

A Tidal Wave of Disease: The 1832 Leeds Cholera Epidemic

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This paper tells the story of the devastating 1832 cholera epidemic in Leeds and the work of Robert Baker, surgeon to the Leeds Board of Health. Baker's work as an epidemiologist, and his mapping of Leeds, predates that of John Snow in London by 22 years.

On Thursday 5 April 1832 a small but chilling news item appeared in the *Leeds Intelligencer*. It informed the 76,000 people of Leeds that cholera had broken out in Goole and that several deaths had occurred. It was now clear, the paper indicated, that 'the pestilence has gained a footing in Yorkshire'.¹ This news was to provide a direct link with the Leeds cholera epidemic that was to claim 702 lives, lead to accusations of medical malpractice and provoke local disturbances.

Leeds had, initially, received notice of the cholera threat in October 1831 when news arrived from Sunderland that on 27 October Dr James Butler Kell had had the 'melancholy task' of reporting the death from cholera of William Sproat an inhabitant of the town.² It was on the 23 October that Sproat, a keelman, had begun his 'short but disastrous contribution to British medical history'. On that day he became ill with violent vomiting and purging, cramps of the stomach and other associated symptoms, and three days later he was dead. Sproat was the first confirmed victim of Asiatic cholera in the British Isles.³ The North Sea had clearly not prevented the disease that had been raging in Europe from arriving in the North East of England. It was then that the Mayor of Leeds, William Hey, resolved to form the Leeds Board of Health to deal with any subsequent outbreak.⁴ Thirteen separate districts were to facilitate the board's work, with a medical man in charge of each.⁵ However, there was little optimism exuding from the board's sub-committee as it was reported in the *Leeds Intelligencer* that, 'should any contagious disorder fix itself amongst this dense population, its spread would defy the utmost exertions of medical staff'.⁶

Cholera was something of a shock disease. Its effect was both quick and lethal and it carried with it a high percentage of fatalities. The victim could

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¹ The *Leeds Intelligencer*, 05.04.1832.

² C.F. Brockington, *Public Health in the Nineteenth Century* (Edinburgh, E. and S. Livingstone, 1965) p. 76.

³ R.J. Morris, *Cholera 1832* (London, Croom Helm, 1976), p. 11.

⁴ D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds* (Leeds, 1982), p. 4. A copy of this unpublished work is retained in Leeds Library.

⁵ The *Leeds Mercury*, 09.06.1832.

⁶ The *Leeds Intelligencer*, 08.12.1831

often be dead within hours. The symptoms included violent stomach pains, vomiting, diarrhoea and total prostration during which the body turned cold and blue, the eyes and cheeks sunken and the skin wizened. The ‘blue phase’ usually indicated that death was imminent. Of all these, the major symptom was the explosive diarrhoea that produced what Gill and Holland have termed ‘hugely voluminous stools’ that have an appearance of yellowish water. They are often referred to as rice water stools as they contain evidence of the lining of the intestines.⁷

When the *Leeds Mercury* reported on 15 May that the disease had reached Selby many began to realise that the great tidal wave of cholera was now almost upon them.⁸ It had travelled to Selby via a boatman, Thomas Hughes, who from 28 April had spent several days ferrying vagrants across the Ouse for York races.⁹ His case, suggests Underwood, presents an interesting exercise in epidemiological speculation. On 2 May, Hughes was stricken with cholera but recovered. However, within eleven days his brother, father, uncle - whom he visited the day that he was first taken ill - and his cousin were attacked. A resident, John Graves, of the same court as Hughes, was also attacked, as was Graves’s wife a week later. As Graves and his wife used the same privy ‘into which the evacuations of the Hughes family were cast’, Underwood believed that it was difficult to see how some common factor could be avoided.¹⁰

Around two weeks later, on 28 May, it had reached Leeds. The first victim was the two year-old son of an Irish woollen weaver. The family lived in a cottage with a single upper room in Blue Bell Fold, a ‘small and dirty cul-de-sac’ housing twenty poor families, in an area known as Bank.¹¹ It had long since ceased to be a farmyard for folding animals.¹² The fold was situated on the north side of the River Aire in an angle between it and an ‘offensive beck or streamlet’¹³ and access was gained to it by a small alley.¹⁴ The disease spread quickly. Shortly afterwards, the boy’s young friend died, and several others around the fold fell victim to it.¹⁵

⁷ A.S. Wohl, *Endangered Lives* (London, Methuen, 1983), pp.118-19; M Holland, G Gill & S Burrell, *Cholera and Conflict* (Leeds, Medical Museum Publishing, 2009), pp. 1-2.

⁸ The *Leeds Mercury*, 10.05. 1832.

⁹ M. Durey, *The Return of the Plague: British Society and Cholera, 1831-2* (London, Gill and MacMillan, 1979), p. 34.

¹⁰ E.A. Underwood, ‘A History of the 1832 Cholera Epidemic in Yorkshire’, *Proc.Roy.Soc.Med.*, 28 (1935), 606-15 [at p. 606].

¹¹ The *Leeds Intelligencer*, 02.06.1832.

¹² M.D. Beresford, *East End, West End: The Face of Leeds During Urbanisation* (Leeds, The Thoresby Society, 1988), p. 392.

¹³ *Report of the Leeds Board of Health, 1833*. Printed by Hernaman and Perring at the Intelligencer Office, Leeds, 1833, p. 7.

¹⁴ M.D. Beresford, *East End, West End*, p. 392.

¹⁵ D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds*, p. 13.

The disease soon began to radiate outwards. By 7 June it was in Kirkgate and the following day in Quarry Hill. It was in Hunslet and Holbeck by the middle of the month.¹⁶ By the end of July there had been 427 cases and 187 proved to be fatal. Not all the cases were reported in the papers but a few caught the editor's eye and were deemed to be worthy of wider coverage. One desperate case from the Boot and Shoe Yard was reported in considerable detail. On 12 June, John Simmonds, a beggar, was attacked with continual purging and other symptoms of the disease. He had no clothes to cover him, no bed to lie on, and nothing whatever to eat or drink. His son, also called John, had died two days earlier and his daughter, Eve, died two days after her brother on the day their father was attacked. His wife and remaining child were apparently starving to death. The dwelling of another victim in the yard was reported to be 'abominably filthy, stinking and destitute'.¹⁷

The Boot and Shoe Yard, and the adjacent Royal Oak Yard, with their grim blind back tenements abutting the yard walls, were just two of many such yards, especially off Kirkgate, in the town at that time.¹⁸ Their names were usually linked to the inn, or the name of the proprietor of the property, that fronted the yard.¹⁹ Many, as indicated, were also referred to as folds, or garths, and although technically there was a difference in their origins, the words were usually interchangeable.²⁰ Yard developments, with their high densities, were clearly popular with landlords. The proprietors who owned many of the houses in the Boot and Shoe Yard were also not charged with the responsibility for paving and drainage as the houses were sited behind the main thoroughfares.²¹

The towns and cities of Yorkshire had grown rapidly following the industrial revolution. Leeds's population had increased by 47.2 per cent during the decade from 1821.²² Many of these places were amongst the most unsanitary in the country. Pride of place was, however, awarded to Leeds!²³ Half the population lived in streets where there was neither sewerage nor cleansing. The Boot and Shoe Yard was but one example, but what an example it was. Few places in the town were so likely to generate disease as this receptacle of poverty, misery and uncleanness, said the *Leeds Mercury*.²⁴ Here was to be found some of the worst housing in Leeds. The houses here were not

¹⁶ *ibid.*

¹⁷ *ibid.*

¹⁸ M.D. Beresford, 'The Back-to-Back House in Leeds, 1787-1937', in S.D. Chapman, *A History of Working Class Housing* (Newton Abbot, David and Charles, 1971), p. 100.

¹⁹ M.D. Beresford, *East End, West End*, p. 82.

²⁰ *Ibid.*, p. 47, and p. 122, footnote 11.

²¹ M.D. Beresford, 'The Face of Leeds' in D. Fraser, *A History of Modern Leeds* (Manchester, Manchester University Press, 1980), pp. 76 and 287.

²² J.A. Burnett, *A Social History of Housing, 1815-1985* (London, Methuen, 1978), p. 9.

²³ N. Longmate, *King Cholera: The Biography of a Disease* (Newton Abbot, David and Charles, 1966) p. 97.

²⁴ The *Leeds Mercury*, 09.06.1832.

only small, some five yards by five yards with one ground floor and one upper floor, but lacked sunlight and ventilation. As the houses had been crowded into the inn yard by lining its inner walls, the front and only door faced inwards to the yard as did any windows. The yard was the home to 340 people who lived approximately ten to a house. There was no water within a quarter of a mile, and only three privies. During the epidemic, seventy cart loads of manure that had accumulated over thirty years were removed from the yard.²⁵

Robert Baker's Report

Much of the information relating to the Leeds outbreak is contained in the report of Dr Robert Baker, dated 3 January 1833. Baker was, at that time, a District Surgeon to the Leeds Board of Health. He was born in York, the second son of John and Hannah on 15 August 1803. He commenced practice in Leeds in 1825, after completing his medical studies at Guy's Hospital, and soon secured a leading position as town surgeon.²⁶ The following year he was involved in what could have become a minor scandal involving 'resurrection men'. In 1833 he took an active part in the Factory Act and was one of the first to realise the need for a system of inspection and supervision in the interests of mill workers. By 1840 the problem of accidents in factories was attracting greater attention and Baker was involved both nationally and locally in the move to reduce the number of accidents in factories.

He was also compiling a further telling report on the condition of Leeds around this time. Published in 1842, 'On the State and Condition of the Town of Leeds in the West Riding of the County of York' provided not just the Leeds Board with a clear picture of the task before them.²⁷ It proved, additionally, to be a valuable aid to Edwin Chadwick who indicated that a frightful picture of the condition of the sewerage and drainage in the town was 'afforded to the labouring population'.²⁸ In 1858 Baker became Inspector of Factories for the West of England, Wales and Ireland on behalf of the Home Secretary. This area contained 23,346 factories. After retirement, his obituary notes, he enjoyed a 'comparatively short repose from his labours' and died in Leamington Spa on 6 February 1880, aged seventy-six, and is buried in York cemetery.²⁹

²⁵ *Report of the Leeds Board of Health*, (Leeds, 1833), p. 13.

²⁶ 'Robert Baker, CB', *The British Medical Journal*, 6 March 1880, p. 383 and W.R. Lee 'Robert Baker: The First Doctor in the Factory Department, Part 1.1803-1858', *British Journal of Industrial Medicine*, 21 (1964), 85-90.

²⁷ R.Baker, *On the State and Condition of the Town of Leeds in the West Riding of the County of York* (Leeds, 1842), quoted in S. Barnard, *To Prove I'm Not Forgotten* (Manchester, Manchester University Press, 1990) p. 23.

²⁸ E. Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, Ed. M.W. Flinn, (Edinburgh, Edinburgh University Press, 1965 [1842]), p. 103.

²⁹ *The British Medical Journal*, 6 March 1880, p. 383.

In his 1833 report to the Board, Baker has much to say about the living conditions and the link between the state of the town and the spread of the disease. The larger part of what is known colloquially as the ‘Baker Report’, deals with the unpaved streets and yards and the part that they played in the epidemic. In addition to his condemnation of the Boot and Shoe Yard he comments on many other areas. His language is clear and hard hitting as the following examples of filthy streets, taken from the report, make clear:

Baxter’s Yard-most dingy, privies open
 Cherry Tree Yard-open privies, very bad
 Jack Lane-an offensive ditch nearby
 Orange Street-most wretchedly bad
 Micklethwaite’s Yard-stones have to be put down to walk
 Marsh Lane Back-most filthy.³⁰

In a further example, he quotes three parallel streets housing 386 persons where there were but two privies. Both were ‘totally unusable’. It was not, though, just the folds and yards that were breeding grounds for the disease. Many victims lived in the back to back housing that lined the grim streets of large sections of the town and there were, for example, eighteen deaths in Quarry Hill, eleven in Richmond Road and eight in York Street.³¹ Fleece Lane, where there was a vast mound of night-soil covering an area of some 40 square yards, provided a ‘striking monument’ to civil neglect.³²

He noted that 755 of the cases during the epidemic occurred in streets that were lacking sewerage and paving. The report, Burrell and Gill believe, provides a fascinating insight into the impact of cholera in Leeds and is, they suggest, ‘one of the finest pieces of epidemiology of its time’.³³ Baker carefully mapped the cholera cases (Figure 1), and his work predates that of John Snow who, in 1854, mapped cases in London that he linked to the Broad Street pump.³⁴ Unlike Snow, however, Baker was never able to identify that the disease was water borne. He did, though, stumble across the relationship between water and cholera without fully understanding its significance.³⁵ When Baker reported that the disease occurred in the first storey of a building that was occupied by several families he noted that the matter ejected by the victims was thrown down the sink into a sump hole. Here he suggested were two sources of

³⁰ Ibid.

³¹ M. D. Beresford, *The Back-to-Back House in Leeds*, p. 110.

³² N. Longmate, *King Cholera*, p. 97.

³³ S. Burrell, G.V. Gill, ‘The British Cholera Riots of 1832’ in M. Holland (ed.), *Swing Unmasked-the Agricultural Riots of 1830-1832 and their Wider Implications* (Milton Keynes, FACHRS Publications, 2005) p. 202.

³⁴ S. Johnson, *The Ghost Map* (London, Allen Lane, 2006), pp. 191-228.

³⁵ D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds*, p. 25.

distance from the Blue Bell Fold, where there had been no connection with the former families’.³⁹

It was not, however, Baker’s intention to discuss the difference of opinion that existed among medical men as to the contagious or epidemic nature of the disease. He was clearly drawn to the miasmatic theory and drew the Board’s attention to the fact that the disease prevailed in the parts of the town where ‘from want of local cleanliness and ventilation, a malignant state of atmosphere was likely to obtain’. Not everybody in properties where the disease was present was a victim and he was keen to stress that those living at a ‘higher level’ in properties appeared to escape the miasma.⁴⁰

He outlines his findings in relation to the foul air theory and asks why, following his mapping, those ‘situated higher’ were not affected where the miasma does not exist and proper attention is paid to ventilation and hygiene. He had made out a case that was sufficiently strong to justify the presumption that, ‘whether the disease be sporadical, epidemical or endemical- there is evidence before this Board of the condition of some parts of the town of Leeds in which it may be latently maintained’.⁴¹

Although Baker’s miasma theory was ‘wildly incorrect’ the solution that it offered was to remove the filth from which the smells exuded and did, eventually, reduce the risk of infection, at least in the short term, amongst the people of Leeds.⁴² The report also contains a useful index that begins with the schedule of the streets, lanes and alleys where cases of cholera occurred. The associations being explored, as Beresford suggests, were related to the unsanitary streets rather than any link between the disease and the victims’ age, sex, occupation, diet or even moral character.⁴³ Others were less sure, however, and the *Leeds Mercury* was eager to show that morality was one of the preservers of health and that the drunkard should ‘instantly make his will’.⁴⁴

The initial thinking inclined towards the view that the disease only attacked the lowest classes in society. Reports indicated that the victims were usually poor and ‘living in a depraved and immoral manner’.⁴⁵ In late 1831 Samuel Smith, ‘one most respected of Leeds surgeons,’ and William Hey, the Tory Mayor of Leeds and also a surgeon, who was elected surgeon to the infirmary on the retirement of his father William, had visited the North East.⁴⁶ When they returned they reported that only three ‘respectable people’ had been

³⁹ *Report to the Leeds Board of Health*, 1833, p. 7.

⁴⁰ *ibid.*, p. 8.

⁴¹ *ibid.*, p. 19.

⁴² D.V. Smith, *The First Asiatic Cholera Epidemic In Leeds*, p. 24.

⁴³ M. Beresford, *East End, West End*, p. 391.

⁴⁴ *The Leeds Mercury*, 12.11.1831.

⁴⁵ M. Durey, *The First Spasmodic Cholera Epidemic in York* (Borthwick Institute Paper 48, 1974), p. 13.

⁴⁶ S.T. Anning, *The History of Medicine in Leeds* (Leeds, W.S. Maney, 1980), p. 167

attacked in Newcastle.⁴⁷ The rest appeared to be either addicted to alcohol or living in crowded apartments. They were not, however, the only ones to express surprise that “reputable and decent people” were attacked. The *Lancet*, for example, informed its readers that at Newburn, five miles from Newcastle, the rector and “other persons of comparative opulence fell its ready victims”.⁴⁸

It is true, of course, as Baker points out, that the victims tended to come from the poorer areas of Leeds. His report shows that in the areas that had been drained, paved and sewered and cleansed there were 245 cases of cholera. However, in the other half of the town where an equal number of people lived where there was neither street cleansing nor sewers, 1203 cases occurred.⁴⁹

Burying the Dead, Trying to Save the Living

The epidemic raged throughout the summer months and reached its zenith in August 1832. The scale of human suffering during that month is clear from the evidence contained in the burial register of Leeds Parish Church (St Peter’s) and the adjacent daughter church of St Mary. During August alone there were 368 burials in the churchyards and 241 were of cholera victims. On the twenty-first day of that month the curate James L Brown, buried twenty people, nineteen at St Mary’s. Ten of the victims had died in hospital. On the following day a further ten were buried, eight of whom were cholera victims. The eldest was aged 72, the second eldest 36 and the youngest three weeks.

The first death from the disease to be recorded in the parish register, on 29 May, is that of John Dock of Bank. A second death, again a resident of Bank, is recorded on 31 May. The aforementioned Boot and Shoe Yard makes its first appearance in the register in relation to the epidemic on 7 June when four people from that address were buried. Martha Taylor aged seventy was one of the victims, as was her husband twenty-four hours later. He was a widower for but a day. The final victim of the epidemic recorded in the register is Michael Wilson, aged forty-six, who was buried on 26 December by the overworked James Brown.

How glad he must have been when the epidemic was over, and even the year, as there had been a total of 1867 burials in the parish during the past twelve months, an average of thirty-five a week.⁵⁰ Between May and November the clergy buried 1395 people, an increase from the same period during 1831 of 415.⁵¹ During the whole of 1832, 546 cholera victims were buried in the two churchyards. This suggests, of course, that perhaps around a

⁴⁷ *A History of the Leeds School of Medicine [booklet]* (Leeds, Leeds School of Medicine, 1982), p. 8.

⁴⁸ The *Lancet*, 21, (1832), p. 672.

⁴⁹ *Report to the Leeds Board of Health*, 1833, p. 10.

⁵⁰ *ibid.*

⁵¹ M. D. Beresford, *East End, West End*, p. 389.

hundred or so of the cholera victims would have died from other causes irrespective of the epidemic.

However, the high rate of infant mortality in the town ensured that both James Brown and John Urquhart were burying people on a regular basis irrespective of the cholera epidemic. On 8 April, for example, the former had buried eight parishioners, six of whom were aged three and under.⁵² It is not surprising that by 1842 these burial grounds were over full and, in the case of the Parish Church, in ‘a disgusting state’, and the Beckett Street Cemetery was opened by the town council in 1845.⁵³ This was to prove a wise decision, for when cholera returned to the town with a vengeance in 1849, between forty and fifty people were being buried there daily ‘in all weathers’ between 8am and midnight, by three clergymen.⁵⁴

The mortality rate from the disease during the 1832 epidemic was around 35 per cent and Robert Baker also provides us, in the appendix to his report, with details of the age and sex distribution of the cases under what Underwood describes as ‘the curious title’ of ‘A Calculation on the Probabilities of Human existence in Persons attacked by Cholera, in every age, from six months to ninety years, both inclusive’. Underwood helpfully provides the reader with an abbreviated statement, as shown below:⁵⁵

Age	-5	-10	-20	-30	-40	-50	-60	-70	70+	Age Unknown	Total
Cases	151	139	193	215	307	310	179	125	77	121	1817
Deaths	76	45	51	60	89	104	100	80	56	41	702
Case mortality %	50	32	27	28	29	34	56	64	73	-	38.7%

From this it is clear that the disease was extremely fatal during the early years of life and that the case mortality rate increased again from around the age of fifty. The disease, of course, had no known cure, and how the victims must have suffered when many of the ‘remedies’ were administered. Many, in fact, must have done more harm than good. It is still frustrating to read that even the practice of injecting saline fluid into the clearly dehydrated patients was deemed by Baker to be of little success and was not continued.⁵⁶

⁵² *ibid.*

⁵³ S. Barnard, *To Prove I'm Not Forgotten: Living and Dying in a Victorian City* (Manchester, Manchester University Press, 1990), pp.4 and 10.

⁵⁴ *ibid.*, p.32.

⁵⁵ E.A. Underwood, ‘A History of the 1832 Cholera Epidemic in Yorkshire’, p. 8.

⁵⁶ *Report to the Leeds Board of Health*, (1833), p. 12.

In a letter to the *Lancet* Dr Richard Birtwhistle supports this view, when he ‘regrets to state’ that it (Saline injection) had not been found to answer the sanguine expectations that its first announcement created. Mr Teale, the surgeon of the Holbeck cholera hospital, did not think himself justified in again ‘having recourse’ to it unless it proved to be more successful. When a patient was admitted to the hospital in a collapsed state, attempts were made to restore natural temperature with suitably shaped hot water tins. Additional stimulants of ammonia and camphor were administered. A ‘scruple of calomel’ was then given every hour until the symptoms eased. In addition to the oral remedies tried there was often the added discomfort of enemas. The latter were administered at the hospital in Marsh Lane, Leeds, by Mr Morley, the resident surgeon, who, however, had not had sufficient experience to enable him to form an opinion of their value! At nearby York, patients received enemas of spirits of turpentine in some ‘thick mucilaginous’ medium. This, apparently, restrained the ‘excessive and exhausting evacuations’ and was deemed to be worthy of a more extensive trial.⁵⁷

Charles Thackrah, a founder member of the Leeds School of Medicine that opened in October 1831, offers a variety of options in his seminal work, published in Leeds in 1832, on the treatment of cholera.⁵⁸ The treatment he stresses must be ‘founded on a correct view of the nature of the malady, and have close regard to stage and circumstance’. Stimulants were required but their employment had to be administered with reference to the state of the blood. If this was so thick as to impair the action of the heart and blood vessels then bleeding was recommended.⁵⁹

Thackrah’s contribution to medical science was considered by the first Chief Medical Officer, John Simon, to be comparable with that of Edward Jenner. Thackrah did not, however, live to see all of his work bear fruition as he died of tuberculosis in 1833, aged 38.⁶⁰ In addition to the ‘cures’ being used there was much advice with regard to prevention. This began as early as June when the Board advised that ‘all filth and wet should be carefully removed from the house’. Further suggestions included the need to avoid intemperance, to use ‘garden stuff’ sparingly and to abstain from ‘luscious meat’. Most of this advice was achievable but it is difficult to see how many in the town could follow the guidance to ‘wash whole person with soap and water at least once a week’.⁶¹

Letters from medical men appeared in the papers on a regular basis. Each seemed to have his personal special cure or preventative potion, and was eager

⁵⁷ The *Lancet*, volume, 22, 1832, 671.

⁵⁸ *Celebrating 175 years* (Leeds School of Medicine Programme, 2006).

⁵⁹ C.T.Thackrah, *Cholera, its Character and Treatment*, (Leeds, J Baines & Co, 1832) pp. 41-45.

⁶⁰ *Celebrating 175 years*. Leeds School of Medicine Programme.

⁶¹ The *Leeds Mercury*, 16.06.1832.

to pass the information on to the public. Mr Felton, a surgeon from Liverpool, was of the ‘firm belief’ that carbonate of soda and ginger - twenty grams of the former and eight grams of the latter - taken three times a week after morning and evening meals in a wine glass of water, would act as an effective prevention.⁶² The ‘eminent surgeon’, Mr Hope, recommended an ounce of peppermint water and camphor mixture with forty drops of tincture of opium, a fourth part of which was to be served in a portion of gruel every three of four hours.⁶³ Francis Sharpe, a local house surgeon, had devised a lightweight hot air system based on the one used in hospital, which could be used under the bedclothes.⁶⁴ In similar vein a letter from one who signed himself ‘Theta’ recommended a spirit hot air bath that could be obtained from most respectable ironmongers in Leeds.⁶⁵

It is difficult to know just how many of these preventative methods and cures were obtained, but however genuine the reasons for the letters were, they do, now, appear to be extremely misguided. How many people, one wonders, tried the following dubious remedy published in the *Intelligencer* and recalled by Smith?

Two large spoonfuls of tincture of rhubarb, twelve drops of sal volatile and five drops of the essence of peppermint mixed together with a wine glass full of hot water.⁶⁶

The Board also published a list of preventative measures and some of these have already been alluded to. the three key elements being general and personal cleanliness, regular ventilation, and the whitewashing of apartments. Temperance was of the highest importance.⁶⁷ The latter is an interesting point as when cholera attacked the people of London in 1854 it was the antibacterial properties of beer, and all fermented spirits, that proved to be safer than the local water supplies. For much of human history, suggests Johnson, the answer to diseases such as dysentery, was to drink alcohol.⁶⁸

Above all, there was the need for ‘calmness of mind and fortitude’ and the hope that ‘under the blessing of Divine providence’, what appeared to be almost the inevitable approach of the disease could be prevented and its progress arrested.⁶⁹ Many did turn to God both immediately before, and during the epidemic. During the years preceding the epidemic there had been a decline in church attendance and two thirds of the people of Leeds had never been to a

⁶² *ibid*, 2 August 1832.

⁶³ The *Leeds Mercury*, 11.06. 1832.

⁶⁴ The *Leeds Mercury*, 01.12.1831.

⁶⁵ *ibid*, 29.10.1831.

⁶⁶ D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds*, p. 26.

⁶⁷ The *Leeds Intelligencer*, 24 November 1831.

⁶⁸ S.Johnson, *The Ghost Map*. p. 104.

⁶⁹ The *Leeds Intelligencer*, 24 November 1831.

service.⁷⁰ A reliance on the protection and providence of God would, wrote Thackrah, enable the people to ‘meet with resolution the evils of life and often saves us from the worst’.⁷¹ The government supported this view with a national day of fasting, humiliation and prayer on 21 March 1832.

A ‘Disgusting Trade’

There was a belief in the town, particularly amongst the poorer classes, that cholera was a result of a plot between the doctors and the wealthier classes to do away with the poor. This misguided view amongst the lower classes of Leeds was based on a general suspicion of the doctors linked to the schools of anatomy, the general fear of and unknown nature of the disease, and the recent Reform Bill.⁷² The latter had given more power to the people following the redistribution of parliamentary seats. Leeds, previously unrepresented, was to have two members of parliament. Although the trouble in Leeds, the stoning of the hospital, the withdrawal of patients and the violence had grown from seeds sown over a period of time, it was the raging epidemic that showed little sign of abating that acted as a propagator.

The Leeds Anatomy School had been established in 1831 and appears to have relied initially on an agreement with the Leeds Workhouse Board that bodies of poor persons who died in the workhouse and were unclaimed by relatives should be given for dissection.⁷³ Other less desirable practices were also responsible for a supply of bodies to the school of anatomy and these were continuing.

One of the incidents that was reported in the *Leeds Mercury* long before the cholera outbreak, and may almost have gone unnoticed by the majority of those in the town, clearly involved Robert Baker although he was never charged. During the weekend of 11-12 March 1826 the body of 15 year old Martha Oddy, who died after a very short illness, was removed from the Chapel Yard at Armley, a few miles from the centre of Leeds. On the following Monday it was noticed that the grave was open, the body gone and only the clothes left behind. Three men were quickly apprehended. Following questioning, two of the men were released and only Thomas Smith detained. It quickly emerged that a key culprit was a Michael Armstrong, who was not one of the three arrested initially. He was located in Doncaster and brought back to Leeds ‘heavily ironed’.

⁷⁰ Correspondence and information from the Thackray Medical Museum quoted by M. Fernando and J. Puntis in *Yorkshire Medicine*, Spring 2001, p. 43.

⁷¹ C. T. Thackrah, *Cholera its Character and Treatment*, p. 60.

⁷² *ibid*, pp. 21-23.

⁷³ S.T. Anning, *A History of Medicine in Leeds*, p. 138.

When the pair were brought before magistrates on the following Friday, it emerged that the ‘most material evidence as affecting Armstrong’ was that given by one Robert Baker. He acknowledged that he had seen Armstrong, initially three months earlier, and had met him for a second time on the previous Monday, at five in the morning following a message from a friend. When they met, Armstrong had a sack with him containing the body of a female. The witness (Baker) we are told gave Armstrong four pounds for the body and took it away. It was in his possession until Tuesday night when he left it at ‘the cross roads’. He did this, he indicated, so that ‘the friends of the deceased ‘could recover it! Other witnesses said that as soon as Baker saw the placards indicating that the body was missing he ‘became desirous that it should be returned’. If he had wanted to conceal his involvement in the transaction he had had, he suggested, sufficient time to dispose of the body. The direction written on the box was apparently ‘entirely fictitious’.

The outcome of the case was that Armstrong was bailed to appear at the next sessions and Smith was remanded for further examination. Baker simply left the court along with other witnesses. Martha Oddy was re-interred at Armley shortly afterwards at ‘a very early hour’. The paper makes no comment whatsoever other than to condemn the practice of body snatching. There is, however, a final extremely interesting and telling paragraph that is again reported without any comment. We read that the body, when found, was in a box ‘only’ two feet in length, 14 inches in breadth and 10 inches in depth. It was coiled in it ‘*with so much skill*’ that not a bone was broken.⁷⁴

Six years later at the beginning of the epidemic, on 5 April 1832, *The Leeds Intelligencer* had reported the case of a partial exhumation of a body at Oulton, six miles to the south east of the town centre. ‘Great excitement was occasioned’, readers were informed, by the circumstances relating to the body and grave of John Hutchins. The grave, when checked, had presented a spectacle that was ‘truly revolting’. Prior to the perpetrators of this act of body snatching being disturbed, a rope had been attached to the corpse and several instruments used in what was described as a ‘disgusting trade’ were scattered nearby along with a bottle of rum.⁷⁵

In the same edition of the paper there was a report of a court case in relation to charge of disinterment of a body on 2 November 1831. Five young men aged between nineteen and twenty-five were accused that they did ‘severally, wickedly, willingly and unlawfully, conspire, combine, cooperate and agree together’ to disinter a dead body at East Ardsley, a village seven miles south of Leeds.⁷⁶

It was also around the time of this court case, on 11 November, that a box had arrived at the Bull and Mouth Hotel in Briggate by coach from Manchester

⁷⁴ *The Leeds Intelligencer*, 18.03.1826.

⁷⁵ *The Leeds Intelligencer*, 05.04.1832.

⁷⁶ *ibid.*

containing the bodies of a woman and child. It was addressed to a Revd Mr Gilleste, Hull, possibly a fictional clergyman, and marked suspiciously ‘to be left until called for, glass and keep this way up’. Mayhall recorded in his annals that the Hull School had not yet started, and that bodies would not be carried in this way unless ‘intended for dissection’.⁷⁷

There was also news of premature burial in the national press, and in February 1832 *The Times* reported two ‘distressing cases’. One was the case of a boy who kicked the coffin lid on his way to the graveyard. The other was the case of a man who was convinced that his wife was alive and threatened to kill anyone who nailed down the coffin lid. Spasms were common symptoms in cholera victims but in these cases both were reported later to be alive.⁷⁸ In some cases it could be, suggests Durey, that inexperienced or frightened medical men had incorrectly diagnosed death, especially as there was a need for a quick burial.⁷⁹ The Leeds people would, no doubt, get to hear of these cases and emotions were soon running high.

When a cholera hospital was established, adjacent to St Peter’s Square, against the wishes of the local people and businesses in the immediate vicinity things began to hot up. The building had previously been used as a ‘lying in’ hospital and was to have the ‘well respected’ figure of George Morley, who had run a similar institution in London, as its house surgeon.⁸⁰ Suspicion was quickly cast on the activities of the doctors whom, it was thought, wanted to use the hospital for their own purposes.⁸¹ It wasn’t just the fear that bodies were being used for anatomical research. Rumours were now also coming from Europe that cholera was a ‘Malthusian plot’ between the doctors and the middle classes, as we have heard, to kill the poor off by luring them to the hospital that would become something of a human abattoir.⁸²

All cases of fever in Leeds, whatever the nature, had since November 1804 been sent to the somewhat optimistically named House of Recovery in Vicar Lane, a location uncomfortably close, notes Barnard, to the most unhealthy area of the town.⁸³ All persons ‘labouring under infectious fever and unable to provide either medicines or proper accommodation’ were admissible.

On 9 June an angry crowd surrounded the cholera hospital building, threw stones and broke many windows. They remained all weekend and the atmosphere remained tense. However, after the initial flurry of stones, the crowds were content to express their angry feelings by offensive shouting and threats. The following week the *Intelligencer* made the understated

⁷⁷ S. T. Anning, *A History of Medicine in Leeds*, p. 139, quoting J. Mayhall, ‘The Annals of Yorkshire’, (Leeds, 1861), p. 382

⁷⁸ *The Times*, 11.02.1832.

⁷⁹ M. Durey, *The Return of the Plague*, p. 169.

⁸⁰ *The Leeds Mercury*, 28.04.1832.

⁸¹ *The Leeds Intelligencer*, 14.06.1832.

⁸² D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds*, p. 15.

⁸³ S. Barnard, *To Prove I’m Not Forgot*, (1990), p. 1.

pronouncement that ‘considerable dissatisfaction has been manifested by the inhabitants, and owners, of property in St Peter’s Square, at the cholera hospital being appointed in that area’.⁸⁴

The case of Margaret Leeson appeared to be the catalyst of much of the trouble after what was initially described as ‘passive opposition’ by the crowd. On 9 June, Mrs. Leeson was apparently attacked with cholera in the notorious Boot and Shoe Yard, where she had stayed the previous evening. She was admitted to hospital and appeared to ‘be happy’. However, when her husband left the hospital after accompanying her he was confronted by what is described as an ‘excitable group’ and persuaded, following their suspicions that she was to be murdered, to remove his wife. When he re-entered the hospital he was, in turn, met by George Morley, the surgeon. He was then happy to accept Morley’s explanation and left without his wife.

However, the poor man must have been thrown into a further state of confusion when, on reaching the street, he was once more confronted by the small crowd. Again he was encouraged to re-enter the hospital to remove his wife, now with promises that they, the protestors, would look after her. This he did but whilst he was remonstrating with the staff Mrs. Leeson leapt out of a window!

The patient, readers were informed, could be seen at 17 Boot and Shoe Yard,⁸⁵ a site, it is worth repeating, that was being described in the *Leeds Mercury*, published the morning of the day of the incident, as a ‘receptacle of poverty, misery and uncleanness’ and that there were few places in the town more likely to generate disease as this.⁸⁶

Her escape from hospital did little to calm the angry mob that continued, we read, to lurk outside the hospital. ‘Vollies [sic] of stones’ began to fly and several windows were smashed. During the night several people, described as ruffians, approached the building as ‘if by concert’ to make further attacks.⁸⁷

On the same day a bill poster, William Thomas, was apprehended by a police constable while posting bills that clearly inflamed the situation. The bills carried the bold headline, ‘Cholera Morbus Hunters Taken in Trap’. The posters, that ridiculed the doctors, appeared all over the town. They reported that people were convinced that Margaret Leeson was drunk and did not have cholera. She had been rescued from ‘premature death’ by being removed from the hospital. Her husband, it was claimed, had been unable to visit this wife and the surgeon had been eager to retain his ‘pretended patient’. Suspicion was further cast on the doctors’ motives when it was learned that patients were not allowed to leave the hospital of their own free will, nor was anybody allowed to pay their last respects to friends and relatives who had died in the hospital.

⁸⁴ The *Leeds Intelligencer*, 14.06.1832.

⁸⁵ Ibid.

⁸⁶ The *Leeds Mercury*, 09.06.1832.

⁸⁷ The *Leeds Intelligencer*, 14.06.1832.

Smith suggests that the posters were the work of local manufacturers who resented the presence of the hospital on their door-step. They were unashamedly using fears of the working class to put pressure on the Board of Health to move the hospital. The manufacturers also feared that quarantine regulations being enforced would affect their businesses, especially as those who were exporting had to issue certificates to prove that the area was free from cholera.⁸⁸

The Board of Health did take note of the concerns expressed in relation to the hospital's location. Having 'looked again' at the situation, a new site at Saxton Lane, a quarter of a mile to the east of the town, was purchased within days for £550. Whilst the new hospital was being prepared, the St Peter's site remained open for those who wanted to use it. However, this may have satisfied the business people but others were clearly less easy to satisfy. When the news spread, again an angry crowd of both sexes gathered and there was more verbal abuse. A member of the newly formed committee, Mr S Smith, was physically attacked when leaving the site in Saxton Lane.⁸⁹

By the end of the year the pestilence had caused 1960 deaths in the county. In addition to the 702 deaths in Leeds, 402 died in Sheffield, 300 in Hull, 185 in York and sixty-two in Wakefield. Bradford, so close to Leeds, had fewer than forty deaths.⁹⁰ Across Britain the disease killed roughly 32,000 people during late 1831 and 1832. Three other epidemics in 1849, 1854 and 1866 (the final one) were, in turn, responsible for 62,000, 20,000 and 14,000 deaths nationwide.⁹¹

Epilogue

When the epidemic was over, life for the people of Leeds continued very much as before. It was as though the cholera had never visited the town, as the epidemic did not produce any immediate commitment to public health.⁹²

Robert Baker presented his report to the Leeds Board of Health on 21 January 1833. It left members in no doubt about the task facing them. Additionally, Baker added statistics and cartography to the appendix. There were a few cosmetic measures carried out such as the whitewashing of the Boot and Shoe Yard at, it was reported, 'public expense'! This cosmetic ritual, as Beresford puts it, was, however, surpassed at the equally notorious Blue Bell Fold. It merely had its name removed from the street maps and directories, and was rechristened. A reference to 'Tindall's Yard, otherwise called Blue Bell Yard', appears in old deeds but there is no mention of the original name in the

⁸⁸ D.V. Smith, *The First Asiatic Cholera Epidemic in Leeds*, p. 14.

⁸⁹ *The Leeds Intelligencer*, 14.06.1832.

⁹⁰ E.A. Underwood, 'A History of the 1832 Cholera Epidemic in Yorkshire', (1935), p. 604.

⁹¹ A. S. Wohl, *Endangered Lives*, p. 118.

⁹² Smith (1982), p. 30.

1841 census.⁹³ Baker was ‘a prophet crying in the wilderness’.⁹⁴ His report of 1842 to Edwin Chadwick still paints a dreadful picture of the town and could almost have been written ten years earlier at the height of the epidemic.

Chadwick was fascinated with the prospect of Baker also coming forward with a ‘Sanatory [sic] Map’ of Leeds and illustrating, with the aid of this, the correlation between disease and housing.⁹⁵ The River Aire, said Baker, was still ‘discoloured’ and the Timble Beck, which flowed through the most populated ward, was ‘so exhalant and noisome as to be offensive in the first degree’.⁹⁶ Clearly little had changed. The 1842 Leeds Improvement Act had given the corporation powers to ease the public health problems in the town, and prohibited the occupation of houses in courtyards narrower than thirty feet.⁹⁷ It took, in fact, a further and more intense cholera epidemic, in 1849, to stimulate some action.⁹⁸

The riots had been brief and, although they resulted in some modifications in relation to hospital provision in the town, they really appear to have had little long-term effect locally. They were not really ‘anti government’ and were directed mainly at the medical profession.⁹⁹ This was very much the case in Leeds, although there is a suggestion from Morris that the people also mistrusted the ‘traditional ruling agencies’ of the town. Seventeen of the fifty-six members of the Board of Health had come from a previously un-elected body whose political and religious views had already been challenged.¹⁰⁰

As early as November 1831, a report in the *Intelligencer* indicated that there was a feeling the Board was indifferent to the plight of the majority. The feeling could have been exacerbated by the inclusion of some of the wealthy industrialists in the town. These were the same people, it went on to say, who appeared to have no hesitation when it suited them to keep wages low or to throw men out of work.¹⁰¹ Clearly there was a seed for future unrest here.

When compared with the events in some other northern towns and cities, the Leeds riots were of a modest nature. Why was this? Was it that the people were worn down by the constant struggle against disease and life in general or was the answer, as Briggs implies, slightly more obtuse? The people of Leeds were fortunate, he believes, in their doctors. He cites especially Baker and

⁹³ Beresford (1988), p. 397.

⁹⁴ Barnard (1990), p. 23.

⁹⁵ E. Chadwick (Ed. M.W. Flinn), *Report on the Sanitary Condition of the Labouring Population of Great Britain*, p. 51

⁹⁶ *ibid*, p. 24.

⁹⁷ S.T. Anning, *A History of Medicine in Leeds*, p. 6.

⁹⁸ *ibid*, p. 73.

⁹⁹ S. Burrell, G. Gill, ‘The Liverpool cholera epidemic of 1832 and anatomical dissection – medical mistrust and civil unrest’, *J. Hist. Med. Allied Sci.*, 60 (2005), 478-98.

¹⁰⁰ R.J. Morris, *Cholera, 1832* (1976), p. 117.

¹⁰¹ The *Leeds Intelligencer*, 10.10.1831.

Thackrah, and this may have helped to maintain an air of calmness. He also believes that in Leeds the propensity to riot was less marked than in other places such as Manchester and Bradford.¹⁰²

¹⁰² A. Briggs, *Victorian Cities* (London, Penguin Books, 1968 [1963]), p. 149.