

Pandemics Past: Perspectives and Parallels

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This article first appeared in the *Dyfed Family History Journal*, Vol 13, No 9, pp28-36 (August 2020)

With all of us being in lockdown due to the COVID-19 pandemic, it got me wondering how pandemics of the past affected our ancestors. I've therefore looked at what happened in the cholera pandemics of the 19th century and the Spanish flu one of 1918-19.

Cholera

Cholera is a waterborne disease in which bacteria infect the small intestine, resulting in diarrhoea followed by dehydration. Death can occur within 8 hours of infection. The first cholera outbreak was in Bengal in 1817 and since then 7 major pandemics have been recorded. The World Health Organisation estimates that even today between 1.3 - 4 million people are infected each year with 21,000 - 143,000 deaths.

Britain avoided the first pandemic but had epidemics in 1831-2, 1848-9, 1854 and 1865-6. In my own research I found that Thomas Skyrme aged 28 died in Shoreditch on 5th September 1849 followed by his father Thomas, a hatter, in the same place on the 15th.

The 1831-2 epidemic started in Sunderland in October 1831 and gradually spread south. It started in Wales at Flint in May 1832. Earlier in the year the Royal College of Physicians had recommended that each town and village, especially coastal ones, set up a local Board of Health to combat the spread. Ones in Carmarthen and Pembroke were set up at the end of 1831. The places most affected in Wales were Denbighshire, Swansea and Merthyr Tydfil. It was a ship with two infectious people on board that started the outbreak in Swansea. In May *The Cambrian* reported that the brig *Transit* from Belfast put into Milford for quarantine since the master and some passenger had died from suspected cholera. Although it did reach Dyfed, deaths were low, there being only 16 reported in Haverfordwest during this outbreak.

A bit like the daily briefings today, newspapers carried daily statistics. For example, these are for Swansea from *The Cambrian* of 15th September 1832:

	Remaining	New cases	Deaths	Recoveries	Remaining
Sept 10	13	10	5	3	15
Sept 11	15	3	0	1	17
Sept 12	17	5	3	1	18

Total cases from the start = 423; total deaths from the start = 148.

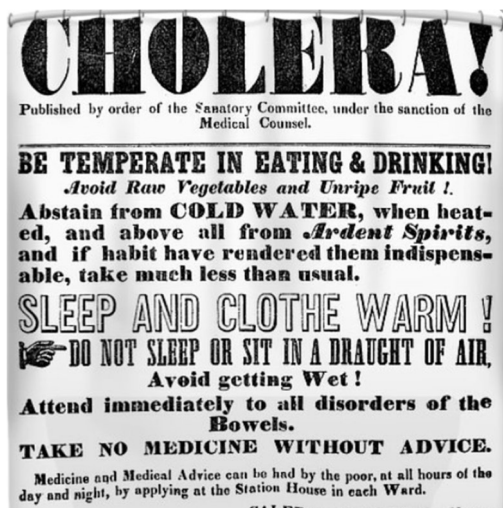
At the time no one knew exactly how cholera spread, but it was generally felt that living in overcrowded neighbourhoods with poor sanitary conditions affected the spread. Advice from the newly formed Board of Health in London included "avoid irregularities in diet, guard carefully against cold, exposure to wet, especially wet feet". A key message was "temperance, sobriety and cleanliness". In the next epidemic it was "temperance, cleanliness

and ventilation”. As well as Health Board messages, there was no shortage of advice or ‘cures’, many emanating from medical professionals. One piece of advice was “avoid above all things, overloading the stomach”. ‘Cures’ included:

- 3 drops of croton oil on sugar
- 15 grains of musk rubbed into sugar with cold water
- One drachm¹ of nitrous (not nitric) acid, one ounce of peppermint water and 40 drops of tincture of opium
- A drip into the blood stream of salt solution and albumen – administered in hospital.

The 1848-9 epidemic was the most serious of the outbreaks in England and Wales, though not for Dyfed. Nationally there were 53,292 deaths from cholera. Starting in Edinburgh in October 1848 it first reached Wales at Cardiff in May 1849. As before, Swansea and the valleys were hit hard, but so too were parts of Dyfed. It peaked in Llanelly that September with outbreaks in the Wern and Forge districts “mostly affecting families of colliers and coppermen”. In Carmarthen it was Priory Street, Alltynap and Dame Street that suffered. When the epidemic petered out towards the end of the year there were 4,564 deaths in Wales including 102 in Carmarthen registration district and 45 in Llanelly and district. For Dyfed the total deaths are shown in shown in the table below alongside deaths for the other outbreaks. Data for 1832 is uncertain since, unlike later outbreaks, there was no General Register Office to provide official data.

County	Population (1841)	Deaths 1832	Deaths 1849	Deaths 1854	Deaths 1866	Totals
Cardiganshire	96,600	?	3	4	22	29
Carmarthenshire	89,500	?	241	7	389	637
Pembrokeshire	78,500	16?	39	49	100	204
Totals	264,600	16	283	60	511	870



Note the low numbers for Cardiganshire, a farmer in Llanybydder, and two people from Lampeter Common. The Registrar General’s 500-page report of the epidemic noted a lower incidence where an area “is generally high, round the sources of rivers, and thinly populated”. To put the epidemic in perspective, the normal annual death rates averaged around 18 per 1,000 population per annum compared to 0.2 to 1.9 in the last three outbreaks. In the peak month of deaths - September 1849 - cholera accounted for just under 40% of all deaths, similar to the 37% for the peak month of April 2020 for COVID-19

in the UK.

¹ A drachm is a pharmacist’s measure of one eighth of an ounce

Again local Boards of Health were active. In Carmarthen they divided the area into 12 sub-districts and had inspectors checking sanitary condition in every street. Where there was a case, carbolic acid was used to disinfect homes and residents encouraged to leave for a few days. They also entered all the houses in the street to check. However, a writer to the *Pembroke Herald* in August 1849 asked why such a useful system could not be adopted by Pembroke. Also, conditions at the Carmarthen workhouse did not go unnoticed by the national Board of Health. A letter to the *Guardians* said that it had received reports “of numerous cases where medical assistance was inadequate such that several persons died without any medical assistance whatsoever.”

At the time there were many theories as to the cause of spreading. As well as the commonly accepted belief that it was through airborne contagion, other theories included volcanic activity, fungi in drinking water, sexual intercourse and even electricity in the air (the wrong sort of ions). Alongside these theories was that of surgeon John Snow published in August 1849. He argued that water polluted with faecal matter was the cause. It was only in 1854 that this was verified, when he traced a major eruption in London to users of a specific water pump in Soho.

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BURIALS in the Parish of <i>Llanymaen</i> in the County of <i>Pembrokeshire</i> in the Year 1844				
Name.	Abode.	When buried.	Age.	By whom the Ceremony was performed.
<i>Thomas Palmer</i> No. 569.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>24</i>	<i>55</i>	<i>William</i> <i>Rector</i>
<i>John Palmer</i> No. 570.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>25th</i>	<i>54</i>	<i>William</i> <i>Rector</i>
<i>Isaac Morgan</i> No. 571.	<i>Ferry Point</i> <i>Barton</i>	<i>October</i> <i>25th</i>	<i>50</i>	<i>William</i> <i>Rector</i>
<i>Wm. Shuckellin</i> No. 572.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>25th</i>	<i>11</i>	<i>William</i> <i>Rector</i>
<i>Mary Jenkins</i> No. 573.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>26th</i>	<i>24</i>	<i>William</i> <i>Rector</i>
<i>Elizabeth Morgan</i> No. 574.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>26th</i>	<i>4</i>	<i>William</i> <i>Rector</i>
<i>Mary Davies</i> No. 575.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>28</i>	<i>23</i>	<i>William</i> <i>Rector</i>
<i>Mrs. Brown</i> No. 576.	<i>Guilford</i> <i>Barton</i>	<i>October</i> <i>28</i>	<i>45</i>	<i>William</i> <i>Rector</i>

The 1854 outbreak saw over 1,000 deaths in Wales. Most were again in the industrial areas of South Wales, though 40 deaths were recorded in Haverfordwest district, 20 of them in Llangwm, mostly in the Guildford area. One page of Llangwm's burial register shows 8 burials within a few days in October compared to the normal two or three a month. Also in October there were 11 deaths in Narberth workhouse.

By now, with knowledge of the need for clean water, the authorities were better prepared. The disease spread relatively slowly and newspapers reported its spread with headlines such as “CHOLERA IS COMING”. Carmarthen congratulated itself that it had escaped despite its presence in neighbouring areas. A visiting MP commented that he “had visited a large number of places but had not seen one town so clean in which sanitary regulation were observed as Carmarthen”. But in Haverfordwest there were calls for more and better sewers noting that in Carmarthen theirs were

thoroughly flushed with water. Haverfordwest's poor situation continued, since near the start of the following outbreak in August 1866 a public meeting was called which demanded action to improve the general state of drainage. Concerns were expressed about “open sewers, cesspools, annoying to the sense of smell at every time” and “no drain at all in Prendergast”. Again there was a resolution to copy what had been done in Carmarthen.

Between the last two epidemics, my namesake, John Skyrme, churchwarden at Llangwm wrote to the General Board of Health in London asking whether there was any legislation “which would allow the parish authorities to utilise the rates to secure the village a supply of 'pure water', rather than 'a stream which receives the wash and filth from the village' as is currently used by the inhabitants.”

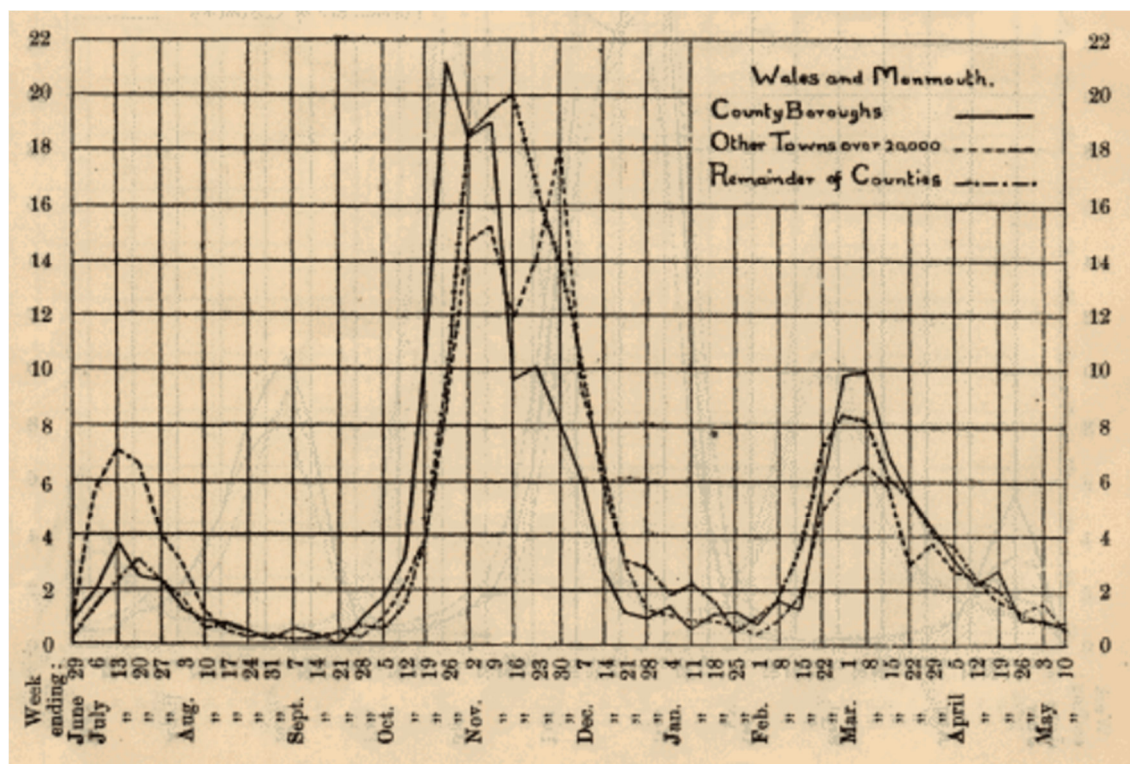
The last epidemic came via another route – from the Middle East to Southampton. Again in the Dyfed area, Llanelly suffered the most. From only 2 deaths before July 1866, over 150 had died within the next month, 30 in 7 days in Pembrey and Llannon. This time it spread further west than before: “Hardly a town on the southern coast of Wales has escaped this calamity. It extends all the way from Cardiff to Pembroke Dock and also in rural areas.” In Cardiganshire, most of the deaths were in Aberystwyth, where the peak occurred in December 1866. By the time the outbreak was over 143 deaths were recorded in Carmarthen district, 42 in Pembroke, 40 in Haverfordwest, 18 in Narberth as well as 232 in Llanelly. One newspaper noted: “South Wales has been comparatively free except Llanelly, where cholera seems to have found a congenial home.” So for Dyfed, unlike the whole of England and Wales, this outbreak was the most serious. The authorities kept repeating the instructions developed for the previous outbreak – cleanliness, quick disposal of bodies, and for the houses where people had contracted cholera, that they should be thoroughly cleaned, and left empty for a week. A seven point set of guidance included boiling water the night before, cooking all vegetables and fruit, and thoroughly ventilating every room.

The Spanish Flu

To call it Spanish flu was a bit of a misnomer since the first case was recorded in March 1918 at the army base of Fort Haskill in Kansas. But because of war censorship it was only in neutral Spain that it was first widely reported. It had crossed the Atlantic in troop ships. This flu caused a 3-day fever, headaches, fatigue and aching joints. It was originally thought to be a modification of the bacillus (a class of bacteria) responsible for the plague and it was not until 1933 that it was recognised as a virus. A person contracting it could be dead within hours. Overall there are estimates that 20-50 million people died worldwide, 2-3% of the total population, many more than were casualties of WW1. The death toll in England and Wales was around 200,000 compared to 53,232 for the 1849 cholera epidemic.

In Wales there were three waves peaking in the weeks of 20th July 1918, 16th November 1918 and 8th March 1919 with total deaths of between 8,760 and 11,400.² The peaks in Dyfed were almost identical, except for Cardiganshire where it was 3-4 weeks later. Deaths were proportionately higher for infants aged 5-10 and for young adults aged 20-35. This graph from the 1920 Registrar General's report indicates that rural areas suffered as much as boroughs and towns. Thus Cardiganshire which had virtually escaped the cholera epidemics turned out to have the highest proportion of deaths in Dyfed for this flu epidemic.

² The lower figure is from the Registrar General's report but the higher figure is widely quoted and may include where flu was only a contributing factor.



Its first appearance in Dyfed was in mid-July in Llanelly “a few fatal cases”, but by August it was “a very serious epidemic”: “It is no respecter of persons; busy and leisured, rich and poor, young and old. It will have its run and all one can do is to exercise due care, take precautions and ammoniated tincture of iodine.” On a lighter note one newspaper said that “if laughter is a cheap medicine then those who go to see Charlie Chaplain in ‘A Dog’s Life’ will get a really good dose”. Schools in Pembrokeshire closed early for the summer break.

The second wave was the most serious with some 20% of people who had a fever dying. The health and local authorities were now more active in putting place measures to halt the spread. Based on a report from the medical officer in Aberystwyth the local authority called an emergency meeting the next day and closed schools, colleges and the university on 29th October “until further notice”. Mass gatherings were banned, the library closed for a week to be disinfected and places of entertainment closed. The local cinema owner pleaded for rates relief but was refused. After the wave had subsided the governors of the County School decided to reopen early for the spring term on 31st December and have a shorter Easter holiday. This turned out to be premature since staff and pupils succumbed to the third wave. The first table below summarises the deaths and the second the mortality rates (deaths per 1,000 living people per annum) for the different parts of Dyfed

County / Borough	1 st wave	2 nd Wave	3 rd Wave	Total deaths
Cardiganshire	8	148	67	223
Llanelly	13	95	33	141
Carmarthenshire – rest	27	351	77	455
Pembrokeshire	12	157	38	207
Total	60	751	215	1,206

County / Borough	1 st wave	2 nd Wave	3 rd Wave	Overall Mortality
Cardiganshire	0.7	7.9	4.5	4.9
Llanelly	1.7	7.8	3.4	4.8
Cardiganshire – rest	0.9	7.7	2.1	4.1
Pembrokeshire	0.6	5.2	1.6	2.9

It turns out that Pembrokeshire had the lowest mortality rate of all the 61 counties in England and Wales (excluding county boroughs). Radnorshire was the second lowest. Just to put it all into perspective, although this was a bad epidemic, the population of Dyfed in the 1911 census was 310,263, so 1,206 deaths represented just 0.4% of the population, quite low when compared with the Black Death that is estimated to have killed a quarter of the population in the mid 14th century. It should also be noted that in most years deaths from tuberculosis exceeded those from influenza.

Parallels

There are several interesting parallels with the current COVID-19 crisis but also some stark differences. Obviously more and faster global connections today means that COVID-19 has spread from country to country quite quickly. Cholera generally spread more slowly but the Spanish flu spread fast. You can see why UK authorities are concerned about a possible second wave of COVID-19.

In all epidemics we see good and bad responses from the authorities. The messages were not always clear. In particular there was much conflicting advice given for cholera. Today's building of Nightingale hospitals which were underused was mirrored in August 1849 when a hospital ship was sent to Pembroke Dockyard but was never used. As always there are quack remedies and outlandish theories. That cholera was caused by electricity in the air is mirrored today with those who believe that 5G mobile phone masts exacerbate the spread of COVID-19.



Throughout all epidemics there was an emphasis on cleanliness, whether it was disinfecting houses or washing hands. There was also a belief in avoiding contact with sufferers, which today we call social distancing. Unlike today it was not enforced in the earlier cholera epidemics (there was no welfare state to fall back on, though collections for the poor were often organised locally). However authorities were more pro-active in the Spanish Flu enforcing closures of places where people met.

“Social distancing, Victorian Style”

The table below summarises some of the key parameters, then and now.

	Cholera	Spanish Flu	COVID-19
First occurrence	Aug 1817 – Bengal	Mar 1918 - Kansas	Dec 2019 - Wuhan
Arrival in Dyfed	Jul 1832 - Haverfordwest	Jul 1918 - Llanelly	Mar 2020
Cause confirmed	1854 – faeces in water	1930 – a virus rather than a bacterium	2020 – probably mutation from bat virus
Key messages	“Temperance, cleanliness, ventilation”	“Don’t talk to anyone, don’t go near anyone, and you are safe!”	“Stay Home, Protect the NHS, Save Lives”
Deaths - Dyfed	870	1,206	62 (to 22 May)
Mortality per 1,000	1.10 (last 3 outbreaks)	3.13	0.08 (to 22 May)

Newspaper reports give some informative insights into how our ancestors coped. However, they tended to focus on the deliberations of councils and health boards rather than the perspectives of ordinary folk. Personal diaries would add this dimension. My own mother’s diary does not mention this influenza at all, but she does mention her contracting scarlet fever. She was put into isolation hospital alongside those with diphtheria, and the family home was fumigated.

So it would be good if any readers can share insights from diaries of their ancestors which add this important human dimension to the earlier pandemics. And of course you are following the plea of the National Library of Wales to make your own personal record of the COVID-19 pandemic for your descendants, aren’t you?

Further Reading

Cholera in Pembrokeshire in the 19th Century, Ray Jones, Pembrokeshire Historical Society (Nov 2016)

Cholera in Wales, G Penrhyn Jones, National Library of Wales Journal Vol X/3 (1958)

Welsh Newspapers Online (1804-1919) - <https://newspapers.library.wales/>.

Report on the mortality of cholera in England 1848-9, W. Farr, HMSO (1852). Despite its title it does cover Wales! A similar report was published in 1868.

Report on the mortality from influenza in England and Wales during the epidemic of 1918-19, HMSO (1920).

Collecting Wales’ Covid-19 Experience, National Library of Wales (7 May 2020)

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