DR WILLIAM STEWART TRENCH, MEDICAL OFFICER OF HEALTH FOR LIVERPOOL, 1863-1876: FROM MIDDENS TO WCs

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Dr William Stewart Trench is a name unknown to most people, even to those who have studied medicine and public health in nineteenth-century Liverpool. He was the successor to Dr William Henry Duncan, who was Britain’s first Medical Officer of Health (MOH) in Liverpool. The late Bill Shankly, the legendary manager of Liverpool FC, is remembered for saying that ‘first is everything, second is nowhere’ – albeit referring to football – but the quotation is equally appropriate for Dr Trench.

Trench was born in 1809 at his father’s plantation of Machnie in Clarendon, Jamaica. His father, William Power Trench, was a planter and a Member of the Assembly, the son of Rev. William Trench, Archdeacon of Kilfenora in Ireland and nephew of the first Earl of Clancarty. All of the children of William Power Trench and Janet Stewart Trench were given the opportunity to receive higher education in Britain and William Stewart Trench settled on a career in the medical profession.¹ He studied medicine at the University of Edinburgh in the late 1820s. In addition to his early medical training, Trench exhibited considerable proficiency in both mathematics and classics. In 1831 he graduated MD, and in the same year was awarded the Diploma ‘Licentiate of the Royal College of Surgeons of Edinburgh’. At the time of his graduation his address was given as 39 Bedford Street, Liverpool. Why his address was in Liverpool is unknown, as there are no records to be found.

Shortly after his graduation Trench returned to Kingston, Jamaica where he commenced practice, acquiring a considerable reputation and attaining eminence in his profession. He married Mary Anne Poole at Mount Pleasant, Jamaica, on 5 April 1837. They had two daughters, Lucy Trench (1837-1840) and Mary Elizabeth Trench, born in 1839. However, the climate of Jamaica did not suit Trench’s constitution and he returned to England to settle. He took up

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¹ Information on Trench family history courtesy of Terry Hunter jnr.
residence with his wife and daughter at 56 Rodney Street and established a lucrative, though not extensive practice, ‘his patients being those of the better class of residents of the town and neighbourhood’.  

Following the sudden death of Dr Duncan in 1863, the Health Committee of Liverpool had the duty of electing a successor to the post of MOH. On 1 July 1863, the Borough of Liverpool’s ‘Proceedings of the Council’ records the outline of the position with a salary of £750 per annum. Dr Trench was one of three candidates, the other two being Dr Gee, physician to the Workhouse, and Mr John Taylor, Surgeon. Dr Gee was the favourite for the post, having been granted a high testimonial by the parish Vestry and the Workhouse committee, but following three rounds of voting of the Council members Dr Trench emerged as the winner with twenty-seven votes. Dr Gee received nineteen votes and for Mr Taylor, no votes. The outcome was met with a lot of opposition.

A letter published in the *Liverpool Mercury* on 2 July 1863 stated:

Gentlemen – A monstrous job was perpetrated at the Council meeting, which if the burgesses value their own interests, they will not fail to mark with their severest displeasure. A highly respectable physician in character and of courtly address, was appointed the Medical Officer of the Health Committee. He brought no testimonials as to his high qualifications for the office, but had a good word to say for himself. It is understood that he is verging towards 60, so that in a few years he will in all probability have to be pensioned off at our expense as being past his work. His chief recommendation seems to have been his very strong Tory principles. Opposed to him was Dr Gee, long a distinguished servant of the public, and that too in a situation which in an especial manner qualified him for the one he wished to obtain, and in which he unquestionably ought to have been placed. He is in the prime of life – a youth compared with his successful opponent. Mark this ye burgesses! Yours &c.

A HATER OF POISONOUS PHYSIC.

Another letter, this time from Dr Gee, was published in the *Mercury* the following day. He was refuting the statement of a Mr Lawrence at the previous day’s Town Council meeting whence it was stated that:

Dr Trench alone was an MD of a University where Residence, A Fixed Course of Study and Examination were required and that Dr Gee was simply an MD of Heidelberg; and they all knew that German degrees were conferred for money.

Yet another letter was published, this in the *Daily Post* on 9 July 1863,
from the other defeated candidate, Mr Taylor. He also refuted Mr Lawrence’s speech and claimed inaccuracy of reporting of his own qualifications for the office and stating that, ‘I was not preferred because my pretensions for the office were not political but scientific’. Dr Trench, however, was the person appointed to oversee the health of the people of the town.

Nineteenth-century urban Britain was an unpleasant environment. Streets and houses contained dirt, disease and sewage. There was little or no sanitary infrastructure. Wohl remarks that ‘domestic filth was an accepted and unremarkable part of the lives of a majority of Victorians for much of the century’. There were at least thirty-four Medical Officers of Health appointed throughout the country before Trench took up his post in Liverpool, but few enjoyed his salary. Seven hundred and fifty pounds per annum was a vast amount of money in 1863. The General Board of Health laid down the duties of an MOH, and from the available evidence it seems that Trench applied himself to his duties assiduously. It was not until 1892, however, that appointment as an MOH was predicated upon the possession of a legal qualification in public health per se. The most frequently held qualifications of medical officers were MRCS, Member of the Royal College of Surgeons, England, and LRCS, Licentiate of the Royal College of Surgeons, Edinburgh – the qualification held by Trench. According to Brand, those who were trained at Edinburgh were, perhaps, better qualified in sanitary science than from other universities.

Liverpool Council had been especially fortunate with their appointments of Dr Duncan, a graduate of Edinburgh in 1829, and Newlands the Borough engineer, who together had wrought many improvements in the sanitary arrangements in the town preceding the appointment of Trench. Trench relied on Newlands to provide detailed drawings of courts and streets in order to assist him in his dealings with the Grand Jury when he had to resort to the court in his efforts to rid the town of premises he deemed to be a ‘Nuisance’.

**Trench’s work as Medical Officer of Health**

Dr Trench was a man who had not had a great deal of experience in dealing with the masses. His practice was in Rodney Street, a better part of town which even today is the locus of private medicine, whereas Duncan had also been physician to the South Dispensary which had brought him into contact


9 A legal term referring usually to a source of pollution.
with the poor. Life was a terrible ordeal for these people who were forced to live in the overcrowded, disease-ridden, filthy parts of Liverpool. In 1863, the year of Trench’s appointment, the mortality rate was thirty-three per thousand, higher than any year since 1849. Yet there had been no epidemic of cholera or other infectious disease to which it could be ascribed. In this year some 895,851 people were supplied with relief by the parish Vestry, an average of 17,228 per week.

The American Civil War and the Cotton Famine had seen the breakdown of industry in some towns. Thousands of unskilled labourers flocked to Liverpool in a vain search for employment, thereby increasing the list of the ‘indigent’, one of Trench’s fixations, and diminishing further the well-being of the community.\footnote{Indigence was a commonly used term in the nineteenth century for poverty, especially self-inflicted poverty.} Conditions were worst in the central areas of Liverpool. Trench noted that the attention of the Health Committee was always occupied with problems like ‘the number of poor, especially of Irish and other destitute immigrants, promiscuously collected in certain squalid localities; filth and penury pent up in airless dwellings’.\footnote{Liverpool Records Office, Annual Report of the Medical Officer of Health for Liverpool, 1864, p. 1. A large number of Irish immigrants had arrived in Liverpool in the late 1840s and 1850s fleeing the potato famine in Ireland.} Overcrowding and ill-ventilated courts and alleys were common and the construction and position of middens and cesspools were all risk factors that led to infection.

Infectious (known by Trench as zymotic) diseases were the first to be examined by Trench as these were the most likely to become epidemic. During the previous ten years to 1862, they had caused 25.9 per cent of the deaths in the borough but in the year of 1863 they were responsible for 29.4 per cent. Typhus fever and diarrhoea were ranked first, followed by whooping cough and scarlatina, their prevalence being due to the overcrowding and lack of isolation of the sick. Typhus fever invariably broke out in the streets, courts and alleys where there was inadequate ventilation, bad drains, noisome middens and overcrowding.\footnote{Until the mid-1860s it was classed together with other fevers which hampered its full investigation.} Smallpox, diphtheria and phthisis were the other main causes of mortality.

In November 1863 Dr Trench published a report on \textit{Defects in the Present Midden System and Improvements Required}. He detailed arrangements for the disposal of the refuse of the town and the major problems of the privies and middens, some of which were built beneath, or close to, sleeping and inhabited apartments and had to be emptied via the passages and rooms of the houses. Other types of middens were ‘tunnel middens’ which, being
unobserved by the Inspector of Nuisances, were never brought before the notice of the Health Committee. Some of the tunnel middens were 160 foot long, six foot four inches high and three foot wide, and rested on the walls of people’s homes and within a few inches of their beds – condemned by Trench as ‘impure canals of pestiferous sewage’.\textsuperscript{13} Trench concluded his report stating that he was prepared to certify to the Justices and ask for privy middens in courts and alleys to be converted to trough water closets.

Trench considered that the question of improving the sanitary conditions of the houses of the poor should be one in which the whole town was interested. Infection does not confine itself to the areas of the poor, but migrates and ‘finds victims among the children and families of the rich’.\textsuperscript{14} He decided to defer using his certificate which would compel owners to upgrade facilities in the hope that such a sanitary disgrace would be remedied in an amicable spirit and without the necessity of having recourse to law. This was a mistake. Local politicians tended to see public health issues as just one of many demands on the rates and there were probably councillors on the Health Committee who were landlords of some of the houses which were so deficient in sanitary facilities. The process of conversion to water closets was completed only in the 1890s.

Fever was epidemic in Liverpool in 1864. In 1860 there were 390 deaths; in 1864 this had increased to 1774 deaths. It is a simple matter now, in the twenty first century, to understand the aetiology of the disease but nineteenth-century science was not sufficiently advanced to know how it was caused and transmitted. It was not until 1869 that typhus was distinguished from typhoid in the reports of the Registrar General.\textsuperscript{15} Typhoid is a bacterial infection which, like cholera, is spread by contaminated food and drink and is accompanied by diarrhoea and vomiting. It could strike anywhere and it frightened middle class residents because they drew their water and milk from the same sources as the working class.

Typhus fever is spread by the body louse, but this was not discovered until 1909. It occurred where there was poverty, overcrowding, bad ventilation and filth, and many areas of Liverpool provided the ideal conditions. The Annual Report of the Medical Officer of Health for 1864 commented on the increased level of poverty in the town, stating that, ‘the amount disbursed from June 25 to December 10 1864 was, within a few pounds, double that in 1863. There were 1061 more persons relieved than those in 1863 over the same


\textsuperscript{14} Ibid.

\textsuperscript{15} A. Hardy, \textit{The Epidemic Streets} (Oxford: Oxford University Press, 1993).
months'. Trench believed that this indigence (poverty) was because there was not enough work for the unskilled labourer. Casual labour was more prevalent in Liverpool than in many other major towns due to the number of workers employed in the dock industry. This work was not regular, but was subject to the number of ships arriving at the port. Trench said of these people, ‘their ragged, insufficient clothing indicates that indigence was of a long continuance’.

On 9 December 1864, Trench submitted his Report on Indigence as a cause of the Epidemic Typhus to the Health Committee. He was carrying out directions of the Committee ‘to make enquiries from the local Charitable Societies and other sources for information as to the extent of destitution among the class of persons above that of paupers as a cause of fever’. He concluded that typhus fever existed extensively among paupers and the class above paupers and that the chief cause of that excess was indigence. On 29 December 1864 the Health Committee initiated an inquiry into the circumstances of patients who had died of fever during the week ended 17 December. In seven of the thirteen deaths drunkenness existed as a cause of indigence.

Trench’s Annual Report for 1864 states:

The first death was of an office clerk. He had a wife and four children and earned 20 shillings a week. The wife supposed to take drink, the house dirty and poorly furnished. Second death, a carter who had a wife and one child and earned about 20 shillings a week. His wife addicted to drink heavily. Of the house is added, poverty and filth in the extreme. The third death was that of a labourer’s child. The family consisted of a wife and five children. He earned 3 shillings a day occasionally. A steady man with a drunken wife and the house having every appearance of misery and filth of the lowest order.

The appalling housing conditions in Liverpool in the nineteenth century gave the perfect habitat for lice. Lice could be killed through disinfection of patients and dwellings and this was usually sufficient to ensure the disease did not spread. Trench begged the Health Committee to provide public disinfecting apparatus to meet the requirements of ‘the humbler classes of the community’.

16 Annual Report of the MOH for Liverpool, 1864, p. 20
17 Ibid.
18 Liverpool Records Office, W.S. Trench, Report on Indigence as the Cause of the Epidemic Typhus, 9 December 1864.
19 Ibid.
21 Ibid.
At a Council meeting in October 1866 it was resolved that the Health Committee be permitted to erect disinfecting apparatus on a plot of ground in New Bird Street at a nominal rent of five shillings per annum.

The typhus problem was particularly acute in lodging houses and Dr Trench was a member of the Deputation appointed to inspect the ‘Common and Model Lodging Houses and Model Dwellings for the working classes of the Metropolis’. In his letter, which was read to the Lodging House Committee in Liverpool, he pointed out that the space allocated per individual per room, as advised by the Secretary of State, was much more than that found in Liverpool. On informing his inspector that in London the rule was four hundred cubic feet per adult as the legal space of a sleeping room, he remarked that in many rooms in Liverpool the mother would not only have to separate from her infants but would have to leave the husband half way out on the stair. The same regulations applied to sub-let houses in Liverpool, and the sharing of sleeping accommodation and the mixture of the sexes in lots of houses appalled Trench. Up to six adults in a room of six hundred cubic feet was very common.22

Due to the problems Liverpool had had with typhus fever, the Council accepted the proposals of the Health Committee to demolish a number of houses in some streets in order to allow ventilation to the court housing. In the letter books of the MOH, there is a letter to Robert Rawlinson in London advising him that numbers 2, 4, 6 and 8 Dansie Street, owned by him, were to be demolished.23 Rawlinson was the President of the Royal Sanitary Institution of Great Britain and had been, in the 1840s, a contender for the post of Borough Engineer for Liverpool – the post given to James Newlands.

Cholera was another disease which exposed the insanitary conditions in which the majority of Liverpool’s population lived in the mid-nineteenth century. It also exposed the risks taken by the Irish poor to maintain their cultural traditions, despite advice from Trench as MOH. The disease reached epidemic proportions in the second half of 1866. The first death occurred on Monday, 2 July at number 2 Court, Bispham Street, well known to the sanitary officers as ‘Inhabited by the lowest of the Irish population and situated in the worst part of what may be justly described as the chief fever district of the parish’.24 Trench said he had done everything in his power to induce the family and friends of the deceased to consent to the speedy burial of the corpse. The family had refused to listen and:

Elected to keep the body until Tuesday, in order that it may be waked during the

22 Annual Report of the MOH for Liverpool, 1866.


night watches of Monday. It was laid on a board on the floor of the lower, or sitting
apartment, of the cottage. In this room where men and women ate, drank and slept
the orgies of the coronach, embracing the co-operation of scores of people, were
maintained amidst drunken and profane ribaldry during the day and the night.

Trench went again on the Tuesday morning to try to hasten the funeral
and found:25

The whole place reeking with tobacco smoke and with the loathsome and disgusting
emanations of drunken, unwashed bacchanals. The three houses in the court were
crammed with men, women and children, while drunken women squatted on the flags
of the court before the open door of the crowded room where the corpse was laid.
There had been, in the presence of death, one of those shameful carousals which, to
the disgrace of the enlightened progress and advanced civilisation of the nineteenth
century, still lingers as dregs of ancient manners among the funeral customs of the
Irish peasantry […] Before the end of July forty eight persons had died from cholera
within a radius of 150 yards from the court which had been the scene of the ill-timed
revelry.

Between 1 July and 30 November there were 1762 deaths from cholera in
Liverpool. According to Trench, most of the victims were indigents, or at least
those dependent on weekly wages for daily bread. The victims’ houses were
overcrowded, most having only a privy or cesspool near their homes.26

Such residents, if decent folk, are unwilling that their girls should wend their way on
every call of nature to an exposed, unseparated, common temple of Cloacina where
strangers, drunken and brutal men may also visit. Hence, as a very effort of decency,
there is encouraged among such people the bad habit of retaining the dejections in
some room or nook of the house until they can, without observation and at night, be
emptied into the cesspool. This habit, bad at all times, is dangerous in a period of
cholera; hence we may not be surprised that 197 fatal cases occurred in houses
situated at the entrance of courts and 194 in front houses using a common privy; this
being independent of the 754 deaths in courts where the privy is always in common.
But there is also abundant evidence of the prejudicial influence of the nightsoil
exhalations in localising and aggravating the attacks of contagion; since in 599 cases
the privies were in close proximity to, or abutting on, or overlooked by the inhabited
apartments of the houses.

Between July 1863 and December 1867, 8283 privies and middens had
been certified for conversion to WCs and in 1868 another 5068 had also been

25 Ibid.

26 Ibid., p. 30. The following streets are those in which the cholera was earliest in appearance,
most prevalent in its intensity and most fatal in its effects: Bispham, Luce, Fontenoy, Sawney
Pope, Milton, Midghall, Gladstone, Stockdale, Cavendish, Oriel, Ford, Paul, Back, Portland,
Hornby, Raches, Gascoyne, Chisenhale, Sherwood, Regent, Carlton, Saltney, Porter, Kew,
Crosbie, Prince William, Henderson, Darnley, Brindley and Brassey Street.
Some fifty thousand inhabitants had benefited from these conversions in the years between 1863 and 1866, but the cost was high and there were some members of the Health Committee who doubted the effectiveness of sanitary reform and the arguments went on. The Health Committee, afraid of becoming a ‘rubber stamp’ for the decisions of its officers determined that in future ‘before proposing the conversion of any privy the MOH was to send a notice to the owner giving full reasons for the step’. This was in order to avoid infringement of property rights. Sanitary reform inevitably meant interference in the property of private landowners and proprietors, and it was resented.

Trench abhorred the practice of ‘wakes’ and pushed for means of removing the dead from houses saying, ‘the demoralising orgies of the wake would be prevented’. He catalogued numerous examples of dead bodies being left in rooms with children and excesses of wakes. In 1871, with the epidemic of smallpox raging in the town, the Council decided to provide a mortuary for bodies dead from infectious disease. Lots of families lived and slept in single rooms and this meant that they were sometimes forced to retain in their homes the bodies of those who had died from what Dr Trench called ‘this loathsome and contagious disease’. The Council purchased a hearse, obtained contracts for the purchase of coffins and took on the management of the removal of bodies to the mortuaries following a certificate from the MOH and an order from the Justices. At the same time, the Council voted five thousand pounds towards the erection of a hospital for infectious diseases in Everton which, according to Trench, every citizen would have a right to use.

Eighteen seventy-three was a year when no epidemics occurred, but during the last few months scarlet fever was prevalent and in 1874 it began to assume the virulence of a widespread and fatal epidemic. The average age of death fell from twenty-five years in 1873 to twenty-two years in 1874, with 25.8 and 31.9 deaths per thousand respectively. These figures were very unwelcome to the MOH after all the sanitary improvements that had been effected; but it was scarlet fever which accounted for them. The last Annual Report written by Trench was in 1875, when he reported the death rate for the Borough being 27.5 per thousand – an improvement on the previous year – and the average age of death as twenty-six years.

By mid 1876 Trench could no longer continue his work, weakened by ill-health exacerbated by his busy job. After fourteen years as Medical Officer of Health for Liverpool, he died suddenly in December 1877, aged sixty-eight.


29 Annual Report of the MOH for Liverpool, 1871.
Assessing Dr Trench’s work is difficult. His efforts to combat infectious diseases were made without the knowledge of bacteriology. Medical science could do little to bring about any curative effects so the major plan of action was to find ways to prevent disease. He was aware that filth was a major factor in the spread of contagion and he attempted to introduce disease reduction policies, such as the abolition of cesspools and middens and the introduction of WCs. It was too late for Trench when the long researches of Pasteur and Koch reached their conclusions and led to the development of bacteriology, which profoundly influenced public health methods with the saving of countless human lives.

On the retirement of Dr Trench the *Porcupine*, the satirical Liverpool publication, published a tribute to him, saying that it was an event which would occasion deep regret and it must sadden the hearts of all who had watched the work and realised the worth of this high-minded, fearless and incorruptible official. It went on to say that the role of his public labours is ‘best embodied in the redemption of Liverpool’s character; from being the worst conditioned as regards health, cleanliness and breathing space to a position of comparative credit on the death register and a prospect of reasonable immunity from the once terrible scourges resulting from overcrowding and ill-ventilation’.

Trench was a man of convention, no rebel, a man who would not deliberately ignore any of the duties laid down for Medical Officers of Health by the Privy Council, the General Board of Health or, indeed, his employer. He can be remembered for the improvements wrought in the environment, cleanliness of living accommodation and most of all, the man who championed the conversion of privies to water closets in Liverpool.