



CIRENCESTER  
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## NEWSLETTER

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### Pestilence and Pandemics in Cirencester: a retrospective view for our times

Over the centuries Cirencester has not been immune to the effects of pandemics, national epidemics, or local outbreaks of disease. The impact of each and the subsequent effects on the town and its population can only be assessed from a number of disparate sources. How will we remember or record the present events, stemming from Covid-19? At times it is possible to feel swamped by data, news and reports from around the world. In contrast, the Black Death of 1348-9 looms large in the history books but no records survive to record its specific impact on our own community. The parish registers provide the first indicators to the health of the town's residents, and used with caution can identify moments of local outbreaks of disease.

In our own time of pandemic and lock-down, this Newsletter will revisit the work of two former members of the Society outlining the heavy mortality in the mid-1570s. An outbreak of scarlet fever and typhoid in 1870 led to improvements in the provision of clean water and drainage in the town by the local authority. Individual contributions by physicians and doctors have also contributed to both local and national efforts to combat disease.

First, a look at the work of two former members of the Society, **Joyce Barker** and **Leighton Bishop**, with additional thanks to their students over the years who helped to reveal the tragedies of earlier centuries.

The Niccol Centre was opened in March 1984, as a social and creative arts centre for the over-55s – functioning as a community resource with a theatre and art gallery. Classes on offer included woodcarving, calligraphy, embroidery, music, clay modelling, bridge, ceramics, life drawing, woodwork, photography, and patchwork. In later years the Niccol Centre was absorbed into Brewery Arts and in 2016 as The Barrel Store the building re-opened as YHA Cotswolds.

Joyce Barker and Leighton Bishop combined their respective interests in local history and palaeography to establish a series of courses for 'mature students', touching on a number of subjects. One such project resulted in the publication of a leaflet *Bring Out Your Dead* (not dated) from which these notes are taken.

**BRING OUT YOUR DEAD**  
**Plague, and the Pestilence of 1577-78**  
by Joyce Barker and Leighton Bishop

The loan of two books from Dr Edgar Hope-Simpson (Hirsch 1883; Creighton 1891) provided Joyce Barker with material to summarise the rise and fall of epidemics across the world, setting the scene for a more local study of the pestilence experienced in Cirencester in 1577-78 for which Leighton was able to provide personal names and family tragedies.

Black Death (bubonic plague) is the best known of the great epidemics, but whilst attributing it as the cause of vast numbers of deaths it must be borne in mind that sweating sickness, miliary fever, smallpox and measles contributed without any one being particularly identified.

Previous to the Black Death, epidemics in Britain were almost wholly a history of famine sickness (famine not to be confused with scarcity). One bad season brought scarcity and murrain; two bad seasons brought famine and pestilence.

Bubonic plague, a new disease, swept across Britain in 1348, with believed origins in Turkey. It appeared first at Weymouth in August, travelling through Dorset and Somerset to Bristol in a fortnight and on to Gloucester and Oxford, reaching London by Michaelmas. West from Weymouth it reached Cornwall and there were 500 dead at Bodmin at Christmas. These are all from contemporary records.

Parliament was prorogued because of pestilence in the city on 1<sup>st</sup> January 1348. The plague reached its height at Candlemas and was over by Pentecost; that is, from the beginning of February to May.

Monastic records, the main and most reliable source of information, are mostly blank for about four years, 1348-52, with the succinct entries of 'magna mortalities', but at St. Albans 47 monks died including the abbot and both prior and sub-prior. At Meaux, Yorkshire, 10 were left out of 43. At Croxton only the abbot and prior remained and the records from East Anglia, where they exist, tell the same story. By a quirk of fortune only 4 out of 80 died at Canterbury in 1349. However, the Archbishop of Canterbury died at Lambeth "with botch in the armpits" on August 16<sup>th</sup> 1349, a week after landing at Dover from Avignon. Botch was one of many names for bubonic plague and describes the typical boils which developed in parts of the body, particularly armpits, neck and groin.

At this time the epidemic was everywhere and attacked all types of people indiscriminately. Although England was probably never totally free for the next 300 years, it attacked only sporadically and, by and large, was worse among people living in poor crowded conditions. Difficulty of assessing correct statistics is due to the exaggeration for the sake of effect and the lack of comprehensive written records. Interesting too is the suggestion that in those days there was an inability correctly to cope with the addition of large numbers. A misplaced nought then is matched today by an erring decimal point!

Many clergy are recorded as dying, which is reasonable if they were visiting the sick and burying the dead (the nervous, intent only on self-preservation, would have isolated themselves!). Suffice it to say, the plague during 1348-49 was adequate to disrupt all areas of life, younger folk quickly coming to senior positions with a deterioration in the standards of accomplishments, (e.g. youths taking the place of clergy, their only qualification being that they had shaved their crowns!) and the general breaking down of administration with the chance of the oppressed to use their opportunities; witness the change in the labourer class. The Black Death was sufficient to call a truce between 1347 and 1350 in Edward III's war with France. When the epidemic was over fighting started again.

The sporadic outbreaks between the main epidemics are too numerous for these notes, but in the middle of the 15<sup>th</sup> century and again in 1464 there was "much pestilence". The first half of the 16<sup>th</sup> century records much Sweating Sickness, from the Battle of Bosworth – soldiers from the continent – until 1551 when it comes to an end as an epidemic, with bubonic plague beginning to show up again. 1563 was a bad year in different places, persisting up to 1578 which was another epidemic year in London and other parts of the country, including Cirencester as the parish records show (see below).

It raged from Bury St. Edmunds to Truro, but locally Gloucester was affected, the plague striking there from Easter to Michaelmas in 1580. The east coast to Durham and Northumberland recorded high incidence in 1584-5 and 1588. At the time of the Armada, dysentery and typhus were rife in the English fleet and "the remnants of the Spanish Armada were floating pest houses", the sickness there being the true plague.

Pre-1580, many parts of Europe were badly infected. Among those places named are Padua, Mantua, Venice, Messina, Palermo, Lisbon and Brussels, pointing to England's vulnerability from trade routes, merchants, soldiers and general cross-channel traffic.

It is interesting that, down the ages, whatever was going seemed to reach Oxford, perhaps because, as a seat of learning, it is better recorded than some places, but its vulnerability is noticeable; particularly referred to are four weeks in July 1577 when the epidemic was severe.

In the 17<sup>th</sup> century plague again shows at its worst. In 1638 a county rate was imposed to help the depredations in Gloucester city, and reports speak particularly of outbreaks at Banbury and Tyneside during the Civil War and there was an outbreak in Bristol towards the end of the Royalist occupation in 1645.

The Great Plague of London in 1665 was preceded by the driest winter, spring and summer "ever known" and the year is reported generally as "a sickly year in its early months" with the true plague gradually gaining in momentum in London from east to west, rising to phenomenal proportions as the 'plague bill' of 1665 shows: recording 97,306 burials, of which 68,596 died of plague. Villages either side of the river (e.g. Mortlake, Battersea, Wandsworth, Putney, Brentford, Isleworth and Ealing) also suffered excessively. Wherever the fleet was infection raged and the traffic routes on water and on land were a prime source of its spreading.

The pattern of infection, rising to epidemic proportions at different times and in different places with the occasional all-embracing attack, was less of a phenomenon than its comparatively fast disappearance after 1665. Apart from one outbreak at Nottingham in 1667 and a few almost un-noticed cases it faded for ever from these islands, and a few years later was eliminated from Europe

### **Pestilence in the 1570's in Cirencester**

To return to the 1570's and Cirencester, Joyce Barker was struck by the statistics published by Creighton (1891) recording the deaths and christenings in **London for August 1578:**

Week ending	Dead	Of Plague	Of other diseases	Christened
7 August 1578	132	73	59	76
14 August 1578	152	78	74	72
21 August 1578	232	134	98	63
28 August 1578	205	113	92	58
<b>Total</b>	<b>721</b>	<b>398</b>	<b>323</b>	<b>269</b>

The outbreak of plague which reached epidemic proportion in London in 1578 and spread across England, devastated Oxford and Cirencester, but missed Gloucester for another two years. Combining skills and interests, Joyce Barker and Leighton Bishop marshalled their students to investigate the local story.

The deaths recorded in Cirencester Parish Register [Gloucestershire Archives, P86/1/IN/1/1] follow a pattern according to season and could be said to vary from one or two burials each month to a maximum of 11 between 1570 and 1574. For the next two years there was one peak of 17 and two months of 10 burials each. Then halfway through 1577 numbers change and from May they rise for nearly two years to a phenomenal 109 for September 1578 and then fall back to the old pattern.

### **Cirencester Burials 1570-1580**

Month	1570	1571	1572	1573	1574	1575	1576	1577	1578	1579	1580
Jan	3	6	13	3	3	3	7	6	10	24	3
Feb	3	6	4	8	3	1	3	11	13	21	12
Mar	3	4	1	5	3	3	8	12	12	12	2
Apr	6	9	5	5	4	2	8	9	13	7	6
May	9	5	8	4	2	4	7	16	20	5	3
Jun	4	1	4	0	1	8	4	27	18	5	3
Jul	8	4	9	1	2	6	6	15	72	7	5
Aug	8	4	8	2	2	6	4	11	55	3	4
Sep	11	5	6	3	2	10	8	7	109	6	10
Oct	9	5	5	3	3	7	9	22	100	4	4
Nov	3	2	4	4	3	3	9	21	48	6	7
Dec	5	5	5	6	1	17	10	10	30	0	7
<b>Total</b>	<b>72</b>	<b>52</b>	<b>72</b>	<b>39</b>	<b>20</b>	<b>70</b>	<b>77</b>	<b>167</b>	<b>500</b>	<b>100</b>	<b>66</b>

Instead of perusing a number of months on one page in the parish register, there were a number of pages for one month and the horror dawned that here was the soulless record of a shattering experience. The bare numbers for January 1578 to June 1579 speak, yet we have no record, legend or rumour of this time.

### Analysis of Cirencester Burials, January 1578 - June 1579

	Adults	Children	Servants	Total
January 1578	6	4	0	10
February	6	7	0	13
March	3	9	0	12
April	5	5	3	13
May	5	10	5	20
June	4	13	1	18
July	22	44	6	72
August	15	32	8	55
September	41	59	9	109
October	43	56	1	100
November	17	30	1	48
December	12	18	0	30
January 1579	10	14	0	24
February	11	10	0	21
March	3	9	0	12
April	2	5	0	7
May	3	1	1	5
June	2	3	0	5
				<b>574</b>

[Note: The tabular statements are arranged according to modern calendar usage]

Entry in the Register surely means burial in the churchyard. There was no other official burying place and, besides the town dead, the Baunton bodies were also buried in Cirencester. At three burials a day, the area behind the Church, now so peaceful and pleasant, must have been almost a ploughed field. This period was about forty years since St Mary's Abbey had its own burial place and another forty years before 'many dead at Baunton' led to the new churchyard there at St Mary Magdalene being licensed.

The family tragedies, even in those days of death and disease, arouse feelings of compassion. The wealthy were struck as well as the poor: neither the Georges nor the Masters were immune. To quote a few: the Messenger family lost four members in one week, but the Parsons needed only four days for five of them to die. The Ireland family were buried one each day on the 8<sup>th</sup>, 3<sup>rd</sup>, 16<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup> of October 1578. One would have thought the family was finished but three more died over Christmas. Ten members of the Woode family were buried in 38 days, and there are recorded 5 Lyfolly burials; 8 Bennett; 6 Brasenton; 6 Rothwell; 6 Phillips; and 5 Chapman in the same peak period.

Despite the devastation, for many families it was only temporary. Only thirty years later, John Smith in *Men and Armour* – the enumeration of able-bodied men fit to serve in the King's Army compiled in 1608 – identifies five of the ten above-listed families with able-bodied men living in Cirencester. Brasenton appears in Tetbury and Yanworth, and whereas Parsons and Bennett are scattered they are numerous and only Rothwell and Messenger have disappeared as local families.

Horror stories and family tales must have persisted for some time and yet today the episode comes to us without comment from the past.

### **'This tyme of godes visytatyon of the pestelence'**

'Here folowith the will of Robard Benet of Sycester ... shewmaker mad ye x daye of Julye anno. 1578 ...'

One story can be told in more detail: that of Robard Benet (Robert Bennett), shoemaker, of Cirencester, who wrote his will on 10 July 1578 [Gloucestershire Archives, GDR 1578/142]. His burial on 26 July 1578 is recorded in the Bishops' Transcripts [GA, GDR/V1/63], but it is noted that there is no record of his burial in the parish register [GA, P86/1/IN/1/1].

Sections have been 'modernised' to ease the reading of his last will and testament. As in the standard format, Robert begins with the statement 'being sycke of bodye but in mynd perfet and of good remembrance', with his soul bequeathed to Jesus Christ and 'my bodye to be buried in the churchyard of Sycester near unto my wyfe'. A poignant statement for his wife Elinor was buried on 10 July 1578 - *the same day as he wrote his will* - her death no doubt prompting Robert to make arrangements for the care of their children.

His sons Robard and John, and daughter Jone, are each to receive £6 13s 4d. In addition, Robard is to have the best feather bed, the best coverlid, and two pair of best sheets. John is to have the best flock bed with keverlid, two pair of second sheets, and one gold ring (if he should die, the ring to be given to Robard). Jone is to have the second flockbed, the third coverled, with the third pair of sheets, one bering sheet, and two pillowcases. Each child is under 21 years of age, and each was committed to the custody of Thomas, John and George Ferebye respectively, brothers-in-law of Robard Benet senior.

'If it happen any of them should die, their portions to remain to the longer liver, but if it happen them all to decease now in this tyme of godes visytatyon of the pestelence', alternative bequests were outlined.

Sadly, Robard Benet, the son of Robard, was buried on 25 July 1578; Robard himself was buried 26 July 1578; and Jone, daughter of Robard Benet, was buried 8 August 1578.

#### References:

- Dr August Hirsch, *Handbook of Geographical & Historical Pathology*, by Dr. August Hirsch, (vol. 1, 1883).
- Charles Creighton, *A History of Epidemics in Britain* (1891).

<p style="text-align: center;"><b>Sickness and Disease in 1870</b> Scarlet and typhoid fever in Cirencester</p>
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‘It is remarked that scarlet fever has increased in intensity and has spread over a large area, and that it requires all the efforts medical skill can devise to prevent its further extension.’

(*North Wilts Herald*, 14 Feb 1870, p7)

An abridged version of a paper published by Dr William Budd in the *British Medical Journal* of 9 January 1869 had appeared in the *Wilts & Glos Standard* on 25 June 1870, p2, outlining the practical measures to deal with cases of scarlet fever, and advocating methods to control and eradicate it. Access to pure water, the use of disinfectant, and isolation hospitals for patients were proposed – measures requiring input from the local authorities.

On a more personal, practical level, T. Skinner, Pharmaceutical Chemist (by Examination) advertised his own remedy for Scarlet Fever: ‘The above Fever existing to considerable extent at the present season, it may be as well to remind the public generally that the best Antidote or Preventive for the same is BELLADONNA. Mr Skinner has prepared the article in its most proper form, with directions for taking, and which he recommends to be generally used.

(*Wilts & Glos Standard*, 2 Jul 1870, p3)

The ‘Health of Cirencester’ divided opinion, and can be followed in a number of letters and comments published in the *Standard*, the town’s newspaper in the course of the year.

A letter from Edward Cripps, who was a medical practitioner in Dollar Street is dated 30 June 1870 (published *WGS*, 2 Jul 1870, p4):

‘I may say at once that I consider the present panic about scarlet fever to be unnecessary, and the accounts of its virulence to be much exaggerated. No dependence whatever can be placed in these reports, which appear to strike terror into our neighbours; for at the present time if a child but cuts its finger the public gives it “the fever,” and usually kills it in about 24 hours. Of course there is no denying that scarlet fever is prevalent in the town, as it is (according to the Registrar General’s report) in almost every town and village in England, but not to a greater extent than I have often known it before; and the recent cases are of a much milder form than those which occurred at its commencement. The sanitary condition of the town has apparently little to do with this epidemic; it occurs in the houses of the middle and upper classes, as well as amongst the poor. The worst and most fatal cases which I have seen occurred at the Square Tower in the Park, a house standing alone, and at a high elevation. The general health of the town (barring this epidemic) is unusually good. In spite of the dry season the water in the gravel bed which supplies our wells is good and sufficient, in proof of which I may mention that the well which supplies the new bath, and which is only ten feet deep, is capable of filling it with clear water (210,000 gallons) in twelve hours.’

The Quarterly Return of the Registrar-General, published in the *Times*, compared the mortality figures in Bristol, Gloucester and Stroud, and concluded that the spread of scarlet fever was due to neglect in sanitary laws ... ‘but in the present general diffusion of scarlet

fever there can be no assurance of continued safety except by the careful removal of noxious influences, and by the sedulous employment of the powers of the existing law.'

(WGS, 27 Aug 1870, p2)

The health of the town continued to be debated, and the Editor tried to maintain a balance, publishing the views of "Observer" and "Common Sense".

'To the Editor : Sir, I was provoked by a letter which appeared in one of your contemporaries some time ago to write to you on the subject of the health of the town, but on second thoughts I considered that it would be better not to say anything whilst scarlet fever was about, because I know how easily the public gets frightened, and how much it injures the trade of a town when an infectious disorder is known to be prevalent within it. So I let it pass, but as "Observer" has now opened the question about our sanitary shortcomings, I may as well say what I intended, now that the fever panic has in a measure subsided.

The letter that I speak of was a very cruel one, speaking of the fever as a very slight affair, the deaths being "chiefly amongst children." Certainly: scarlet fever generally *is* "chiefly amongst children," but I never heard that it was any the less dreaded on that account, or that parents measured their grief by the size of the coffin. The man who could write such a heartless letter must be some one utterly devoid of feeling, in whose eyes the death of "a few children" would be a mere nothing compared to the sale of a few yards of calico or an extra box of figs. It seems to me to be perfectly immaterial whether the mortality is amongst old or young. The question is has that mortality any connection with defective sewerage or impure water? Fever generally *has*.

There is no doubt that the town has had a very high death-rate lately. With an estimated population of 6500 we ought to have 175 deaths in the *year*. Our actual mortality has reached that number already, in *37 weeks out of the 52*. Is there any reason for this? If there is the sooner we have it out the better.

I know that some persons think that at such times we ought to do all we can to hush the matter up, and tell any quantity of fibs for fear our customers should be frightened; but a far more sensible course would be for the tradesmen of the town to insist upon finding out whether the illness is traceable to any particular cause, and if so to remove it. Perhaps "Observer" can help us in the matter. What it pleases God to send us we must take as it comes, but I fancy that we lay a good deal to Providence which is due simply to our own neglect.

I am, Sir, Yours &c., COMMON SENSE. '

(WGS, 24 Sep 1870, p4)

By October the newspaper's columns were filled with comment and analysis assessing the purity of the drinking water. Professor A.H. Church of the Royal Agricultural College tested the water from various public wells in the town and concluded that "... people are pleased to call water, but which in too many cases is a deadly beverage, - a liquid clear and bright it may be, but still sewage only partially purified."

(WGS, 8 Oct 1870, p2)

On 12 November the *Standard* published an article which had appeared in the *Builder* the previous Saturday on the subject of the town's sanitary condition:

'The town of Cirencester has been suffering for the last six months from a severe epidemic of scarlet and typhoid fever. We see, by a report of the sanitary committee, published in the *Wilts and Gloucestershire Standard*, that attention has been directed to the dreadful state of



the wells in the town, and that 'in every case in which typhoid fever had appeared, the water used by the afflicted families was found to be more or less impure.' ... What can the good people of Cirencester be thinking of, to be content to drink this filthy stuff when they are surrounded on all sides by abundant springs of excellent water: - or have the principles of sanitary science not got down to Cirencester yet? – for we see by the report that some of the speakers seemed to think that impure water has no connexion with disease, even in the face of their own sanitary committee's report.' (WGS, 12 Nov 1870, p5)

By the end of the year the advocates of providing a clean water supply to alleviate disease were beginning to turn the tide of opinion, but it was to take another twelve years before public and private wells could be dispensed with.

In early December 1870 the Town Commissioners received the Report of the Sanitary Committee containing the 'statement of the cases of typhoid and typhus fever which had occurred and come under the notice of the Parochial Nurse, since 6<sup>th</sup> Sept last, comprising 55 cases of typhoid and one of typhus fever, of which 53 have occurred in Gloucester Street, 3 in Cricklade Street, and one in Dyer Street [stet]. The Committee had also obtained a statement of the number of deaths which have occurred in the town from fever from 5<sup>th</sup> May to 21<sup>st</sup> Nov, numbering 49 cases, being 45 cases of scarlet fever, 3 of enteric or typhoid fever, and one of typhus. It also appeared from statistics which the Committee had collected, through their Inspector, that the death rate of the parish of Cirencester for 13 years ending 30<sup>th</sup> September 1869, was rather less than 20 per thousand; that in the year ending 30<sup>th</sup> September 1870, the number of deaths was 179, being at the rate of rather over 27 per thousand; and that the deaths in the period from 30<sup>th</sup> Sept to 23<sup>rd</sup> November 1870, amounted to 35, being at the rate of 35 per thousand.

The Committee also reported that the Inspector had caused to be delivered, at each house in which typhoid fever had appeared, a printed recommendation to discontinue the use of water from their own wells, and had supplied them with water from the town pump.'

(WGS, 3 Dec 1870, p2)

The conclusions based on water samples analysed by Professor Church and Dr Frankland were published the following week.

'The water from the Market Place pump would be of excellent quality for drinking if it were not rendered slightly turbid from surface soakage, the cause of which could doubtless be discovered and the necessary remedy easily supplied.

The water from the pump near the railway station may also be used without much risk, but Bowly's pump water [Watermoor Road] contains the products of decomposition going on in a neighbouring graveyard, whilst the water of Chapel well near Park Street, and of Sheep Street well (which was very turbid) has been much contaminated with sewage.

The public safety demands that the three last-named wells should be immediately closed; the proposed cleaning of them will do but little good. When mixed with sugar these well waters develop in a short time, crowds of vibrios, bacteria, and fungoid growths. As Cirencester is surrounded with excellent water there can be but little difficulty in supplying the town with wholesome beverage.'

(WGS, 10 Dec 1870, p5)

Oh, for pure drinking water and a sewage system connected to each house, not contaminating the wells!

In 1876 the Town Commissioners were replaced by the Local Government Board and previous reluctance to commit to town improvements changed. In 1878 the Infectious Diseases Hospital was established in a pair of houses to the south of the town (the Cottage Hospital in Sheep Street was privately funded and had opened in 1875). In 1878-80 Thomas Bravender supervised the improvement of drainage in the town and a sewage farm was built at Tudmoor. In 1882 the town pump in the Market Place was no longer required, with the construction of the Cirencester Urban District Water Works on the site of the former Bowly's Brewery in Lewis Lane.

The use (mis-use, abuse) of statistics requires balance and perspective: the perceived spike in deaths in 1870 needs to be set in context, in this instance using the record of burials in the parish register for Cirencester for the three years 1869-1871:

<i>Burials per Month: 1869 (total 86)</i>												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
6	11	10	11	7	7	6	5	7	4	9	3	
<i>Burials per Month: 1870 (total 182)</i>												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
6	13	16	16	10	21	22	20	14	11	18	15	
<i>Burials per Month: 1871 (total 102)</i>												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
13	10	13	8	9	8	12	4	8	4	5	8	

Looking in more detail at 1870 and assessing age at death gives the following breakdown:

Infant	2	3	4	5	6	7	8	9	years of age
36	9	11	16	7	6	4	5	0	
(Infant defined as less than 2 years of age)									

10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100 years
13	9	10	5	7	12	20	10	2

Reference was made in July to the tragedy at the Square Tower, and analysis by surname reveals the Stratford family, Thomas and Georgina, lost four children within the space of a month: Mary Ann, aged 8 buried on 7 May; Jane, aged 13 on 2 June; William, aged 4 on 2 June; and George, aged 6 on 4 June.

Their close neighbours, William and Frances Smith at the Round Tower, lost three children: William, aged 4 buried on 19 Nov; Elizabeth, aged 6 on 24 Nov; and Henry, aged 2 on 3 Dec 1870.

Death certificates would confirm the cause of death, but the Sanitary Inspector's report and the public concern over sanitation and water purity indicate a year of above average deaths, due in part to scarlet fever and typhoid. It took time, but measures were introduced to improve the health of Cirencester.

Sources:

- Victoria County History for Gloucestershire, Volume 16, Cirencester, draft texts available, online <https://www.vchglosacademy.org/CirencesterDrafts.htm>
- Burial Register for Cirencester Parish Church, 1870: Gloucestershire Archives, online [accessed via [www.ancestry.com](http://www.ancestry.com), August 2020]
- *Wilts and Gloucestershire Standard*, online [accessed via [www.findmypast.org.uk](http://www.findmypast.org.uk), August 2020]

**Two eminent epidemiologists, with links to Cirencester:**

Edward Jenner (1749-1823)  
Edgar Hope-Simpson (1908-2003)

In the context of dealing with disease generally, as well as for their local achievement, the work of these two gentlemen is worthy of note.

**Edward Jenner**

Edward Jenner was born in Berkeley on 17 May 1749, the fourth son and eighth of nine children of the Revd. Stephen Jenner. He attended Wotton-under-Edge grammar school in 1757, before transferring as a boarder to Cirencester Grammar School where Dr John Washbourn was headmaster. He therefore joins the small band of alumni of the school.

His medical education began in 1763 when he trained with Daniel Ludlow, an apothecary in Chipping Sodbury, before moving to study at St George's Hospital in London from 1770. In 1772 he returned to Berkeley and set up in general practice.

In the 18<sup>th</sup> century smallpox was rife with a mortality rate of 20% for those infected. Before Jenner introduced vaccination, smallpox could be prevented by variolation, a process by which matter from smallpox pustules was deliberately injected into the skin in the hope that a mild but protective infection would result. There were risks and Jenner himself, aged eight, had suffered unpleasant effects from his own variolation. The desire to find a safer alternative led him to the pioneering work with which he is associated.

Jenner observed the immunity to smallpox conferred on those previously infected by cowpox, a mild, localised disease traditionally acquired when milking infected cows. On 14 May 1796, after many years of research and observation, Jenner vaccinated James Phipps with material from the arm of a cowpox-infected milkmaid, Sarah Nelmes, at Berkeley. The eight-year old recovered, and six weeks later successfully resisted variolation.

Jenner continued to collect epidemiological information before publishing his results in 1798, *Inquiry into the causes and effects of the variolae vaccinae a disease ... known by the name of the cow-pox*.

The international adoption of Jenner's vaccination techniques eventually led to the eradication of smallpox, and the vaccination paradigm has also successfully been applied to the prevention of other life-threatening diseases such as diphtheria, polio, and tuberculosis.

Jenner died from a stroke on 26 January 1823 at his home, The Chantry, Berkeley (now the Jenner Museum).

**Edgar Hope-Simpson** OBE. MRCS, LRCP. FRCGP. HonFFPHM

At this point in 2020, as we experience our own pandemic, it is very apposite to record the work of Dr Edgar Hope-Simpson. In 1947 he set up a pioneering epidemiological research unit at 86 Dyer Street in the town, establishing the link between chickenpox and shingles, and researching the spread of influenza.

Hope-Simpson started his medical studies at St Thomas' Hospital in London. After qualifying he moved in 1932 to Dorchester, as Resident Medical Officer in Dorset County Hospital. In 1934 he moved to Beaminster, and became assistant in the practice of Dr Herbert Lake.

His move to Cirencester in 1945 came four years after his wife Eleanor had given him a copy of William Pickles' book, *Epidemiology in Country Practice*, encouraging the epidemiological research of common diseases which could be undertaken by a general practitioner. With initial funding from the Public Health Laboratory Service he established the Cirencester Research Unit in 1947, funding of which was continued from 1973 until 1981 by the Department of Health and Social Security.

He continued as a popular general practitioner until 1976 while studying and researching infectious diseases, primarily the link between chickenpox and shingles. He disproved the thought common at the time that two different viruses existed. His work showed that a virus could lie dormant in the human body for years, and then reappear in another form.

His work in the manner of transmission of the influenza virus is equally relevant to today's pandemic. Following the great flu epidemic of 1932-33 he questioned the theory of person-to-person transmission being enough to explain the simultaneous appearance of influenza in places far apart. He investigated the possible causal link to seasonal influences, noting the spike in cases in winter, suggesting the lack of vitamin D was a factor.

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The *Newsletter* serves as an update and archive of various research and local activities and submissions are always welcome. Contact: [editor@cirenhistory.org.uk](mailto:editor@cirenhistory.org.uk)

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