History of the Port-of-Spain General Hospital (Formerly “The Colonial Hospital”) during the Nineteenth Century

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Introduction

The nineteenth century was a very difficult time for Trinidad regarding the provision of health care. One of the critical challenges was the need to re-establish a Colonial Hospital, for the provision of improved health care to the population at large. At the turn of the century, there existed a facility in Port-of-Spain, albeit a small wooden structure that served as the Colonial Hospital until 1808. Following its destruction by fire that year, no permanent structure was put in place until 1858, when a new facility was constructed. During that period, the location of the hospital shifted frequently. For this and other reasons there remains limited published information on the history of the Colonial Hospital in Port-of-Spain during the early nineteenth century. This paper seeks to shed some light on the hospital in Port-of-Spain before the 1808 fire, its re-establishment afterwards, coupled with data on subsequent locations. Also discussed are the hospital’s staffing and its services to the general public when the facility was re-established in 1858.

The Colonial Hospital of Port-of-Spain evolved out of a need for improved health care in the nineteenth century, so much so that the population of the capital was rife with diseases. This situation was exacerbated by both the generally unsanitary conditions and the many fake remedies popular in the town.

Early Beginnings

Towards the end of Spain’s rule in Trinidad, the island’s last Spanish Governor, Don José Maria Chacon, observed that Port of Spain was quite unhealthy, as it was bounded on the north and west by marshy, unhealthy areas (Besson, 1985:1). In 1787, in an attempt to improve the situation, the Rio Tragarete or Rio Santa Ana (later, the St. Ann’s River) which ran from Park Street through the area which today encompasses Chacon Street and Frederick Street, was diverted into a channel constructed along the base of the Hills of Laventille (Besson, 1985:1).
This initiative marked the beginning of a campaign to make Port-of-Spain more healthy and hospitable. To this end, the Spanish authorities established a hospital in Port-of-Spain. It seems most likely to have been located on the west side of Nelson Street, between Queen Street and Marine Square (now called Brian Lara Promenade), and was called the ‘antiguo hospital’ (Besson 1985:31) (Figure 2). There is further mention of a hospital on the Ariapita Estate, which was leased to the government circa 1794. It was made of Pou wood, and thereafter, it was used as the town hospital until the fire of 1808 (Besson 1985: 31). This hospital was located on the north side of Queen Street, between Chacon Street and Frederick Street (Besson 1985: 31) (Figure 3).
Figure 2 – Map of Port of Spain - 1845
Health Care under the British

With the capitulation of Trinidad in 1797, the responsibility for health care fell to British colonial authorities. Trinidad’s first British Governor, Lieutenant-Colonel Thomas Picton, seemed particularly eager to establish the boundaries of governmental responsibility. An Ordinance of June 30, 1800 proclaimed the responsibility of plantation owners for the health of the Africans enslaved on their estates. The planters were expected to keep a hospital diary to note admissions, discharges and deaths of the enslaved (Carmichael 1961: 379-382). In describing the state of sanitation in the town at the time of the fire in 1808, Gertrude Carmichael (1961: 93) tells a different story: “...mingled with the cries of the people were the squeals of the horses and mules, trapped in the town’s stables.” These stables were obviously within the circumference of the fire, which took place in what was considered to be the heart of Port-of-Spain, the area between Henry and Chacon Streets and King and Queen Streets. This had obviously contributed to the unhealthy state of the town. At that time, the Queen’s Park savannah was used, not only for pleasure by the inhabitants, but as a pasture for the cattle (Carmichael 1961:146).

The health challenge was multifaceted. Before the capitulation, Spanish law had dictated that medical and surgical practice was not to be undertaken without a license from the Medical Board. A similar policy existed under Governors Picton and Hislop between 1797 and 1811. But Governor Woodford, who assumed office in 1813, noted that on account of the lack of government support, the Board was unable to effectively prevent the practice of persons
operating without the necessary license. It took considerable time before the situation was rectified. On December 20, 1820, the Board was re-established as it was before the capitulation (Carmichael 1961:137). But, by then, the state of public health had worsened. At the wooden structure which operated as the hospital, accommodation was at its lowest ebb. Amongst the population, malaria, yellow fever and small pox were the order of the day (Carmichael 1961: 137), which was primarily the result of the absence of a permanent public health facility.

After the 1808 fire, the lands on which the hospital was located became the site of the Anglican Church, known today as the Trinity Cathedral (Besson 1985:31) and temporary accommodation was made for the sick (Carmichael 1961: 138). But one can only speculate about this new location, as the documentary evidence is not forthcoming regarding the site of the hospital between 1808 and 1836. Michael Anthony notes that the hospital had no permanent site after the 1808 fire (1978: 42).

**Royal Proclamation**

In order to meet the need for a permanent location for a hospital in Port-of-Spain, a royal proclamation was issued on September 16, 1822, giving authorization for what became known as the ‘legacy tax’ in Trinidad, for the building of a public hospital. The tax was consequently put into effect and revenue collected (Joseph 1838: 255), only to be misappropriated by the Colonial Treasurer, Major Ford. This caused quite a scandal, and in 1836 in order to appease the population, a committee comprising John Losh, Charles Warner and B. Parkhurst, all of whom were closely affiliated to Major Ford, offered a prize of £25 sterling for the best plan for a hospital. Nothing substantial came out of this other than a suggestion that the hospital be temporarily accommodated on the property of Dr. Cadette on Cambridge Street (Carmichael 1961: 199). This suggestion was implemented; but by 1838, the hospital was relocated again to an old theatre also on Cambridge Street (now upper St. Vincent Street), which had previously been the home of the Grey Friars Presbyterian chapel (Carmichael 1961: 200-202; Anthony 1978: 42).

While the colonial administration fiddled with the issue, the health situation in the town worsened for various reasons. Anthony (1978:42) notes, for example, that there was also the need for pipe borne water as there were polluted wells that facilitated diseases. Sickness and epidemics were frequent in Port-of-Spain at the close of the 1840s, as there was also an increase in the population in the town (Anthony 1978: 47-48). In 1841, a prospectus was laid by the Port-of-Spain Water Company to supply water from the Mucurapo /Maraval River in order to augment the inadequate supply from the St. Ann’s River (Pitts 1984: 32). This, however, was the same river which the Spanish authorities had deemed disease-ridden, and as a result, had been diverted to the outskirts of the town.

In 1845, a committee was appointed to locate a site for the new hospital as the health situation had become a matter of grave concern to the authorities (Anthony 1978: 42). Attention was focused on Orange Grove, the site of the Military Barracks and its medical facilities, which the urban population had increasingly turned to for medical attention (Anthony 1978: 23). Although there was some objection, as the Barracks area was “a place where our troops died in great numbers” (Trinidad Royal Gazette 1862:9), the area became the site for the new hospital. Under Lord Harris, who initiated the construction of a number of public buildings, the foundation stone for the Colonial Hospital was laid in 1855 at
Orange Grove (Carmichael 1961: 247). Work also commenced on the San Fernando Hospital that same year (Carmichael 1961: 248).

By that time, the authorities could no longer turn a blind eye to the lack of a proper health facility. While some wealthy white and coloured inhabitants were able to afford private professional medical attention, most of the population, including the ex-enslaved and indentured workers, had to rely exclusively on the more than substandard care provided on the estates. There was the absolute necessity for a public medical facility to cater to the needs of an increasing population, resulting from Asian migrations to Trinidad after 1845 (Brereton 1989: 97-100). In 1854, one year before the start of construction of the hospital, there was an outbreak of Asiatic cholera, which claimed about one thousand lives within one month, necessitating the burial of bodies in trenches (Pitts 1984: 39). The authorities gave householders, free of charge, various concoctions for the treatment of the disease (there is no mention of what these contained), and attempts were made to purify the air by the burning of drums of pitch in the streets (Pitts 1984: 40).

**Fraudulent Medical Practitioners**

There remained, though, the necessity to protect the population from fraudulent medical practitioners (*Port-of-Spain Gazette* September 4, 1858). This was certainly an era of ‘Wonder Remedies,’ some of which were advertised in the newspapers as the cure for all ills. There was, for example, “Doctor Brandreth’s Vegetable Pills for congestion and sudden death.” Its manufacturers claimed that all diseases came from impure blood, and that in consequence, their vegetable pills could cure all diseases, even pleurisy, small pox, asthma and consumption (*Port-of-Spain Gazette*, March 25, 1857). Noticeably, their advertisements carried no reference to the ingredients of the concoction. This bespoke something of the lack of quality of the medication, the perceived gullibility of the population and the poor state of health of the colony. Further, that the manufacturers were aware that the people were willing to try anything to get well, as public health care was virtually non-existent.

**Opening and Staffing**

The official opening of the Colonial Hospital, took place on Wednesday September 1, 1858 (*Port-of-Spain Gazette* September 1, 1858). The new Colonial Hospital was a two-storied building on St. Ann’s Road, now Charlotte Street. It was 400 feet long and 64 feet wide and contained six wards. There were medical officers’ quarters, dispenser quarters, laundry, bakery, storeroom, and mortuary (Collens 1888, 116). The staff consisted of sixty-eight officials, a resident surgeon, three assistant surgeons, three supernumeraries, a number of nurses and attendants (Collens 1888, 116). J. H. Collens gives the capacity of the hospital in (1888) as 400 inpatients, and an average number of 525 patients on a daily basis throughout. Barbara Holder listed 200 beds and a staff that included one day and night superintendent of nurses, one matron in charge of the kitchen and seventeen nurses (Holder 2007).

**Services**

**Patient Classification**

The hospital was considered the finest in the West Indies. Nonetheless, it could hardly meet the
needs of the community (Collens 1888, 116-117). According to Holder, there were four grades of patients classified according to income: the pauper class who were housed free; domestic servants and labourers who paid one shilling; a third class who paid two shillings; and the highest class who paid five shillings. In essence, for the poorest class a letter from an estate hospital or a certificate of pauperism was all that was needed for admission, and there was no charge for maintenance or management in the hospital. Other poor persons, domestics, labourers or immigrants unable to pay for private care, paid 1 shilling a day whilst merchants and seamen, paid 2 shillings per day (Lechmere Guppy 1882, 36). Over-crowding of the hospital, in turn, compromised the efficient operations of the facility for decades to come.

The opening of the hospital facilitated only the treatment of serious medical and surgical conditions. Further, although the building was superior, it could not be kept in good condition by the limited staff (Port-of-Spain Gazette, September 8 1858). T. F. Johnson, the Colonial Secretary stated that “from the increase of comfort and accommodation that it will offer...without an improvement in its organization, its capaciousness will be an encumbrance rather than an advantage” (Port-of-Spain Gazette, September 8 1858).

Improvements

In 1861, due to the poor state of sanitation in Port-of-Spain, there was a dysentery epidemic. This caused both the Medical Board and medical practitioners to examine the defective sanitation facilities of Port-of-Spain (Pitts 1984, 64). There was also the necessity to consider the limited capacity of the hospital facility and its staff. By 1882, admission to the Colonial Hospital was restricted to persons needing surgery, or who had diseases that needed constant medical and nursing care. Persons with infections were not admitted (Lechmere Guppy 1882, 36).

There was a view that improved healthcare meant keeping the hospital’s clientele totally within the capability of the management of the hospital, whilst strengthening its dispensaries even as physical and infrastructural expansions were being undertaken to facilitate an increased demand for medical services. This view was reflected in the hospital’s policy that “curative medicine, symbolized in the growth and elaboration of hospitals and dispensaries, held first place” (Seheult 1947, 3).

In 1858, the first year of the opening of the hospital, the daily average of patients warded was 638. By 1878 the number had been reduced to 270, with 3,166 admissions and 30 operations (Seheult, 10). A central wing was subsequently added to the back of the main building which provided an operating room, and a children’s ward was also built from monies collected from the public (Seheult 1947, 10). The admissions rose to 7,325 in 1890, and the hospital had become overcrowded with senile cases; these were eventually transferred out to the military hospital in St. James in order to relieve the congestion (Seheult 1947, 10). At the same time the number of nurses also increased in 1890 (Seheult 1947, 10), as it was standard practice to increase the medical and nursing staff as the necessity arose, and as far as it was permitted by the colony’s finances (Seheult 1947, 2).

As the Colonial Hospital’s clientele grew, its facilities expanded to meet the growing needs of the community. To this end, a lying-in ward was opened in 1894, which did away with the unsound practice of attending to maternity patients in the general wards (Seheult 1947, 3). The move was intended to lessen the probability of infant or mother contagion due to the presence of other types of patients on the ward at the same time. Also in 1894, four rooms were
furnished in the administrative block for patients who could afford to pay. In 1896, a ward was opened to isolate and treat infectious cases (Seheult 1947, 10). In 1897, electric lights were installed, replacing the use of kerosene lamps. A telephone system was soon established, connecting the wards to the administrative block. In addition, the Assistant Resident Surgeon’s quarters was converted into a maternity ward with twelve beds (Seheult 1947, 10). In 1899, the facility was also outfitted with an X-ray machine and bacteriological laboratory (Seheult 1947, 11). A disinfecting machine was also purchased along with a steamer, to protect public health (Council Papers, 1893).

Conclusion

Thus, with the poor sanitation of the town of Port-of-Spain, and the need for improved health care for the general populace, it stands to reason, that there was indeed a necessity for the establishment of a permanent hospital. The Spanish and British both took measures to improve the health of the town and its people. The Royal proclamation which addressed the need for a permanent structure, and the re-establishment and enforcement of the medical board and its regulations, highlighted the British fervor for a resolution. The opening of the Colonial Hospital in Port-of-Spain in 1858 provided much needed improved health care for the growing population in the town. Furthermore, as the needs of the town grew, staffing and services expanded, along with much needed infrastructural improvements.

References Cited


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