

Abingdon Epidemics

Abingdon has had its fair share of natural disasters over the years. One problem for the local historian is that very often they have not been recorded. Diseases struck and people died. But heirs inherited and life carried on. What, contemporaries may have thought, was there to write about?

And again, what was understood as an epidemic? Plague, with its obvious signs and high mortality, was feared to the point of panic. Smallpox, less so. Diseases that struck mainly the poor and the very young – those that peaked in hot weather and overcrowded homes – might not be recognised at all. It was only recent demographic studies that demonstrated the seriousness of scarlet fever epidemics in the mid-19th century.

So no attempt to write the history of Abingdon's epidemics can be totally satisfactory. Regular information begins in 1539 with the start of St Helen's parish registers listing burials. But these are neither totally complete nor free of duplication, and occasional peaks in death rates may simply be statistical outliers. A complete study would require breakdown of deaths by month, age, and family circumstance, possible only for specific periods. Newspapers begin to be available from the mid-18th century, but were always very selective in their reporting. It is often personal death announcements, rather than editorial pages, that hint at an epidemic, and confirm that one known from the general demographic literature affected Abingdon as it did other areas of the country.

The Black Death appears in Abingdon's records in the form of a high rate of replacement among the priesthood. A vicar and two rectors of St Nicholas and three successive vicars of St Helen's died in 1349. Priests were especially at risk since they had to attend the dying. Many of the local priests will have been monks, so the death toll at the Abbey was probably especially high. There was a further visitation of the plague in 1361 when the Abbot, Roger de Thame, who had survived the earlier one, died, and there were a new vicar and a new rector at St Nicholas and two new vicars at St Helen's.

There must have been further visitations of the plague, but the next epidemic relevant to Abingdon that we know of was a case of profiting from another's losses. At Easter 1518 Henry VIII and his entire court spent three weeks at Abingdon to escape an outbreak of the sweating sickness in London. The sweating sickness was terrifying; it struck without warning and was always fatal: 'merry at breakfast, dead before dinner'. The unexpected arrival of hundreds of mostly wealthy and open-handed individuals strained local resources to breaking point, but must have been a godsend to local traders. Of course, there was a reckoning; the king considered a further visit in 1519 but by then the sickness had taken root in Abingdon also.

In the sixteenth century, burials recorded at St Helen's run at about 40 in most years, but occasionally rise to two or three times that number. There were three major epidemics, in 1544-6, in 1557-9, and 1597, but with four or five lesser outbreaks between. All these seem to be plague, with the possible partial exception of that of 1557-9. Plague outbreaks normally start in early autumn, which was true in 1558 but not in the years immediately before and after. These were years of high mortality not only in England but throughout Europe, and it seems that there were multiple sicknesses at work. It may be significant that the middle years of the decade had seen poor harvests and high food prices. People who are malnourished have less resistance to disease, then and for years after. The 1597 outbreak also follows years of poor harvests.

Plague outbreaks continued into the seventeenth century. There were epidemics in 1603 and in 1625. Plague victims are specifically marked in the 1625 register; there were 86 out of a total of 111 deaths for the year. It is usually among the poor that the death toll is highest, but among the victims in 1625 were the wealthy John Blacknall and his wife who both died 'at one instant of time'. Their

young daughter Mary was then a valuable heiress and her precipitate marriage to Ralph Verney of Middle Claydon started a long association between Abingdon and that leading Buckinghamshire family.

Wars breed epidemics, with social dislocation, shortages, and the mixing of people – soldiers, refugees – from different places. During the Civil War in the 1640s more lives were lost by disease than by bullets. In 1643 an epidemic of what was probably typhus put an effective stop to military operations in the Thames Valley. Abingdon was overcrowded with soldiers and their dependents. The registers show a steep rise in deaths before they simply ceased to be recorded; the total number was certainly in the hundreds. It was probably at that time that a secondary graveyard was opened in the old abbey precinct. It was rediscovered only in 1988-9 and caused surprise since the bodies were buried in a north-south orientation rather than the east-west that is usual. This suggests that the graveyard was started in haste and without the usual oversight, and once the first interments had been north-south it would have been difficult to revert to the more usual direction..

There is an indication that the people in charge of the Royalist military hospital at Bayworth understood that the sickness is spread by lice; they issued an appeal for shirts that the patients could wear while their own were being cleaned. This fact became a part of mainstream medical knowledge only in 1909; the French scientist who rediscovered it was awarded a Nobel prize.

When plague broke out in London in 1665, the Abingdon Corporation took resolute action to prevent its spread into the town. Twelve watchmen were appointed to guard the bridges and set up check points on the roads. No one was let in who did not have a certificate of freedom from infection. There were plans to set up isolation facilities at Boxhill, but they were not needed. The church registers are less than fully reliable at this period, but there is no sign or mention of any plague deaths. Abingdon had been lucky; most towns took similar precautions, but not all escaped.

The registers restart, after a gap, in 1688. By now, plague outbreaks seem to have ceased, or at least become much less severe. The eighteenth was the century of smallpox as a cause of mortality crises.

Smallpox is highly infectious but survivors have long term, though not life-long, immunity. The disease became endemic in the population with one or a few cases in many years, but children are born without immunity and every few years there would be enough of a new cohort for a savage epidemic. Mortality statistics in this period show a saw-tooth effect. There had been a serious outbreak of what was probably smallpox in 1656, but it was not until the epidemic year of 1750 that the St Helen's clerks began to mark smallpox deaths as such and we can be sure. The epidemic started among children in July, but it was September before any adult cases were noted. In a typical normal month, there would be five or six burials, rather more being of adults than of children. At the peak of the epidemic, the month of December 1750, the total number of burials was 44. There were 28 children, 25 of whom had died of smallpox, and 15 adults, with only 8 smallpox cases among them. Altogether, 117 people died of the disease in 1750, versus 87 from other causes.

Smallpox outbreaks then recurred at intervals. In 1763-4 there were 113 deaths; in 1773, 57; in 1779, 50. But then the numbers began to decrease as inoculation and later vaccination became more common. In 1801 there were only 6 deaths; in 1815, 15. But optimism was ill-founded. After a minor epidemic in 1825, there were no more cases for fifteen years. This meant that enthusiasm for vaccination waned and there was a new cohort of children. There were 36 smallpox deaths in 1840-1, all but one of children or young adults. Then there was a further hiatus until 1855, when 25 died. But no further smallpox epidemics are reported, and about this time smallpox ceased to be a major cause of death.

Nonetheless, death rates for children in the nineteenth century show peaks that do not correlate with those for adults and are not attributed to smallpox. In the four months from April to July 1829, 67 children of 10 and under died in St Helen's, but only 26 in the rest of the year. The summer months suggest that this was a diarrhoeal disease, spread by flies and bad water. In 1833 the situation was different. Of 94 child deaths in the year, 45 occurred in January and February. The winter peak is characteristic of scarlet fever. Scarlet fever was pandemic between the 1820s and the 1880s, after which, for reasons not understood, its virulence declined sharply. It remained a feared illness until the advent of antibiotics, but serious local epidemics ceased to occur. The national death rate for children between 1 and 5 went down by a third between the middle and the end of the nineteenth century, and most of the reduction was due to the decline of scarlet fever.

For adults, the worst year of the century was probably 1837. There were 93 deaths above the age of 15, and 42 of these were between January and March. This was part of a national flu epidemic. It was commented on by the local papers, which published helpful advice on treatment: hot baths and spiced wine were recommended, as were powerful emetics and opium. 1855 was the single worst year of the century for Abingdon, with a total of 183 deaths; the smallpox epidemic mentioned above coincided with a further outbreak of flu.

Although perhaps not the most serious epidemic disease of the nineteenth century, the one that attracted the most attention was cholera. It was a new disease and the reactions to it were novel. It had started in India in 1817, and the newspapers tracked its slow westward progress with increasing unease. The government took notice, and passed its concerns down to local authorities. A Cholera Prevention Act was passed in February 1832. Rate-payers feared having to spend money on relief or mitigation. Epidemics were now – probably for the first time – political. In November 1831, before the long-expected epidemic started, the Abingdon corporation discussed setting up a local Board of Health but failed to reach a decision. In January 1832 there was a death in Culham that was attributed to cholera, but there is no further evidence that the widespread epidemic of that year actually reached Abingdon.

There is no such doubt for 1849, when there were 28 cholera deaths between July and September. The ratepayers were now forced to realise that cholera, unlike most diseases, struck rich and poor indifferently. A solid citizen, Mr John Kent, recovered from the illness but his young son died. He was mortified to be told by the coroner's jury that it was his fault, for not cleaning up the filth from a slaughterhouse in his yard. The belief was still that cholera was transmitted by 'effluvia from putrid matter', and the Corporation, a little belatedly, started a major clean-up of the slum courts and alleys.

A Board of Health was finally established in mid-September, and was able to employ two inspectors to check on the cleanliness of public spaces. There was talk of evacuating people from affected courts to a 'receptacle' which a local builder would erect at a site near the racecourse. The 26th September was observed in the local churches as a 'day of humiliation'. But all this was too late to be useful. The last cholera death was recorded on the 19th September, and by the 29th the epidemic was officially over. In the following year, the corporation ordered the demolition of seven tenements it owned in Broad Street and Rhubarb Alley (off Broad Street) where cholera had prevailed, and it censured the coroner for holding inquests on the victims.

1854 was another cholera year but only two victims were officially reported in Abingdon. If there were any further outbreaks, they were not admitted to. The Corporation was under pressure to improve sanitation and provide a supply of clean water; there was gradual acceptance that cholera

was actually water-borne. By the 1880s, the town was supplied from a new waterworks at Wootton, a new sewerage system was under construction, and the danger of new cholera epidemics receded.

Which brings us to the main epidemic of the twentieth century, the influenza of 1918-9. This is remarkable for the lack of official attention paid to it. The government seems to have been interested only to the extent that the illness affected military efficiency. Statistics are hard to come by; influenza was not a notifiable disease. The deaths in many boroughs were later counted and collated into a government publication, but Abingdon was not among them. It was local authorities that decided on the closure of schools and offices, and if there were disagreements – as there surely were – they did not reach the newspapers; no doubt this was a result of wartime news management. But advice given had a more modern ring: avoid crowds, ensure good ventilation, and in the presence of a sufferer, wear face mask and goggles. Where face masks and goggles could be obtained and who would pay for them was not stated.

So Abingdon has always participated fully in the mortality crises that affected the nation, and no doubt will continue to do so. And to continue the story into the 21st century is something that can safely be left to future local historians.

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