

DOCUMENT 17-IV (Online Companion)

Week nine of the London cholera epidemic of 1854: The St. James outbreak in context

This excerpt is from a long article on the prevalence of cholera in every metropolitan registration district as of 2 September 1854, compared with cholera mortality in the metropolis in 1849. Although the article appeared on the tenth full day of the outbreak in the Broad Street area, mortality figures reflect what was reported in the *Weekly Return* of 2 September, the second full day.

The Cholera. Progress.

[5, d] The Registrar-General's weekly return of mortality in the metropolis for the week ending Sept. 2, clearly shows that this metropolis is now the seat of a pestilence as fearful in its character, and as destructive in its results as that of 1831-2 and 1848-9. It has so often been our duty to call attention to the approach and presence of this disease, that it is now unnecessary to revert to the reasons we had to apprehend that the autumn of 1854 would not pass without being marked by an excessive mortality... We believe at the present time **the faculty** are now, as when the cholera first made its appearance in this country in 1831, as ignorant of its cause as they are of the means of cure. Although this country has witnessed three visitations of the pestilence, all that is known of it is, that it follows certain defined laws, pursues the same beaten track, and after having swept off its thousands of victims, disappears until its appointed time again arrives. It is to be remarked, however, that between the first and second appearance of epidemic cholera in this country, there was a lapse of sixteen years, whilst between the second and third scarcely more than four years have intervened. There is, therefore, considerable cause for this apprehension that this pestilence will become as much indigenous in this country as it has in India.

As a comparatively new disease, of course there have been almost as endless a number of theories as to the character and cause of the disease, as there are remedies for it; and, as far as experience has gone, it would really seem that both the one and the other are equally valueless. Only one point—but that is one of immense importance—seems to be thoroughly established, and that is, that almost invariably cholera is preceded by premonitory symptoms, which, when attended to, render this otherwise most fatal disease almost, if not altogether innocuous. The importance of this fact cannot be overrated; and, if properly appreciated, we think that the presence

the faculty: Medical professionals, especially the certifying institutions,

¹ "The cholera. Progress," *Observer* (10 September 1854): 5, d-6, a.

of cholera would not continue to be regarded with dread, but would rather be looked upon as an instrument in the hands of the Almighty to induce mankind to take proper measures for the preservation of their health and happiness; for the cholera has also clearly demonstrated that where certain exciting causes exist, which are known, if not to produce, at all events to favour the presence of a large class of preventible diseases, that there epidemic cholera will always be most active. Evidence on this point is almost unlimited; and experience has shown that localities which were proverbially the seat of typhus and other similar disorders, have always been the first places attacked by the epidemic both in 1831, 1849, and 1854. If this be so, and if it be admitted that by treating the premonitory symptoms the disease is rendered harmless, it follows, that cholera should rather be regarded with favour as a medium through which attention would be drawn to unhealthy localities, and thence to the causes of their insalubrity, and, as a necessary consequence, immediately to discover a remedy.... We see no reason why sanitary science, which has made such rapid progress during the last fifteen years, should not, in the course of time, lead to such a result. It may seem Utopian to anticipate so great an effect of knowledge, but we see no reason to despair, especially when we see what has been effected with reference to the loathsome disease of smallpox, by the knowledge of the effects of vaccination. The rendering cholera as harmless as smallpox, even in our present limited acquaintance with the disease, really, after all, appears not to be so difficult a task.

Let us now look at what cholera is doing in the country, especially in the metropolis. The only authentic record we have on the subject are the returns published by the Registrar-General, the last of which brings the mortality up to the 2nd **inst.** By this return it appears that in the previous week the mortality from all causes was 2,515, being an excess of the average mortality [in that week] for the past ten years of 1,267 This excess of mortality is due to cholera and diarrhoea, the deaths from the former being 1,287, and the latter 213. The progress of the present epidemic has been far more rapid than in 1849. In the nine weeks in which it has been present in the metropolis the deaths have been respectively 1, 5, 26, 133, 339, 644, 729, 847, and 1,287, the total mortality up to the 2nd **inst.** being 4,070 [my addition yields 4,011]. In the first fifteen weeks of the epidemic in 1849 cholera destroyed 8,117 lives, but then its progress was far more gradual. It commenced in May, and, by regular gradations, attained its climax in the first eight days of September. In the present case, though it did not commence until July, yet, in the course of nine weeks, it has reached within three hundred of the mortality of the corresponding week of September 1849. We have been thus particular on this point, as showing that the epidemic this year has been of a far more formidable character than at any former

inst.: Instant; the current month, September.

period....

[However,] the autumn is speedily approaching, and, with it, we apprehend, as has always been the case in this metropolis, the disease will gradually subside.... In a short time the nights will become colder, and we may confidently anticipate that the present lovely weather will be succeeded by high winds and lower temperature, which, in this part of the country, are not favorable to the spread of the disease. As yet, as in 1849, the principal mortality has been on the south side of the river [Thames], and although these districts do not comprise more than one fourth of the population of the metropolis, yet the deaths in the south district have been more than half of the entire mortality. But within the last ten days the disease has shown unmistakeable [sic] symptoms of spreading, with extraordinary rapidity, in the districts north of the river, as we shall hereafter show. At present, however, it may be interesting to compare the mortality in some of the districts in 1849, and at the present time, it being borne in mind that in one case the period extends over only eight weeks, whilst in the other the whole cholera period of 1849 is comprehended....

[The article than compares cholera mortality figures in all the districts listed in the *Weekly Return* ending 2 September 1854. I have only transcribed the two districts affected by the Broad Street outbreak that began late in the day on Thursday 31 August.]

[5, e] Strand

The Strand Union lost 156 persons in 1849. Up to 2 September [1854], 28 deaths have been registered, but since then there has been a fearful mortality in one of the [sub]districts of the union, viz., St. Anne's, Soho. The actual number of deaths that have taken place cannot accurately be given, but they cannot be less than 50 in the course of the week, and as far as we can learn there is at present no apparent diminution of the pestilence. No really effective house-to-house visitation is carried on. The clergymen are, however, exerting themselves most praiseworthily, and it is to be hoped that the board of guardians will bestir themselves effectually to second their efforts, and to carry out fully the admirable recommendations of the General Board of Health.

St. James, Westminster

In 1849, this parish suffered less than any other, with the exception of Hampstead, the deaths having been only 57, or 0.16 percent, in a population of 36,000. At present, however, this parish has, in a short space of time, suffered more than any other part of the metropolis. In the first seven weeks the [5, e/6, a] deaths were 24; in the week ending September 2, alone, they

ultimo: the preceding month, August.

amounted to 76. Up to Thursday 31st **ult.**, there was nothing that particularly marked an impending attack; but about ten o'clock at night a number of persons were suddenly struck with the disease, as if they were poisoned, and by nine o'clock the next morning 15 persons were dead, who the night before were apparently in the enjoyment of good health and spirits. The disease then spread with a rapidity perfectly frightful, and by Monday morning more than 120 persons had perished.

This mortality occurred in a very circumscribed area comprised within the districts of Berwick Street and Golden-square. . . . From Thursday, the 31st **ult.**, up to last night, more than 320 persons have died in the two districts of Berwick Street and Golden-square in a population of 25,937. The mortality, therefore, already amounted to 12 in every thousand. On Saturday and Sunday no less than 80 dead bodies were conveyed in vans to the reception house at the workhouse. The demand for coffins was so great that the bodies were obliged to be put into anything the parish people could find; and in some instances the naked feet and arms of the dead were seen hanging outside. In Broad-street, on Monday evening, when the hearses came round to remove the dead, the coffins were so numerous that they were put on the top of the hearses as well as in the inside. Such a spectacle has not been witnessed in London since the time of the plague. The streets have been covered with quick lime, and at night they are watered with a solution of chloride of lime.

The scene on Monday and Tuesday evenings will not soon be forgotten. The inhabitants were collected in groups in the streets, and seemed to dread entering their houses, for none could tell who should be the next victim. As soon as the people were attacked they were taken to Middlesex Hospital, but this establishment soon became full, and they were then taken as far as the Royal Free Hospital in the Gray's Inn Road. This, however, was not found to answer, as removal only hastened death. As many of the inhabitants as could leave, have fled, and placards are attached to their shops stating that they are closed for the present. The medical men are completely prostrated with their efforts to save life. Two have already died of the pestilence, and a third now is dangerously ill. A house to house visitation is in operation, but, owing to the fatal hold which the disease has taken of the locality, the mortality still continues very high. One of the **medical inspectors** of the General Board of Health is constantly on the spot directing the authorities what to do.

The locality has been inspected, much to his credit, by the President of the Board of Health, **Dr. Baly, Mr. Farr**, and several of the officers of the Metropolitan Commission of Sewers, with the view, if possible, of discovering the cause of this fearful outbreak, and of finding a remedy for it. A variety of predisposing causes have been suggested. The sewers, ...

decomposed animal remains, row-house, and slaughter house, each and all had to bear the blame of this excessive mortality. Any one of these may either separately or in combination have produced the disease, but as yet no positive conclusion has been arrived at on the subject although on a close inspection, it appears that in many of the houses themselves there is quite sufficient to account for the presence of the disease, especially those tenements in the neighbourhood of the new sewer which has lately been constructed. There is no question that, in the excavations then made, a very large amount of decomposed or decomposing animal matter was found; and, as history points out this locality as the the place where the dead in the last plague were deposited, and as it can be proved that, at the time the ground was opened, not only animal matter was found, but even the coffins were in such a state of preservation that the names on the lid could be read, there does seem fair reason to believe that the old plague of London may have generated the new.

One of the most extraordinary circumstances connected with this case is, that the class of persons who have been attacked have not generally been in indigent circumstances, but the contrary. Indeed, a large number of the victims of the disease were respectable tradesmen and their families, residing in good houses, and amply supplied with all the necessaries, if not many of the luxuries, of life. The streets, moreover, are neither narrow or continued; at all events, they are 50 percent better than many of the worst cholera localities in the metropolis. For instance, Great Marlborough-street is a wide open thoroughfare, the houses are large and lofty; yet many deaths have occurred on this street, and in one house as many as four have died.

Unquestionably, the whole subject is a mystery, and at present would serve to upset many preconceived theories as to the habitat of cholera. We hope that the worst is past; but it will be a long time before the neighbourhood can recover from the shock it has sustained.

medical inspectors:

Probably Donald Fraser and/or John Stewart Allen (who is mentioned by a reporter for *The Builder*); see Document 17-III, B (Online Companion).

Dr. Baly, Mr. Farr:

William Baly, and William Farr, members of the Medical Council to General Board of Health see Document 17-III, D (Online Companion). Although Farr was an M.D., the author chose to use Mr. in reference to Farr's earlier apothecary certification, the L.S.A.