them is unclear. Hence captains who provided no funds for their care, or who instructed that costs be held to a minimum, may have imposed limits on the care their men received. However, doctors and various American Consuls may have ignored such instructions or circumstances in favour of the sick or injured fishermen's interests. But we cannot be sure without additional information.

I have made frequent reference to information about the health experience of French fishermen who operated from brigs and schooners on these same banks. Many of the French vessels carried their own doctors, so their men may have experienced superior medical treatment. The matter merits its own detailed study.

Finally, at the outset of this essay I noted the ambivalence of Newfoundlander's older deep sea fishermen when they compared fishing under sail to contemporary groundfish trawler fishing. Since history and mythic beliefs are different kinds of understandings, the findings discussed here only moderate the mythic view of fishing life under sail as somehow healthier. The remembered ideal qualities of its men—skillful and self-reliant, stoic and enduring—remain unchallenged.