

2016



A Public Health History of a Forgotten Corner of Kent: the Isle of Sheppey

Occasional Paper Number 3

Jill Stewart, David Smith and Jim Gritton



Jill Stewart

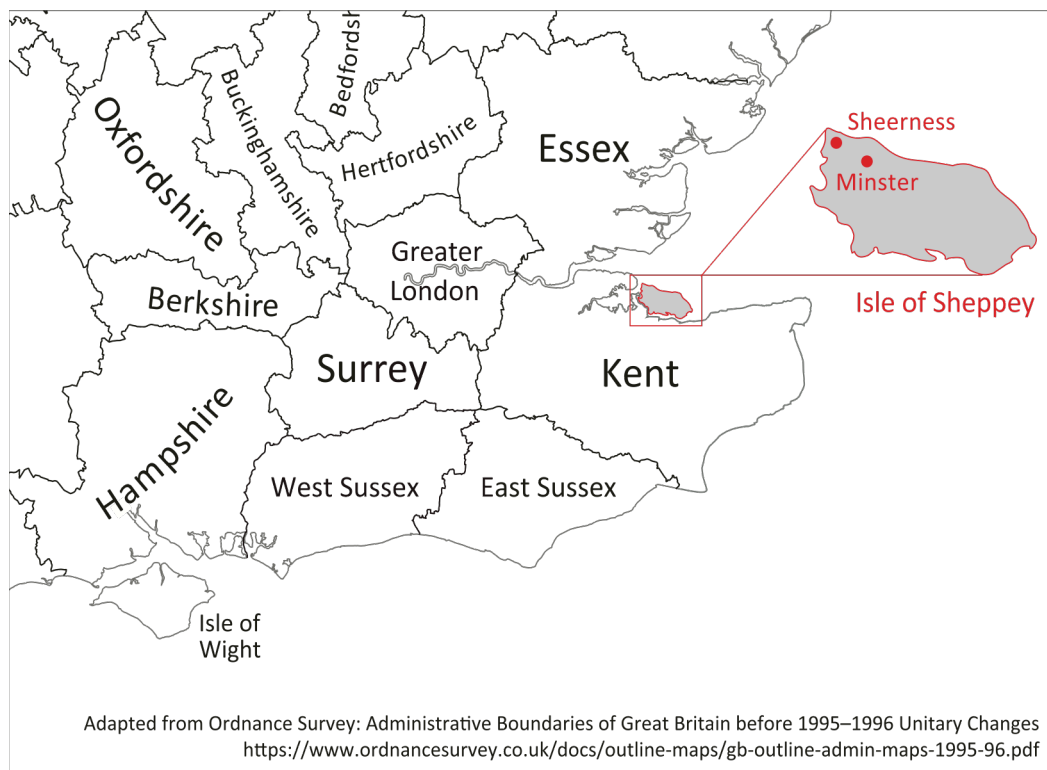
ENVIRONMENTAL HEALTH RESEARCH
NETWORK (EHRNET)

<http://ukehrnet.wordpress.com>

A Public Health History of a Forgotten Corner of Kent: the Isle of Sheppey

Abstract

Andrew and Kearns (2005) note that despite increasing interest in the relationship between health and place, little attention has been given to the historical trajectories of particular places and the importance of history in shaping contemporary health experiences and provision. We develop this argument through a case study of Sheppey, a small island off the North Kent coast, examining environmental and socioeconomic determinants of its health history and how they informed early public health strategies. The article concludes by discussing the ways in which the island's history and its island status inform contemporary health strategies, in positive and negative directions.



A Public Health History of a Forgotten Corner of Kent: the Isle of Sheppey

Table of Contents

Introduction	3
Sheppey – a unique island and place in history?	3
Sheerness – development of a dock town	6
Morbidity, mortality and sanitation.....	8
Poverty and mental health	10
Infectious disease	11
Seaside as a health location.....	12
Conclusions	13
References	15
Acknowledgements	18
Dedication.....	18
The Authors	19



This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/>.

The views expressed in this paper are those of the authors and not the universities with which they are affiliated.

A Public Health History of a Forgotten Corner of Kent: the Isle of Sheppey

Introduction

Drawing from history helps understand our relationship with public health policy today, and there are variations in determinants of health, inequalities and inequities according to timing and place setting. As Berridge (2008) reported, different government departments have different traditions of using history in policy and draw from tradition and heritage in the development of new politics and practice. New Labour's 'third way' introduced the current public health agenda and its recent manifestations under subsequent governments have encouraged a greater focus on evidence based local health needs informing effective strategies and interventions. Historical perspectives on government intervention in health promotion – whether as provider or enabler – help inform what is deemed effective or otherwise, albeit through the lens of political ideology.

A more developed, joint understanding of history, even where quite diffuse, can feed into, help, inform and even enlighten current debate (Berridge, 2008) as well as challenge narrow roles (Dhesi and Stewart, 2015). What we learn from historical perspectives and how they can challenge ideas about what constitutes complex contemporary evidence can help us develop better and more sensitive policies for the future. As Berridge (2008: 31) tells us, 'History as analysis offers great insight, interpretive richness and a sophisticated understanding of the past. For the lack of these, current policy is poorer.

Sheppey – a unique island and place in history?

The Isle of Sheppey has a unique geography and social history, stemming from its identity as a small island of 36 square miles, lying just off the North Kent coast 46 miles to the east of London. Its island status and proximity to London give Sheppey a distinct status which influenced its social and industrial development. Its closeness to the Royal Dockyards at nearby Chatham, along with its deep sea port, established its strategic importance to the Royal Navy which had a dockyard at Sheerness and a significant naval presence from 1669 until its closure in 1960. The island was only accessible by sea until its first bridge was built in 1861 while the Sheppey Bridge, which opened in 2006, enabled uninterrupted travel from the mainland. Nevertheless, the physical separation of the island, along with the distinct occupational cultures that evolved with the development of the docks, has led to a degree of self-containment and a culture of self-sufficiency and separateness.

The naval dockyard had been the largest employer on the island employing 60 per cent of local men in 1931. Ray Pahl reported on the dislocation caused by the dock closure in his seminal sociological study on the island noting the erosion of social cohesion that had been 'based on the pride of craftsmanship, the patriotism associated with working for the Army and Navy, and the solidarity based on working men's clubs and the co-operative movement' (Pahl, 1984, p 186). Closure of the docks also undermined the traditional father-to-son mechanism of social reproduction based on skilled craft apprenticeships for many local school-leavers, which 'shaped attitudes to education and the prevailing cultural ethos of the island' (Wallace, 1987, p, 19).

Today the island is home to the Port of Sheerness which is a major car and fruit importer with employment concentrated around the docks and its related industries still a major source of local employment.

Nevertheless the island experiences high levels of unemployment and associated deprivation particularly concentrated in the Sheerness East and West wards. To add to the island's economic vulnerability, Thamesteel steelworks in Sheerness announced in 2012 that it would close with the loss of 400 jobs, intensifying the long-term shortage of employment and high unemployment levels.

Over recent decades, industrial decline, high levels of deprivation and its marginal and stigmatized

image have reinforced the historic sense of separateness (Hastings, 2004). Rob Shields (1991, p.3) describes marginal places such as those, like Sheppey, that have been 'left behind in the modern race for progress' and which are characterised by spatial stigma, which can act as a significant source of psychosocial stress (Keene and Padilla, 2010; Link and Phelan, 2006).

Historical trajectories of specific locales and their changing fortunes, therefore, can provide important insights into contemporary public health concerns. Gould and Moon (2000) report that in the sparse literature on health care in island settings, the focus has been on larger islands in the developing world, while the problems associated with smaller islands located close to a large mainland with well developed health facilities have been overlooked. Health histories are therefore important, particularly in deprived and isolated places that may otherwise be sidelined in policy-making processes.

Understanding the public health history of a place and locating it within its social, economic and geographic context provides a more comprehensive understanding of its unique attributes and how the experience and identity of place has shaped public health. There are clear policy implications to this endeavour with growing recognition of the contribution that history, heritage and the built environment make to quality of life. Brown and Duncan (2002) note that the 'new' public health agenda has attempted to encourage local participation in health promotion programmes by mobilising place-based identities and notions of 'community'. This approach may contribute to 'patchwork' service provision as public health advocates, particularly with the rise of online open access material, may use history in an ad hoc manner (Berridge, 2007).



The docks today

Nevertheless, grasping the historical evolution of communities and situating them within specific geographies of public health could underpin a more effective and critical policy approach that learns from 'particular moments and periods in which human health was either enhanced or corroded and, as a consequence, when the integrity of the place was affirmed or compromised' (Andrews and Kearns, 2005, p, 2698).

The epidemiologic transition is only a part of the picture. A public health history is also a history of power and ideology and how these forces manifest themselves in legislation, institutional arrangements and practices in particular places (Stewart, 2005; Huxley, 2007; Stewart and Cornish, 2009). For Sheppey, its relative isolation, the island's industrial development and recent decline, as well as its island identity, need to be more fully understood in current decision making and resource allocation if an effective strategy to reduce the relatively poor state of health of the island's inhabitants is to be implemented.

However, compiling a public health history of place is not without its shortcomings as Samuel (1976) reminds us. One difficulty lies with the nature of available documents where (particularly with regards to public health) the administrative bias of such data is 'reinforced by the preoccupation with improvement' meaning that available data vary little from place to place (1976, p, 194). Demographic data available from local government sources (parish records and census data) meanwhile reduce relationships into static, quantitative aggregates and provide little evidence concerning what Raymond Williams (1980) termed the 'structure of feeling' or 'the felt sense of the quality of life at a particular time and place' (1980, p, 64). Finally, Samuel notes that the very idea of 'local' history – that a particular place can be studied as a cultural entity – is problematic. The notion of community, he continues, albeit frequently invoked, 'is little more than a convenient fiction which can only be maintained by concentrating on civic and municipal affairs' (1976, p, 197), though perhaps less so in a locale such as Sheppey for the reasons discussed above.

Kammen (2003, pp. 51-52) notes that all historical accounts are skewed as different sources are consulted depending on availability, while available evidence is arranged and addressed according to the specific history that is of interest. With Samuel's caveats in mind, the following sections will examine documentary evidence relating to events and periods in Sheppey's public health history. While a comprehensive account is beyond the scope of this paper, we present certain factors that demonstrate the close relation between health and place and how both shape, and are shaped by, each other (Peterson and Lupton, 1996).

The focus of this paper is what makes the Isle of Sheppey distinctive in public health in the United Kingdom – both its island setting which informs its 'separateness', early isolation and also its major naval and dock tradition, which in turn influenced the local economy. The Isle of Sheppey is unique in public health both because of its nature as an island and specific identity, and also because of its rich naval tradition and status as a garrison town, each marking it out as separate and distinct. It is these factors that combine knowledge and understanding of the past and, in particular, inform our paper and argument that historical trajectory should inform current decision making in public health here and elsewhere. For us as authors, Sheppey provides a useful case study to highlight the uniqueness of history to contemporary issues faced, particularly given the apparent dearth of similar published work relating to other UK island settings or other unique histories, (e.g. Isle of Wight, Anglesey, Mersea, Isles of Scilly, and Orkney, etc). We hope that this paper will stimulate and encourage research in these areas.

Sheerness – development of a dock town

Sheerness, wrote Dr G. Buchanan in 1905, ‘exists by reason of the Royal Dockyard’ (1905, p, 3). The dockyard was built by Samuel Pepys in 1677 and its first warship ‘Sheerness’ launched in 1691. By 1707 there were over 400 men employed in the yards divided into various ‘gangs’ performing different tasks in addition to a number of ‘servants’ or apprentices serving seven year apprenticeships (Fellowes, 1974). The population increased substantially during the late



Hints of Sheerness' once proud naval past

18th and early 19th centuries, the composition of which was shaped by the labour force requirements of the dockyard authorities. Initially, the Dockyard found it difficult to recruit workers due to the prevalence of ‘ague’ or ‘marsh fever’ (discussed below). Nevertheless, by 1869 circa 2,000 men were employed in the dockyards with employment in the docks constituting 40-50 per cent of the town’s employment.

Over half of Sheerness’ population was composed of migrants largely from surrounding counties and the dockyard counties of Hampshire, Devonshire and Pembrokeshire. Following emigration, many of these skilled and semi-skilled workers would subsequently circulate between dockyard employment at Sheerness, Medway and Woolwich (Harris, 1987). The majority of the food and water required for the workers was transported by boat from Chatham. Initially, many workers were housed in extremely poor conditions on four hulks which were used as living accommodation. Reports detail ‘The Edgar’ as housing 44 families and ‘The Nottingham’ 42 families. The ‘Orford’ meanwhile housed 69 families and ‘The Montague’ 31 families. In 1813, the Admiral gave residents two weeks to vacate their homes prior to construction of the dockyard wall. Most moved ashore where they built wooden huts from cuts taken from the yard which they painted blue, hence the area became known as Bluetown (Pfeffer, 2008).

In addition the town had a significant naval and military presence estimated at between 10-15 per cent of the town’s population, while between 1812 and 1827 over 500 prisoners were stationed on hulks moored in the harbour (Harris, 1987, pp. 24-25)¹. The rise in population boosted the local economy and stimulated a demand for new housing that was built in barrack-

¹ Even today, the Isle of Sheppey is home to three prisons, boosting the island’s population by approximately 2,800 prisoners.

like streets (Tyler, 1994). Dockyard workers were concentrated in the two socially homogenous neighbourhoods of Bluetown and Mile Town. A report from 1869 on housing conditions among dock workers observed that:

As a rule, houses are small, ill ventilated, and incommodious, in many parts ranging along narrow alleys not more than three or four feet wide. There are many cesspools and no drainage; 'latrines' simply abominable are cleared out from time to time by nightmen, to the intolerable nuisance of the whole neighbourhood (Forbes, 1871, p, 66).

Sheerness really came to the fore with the Crimean War when there was a massive population rise and major house building (Tyler, 1994) and wooden houses. By the 1860s, mortality rates were higher in Sheerness than in other areas of the island, with 26 houses sharing 2 toilets, and excreta being kept in houses during the day and thrown into the alley at night. By 1862, the Board of Health declared that Bluetown needed paving and many houses declared unfit. As late as 1950, some of the wooden houses still only had one tap per court (Tyler, 1994). Brothels are reported around 1900. By 1900, Sheerness had an Urban District Council, water, drains, thriving businesses, new professional classes, a bandstand, a pavilion for entertainment and a station for quiet, cheap family holidays.

Housing conditions seem to have changed little through the 19th century despite a rise in the town's population to over 14,000 which included a 'floating population' of 2,200 and a naval and military presence of approximately 1,600. In 1905, Dr G. Buchanan reported on the prevalence of enteric fever in Sheerness which stood at 1.63 per 1000 persons compared to 0.96 for England and Wales. Buchanan highlighted the dominance of small one and two roomed dilapidated tenements in both Bluetown and Miletown, noting that overcrowding was common and that few houses had flushing toilets and shared toilet facilities with two or three other houses.



Wooden houses in Sheerness

Most of these were 'tolerably clean' but many closet pans were 'in a filthy condition'. For many, housing conditions continued to deteriorate until an area clearance programme in the 1960s. Although this can be evidenced in personal photograph collections, we have not as yet been able to source any literature on this.

Ports and docks were always vulnerable to ship-borne foreign diseases. The 'London Encyclopedia' (1829) describes how in 1795 a Dr Smyth was 'liberally rewarded' after the application of his discovery – the fumes of nitric acid – were

applied to thwart the outbreak of a fatal and 'malignant contagious fever' which had affected three quarters of the 200 patients on board the Union hospital ship at Sheerness.

The Encyclopedia reports that the fumigation – combined with greater attention to cleanliness and hygiene on board the hospital ship – was a great success and that

Not one person in the ship was attacked with fever, from the 26th of November when the fumigation was first resorted to, till the 25th December, though in the course of the three months above one-third of all the people above board had been seized with the distemper, and it had proved fatal in not more than one-fourth of these (1829, p, 394).

Scrutiny of historic, archived newspapers provides us with further insights into Sheppey's past and the public health issues faced by residents. Unsurprisingly, numerous boating accidents and drownings are recorded, including a steam accident on the navy's HM Thistle, where superheated steam led to deaths and injuries in 1869 (Sheffield and Esterham Independent, 1869). During a foot and mouth outbreak on mainland Kent in 1892, Sheppey remained free as boots, horses and wheels from the mainland were disinfected with carbolic acid, with penalties for noncompliance at £20 under the Contagious Disease (Animals) Act.

Morbidity, mortality and sanitation

As a garrison town, historical naval records are well documented. For example, the Admiralty and Director General of the Medical Department of the Navy records in the medical and surgical journal at Sheerness for HMS Vanguard for 23 December 1797-1798 (available at [The National Archives](#)) reveal how and where injured seamen were treated. To cite examples of medical entries: George Broadhead, aged 23, landsman; disease or hurt, insanity. Put on sick list, 17 February 1798 at Sheerness. Discharged 20 February 1798 to the Union hospital ship; James Bona, aged 30, able seaman; disease or hurt, venereal two buboes and phymosis. Put on sick list, 19 February 1798 at Sheerness. Discharged 20 February 1798 to the Union hospital ship; and Patrick Canavan, aged 30, marine; disease or hurt, ulcerated leg. Put on sick list, 20 February 1798 at Sheerness. Discharged 5 March 1798 to the Spanker hospital ship.

However, different health care provisions applied to men and women in relation to sexually transmitted disease (STD) – recognised as commonplace in garrison towns – and the Contagious Disease Acts (CDA) (1864, 1866 and 1869) sought to control gonorrhoea and syphilis, in particular in naval and military stations that were affecting fighting forces initially in named garrison towns, including Sheerness. Women known or considered to be prostitutes could be subject to medical examination and confined to a 'lock' ward or hospital. The lock hospital in Chatham (88 beds) took in prostitutes from Sheerness as did a House of Refuge in Chatham. Both towns along with Woolwich and Shorncliffe were designated 'subjected districts' under the 1864 CDA (Joyce, 1999).

The double standards between men and women were challenged by Josephine Butler, recognising the plight of impoverished women forced into prostitution, and the law was eventually repealed in the 1880s (McElroy, 2000). One Sheppey woman, aged 36, is listed with the occupation of 'prostitute' in the 1881 Census, then a pauper occupant of the Sheppey Union Workhouse, Minster ('Emily Huntley', 1881); another woman, single, aged 24, is listed as head of a private household in Minster ('Emma Williams', 1881), and it is likely that many others had their occupation listed euphemistically as something different, eg milliner, seamstress, or worse, 'unfortunate' (Woollard, 1999, p, 7).

Forbes (1871) noted the difficulties of accurately measuring the annual death rate. While this officially stood at 17 per 1,000 in 1869, this was a likely underestimate due to the mobile nature of the population, many of whom would leave the locality and become ill or die elsewhere, which would support Harris' (1987) analysis of labour movements between dock towns discussed above. There were also clear spatial and class divisions in patterns of mortality and morbidity in Sheerness. Harris reports a clear spatial separation that reflected the status of occupational distinctions in the yards.

A distinct socioeconomic gradient can be discerned in the social geography of Sheerness... in which residents of low socioeconomic status were prominent in Blue Town in the west and those of high socioeconomic status resided in Marine Town towards the east (1987, p,135).

The pattern of illness and disease among 19th century dockyard workers is revealed in an 1837 report which reveals that 43.7 per cent of the workforce in the Sheerness docks fell ill annually. Of 1,422 cases of sickness, 263 were for agues, 142 rheumatisms and 68 for cholera (Johnson, 1837, p, 353). Edwin Chadwick, who first linked environmental conditions to health, and whose work was pivotal in the first ever Public Health Act in 1948, as well as the Poor Law, pointed to the high levels of absenteeism in the Sheerness dockyards and the financial loss to the Exchequer through preventable diseases. He was also critical of the £5,200 annual cost of paying each employee an additional two shillings on account of the 'present unhealthy state of the district and place' (Chadwick and Gladstone, 1998, p, 583). Alongside many others, Chadwick wrongly attributed preventable dockyard disease such as ague, fever and diarrhoea to miasma (i.e. foul air), as evidenced by the Medical Officer of Her Majesty's Dockyard. He reported that:

The surprise is, not so much that one man here and there reels home drunk, and a savage ... into filthy and diseased houses ... The process of the physical deterioration of workmen and their families who are drawn into insanitary conditions about places of work, is illustrated by the Government works at Sheerness.

Chadwick went on to report that the high level of unnecessary illness 'even among the naval force which guards the entrance of the Medway, the same sort of suffering is so prevalent, that Sheerness is said to be spoken of at Chatham hospital, as "the African station of our home service" ... and further, on asking one man who drank lots of whisky, was told by him: "If you were to come and live and sleep here, you, sir, would drink whisky too" ' (Chadwick and Gladstone, 1998, p, 583).

The daily dumping of 26,000 tons of sewerage into the Medway and Thames Estuary was also noted as polluting foreshores, impacting on oyster and shellfish beds and producing offensive smells (Buchanan, 1905). The potential damage this posed not only to public health but also to the livelihoods of those who depended on the oyster and shellfish industries was revealed in Inspector of Fisheries C. E Fryer's 1896 report on the impact of rubbish dumping on the fishing industry. Fryer noted that barge owners who had been discharging rubbish into the Swale, which separated Sheppey from the mainland, had been threatened with legal action following damage to oyster beds. The lack of potable water at Sheerness was also problematic and it was brought by boat from Chatham until 1774 when a well was dug at Fort Townsend. In 1800, a well was sunk in the dockyard but water continued to be brought in from Chatham to Sheerness in the 'Box Iron' with its capacity of 40 tonnes. By 1807, Sheerness' water was considered superior and was exported until the well dried up in 1860, water then costing 1d per bucket (Tyler, 1994).

The Navy's location at Sheerness displaced residents, leaving the community isolated without a water supply, and with tariffs running high, the community pooled resources to create what is locally considered to be the UK's first ever cooperative in 1816 (Henry Brown, undated), the Sheerness Economical Society, recognising the importance of self-help, trust, good friendship, mutual service and cordial relations. The Cooperative Wholesale Society, developed 1863 in response to overpaying powerful providers, and as the employers ruled the valley, 'the co-operators dared proceed only by stealth ... and abundant caution' – which was possible because the population was quite isolated (Redfern (undated: 9). Cooperative efforts before Sheerness on Sea's Economic Industrial and Provident Society Ltd which lasted more than 100 Years and Sheerness Cooperative Society was established 14 December 1949, demonstrating the continued self-reliance of this island community.

Poverty and mental health

Sheppey's archived history in part depicts the national picture of how the poor and those with mental health problems were dealt with by a top-down state, whose ideological position was that poverty was the responsibility and fate of the individual and that mental illness was a condition that required the person afflicted to be isolated from the rest of society. We can glean information on the poor and how they were treated from archived newspapers.

The Gilbert Acts encouraged voluntary union of parishes from 1781. In 1834, the Poor Law Act ordered parishes to form Unions, build workhouses and appoint a Board of Guardians responsible to government, and these continued in Kent in evolved forms until the Local Government Act 1929 when local authorities acted under the District Guardian Committee. The system was abolished in 1946-8 when medical duties passed to the Ministry of Health, and local authorities retained responsibility for children and old people when poor law administration was abolished. The Guardians had meanwhile overseen matters such as vaccination and by 1875 were reformed into the Rural Sanitary Authorities which evolved into Rural District Councils.

The Isle of Sheppey's Union Workhouse at Minster held some 250 inmates, including those seeking poor relief, and in 1883 the Sheppey Board of Guardians' reviewed an application from an agricultural labourer, aged 62, now unable to work, and his wife who earned 2s 6d per week. Discussion determined that they were not deemed destitute as they still had some furniture and they were told that relief should come from the Poor Law, rather than act as a drain on the Sheppey Board of Guardians funds, and it was suggested that the couple be sent to the Workhouse instead (Lloyds Weekly Newspaper, 1883). In another account, the death of Eliza Humphries, who was born at, and spent her 92 year life as an inmate in, the Sheppey Union Workhouse was reported to the Sheppey Board of Guardians in 1893. It was felt that her 'weak intellect' debarred her from earning a living and she had enquired as to whether she might receive a pension for her long residence: she had been known as the Mother of the House (The Standard, 1893).

Sheerness' naval officers were also sent to the workhouses in a range of instances, including for the neglect of their families and in one case, for a wife's murder (Illustrated Police News 1887). In 1889, following an attempted murder near Leysdown, the perpetrator was found to be in 'an utter state of destitution and slept in the casual ward of Minster Union two nights previous to the outrage' (Illustrated Police News, 1889).

The State also had difficulties in how to deal with mental health and the 'Curious difficulty with the insane lunatic' was reported in 1895 when the Sheppey Board of Guardians applied for an order for admission to the Kent County Lunatic Asylum at Chartham, near Canterbury, of a Russian who had arrived in England on the Continental Mail Packet, seeking a magic box so he could turn all the crowned heads of Europe (except Queen Victoria) into cats. The order to detain the 42 year old as a pauper lunatic was granted, and they did not know how they would cope with his Russian (North Eastern Daily Gazette, 1895).

The [Kent Archives](#) record the Gilbert Acts encouraging voluntary union of parishes from 1781, the statutory establishment of Unions under the Poor Law Reform Act 1834, and administered by the Board of Guardians, transferred to the Rural Sanitary Authorities in 1875 and later Rural District Councils in 1894. Information suggests that the Board of Health records exist both pre and post NHS in possibly the most detailed format nationally but there is not scope to present further detail in this paper.

Today the island remains one of the poorest and most deprived areas of the south east: a legacy of long term industrial decline discussed in the introduction which, combined with a lack of inward investment, has resulted in high levels of unemployment and attendant social problems. While unemployment levels are only marginally higher than average, this masks extremely high levels at the ward level with concentrated areas of poverty and worklessness in Sheerness. In August 2012 for example, 9 per cent of working age residents in the two wards of Sheerness East and West were claiming Job Seekers Allowance against a UK average of 3.7 per cent (Nomis, 2013). In terms of income the island falls within the bottom 20 per cent nationally with 65 per cent of the island's population identified as suffering from financial stress, and the island's residents suffer from higher than average levels of disability and long-term illness (Sheppey Analysis and Information Team, 2008).

Infectious disease

The island's coastal marshlands provided an ideal breeding ground for malaria in the past. From the 16th to 19th centuries, malaria caused high morbidity and mortality, and was then referred to as 'marsh fever' or 'ague' (Dobson, 1994; Hutchinson and Lindsay, 2006). Following a decline in malaria by the 1840s, it resurfaced in Sheppey after the First World War as returning soldiers from Macedonia, carrying malarial parasites in their blood, were stationed in Queenborough, and as environmental conditions, including the marshlands and high relatively stationary population, once again proved favourable. The prevalence of malaria made it difficult to attract workers to the island due to its environmental condition and a belief that 'marsh air' also affected the mind with inhabitants of such areas often viewed with suspicion and contempt. Dobson (2003) refers to Den Jordan's recollection of his childhood in the marshes of North Kent and his recollections of 'the constant scourge of agues and fevers and the strange characters and customs of the marsh folk: the confused web of their religious beliefs, their many magical practices, their faith in corpse-lights, their superstitious dread of owls' (Dobson, 2003, p, 300).

Sheppey was the last UK region to have a major outbreak of malaria (Hutchinson, 2000). This has promoted more recent research (around 2000) into the contemporary risk of malaria on Sheppey, whose coastal marshlands provided an ideal environment for the proliferation of endemic malaria transmitted by anopheline mosquitos (Hutchinson and Lindsay, 2006).

The island status did not protect against cholera. The online [National Archive](#) at Kew which holds the Admiralty records for Sheerness provides us with some indication of the health status of conscripts and convicts and how they were treated in a relevant medical and surgical journal. R. Allen, the surgeon's, general remarks include a summary of the attacks and results of cholera cases on board the male convict ship, *Parmelia* at Sheerness, July 1832, and sailing to New South Wales. Some of the numerous cases of cholera cases include: 'John Wilson, private, soldier; disease or hurt, cholera. date of attack, 5 July 1832, died 6 July 1832 ... John Dickenson, convict; disease or hurt, cholera; date of attack, 6 July 1832, discharged cured 6 July 1832.' This ties up with other data on Sheppey of the 1832 cholera epidemic when two harvest labourers died and a Commander in Chief died in 1834 (Judge, 1983).

Seaside as a health location

In the 18th century, sea water was seen as an effective treatment for a range of illness from tuberculosis to gonorrhoea and seen as beneficial both to drink and bathe in (Hibbert, 1987), and by 1791 Margate had a Royal Sea Bathing Hospital. Seaside resorts became more popular as holiday retreats for the wealthy until steamboats and trains became more affordable for the working classes for day trips, and eventually, when holiday pay and transport allowed for it, longer holidays as new facilities and entertainments were opened up specifically for visitors from the 1880s, but particularly for the working classes from the 1930s.

Even in 1898, eastwards of Sheerness, the coastguard station was pulled down due to erosion and the need for a sea wall identified so that the 'wonderfully healthy' and 'sandy beaches offer safe facilities for children's bathing'. There was also recognition that the building would offer work for unemployed experts or even convicts (The Standard, 1898) What, however, seems to detract from the seaside view and it being a more integral part of the town is the rather ugly concrete flood defences which shut off the sea view along the north coast, and current access is indirect through the town.

We have been unable to identify literature on Sheppey's main seaside towns – Sheerness on Sea and Leysdown on Sea – as they are small-scale in relation to Kent's other comparable, competing seaside towns such as Margate (see for example Stewart et al, 2013). With a decline in domestic tourism, English seaside towns have struggled socially and economically in recent years, although they share some interconnected economic problems which are location specific rather than generic. Each has a unique history which needs to be understood in successful regeneration. With a social pecking order of seaside towns historically linked to class, some were considered "noisy and vulgar" (Perkin, cited in Hibbert 1987) and lack a specific identity other than an "intangible heritage" (Walton and Brown, 2010:18) associated largely with popular culture and entertainment. Sheerness has benefitted from direct railway connections since 1860 but Leysdown is accessible by road only, now generally serving its population of seasonal caravan residents. Both cater as tourist pleasure/entertainment venues serving a largely working class clientele.

Providing for a different tourist community, Warden Manor at Warden Point, owned by the Quaker and philanthropist Cecil Jackson-Cole, became a popular venue for Toc H members in the 1920s. Toc H is a charitable organisation, originally established for recuperation of wartime troops, extending to holidays as health giving. Toc H attracted a socialist following and by the

1940s and 1950s extended to younger people attending for residential projects such as environmental work, play schemes, work with the elderly, those with disabilities and mental health problems, and disadvantaged children, and to help provide holidays, eventually receiving a Royal charter. Its tourist industry and provision is therefore highly variable.



One of Sheppey's caravan sites

Sheppey also has a large seasonal population mainly of caravanners and day trippers, which results in an annual trebling of the population (from 35,000 to around 100,000). Like many other English seaside resorts, its tourist industry has declined in recent years although it still retains a significant industry with around 50 commercial caravan sites and tourism supporting around 6 per cent of local employment (Swale Borough Council, 2009).

Conclusions

Sheppey's unique status as a small island off the Kent coast, strategically close to London, has shaped its national policy and its own public health history. Although just off mainland England, the isolation of the island, due to fragile transport links, has resulted in a sense of identity, belongingness and self reliance that is characteristic of more remote island communities. The early development of the cooperative movement in response to supply of potable water and other provisions is evidence of this self reliance, and an element of political and policy neglect.

The major intervention of a top down state in the affairs of the island has been in the form of the Royal Naval presence and Victorian responses to poverty, mental health as well as meeting changing demands in health care. From a historical perspective, the island has experienced neglect and marginalisation for significant periods of time, which has reinforced islander self determination and a sense of social, political and cultural exclusion.

In recent years with the loss of dockyard jobs, kinship fragmentation and continued industrial decline, Sheppey's residents have faced social and economic challenges with a population experiencing high levels of deprivation. Like other English seaside towns, its own have suffered although it retains numerous caravan sites and a seasonal population requiring access to sufficient health care and other services. Sheppey's fascinating and varied history feeds into contemporary challenges about how the public health (and broader) needs of its residents and holiday makers can be met. Sheppey's fascinating and varied history feeds into contemporary challenges about how the public health (and broader) needs can be met.

Recent years have seen a convergence in the multiple and complex links across disciplines in health and place. Indeed, new public health arrangements and developments increasingly reflect this trend. However, little has previously been published on island settings in the UK and on Sheppey in particular; this paper adds to the literature combining a range of sources that can help inform local public health policy making in new ways which has applicability to other island settings or settings with a similar experience of deprivation. It would be useful to develop further research on island settings in England with its shared public health agenda, before looking further to the other countries of the United Kingdom with their own public health arrangements to explore the nature both of islands but also how history had informed their contemporary situations.

References

- Andrews, G. J. and Kearns, R.A. (2005) 'Everyday health histories and the making of place: the case of an English seaside town', *Social Science and Medicine*, 60, pp. 2697-2713.
- Berridge, V. (2008) 'History matters? History's role in health policymaking', *Medical History*, 52 (3) 311-326 Online. Available ADD.
- Brown, T. and Duncan, C. (2002) 'Placing geographies of public health', *Area*, 33: 4, pp.361-369.
- Buchanan, G. B. (1905) *Local Government Board Medical Inspector's Report on prevalence of enteric fever and sanitary conditions in Urban District of Sheerness*, London: HMSO.
- Chadwick, E. and Gladstone, D. (1998) *Edwin Chadwick: Nineteenth Century Social Reform*, London: Routledge.
- Dhesi, S. and Stewart, J. (2015) 'The developing role of evidence based environmental health: perceptions, experiences and understandings from the front line', *SAGE Open*, 5(4), <http://dx.doi.org/10.1177/2158244015611711>
- Dobson, M.J. (1994) 'Malaria in England: a geographical and historical perspective', *Parassitologia*, 36(1-2):35-60.
- Dobson, M. J. (2003) *Contours of death and disease in early modern England*, Cambridge: Cambridge University Press.
- 'Emily Huntley' (1881) Census return for Sheppey Union Workhouse, Minster In Sheppey, Kent. Public Record Office: PRO RG11/978, folio 43, p. 11. Findmypast (2013). Available at: <http://www.findmypast.co.uk> (Accessed: 28 February 2013).
- 'Emma Williams' (1881) *Census return for 9, West St, Minster In Sheppey, Kent*. Public Record Office: PRO RG11/978, folio 43, p. 11. Findmypast (2013). Available at: <http://www.findmypast.co.uk> (Accessed: 28 February 2013).
- Fellowes, J. (1974) 'Shipbuilding at Sheerness: The period 1750-1802', *The Mariner's Mirror: The Journal of the Society for Nautical Research* Vol. 60, pp. 73-83.
- Forbes, C. (1871) *Accounts and Papers of the House of Commons – Medical and Surgical Report of Her Majesty's Dockyard at Sheerness for the Year 1869*. London: HMSO.
- Fryer, C. E. (1896) *Report to the Board of Trade by C. E. Fryer on the 'Injury Alleged to be caused to the Fisheries by the Deposit of Rubbish*. London: HMSO.
- Gould, M. J. and Moon, G. (2000) 'Problems of providing health care in British island communities', *Social Science and Medicine*, 50, pp. 1081-1090.
- Harris, T. (1987) 'Government and the Specialised Military Town: The Impact of Defence Policy on Urban Social Structure in the Nineteenth Century', in Bateman, M. and Riley, R. (eds.) *The Geography of Defence*, Kent: Mackays of Chatham Ltd.
- Hastings, A. (2004) 'Stigma and social housing estates: Beyond pathological explanations', *Journal of Housing and the Built Environment*, 19, pp. 233-254.

Hutchinson, R. and Lindsay, S. W. (2006) 'Malaria and deaths in the English marshes', *The Lancet*, 367 (9526). pp. 1947-1951.

Huxley, M. (2007) 'Geographies of Governmentality', in Crampton, J. W. and Elden, S. (eds.) *Space, Knowledge and Power: Foucault and Geography*, Aldershot: Ashgate.

Illustrated Police News, (1889) *Attempted Murder in Sheppey*, 17 July 1889.

Illustrated Police News (1887) *Strange Conduct of a Naval Officer*, 24 January 1887.

Johnson, J. and Johnson, H. (eds.) (1837) *The Medico-chirurgical Review and Journal of Practical Medicine*, Vol. 26, London: S. Highley.

Joyce, B. (1999) *The Chatham Scandal: A history of Medway's prostitution in the late 19th Century*, Rochester: Baggins Book Bazaar/Bruce Aubry.

Kammen, C. (2003) *On Doing Local History*, 2nd Edition, Walnut Creek CA: AltaMira Press.

Keene, D. E. and Padilla, M. B. (2010) 'Race, class and the stigma of place: Moving to "opportunity" in Eastern Iowa', *Health and Place*, 16, pp. 1216-1223.

Link, B. G. and Phelan, J. C. (2006) 'Stigma and its public health implications', *The Lancet*, 35, pp. 80-94

Lloyds weekly Newspaper (1883) *The Parson and the Poor*, 2137

London Encyclopedia, (1829) *The London Encyclopedia* Vol. VI, Cheapside: Thomas Tegg.

Nomis, (2013) *Official Labour Market Statistics*, available at <http://www.nomisweb.co.uk/reports/lmp/la/2038431813/report.aspx?town=SHEERNESS>

Pahl, R. (1984) *Divisions of Labour*, Oxford: Blackwell.

Peterson, A. and Lupton, D. (1996) *The new public health: health and self in the age of risk*, London: Sage Publication.

Pfeffer, J. I. (2008) *'From One end of the Earth to the Other: The London Bet Din 1805-1855, and the Jewish Convicts Transported to Australia*, Eastbourne: Sussex Academic Press.

Redfern P (1913) *The Story of the CWS: The Jubilee History of the Cooperative Wholesale Society Ltd 1863-1913*. Manchester: the Cooperative Wholesale Society Ltd

Samuel, R. (1976) 'Local History and Oral History', *History Workshop*, 1, Spring, pp. 191-207.

Sheffield and Esterham Independent (1869) *The Catastrophe on Board HM Gun Vessel Thistle*, 6 November, p. 7.

Sheppey Analysis and Information Team (2008) *Earnings, Income and Housing Affordability in Kent*, Kent: KCC.

Shields, R. (1991) *Places on the Margins: Alternative geographies of modernity*, London: Routledge.

Stewart, J. (2005) 'A review of UK housing policy: ideology and public health', *Public Health*, 119 (06), pp. 525-534.

Stewart, J. and Cornish, Y. (eds.) (2009) *Professional Practice in Public Health*, Exeter: Reflect Press Ltd.

Stewart, J., Rhoden, M., Knight, A., Mehmet, N. and Baxter, L. (2013) 'Beside the seaside: perceptions from the 'front line' on the support needs of families living in the private-rented sector in Margate', *Journal of Environmental Health Research*, 13 (1) pp. 22-33.

The Standard (1893) *The Provinces*, p. 3 Issue 21375, 6 January 1893

Tyler, L (1994) *History of Sheppey*, Sheerness: B A Fitch.

W. Henry Brown (undated) *Cooperative Centenary 1816-1916: History of the Sheerness Economical Society Ltd. A Century of Cooperation at Sheerness being a Chronicle of the Oldest Cooperative Society in Existence in the UK*. Manchester: Cooperative Wholesale Society's Printing Works Reddich.

Wallace, C. (1987) *For Richer for Poorer: Growing Up In and Out of Work*, London: Tavistock Publications.

Williams, R. (1980) *The Long Revolution*, London: Pelican Books.

Woollard, M. (1999) *The classification of occupations in the 1881 census of England and Wales*, Colchester: University of Essex. Available at:
http://privatewww.essex.ac.uk/~matthew/Papers/Woollard_1881Classifications_no%20illustration.pdf (Accessed: 15 March 2013).

Acknowledgements

This paper was developed as part of the University of Greenwich and Sheppey Learning Alliance: Rediscovering Sheppey - Bluetown Remembered and University of Greenwich partnership to improve health and wellbeing on the island of Sheppey.

We gratefully acknowledge the advice and assistance of Jenny Hurkett and colleagues at the Bluetown Heritage Centre in compiling this paper.



Dedication

We would like to dedicate this paper to our co-author, colleague and friend, the late Dr Allan McNaught.

The Authors

Dr Jill Stewart

Jill's environmental health and housing career started in local government, leading to her current post as Senior Lecturer in the School of Health and Social Care at the University of Greenwich where she teaches across public health, housing and social work programmes to postgraduate level. Jill's main research interests include evidence based practice and the effectiveness of front line strategies and interventions in sometimes very challenging public health and housing situations. Her publications include books and numerous papers published in peer reviewed and professional journals and she has presented at a range of conferences. She is currently involved in researching public health histories and is working with colleagues to explore novel methods of dissemination. Jill was one of the founding members of the [Environmental Health Research Network](#) (EHRNet) established in 2011.

Dr David Smith

David is a Principal Lecturer in Sociology at the University of Greenwich and teaches across a range of undergraduate courses in public health, wellbeing and in social work, in addition to undertaking PhD supervision. His main research interests include community studies, social policy, health inequalities and the health status of marginalised communities, particularly Gypsies, Roma and Travellers. His first book 'On the Margins of Inclusion: Changing Labour Markets and Social Exclusion in London' was published in 2005 and won the Social Policy Association prize for best new publication. He has published widely with regard to the settlement of the UK's nomadic communities and the health of Gypsies, Roma and Travellers.

Jim Gritton

Jim is currently a freelance educator, researcher and consultant. Previously, he was Deputy Head of Psychology, Social Work and Counselling at the University of Greenwich, a role he combined with his teaching duties as Principal Lecturer in Leadership and Management in Health and Social Care. A late entrant to academia, Jim originally studied modern languages at university before retraining as a probation officer. After 13 years in a variety of middle and senior leadership roles in the National Probation Service, he embarked on a new career as a management consultant and co-founded a specialist learning and development consultancy in 2004. He has been published on a number of occasions and has diverse research interests which include both social and family history and leadership development in virtual worlds.

A PUBLIC HEALTH HISTORY OF A FORGOTTEN CORNER OF KENT: THE ISLE OF SHEPPEY

Occasional Paper Number 3 (3)

July 2016

