

## Cholera in Nineteenth Century Belfast

(An earlier draft of this article was originally published by Epidemic Belfast in 2021 alongside an accompanying podcast episode. <https://epidemic-belfast.com/6-cholera-in-nineteenth-century-belfast/> and <https://epidemic-belfast.com/podcast/cholera-in-victorian-belfast/>)

*I feel persuaded that epidemic diseases are not the necessary heritage of mankind.*

*Like other terrestrial phenomena, they have certain causes or precursors. It is frequently a difficult problem to ascertain what these are, although it is a matter of the utmost importance to do so; for without a knowledge of this kind, how can we devise means for arresting the progress or preventing the inroads of epidemics?*

**Henry McCormac, *Observations on Spasmodic Cholera, Its Origin, Nature and Treatment; With Remarks on Epidemic Diseases Generally* (Belfast: Hodgson, Archer and Jellett, 1832), p. 3.**

### Introduction

As Ireland's only major industrialised town, Victorian Belfast was outwardly prosperous for much of the period and displayed a marked sense of civic pride. In 1842, the English novelist William Makepeace Thackeray described it as appearing "hearty, thriving and prosperous, as if it had money in its pocket and roast beef for dinner." Yet, like many rapidly growing industrial towns, this image of prosperity concealed an urban infrastructure struggling to keep pace with population growth.

Adjoining many of its main thoroughfares was a network of confined backstreets, entries, courtyards, and alleyways where scenes of deprivation, overcrowding, and poor sanitation were common. In such conditions, infectious diseases, including fever, dysentery, tuberculosis, and others associated with urban poverty and poor sanitation, were widespread and frequently reached epidemic proportions. These conditions produced a constant burden of disease in Belfast, but none generated the same fear as rumours of a new and more devastating contagion spreading across Europe. In February 1832, following months of distressing reports from abroad, Asiatic cholera—a new contagion largely unfamiliar outside the Indian subcontinent where it had originated—made its first appearance in Belfast. Three further cholera epidemics would follow in 1848–49, 1854, and 1866, forming part of wider global pandemics that swept the world and helped reshape nineteenth-century public health thinking.

### Understanding Cholera: Transmission, Symptoms, and Mortality

Cholera is an acute intestinal infection. It is now understood to be caused by the endemic waterborne bacterium *Vibrio*. Cholera is usually transmitted through the ingestion of water contaminated by the excreta of infected individuals, particularly in urban environments where infected sewage was able to contaminate the public water supply. In the towns and cities of nineteenth century Ireland, where sanitary practices and sewerage infrastructure were often rudimentary, this particular mode of transmission made the disease a particularly deadly hazard.

Everywhere it struck, cholera inspired fear, and with good reason. While its pandemics approached slowly and could be observed and even anticipated, contemporary medical knowledge offered little in the way of effective prevention, treatment or cure. The disease could appear suddenly, spread rapidly, affect rich and poor alike, while also carrying the threat of extremely high mortality. Its signature symptoms, acute, often violent diarrhoea and vomiting, were both distinctive and devastating. These were commonly accompanied by agonising stomach and muscle cramps and led to rapid and severe dehydration, leaving victims comatose, with shrivelled blue-grey skin, and often dead within a matter of hours.

In Ireland, cholera's impact was especially severe, with outbreaks producing exceptionally high mortality and exposing the vulnerability of already fragile urban and rural communities. Around forty per cent of those who contracted the disease between 1832 and 1833 died, with mortality rates in some areas reaching as high as seventy-six per cent. In the 1848–49 epidemic, mortality was even higher, as the disease spread through a population severely weakened by the Great Famine and its associated illnesses. When cholera returned in 1853 and 1866, case numbers in Belfast fell markedly, yet, because medical understanding remained limited and treatment practices largely unchanged, mortality rates remained high.



**Image: High Street, Belfast c.1831. Ulster Museum, IC/High St/831.**

### **The Public Health Response in Belfast, 1831-32**

Although public health was typically considered a local rather than a national responsibility, the widely perceived ineffectiveness of Belfast's Corporation led the initial response to cholera in September 1831 to be driven by a hastily formed but ambitious Board of Health, composed of prominent doctors, magistrates, and

clergymen. The Board, whose formation had ignored the instructions of Dublin's General Board of Health (which had required confirmation of cholera before the establishment of local boards), initially functioned as a supervisory body but quickly assumed responsibility for preparing Belfast for the inevitable arrival of the disease.

It began by urging those responsible for cleaning the town, the Commissioners and Committee of Police, to intensify their efforts. The Board also divided the town into manageable medical districts, with visitors appointed to report on the condition of streets and the health of residents. In contrast, other institutions were less willing to provide assistance. The Belfast Charitable Society, for example, had resolved to place its institution in quarantine at the first sign of cholera, and when canvassed for support, it agreed only to supply coffins as required.

A campaign to secure additional hospital accommodation followed, eventually raising £700 to construct temporary facilities at the rear of the Frederick Street Fever Hospital. A building in Lancaster Street, behind the hospital, was also acquired and used as a lazaretto to house those who had been in direct contact with cholera victims or were showing symptoms. Initially under the direction of Dr William Duncan, this 'Cholera Hospital' was later transferred to the formidable Dr Henry McCormac, who spearheaded the medical response, enforcing a strict isolation policy and employing treatments that included bloodletting and the administration of calomel (mercury), opiates, and dilute sulphuric acid. The latter, McCormac argued, was both inexpensive and effective. It seemed, therefore, as Dr Andrew Malcolm would later recall in 1851, that the early actions of the Board meant that 'no town of the same magnitude was placed in more effective defence.'

### **Cholera's Arrival and Impact**

Cholera's first case in Belfast occurred on 28 February 1832 in a lodging house in Quay Lane, a narrow street near the River Lagan. Bernard Murtaugh, a 34 year old cooper, first showed symptoms around midnight and despite the best efforts of local doctors he died just nineteen hours later. The Board of Health, anxious not to cause undue alarm, was careful not to publicise the death but took strong precautions, burning Murtaugh's bedding, fumigating and whitewashing the house and installing a guard of constables. It was initially suspected that Bernard had contracted the illness from travellers that had arrived from Scotland, and stayed in the same lodgings, but the board later announced that the visitors had been in perfect health.

Within days however, several more cases occurred. In Johnny's Court (off Talbot Street), the deaths of George McKeown and his son, 'a stout young man' of 27 along with two others, all linked by the *Belfast Newsletter* to the Quay Lane case, forced the Board to publicly acknowledge the presence of cholera in the town. Between then and the release of the board's final statistics in November 1832, 2,831 cases of cholera and 418 deaths were recorded in Belfast, a mortality rate of just under fifteen per cent. While shocking, these statistics were still considerably lower than those of any other large town in Ireland, Dublin and Cork for example, experienced rates which exceeded thirty per cent. The relative success in managing the crisis was widely praised and

attributed principally to the early actions of the Board of Health, its effective cooperation with the town's main sanitary bodies and to the management of the cholera hospital by its medical and ancillary staff. Nevertheless, the inability to maintain public health measures after this emergency passed meant that, when cholera returned, the town confronted a considerably worse epidemic, one that clearly exposed how little civic improvement had occurred in the very places where it was most desperately required.

### **Public Health Reform and the 1848–49 Cholera Epidemic**

After 1832, new cases were relatively rare; consequently, cholera and ongoing preventative public health provision seemed to pass quickly from both civic and public consciousness. In the interim, few medical advances had been made in the bacteriological understanding of epidemic disease, so when cholera re-emerged in the West after 1847, practically nothing had changed in the way it was fought. However, in Britain and Ireland, public health administration had begun to evolve. Thus, the response to Belfast's public health emergencies was increasingly shaped by the efforts of the new Belfast Board of Guardians, the physician and sanitary reformer Dr Andrew Malcolm, and the additional sanitary and housing powers granted to the Corporation through town improvement legislation. The Guardians, for example, acted in defiance of the Poor Law Commissioners when they opened the Belfast Workhouse in 1841 with ten beds reserved for the reception of the sick, rapidly increasing this number to one hundred. They also provided assistance to the town's medical dispensaries, reached an agreement with the General Hospital for the admission of cholera patients, and issued an open letter urging local mill and factory owners to release employees displaying symptoms of cholera. The importance of such measures became evident in early February 1849 when thirty-three cases and nine deaths occurred among workers at Ewart's Mill on the Crumlin Road.

The driving force behind Belfast's response was undoubtedly Dr Andrew Malcolm. In March 1848, for example, he used a public meeting to draw attention to numerous sanitary deficiencies throughout the town and to propose the formation of the Belfast Sanitary Committee. This body, headed by Malcolm and comprised of prominent community representatives, clergy and local doctors was specifically aimed at dealing with cholera in the first instance. Among its initiatives was the revival of the Contagious Diseases (Ireland) Act (1819), which had remained in abeyance in Belfast since 1822. Under its provisions, Officers of Health were once again appointed, although their powers were limited largely to the cleansing of drains, the removal of accumulations of manure, and the prevention of vagrancy. In Malcolm's words, they could only 'touch the surface of sanitary evils' in the town. The committee also published and distributed reports advising the public on the prevention of cholera and the importance of improved hygienic practices. Magistrates' orders were routinely issued for the removal of nuisances, poor families were provided with straw bedding, houses were whitewashed, and new sewers were constructed in some parts of the town.

Still, some areas where similar sanitary actions were urgently needed remained largely neglected by the authorities. They included parts of the Smithfield, College and Cromac wards, all of which had been highlighted in a damning report from the committee in 1849. These districts in particular had been identified as some of the most notorious seats of cholera. The latter two, the report declared, was due to their proximity to the notoriously unsanitary Blackstaff River, which for some time had been little more than an open sewer, described by Malcolm as a 'foul and open tortuous stream.' As cholera intensified in July 1849, notable deaths in Cromac included the eminent Wesleyan Minister Rev. Matthew Langtree, and in particularly tragic circumstances, his wife Catherine, who fell ill as his remains were being taken for interment. She died shortly after her children returned from the funeral. By mid-October, almost a year after it had begun, the epidemic had run its course. There had been 3,538 cases and 1,163 deaths, resulting in a mortality rate of thirty-three per cent, more than double that recorded in 1832.

Yet Belfast still managed to avoid the significantly higher tolls recorded in Dublin, Cork, and elsewhere across the country, where the combined pressures of famine and chronic poverty intensified the effects of epidemic disease, particularly fever and cholera. Belfast's comparatively lower mortality reflected the combined efforts of Dr Andrew Malcolm, the Sanitary Committee, the Board of Guardians, and town improvement legislation, which together strengthened its public health response and mitigated the epidemic's impact.

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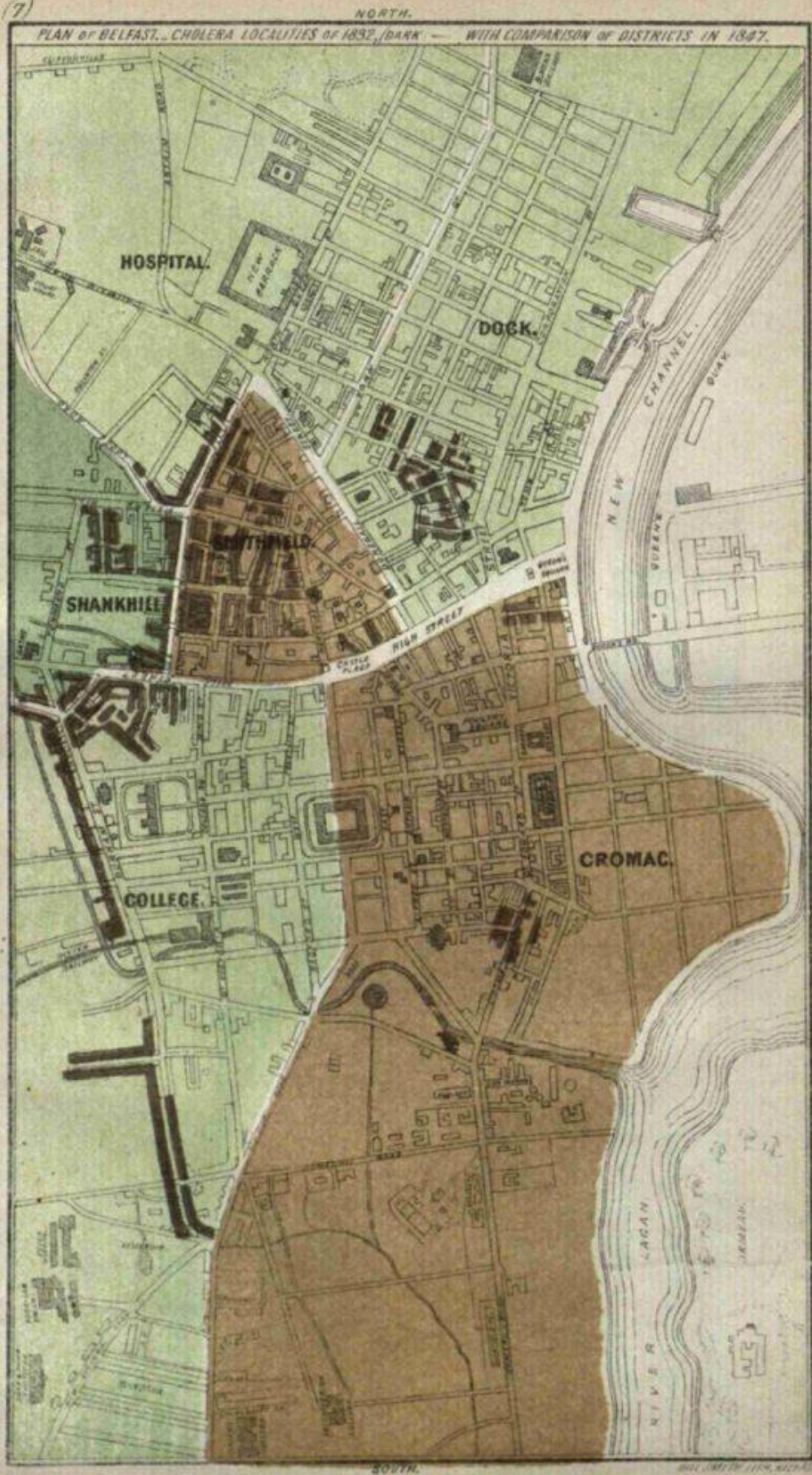


Image: Map of Belfast's Cholera Localities, 1832. Ulster Museum, IC/High St/831.

## **Reform and Slow Public Health Progress, Cholera 1854–1866**

Following the end of the epidemic, the subsequent decade saw improvements made to some aspects of health care in Ireland. Under the Medical Charities (Ireland) Act (1851), the dispensary system was brought under the control of the Poor Law Commission, which itself was restructured to incorporate improved public health administration. However, persistent sanitary problems remained. In Belfast, the Blackstaff nuisance remained largely unaddressed, while housing conditions and basic sanitation in the poorest districts had continually been neglected following the end of the previous epidemic. Warning of the danger of renewed epidemic outbreak, Malcolm told the British Association in 1852: ‘Are we prepared? We fear not.’

When cholera returned in 1854, Belfast’s municipal authorities made a determined effort to lessen its impact. Even so, it remained one of the worst affected large Irish towns. The epidemic began in March 1854, with the first cases reported in Smithfield and Washington Street. It then spread more widely across the town, but its overall duration was relatively short, and it came to an end in October/ November. Accurate statistics for this outbreak are difficult to establish with certainty, but while case numbers were relatively limited, fatalities showed a notable rise from 1848–49. The official returns of the Poor Law Commissioners, which recorded 1,871 cases and 677 deaths, a mortality rate of 36 per cent, reveal the continued vulnerability of Belfast to serious public health crisis. However, it should also be acknowledged that Belfast’s civic authorities remained proactive and were, in several respects, more developed than comparable bodies elsewhere. Therefore, their often-highlighted failures, such as their inability to deal swiftly and adequately with sanitary issues, should be attributed to political opposition, bureaucratic infighting, and financial constraints rather than to incompetence.

When cholera appeared in Belfast for the final time in 1866, it could scarcely be described as an epidemic. Official returns recorded just 28 cases of Asiatic cholera and 15 deaths, although the true figure was likely higher. While this may appear to represent a public health success, it cannot be attributed solely to substantial improvements in the town’s sanitary condition. Rather, Belfast’s relative escape from major epidemic mortality was shaped less by the effectiveness of sanitary reform than by the unpredictable behaviour of cholera itself, combined with a measure of fortuitous circumstance.

Although occasional alarms were raised, cholera did not return to Ireland in epidemic form after 1866. The decades that followed were increasingly shaped by scientific enquiry and sustained efforts to better understand cholera and other contagious diseases. These developments transformed the global medical and public health landscape, and by the end of the century, long-standing uncertainties surrounding epidemic disease had begun to be resolved.

# Board of Health, BELFAST.

## Epidemic Cholera.

IN the end of October, 1831, Cholera appeared in Sunderland. Upon the 17th December, it reached Haddington, in Scotland, and at this date, has appeared both in Glasgow and Paisley. Between these places and Belfast the intercourse is so constant, that we have reason to expect, that within a short period it may reach us, in spite of every precaution. THE BOARD OF HEALTH therefore deem it necessary to address their fellow-townsmen, for the purpose of stating what has been done, what they purpose to do, and what they would advise, with a view either to avert or mitigate the disease.

1. The Town has for several years been divided into six Dispensary Districts, with two Medical Gentlemen to each; but should Cholera appear, there will be an immediate increase of medical appointments, according to the exigency of the case.

2. Each District is placed under the superintendance of Two Members of the Board, each District is again sub-divided, and each Division is placed under Visitors resident in the neighbourhood.

3. The Visitors are engaged in the examination of the Streets, Lanes, Courts, Yards, and Houses; and are endeavouring by

means of the active and zealous co-operation of the Commissioners and Committee of Police to promote the cleanliness of the Town.

4. The Superintendants and Visitors will, wherever necessary, have the houses of the Poor whitewashed, and will furnish a supply of fresh straw for their beds; and be ready to attend to any other matters of precaution or relief, that circumstances may demand.

5. The Quarantine Laws, according to directions received from Government, will be strictly enforced upon all vessels from infected ports.

THE BOARD OF HEALTH beg leave to address to the Public the following suggestions, which, they believe, may, under Divine Providence, contribute to the protection of society in general, and particularly of the poor, who, from a variety of circumstances, may be chiefly exposed to contagion:—

1. Do every thing in your power to maintain cleanliness of person and clothes.

2. To guard against sudden changes of temperature, wear a flannel shirt next the skin, or at least a belt eighteen inches broad round the bowels.

3. As much as possible avoid getting the feet wet, or sitting in wet clothes.

4. Avoid unnecessary and fatiguing journeys.

5. Avoid late hours, and all parties in small close rooms. The ordinary practice of sitting all night at Wakes, is most particularly dangerous.

6. After rising in the morning, let all bed clothes be hung up on a rail or line.

7. Sweep frequently under beds.

8. Keep windows open during the day, whenever the weather is dry. Wherever it can be done, raise one sash, and draw down the other a few inches. Particularly keep open the upper windows of stair-cases, lobbies, &c.

9. Remove from yards, or near the doors, all gatherings of sweepings, dung, &c. causing offensive smells, and drain of all stagnant water.

10. Dump earthen floors being exceedingly prejudicial to health, do all that can be done by drains, or otherwise, to keep them dry.

11. Wash boarded floors frequently, and dry them well, by ventilation and fires.

12. Let SERVANTS and all others keep as much as possible at home, and avoid visiting sick persons, unless where absolute duty requires.

13. As it is not improbable that Dogs, by frequenting infected houses, are often the means of conveying infection to other places, let them be tied up.

14. *Be Temperate.* If Ardent Spirit be used, let it only be in moderate quantity after dinner, and largely diluted with water. Of the tendency of intemperance to produce Cholera, we have a striking example, by which it appears that in consequence of drinking on Christmas-day, (25th December last,) thirty-nine persons were seized with Cholera at Gateshead, upon the 26th; and fifty-nine, upon the 27th: of whom ten died on the 26th, thirty-two on the 27th, and thirteen on the 28th December; whereas the greatest number of deaths upon any other day was only nine, and the ordinary average five. Persons whose business calls them to fairs and markets, are often accustomed to drink spirits after their journey, and in the evening when fatigued with business and weakened by long fasting, a practice at all times injurious to health, and peculiarly calculated to prepare the way for the attack of CHOLERA.

15. A mind at peace is always the best preservative of health. Therefore let all ranks, trusting in the grace of our Lord and Saviour, turn to God with all their hearts. It may be, that, listening to prayer, God will defend us from this scourge; or should he send it amongst us, the visitation will be converted to good.

(Signed by order of the Board,)

Belfast, 18th Feb. 1832.

**CHARLES TREVOR,**  
SECRETARY.

Let this paper be pasted up in Factories, Schools, and Dwelling-houses.