

Tropical troubles in a risky occupation: Elder Dempster seafarers' health and West Africa

by Dr. Jo Stanley

Revised version thru the eyes of Steve New with an emphasis on Elder Dempster's contribution to the setting up of the Liverpool School of Tropical Medicine (edited by Steve New and additional material from Mike Ingham)

Building the British Empire was a hazardous venture not only for the resident colonial administration staff, but also for the seafarers involved that defended and supported the seaborne trade. Tropical disease could be life-threatening. The East India Company, The Royal Navy in the Caribbean, and the Royal Navy anti-slavery West Africa Squadron all suffered horrendous losses of personnel due to the inability to protect against tropical disease.

British shipowners likewise traded worldwide exposing their crews and agency staff to these same hazards. Some, however, like Elder Dempster and their predecessors made their wealth by concentrating on trade from the more undeveloped and environmentally unfriendly maritime coast of West Africa.

Seafaring has always been considered to be an occupation with its own high risks from industrial injury, and health problems associated unhealthy lifestyles and possible contraction of tropical disease and the minimum of medical care. [Seasoned deck/navigating officers often later developed varicose veins in the legs due to long static periods spent standing on watch.]

Africa's West Coast was well known as the 'White Man's Graveyard' because of the malaria and yellow fever threats to seafarers, imperial travellers and colonial administrators. This reputation remained until the 1950s.

In the period 1890-1910, it was seafarers returning with puzzling tropical illnesses that led to the founding of the tropical medicine hospitals such as those in London, Newcastle and Edinburgh. True monuments to the cost of Empire!

Liverpool's own School of Tropical Medicine was the world's first founded in 1898 due to sponsorship by Shipowner Alfred Lewis Jones, a leading Elder Dempster figure and one of Britain's leading businessmen at the time. In 1922, he made a £10,000 bequest that funded its first overseas research laboratory, in Freetown, Sierra Leone.



Liverpool School of Tropical Medicine

Shipping companies were required by law to look after their employees' health. Even so it made operational sense to ensure that each voyage was fully staffed by people who were as fit as possible.

Whilst the Royal Navy carried medically trained staff (even sawbones) on all but their smallest craft, the merchant navy was given the minimum of medical cover. Cargo vessels with 12 or less passengers were not required to carry a doctor. On cargo ships 'the Doc' was the Chief Steward or a Deck Officer with some training. Holders of Certification as a Ship's Master would have attended an advanced medical course based on the *Ship Captain's Medical Guide*. The contents of the ship's medical locker reflected the medication and treatments prescribed in the above guide. If the services of a doctor ashore were required, it was best to wait to speak to one that spoke English. The crews of passenger ships fared better as these ships were required to carry a professional doctor.

Chapter Ten

MEDICAL

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Medical Notes

We attach the greatest importance to the good health of all personnel aboard our ships, and should a man go sick you should never hesitate to call in medical advice from the shore. It is our wish that the best medical advice should be obtained whenever necessary.

In ships carrying Surgeons it is often in the patient's best interest for him to remain on board for treatment rather than have him removed from his friends for hospital treatment ashore.

Shore Doctors

If the services of a Doctor from the shore are required on board, a written request should be sent through the Agency, or, on occasions of urgency, you should contact a Doctor direct and advise the Agency as soon after as possible.

Remember that on all occasions prevention is better than cure. Your Officers must be continually alert when on deck to prevent avoidable accidents from occurring, by adopting only the safest of working practices. The Chief Steward should ensure that a regular daily drill is instituted, under which every member of the crew takes a paludrine tablet when the ship is approaching, or in, the tropics.

Medical Log

If you have no Surgeon, the Chief Steward will perform the medical duties, under your supervision. He is to keep the Medical Log, which you must initial at the completion of the

Health threats for the mariner were varied with different ports and over time. Both Freetown and Lagos bred mosquitoes – the source of malarial infections and yellow fever – the flight range was sufficient to reach the anchorages. But at Takoradi seafarers could only be infected if they went ashore.

Many people sailing to West Africa were afflicted. This included sweating and thereby loss of sodium (salt). But fortunately fewer than 20 of the 100,000-odd seafarers a year died of malaria in the mid-twentieth century.

Sailing was much safer after the 1930s development of synthetic anti-malarials such as ICI's mepacrine. By 1946 it became cheaply available as Paludrine. These were as reliable as the traditional quinine remedy, but cheaper. Also it was not affected by supply problems, such as when Japan invaded the main Cinchona growing areas in South East Asia during the Second World War.

Maritime historian Steve New, one time Midshipman with EDL in the 1960s recalls: **“On each table in the Dining Saloon would be a bowl of Paludrine tablets and salt pills, for daily consumption. I personally didn't take them as at the time I had great difficulty swallowing pills.” (Steve New, lived to tell the tale). (When weekly anti-malarial prophylactics came out this made it easier for people to be more compliant.) ‘We were, of course, all vaccinated against Yellow Fever. On the Burma Run we were also vaccinated against Cholera.’**

Sometimes the effects of preventative medicine were disconcerting, as Cadet Officer/Fourth Officer Steve New and crew found when they got anti-cholera boosters in Port Said. He recalls Boxing Day in 1965:

“The next day was Xmas Day; we had anchored in the harbour at Port Sudan waiting to work cargo the next day. We had a good Xmas Lunch after which I turned-in so I could get some sleep before going on the long overnight anchor watch. When my alarm clock eventually woke me, I found myself to be almost paralysed and still very tired. Nevertheless I made my way to the bridge, checked the vessels position and lay down on the Pilot's day bed where I spent the time in between making regular checks on the ship's position. Come daylight I was relieved. I recollect being told that I wasn't the only person suffering the same symptoms and that all those that had a 'Cholera' jab in Port Said were in the same state. I believe the Master was one of the few officers not affected. Luckily the symptoms were short lived and did not extend past Lunch time on Boxing Day.”

[Read Steve New's interview](#)

Mike Ingham, a purser on Elder Dempster ships, who also sailed with Steve in the 1960s recalls that at some point “the daily Paludrine tablets were replaced by a weekly Daraprim tablet. These came in a foil strip and I fastened mine immediately above the desk in my cabin/office.

In my early time with EDs when I was on the mailboats I was diagnosed by the ship's Doc that I had contracted a mild form of Malaria. This information proved in later years to deter those trying to sign me up as a Blood Donor!”

[Listen to Mike Ingham's interview](#)

The West African Creeks presented particular health risks, again Steve New refers to his own scary experience while serving as a Midshipman aboard the 'Fourah Bay':

“Sometime between 10th and 16th October 1964 either at Burutu or Warri I was unknowingly bitten by a bug similar to a Mango Fly which deposited its offspring into my left leg causing a debilitating

and painful boil like eruption that manifested itself on my LEFT LOWER LEG. Upon Berthing alongside the wood mill in Sapele I was treated by the factory's British doctor. He identified that I had received a major insect bite and evacuated the contents of the 'Boil' and administered medication. After resting my leg for 2 days I was able to resume my duties. Having apparently healed the 'Boil, and about 10 days after my treatment. I discovered several white tracks on my OPPOSITE RIGHT LEG close to my groin. Having marked these tracks with a ball point pen, it was apparent that the larvae were alive and moving upward. I visited a French doctor in Abidjan who prescribed an antiseptic rub that was ineffective. However, as luck would have it, the ship's Chief Officer Ray Donker had previously attended the Liverpool School of Tropical Medicine, having picked up some intrusive grub/larvae when playing rugby in West Africa. He had successfully been prescribed the application of an Ethyl Chloride spray with which to freeze and kill the larvae that were close under his skin. Fortunately he still retained a batch of these large glass sprays. By the time the ship reached the UK there was a dock strike in progress and the ship was forced to anchor off Southend Pier. Whilst the application of the Ethyl Chloride spray appeared to be effective, it was important that I seek expert confirmation. I therefore left the ship on 21st. November 1964 so that I could arrange an appointment with the Hospital of Tropical Diseases in London. Upon consultation it appeared that no further treatment was necessary."

Sailing to and from West Africa could bring on other health costs, which only emerged later in seafarers' lives. Historian Jo Stanley brings to mind the experiences of her own family:



Elder Dempster steward Billy Sullivan with second wife May and grandson. (Credit: the Stanley family)

"In 1954 our uncle, Billy Sullivan, a long-serving ED steward, died. Cause of death, said the doctor, was 'terminal pneumonia, liver atrophy and hepatic failure.'(known long term symptoms

associated with malaria) We thought the liver problems might be because of earlier malaria bouts. No-one can say now.”

“In talking to many stewards since then I’ve found they also had problems with indigestion and stomach ulcers (because they ate fast, standing up, and had to pop ‘Rennies’ remedies all the time). Cheap booze meant seafarers could easily become alcohol addicted. And of course air quality and damp caused chest problems and rheumatic problems for some seafarers in the past.”
(Jo Stanley)