

Public Health and Water Supply in Bridgwater, Somerset

by Tony Woolrich

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4) Epidemics

1

Epidemics

LITTLE is known about the state of public health in Bridgwater before the first half of the nineteenth century. Sickness would have been the regular condition of life for the inhabitants, but this was so for the nation's population as a whole. The small population compared with that of the large cities would have helped retard the spread of sickness when it occurred, and the nearness of the countryside would have enabled the poor to escape (albeit temporarily) their squalid surroundings with relative ease.

St Mary's burial books do give an indication of early epidemics, but there are no clues about what the sicknesses were:

Year	Total	Peak	Months	
1561	114	40	March-May	
1565	214	149	Sept-Nov	Plague
1566	Record	incomplete		
but MS	note 2	March		'Buried 250'
1588	131	59	Jan-April	
1591	208	90	June-Aug	
1597	208	125	June-Aug	
1610	149	88	May-Aug	
1625	180	94	Sept-Nov	
1638	158	73	Aug-Oct	
1642	152	83	Aug-Oct	
1729	194	73	Aug-Oct	
1741	179	61	Aug-Oct	
1780	143	59	March-May	
1832	178	68	Oct-Dec	Cholera
1840	261	132	March-June	
1842	237	113	Jan-May	
1849	187	85	Sept-Nov	Cholera

There are no reliable national statistics of sickness and mortality before the middle of the C19, but it is known that during the C18 health improved and people lived longer. Between 1740 and 1840 the birth rate of the country as a whole rose slightly in the first half of the century and fell slightly during the second. The death rate fell strikingly between 1740 and 1760 and again between 1780 and 1810. Estimates of population show that Britain had a static population of around 6 millions between 1700 and 1740 but this increased by 50% to 9 million in 1801. Between 1801 and 1851 it doubled to around 18 million, and between 1851 and 1911 doubled

again to 36 million. This increase of population coupled, with migration from the country causing overcrowding in the large towns, gave rise to the epidemics during the nineteenth century, and Bridgwater did not escape.

1832 and 1849 – Cholera

Asiatic cholera came to Britain in the winter of 1831 - 32. It is a particularly virulent disease, and originated in India. Western medicine was already familiar with simple cholera, which was known to the Greeks. The main symptoms were sudden vomiting and purging. A few hours of an attack were enough to reduce the strongest person to a state of extreme exhaustion. Simple cholera usually struck in the summer and autumn months, and although sometimes fatal, patients usually recovered, though in many instances the gut remained irritable for some while and care needed to be taken over diet.

Asiatic (or malignant) cholera in contrast is one of the most severe and fatal diseases. The symptoms can be described in three stages. The first stage perhaps lasting a couple of days comprises diarrhoea, sometimes accompanied by vomiting, as in summer cholera. The second stage is that of collapse, with the most violent diarrhoea, known as a "rice-water" discharge, comprising the lining of the intestines. Vomiting soon follows accompanied by an extreme thirst. The symptoms now advance to cramps of the legs, feet and muscles of the abdomen, which cause much agony. The surface of the body becomes cold and the skin turns dry, bluish and wrinkled, indicating the draining away of the body fluids. In this condition death occurs in about a day, but in some epidemics the collapse was so complete that death occurred in one or two hours without much previous purging or vomiting. After death peculiar muscular contractions sometimes occurred. The third stage was that of recovery, with the symptoms waning and the patient's condition gradually improving, though relapses leading to death were common.

In the nineteenth century cholera was endemic in the east over a wide area ranging from India to China. It was specially prevalent near the

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4) Epidemics

2

mouths of the great Indian rivers, such as the Ganges. Cholera spread westwards from India by two routes 1) by sea to the shores of the Red Sea, Egypt and the Mediterranean and (2) overland to Northern India and Afghanistan, thence to Persia and Central Asia and so to Russia. It was not until 1817 that the attention of European doctors was drawn to the outbreak of a violent epidemic of cholera in Jessore, Bengal. It spread rapidly over the whole of India and caused much loss of life both to the native inhabitants and also to the Europeans. By 1823 it had spread to Asia Minor and the Asian parts of Russia, and it continued to spread slowly westwards, at the same time fresh epidemics springing up in India. In 1830 it reappeared in Persia and along the shores of the Caspian Sea and so entered Russia in Europe. Despite the strictest precautions the disease spread throughout Russia and into northern and central Europe. It reached Sunderland in October 1831 and London by January 1832.

A local health committee was formed in Bridgwater, under government direction, in November 1831, to control the spread of the disease when it arrived in the town. This committee was charged with the job of raising money to provide comforts for the sick and to inspect the town to ensure that any nuisances were abated. Medical knowledge of the disease was slight, and best practice could only keep the patients comfortable and replace the lost body fluids. What folk medicine and quackery did to the patients defies belief. At this time medical opinion did not understand the nature of the disease, and there was an argument between the contagionists, who held it was spread by bodily contact, and the miasmatisists who held it was spread by 'evil forces' emanating from heaps of refuse, rotting vegetation and waste material. There were variations on these basic theories, and the question of contagion split the medical profession.

The contagionists held that prevention should be through quarantine and isolation, while the miasmatisists' weapon was cleanliness, and in particular the safe disposal of human wastes. All kinds of popular cures were used. Little bags of chloride of lime were carried and were meant to be touched on anything the user came into

contact with. Special 'cholera belts' were wrapped around the stomach. The Bridgwater newspapers carried advertisements from the local chemists for anti-cholera potions. Calomel (a mercury-derived medicine) and opium were greatly used, as they were for many other conditions, to relieve the stomach disorders. Patients were bled. Another viewpoint was that symptoms should be reinforced to speed the patients' recovery; violent diarrhoea was treated by laxatives whilst vomiting was treated by mustard and water. Hot blisters were used over the heart. Cramps were treated by flannels soaked in turpentine, by liniments and massage. Collapse was treated by brandy, quinine and heating by hot blankets, hot bricks, hot irons and bags of hot sand.

The Bridgwater newspaper recorded the spread of the disease through the country and in May 1832 noted that cases had been reported in Bath. In August 1832 the Vestry voted £100 towards the cost of an isolation hospital, and the newspapers for that month contain much information about how the disease had spread to neighbouring Somerset towns.

By January 1833 cholera had run its course, and a public meeting was held to give solemn thanks. No detailed figures have been found about the mortality in this epidemic, but St Mary's burial register indicate that there were fewer burials during 1832, than in previous and subsequent years

1830	128
1831	143
1832	105
1833	178
1834	142
1835	114

The Health Committee evidently met weekly whilst the crisis lasted, but was allowed to lapse once it had passed. No records, apart from those events noted in the newspapers, have been found.

This epidemic subsequently extended into France, Spain and Italy, and crossed the Atlantic to spread through North and Central America. By 1835 it was general in North Africa, and until 1837 it continued to break out sporadically in various parts of Europe, after which the epidemic disappeared, having within twenty

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4) Epidemics

3

years visited a large portion of the world.

In about 1841 another great epidemic of cholera appeared in India and China. It entered Europe in 1847 and spread through Russia and Germany and on to England, then to France, America and the West Indies. This epidemic seems to have been more deadly than the previous one, especially as regards Great Britain and France, and this is reflected in the way it struck Bridgwater.

In January 1847 the newspaper recorded disquiet about the state of Bridgwater's public health, and twelve months later reported on a meeting of the Town Council which discussed a report on the state of the town's health, which included a survey of the mortality by district. As a result a health committee of the Council was formed, comprising the medical doctors who also happened to be councillors, the mayor and four other councillors. This committee met with some difficulty since other of the town's doctors declined to certify properties as being public nuisances; they felt it lowered their dignity to act as agents of government policy. Without this certification the Council was unable to act. Later that month this committee met to discuss the problem, and the newspaper report mentions coloured plans being prepared of the town's drainage system and the various health blackspots. Regrettably no copy of these reports and plans seem to have survived.

At the end of the month a public meeting in the town was addressed by Mr T. Begg, Secretary of the Health of Towns Association. He dealt mostly with the problems of London, but later speakers discussed Bridgwater's problems. Dr Abraham King, one of the medical officers of the Board of Guardians, and in charge of No 1 District, which included the Bridgwater workhouse, said that he had pointed out to the landlords of slum properties in the town the need for proper drainage, and had been abused by some of them for his efforts. He added that the mortality in the western side of the town was ten per thousand, while on the eastern side it was twenty five per thousand. He went on:-

What horror would be excited by a single murder in Eastover; and were we to remain unconcerned when so many were dying annually there, whose deaths were brought about by

preventable causes? Talk of the expense of the reforms – we were paying dearly for our present neglect, and it served us right, too, when through our remissness illness fell on the healthy heads of families.

The cholera reached Hull by October 1848, and Keynsham by June 1849. It reached Bridgwater early in August, and by the time it had run its course 235 inhabitants of the neighbourhood died. How many caught the sickness and recovered is not known.

The *Bridgwater Times* of 9 August reported:-

...The first patient was a vagrant [named Vosper] on his way from London to Liskeard. Whilst on the road between Bristol and this place, on Thursday last, symptoms of this dreadful scourge manifested themselves, he being attacked most severely with vomiting and purging. However, he manfully bore up against the attack and after great exertion reached Bridgwater. Here he slept on Thursday night, and on Friday endeavoured to continue his journey. He, however, was unable to proceed, for before reaching North Petherton he was taken up in a cart and brought back to the town. He was afterwards seen in a state of prostration on the Cornhill. The assistant overseer passing at that time procured assistance and had him conveyed to the Union House, where he was admitted about five o' clock in the evening. Mr King, the house surgeon, was almost immediately in attendance, and reported the case on the following as strongly resembling Asiatic Cholera.

Vosper recovered but later died from typhoid fever.

The Board of Health in London was greatly concerned about the epidemic and a number of medical inspectors were sent out to investigate the various outbreaks, with the aim of the Board working out means of controlling the epidemic. The medical inspector sent to Bridgwater was Dr. Frederick Brittan (1824-1891) of Clifton, Bristol. Little has been found about his background, but at Bristol he would have known and may have been trained by Dr William Budd (1811-1880) who was a pioneer of the systematic investigation of epidemic disease. Both men were later colleagues on the staff of Bristol Infirmary.

Dr Brittan made a report (which has not been found among the Board of Health's records in the National Archives) around November 1849 in which he investigated the progress of the disease through the

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4) Epidemics

4

town based on the Register of Deaths. Dr Brittan found the sickness first appeared in the Union Workhouse, having been brought there by Vosper. The local medical opinion was that the sickness was spread entirely by contagion. In this report he described the various localities where the outbreaks occurred, and included a map. He summarised his findings in a speech to the Town Council delivered on November 5th and reported in the *Bridgwater Times* a few days later. There he stated:

... and in this street 8 have already died, and fresh cases are constantly happening. The first case occurred in Bridgwater Workhouse on 5 August another that terminated fatally on the 7th was followed by six deaths up to [the] 15th, 3 then happened in Eastover; on the other side of the river, on August 14th, 22rd and 24th: the next deaths registered were 2 on the 3rd September, in Gold's Buildings and Prickett's Lane, followed by 7 death up to 19[rd], in the former, and 13 deaths to October 26th, in the latter; it now took a westerly course through Honeysuckle Alley, killing there 7 between September 8th and October 22[nd], and passed on to Moat Lane, where, between September 14th and 21st, 3 died; thence to West Street, where between September 15th and October 19th, 21 died; a few stragglng cases then occurred in different portions of the town, but the disease was considered to have subsided until it broke out with much virulence in Monmouth Street, which was clearly traced to eating stinking oysters. From Saturday to Sunday night, 6 were dead and 5 dying; thus showing what may cause a development of the disease. From Monmouth Street, where 7 of these deaths took place [on] October 7th, and 3 on the 8th and 9th, and the Bath Road where the other children died on the 7th, it spread on the Eastern side of the river in the Bath Road, 9 cases terminating fatally up to October 24th; in the Bristol Road, 8 deaths between 13th and 27th; from these two roads, it passed into Union Street, which will be seen to join them in October

Dr Brittan then wrote a second report (which does survive in the National Archives) in which he investigated in depth the background of the first thirty or so cases, but this time taking his information from the weekly diaries of the three District Surgeons who worked for the Board of Guardians. In this report he included evidence about cases in the neighbouring villages of North Petherton, Westonzoiland, and Chedzoy. He personally

inspected the various locations where the victims resided and talked to their families. He concluded, from the fact that many of the cases had no provable contact with any other victims, that the sickness was spread by poor sanitation, housing and diet, and not by contagion.

He showed that two other cases, at opposite ends of the town, occurred on the same day as that of the vagrant who was isolated in the workhouse and who could have had no contact with them. He further found that the surgeons' books showed that severe diarrhoea had prevailed over the town during the summer, increasing in prevalence and severity until the outbreak of cholera appeared.

Dr Brittan recorded extensive evidence about the circumstances of each case, and these provide a valuable insight into the living conditions of the inhabitants. His account of the effect of the sickness on one household in North Petherton is stark:

[North Petherton is] situated about 4 miles from Bridgwater. Diarrhoea of unusually severe character was prevalent all through the summer. On the 17th day [of August] a boy named Rossiter was seized with cholera. He drove a cart daily between Petherton and Bridgwater to fetch night soil and manure and on Saturday 16th had been working in Ropers Lane. He died on the 23rd. The next day his sister died. She had eaten a hearty supper of sprats and had been sick in the night. The mother had just recovered from fever and was seized the same day, dying the next morning. She had been confined 6 weeks and was suckling. The child was frequently at her breast during her short attack, and the husband held it at the breast less than an hour before she died. The same day another of the children was seized and died in three days leaving only the father and 1 child.

Martha Chick nursed the boy [Rossiter] the night he died; she walked next morning to fetch the surgeon for the little girl. Immediately on her return she was attacked with purging and vomiting, and died in her own house close by.

Dr Brittan later wrote about these cases:

The boy Rossiter might have imbibed disease in Bridgwater, but diarrhoea was very prevalent in Petherton. The house also is most ill conditioned. It stands on the side of a slope. The drains from privies etc. of the houses above and its own pass under the corner of the main room. At this corner the drain is

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by Tony Woolrich

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4) Epidemics

5

open and its fluid contents imbue the wall and earthen floor with ordure. Chick spent the night here, sitting up with the boy, she lived close by. Her two daughters, suckling, who lived in the house with her – each lost her baby, I am informed, however, more markedly from the effect of the fear on the mothers than from cholera. The husband and the two daughters had severe diarrhoea. They had all partaken of sprats the night before.

Elsewhere in his report Dr Brittan noted that a number of people living in Mogg's Buildings in Eastover ate contaminated oysters and at least eleven of them died of cholera on one day. These oysters had been brought from Mumbles in South Wales by a pedlar and hawked round the Bridgwater Fair. Presumably they had been washed in contaminated water. Evidently they had not sold well, and they were given away or sold cheaply to the poor. Several affected families were moved immediately to the old poorhouse where they were cared for, while their dwellings were whitewashed with hot lime. A reward was posted for the discovery of the vendor.

Dr Brittan's second report only concerns the deaths attended by the Board of Guardians medical staff, and so left out those deaths among the better-off inhabitants.

The statistics of mortality in this epidemic are very confused. Dr Brittan stated that 235 deaths occurred, but these were clearly for all the 40 parishes covering the Bridgwater Poor Law Union. It is not easy from the records available locally to establish precisely the figure for Bridgwater alone. Dr John Hurman published a list in the *Bridgwater Times* in 1852 noting the places where the deaths occurred, excluding the workhouse and this is the only printed list discovered:-

West Street	30
Union Street	29
Mogg's buildings and Mount [Street]	3
Monmouth Street	19
Albert Street	17
Bath Road	13
Prickett's Lane	13
Honeysuckle Alley	9
Bristol Road	9
Gold's Buildings	9
Eastover	8
Moat Lane	7
Barclay Street	5

Pig Cross	5
Green Dragon Lane	1
Taunton Road, inc Old Poor Hous	5
Brimble's Buildings	3
St. Mary Street	2
High Street	2
Silver Street	2
North Street	2
St. John Street	1
Quay	1
Pig Market	1
Fryern Street	1
Shambles	1
Cornhill	1
Total	199

Interments took place in all the town's burial grounds, but the records of those of the nonconformist chapels no longer survive.

The burial books for St Mary's and Chilton Trinity churches give valuable evidence about this epidemic, since it was the practice of the Vicar of Bridgwater then, the Rev. J. G. James, to record the cause of death of every burial in the graveyards under his jurisdiction. It is thus simple to discover the places of residence of the various victims.

The St Mary's burial book records 58 burials between 8 August and 27 November of which four were from the workhouse, and the rest from West Street, Prickett's Lane, Roper's Lane, Honeysuckle Alley, as well as from the courts in Gold's and Brimble's Buildings.

Chilton Trinity graveyard was rarely used, but between 18 September and 31 October, 51 burials took place there, all of Bridgwater residents, with few exceptions living in the poorer areas such as those noted above. Two were from the Union workhouse, one was a man from Witney, Oxon, who had come to St Matthew's Fair, and another was the local police inspector, Mr Hill. It had been part of his duty to inspect properties where deaths from cholera had occurred. The Council opened a subscription later for his widow and five children. As in the North Petherton example quoted earlier, several deaths occurred in single families.

The opening of Chilton Trinity graveyard was required by the fear that the deaths might increase and the existing graveyards be unable to cope, and 'was accompanied by much muddle'. In September

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by Tony Woolrich

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4) Epidemics

6

the newspaper reported that the Board of Guardians would not sanction the extra cost of Bridgwater pauper burials being transported out to Chilton, so they went into St Mary's graveyard. Many non-pauper victims from Bridgwater were interred in Chilton graveyard.

St John's burial book recorded 33 cholera deaths between 15 August and 1 December. Thirteen burials took place in one grave between 7-9 October, and twelve burials took place in another grave between 14 and 21 October. The rest of the cholera burials were in single graves.

A memorial stone was later erected at St John's Churchyard to 88 cholera deaths in Eastover, but this figure must relate to all deaths in the area, and not those interred at the churchyard, which only totalled 33. This stone deteriorated over the years, and in September 2013 a replacement with the same wording was dedicated alongside it.

Holy Trinity burial book records 20 burials between 14 September and 23 November, but no causes of death are noted.

A day of humiliation was held at the end of September, when all the shops closed and the churches held services of prayer. The epidemic was over by the end of the year, and at the end of December services of public thanksgiving were held in the various churches and chapels.

The newspapers reported extensively on this epidemic, as well as on the Health Committee set up the previous year. The Board of Guardians became involved, mainly through their concern at the cost of helping pauper residents. Not every resident was so charitably disposed, however. The Health Committee decided to establish a temporary hospital in the old Poor House, Taunton Road, [on the line of the present Broadway]. It was then occupied by Mr Hayward, the parish clerk of Holy Trinity, who met the Committee's deputation with much rudeness. In fact he only rented the dwelling house and gardens. The Poor House itself was still used by the Overseers of the Poor for the weekly distribution of relief to the outdoor-paupers.

A week later the newspaper reported that Mr Hayward had nailed up all the doors and windows of the Poor House, and an attempt by the assistant overseer to get some beds into the building were resisted. Mr Hayward demanded compensation from

the Board of Guardians before he would allow access. The Guardians voted £20, but he rejected this and demanded £35 instead. To provide hospital space forty-six paupers were discharged from the Union Workhouse and given outdoor relief. The newly erected infirmary at the workhouse was cleared and its inmates relocated in the old sickbay. The building was cleaned and fitted up for the reception of cholera case.

A third epidemic of cholera started in India in 1850, and reached Europe in 1852. It reached Newcastle in September 1853, and the Board of Health issued guidelines on the removal of nuisances in towns to prevent the spread of the sickness. There were frequent pieces in the Bridgwater newspapers about the epidemic, and in the autumn of 1854 notes appeared that the sickness had reached Bideford and Bridgend. Evidently few Bridgwater residents sickened.

The 1849 cholera epidemic has been described in some detail since it is very well documented, and its impact on the town must have been very similar to other epidemics of the time.

Other Diseases

A report about health within the Bridgwater Union was made to the Board of Health in London by Dr Blaxall in 1871, and he addressed the Health Committee about his findings on the part of the report which dealt with Bridgwater Borough.

The Government was again concerned with the state of Bridgwater's health in 1874, when a bad outbreak of measles occurred among the children of the town. Dr Blaxall was again sent to Bridgwater in June 1874 because the Registrar-General's returns for the first quarter of the year showed that 118 deaths from measles had occurred. He found that approximately 800 cases had been treated by the local doctors. As these would have been the most severe he felt that the true figure would have been somewhat higher. 100 of the deaths were of children under the age of 3 years, and the eastern half of the town had the highest mortality, although it had a smaller population than the western.

Dr Blaxall was unable, after five months, to trace the spread of the disease or how it originated, but commented that it had not been epidemically present since 1867 and had been absent altogether since 1871. This gave a large population of young children

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by Tony Woolrich

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4) Epidemics

7

likely to be susceptible. The disease was absent from all districts in Somerset during the period of the Bridgwater outbreak, but caused many deaths in parts of Devon and Cornwall.

It took another decade for improvement to begin to happen.

He found that the deaths were the result of bad nursing - it was common for poor children to be dosed with hot old beer by their parents - the cold weather, and the serious unwholesome sanitary conditions of the town. He also found that there was no attempt at isolation of victims and that the older children were encouraged to stay at school, so spreading the infection. He also criticised the custom of keeping dead bodies at home until burial, often in inhabited rooms. The *Bridgwater Mercury* for 8 April 1874 had reported that cases were known of poor parents keeping a dead child at home for as much as ten days in case any of their other children also died; this was to save the cost of another burial.

Dr Blaxall commented that Bridgwater had a tendency to suffer epidemics in an intensely fatal form, noting that scarlatina, (1863-64) killed 97 persons and smallpox, (1871-72) killed 98 persons. He quoted detailed mortality statistics for the years 1869 - 1874 and these show there was a consistently high mortality from what he described as "Various fever", "Muco-enteritis" and Diarrhoea, mostly occurring in the eastern half of the town.

Bridgwater was not alone in having a poor record for public health, of course, but the Council does seem to have been persistently laggard in taking steps to do anything about it, even when legislation insisted that they did, The newspapers were highly critical of the attitude of the Council during the measles epidemic.

At a public meeting held on December 5 1866 to discuss the provision of a proper water supply, Dr Farmer, who practised in Eastover, summed up his view of the state of public health affairs in Bridgwater. He had found from his daily practice among the inhabitants of Eastover that they were under a state of slow poisoning and commented

... The result of this slow poisoning was not, perhaps, so much seen in the returns of mortality as in the exhibition of poor, weak and puny creatures – men, women or children, who become a drag upon the Poor Law, thus increasing the rates. No employer of machinery would put bad oil on his machinery in order to make it work easily; but, nevertheless, here was a body of flesh and blood taking poison into their system,