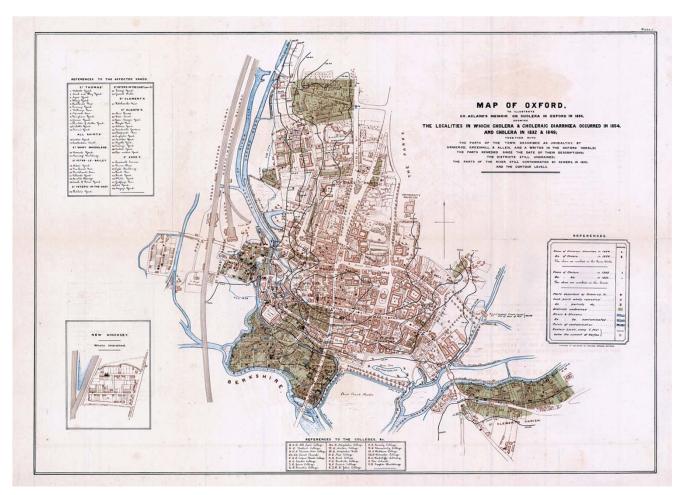
A Contagious City – 120 years of typhoid control and eradication in Oxford

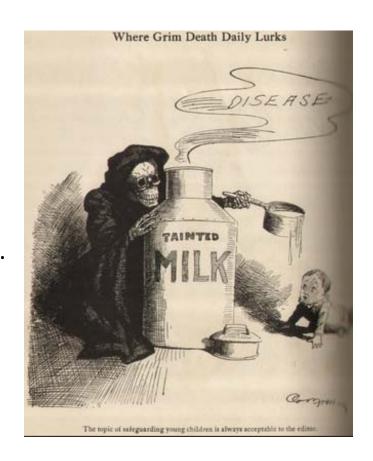


Claas Kirchhelle & Samantha Vanderslott University of Oxford



Aims

- 1. Show potential of interdisciplinary research to utilize past data on disease and interventions.
- 2. Challenge heroic tales of Western sanitary control.
- 3. Highlight historical importance of financial credit and bottom-up coalitions for typhoid control.





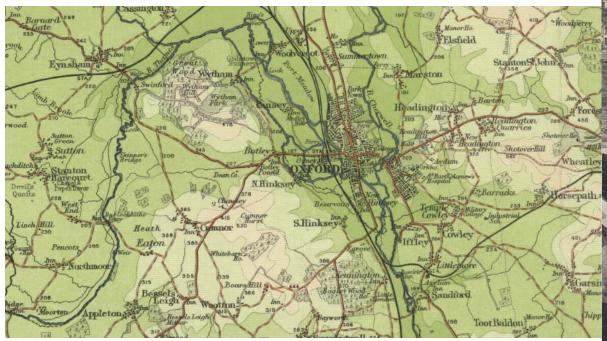
Part One – Oxford



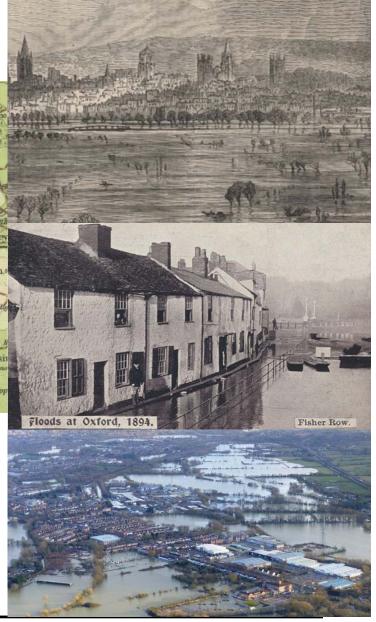




Context: Hydrology

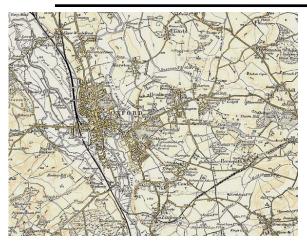


- Low-lying
- At conjunction of two river systems (Thames and Cherwell)
 - Prone to flooding
 - Poor drainage

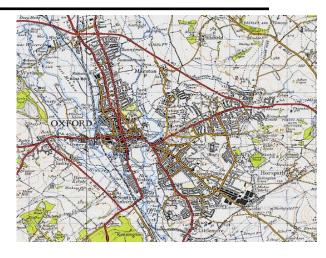




Context: From Country to Industrial Town







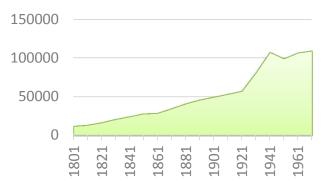
Rapid growth during 19th and 20th centuries fuelled by:

- Rural Migration
- Industrialisation
- Administrative expansion

Population growth from:

- Ca. 12,000 (1801) to 49,000 (1901) to 98,684 (1951)
- > Expanding urban foot print, housing crisis, resource constraints

Population Oxford





Context: from county to industrial town



- Significant seasonal migration (students).
- High-levels of economic inequality
- Social tensions (town vs. gown)
- Geographically defined destitution (slums).





Part Two – Finding Typhoid in Oxford

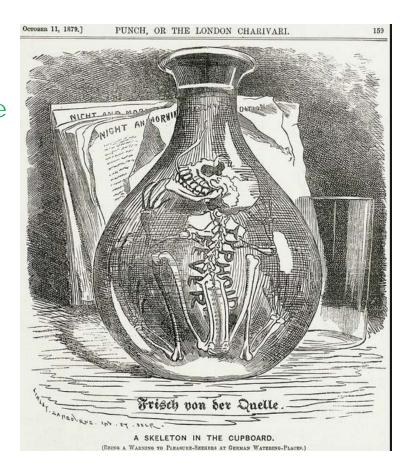




Finding Typhoid in Oxford

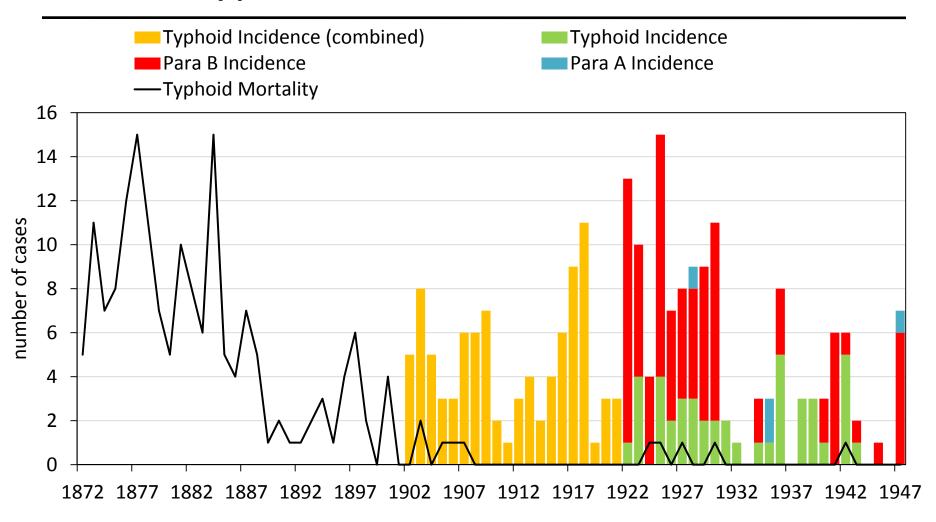
1837	Registration Act
1837	Gerhard sets out the clinical/
	pathological difference with typhus
1849	Budd shows cholera water transmissible
1872	Oxford appoints full time MoH
1880	Eberth identifies typhoid bacillus
1889	Notification of Diseases Act
1900	Paratyphoid B isolated

- Problem of retrospective diagnosis:
- Consistent Oxford reporting only from 1870s onwards/



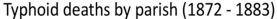


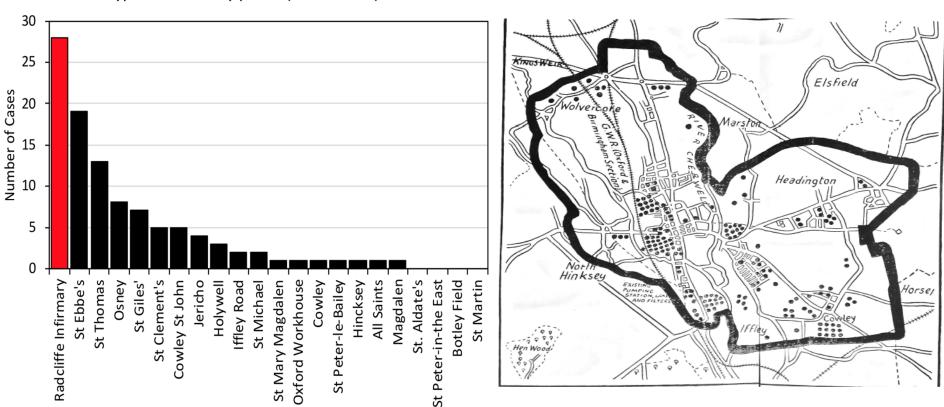
Typhoid in Oxford 1872-1947





Incidence by District





> Incidence & mortality highest in poorest, overcrowded, and low-lying areas of the city



Part Three – Contested Reform



A COURT FOR KING CHOLERA.

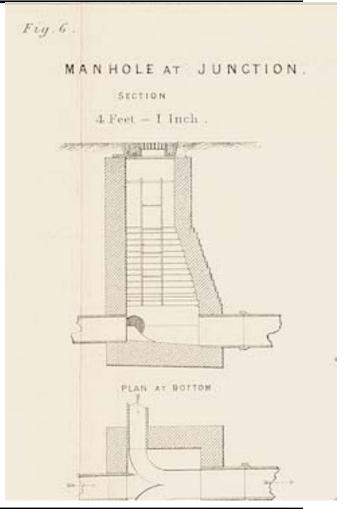


A Heroic Age? – non-linear reforms

Water quality and inadequate drainage identified as health problems since 18th century.

However, intervention stalemate due to:

- Fragmented local interests (town vs. gown)
- Disagreement over finance & solutions
- Professional rivalry
- Hostility towards government control





The Local Economy of Typhoid

University Clinicians

William Ormerod (1818–1860) Henry Acland (1815–1900) William Greenhill (1814–1894)

Engineers/surveyors

Sir William Cubitt
(1785–1861)
Thomas Smith
(1826-1886)
John Galpin
(1824–1891)
Sir Joseph Bazalgette
(1819–1891)
John La Trobe Bateman
(1810–1889)

Public Health

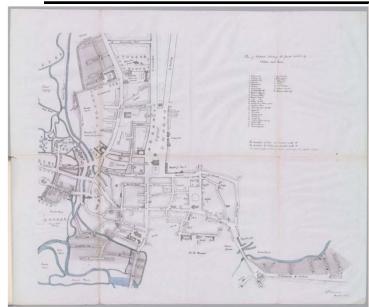
Gilbert Child
(1715–1886)
George Rowell
(1804–1892)
Sir George Buchanan
(1831–1895)
Central government

Local Clinicians City

James Grainge (1827–1879)



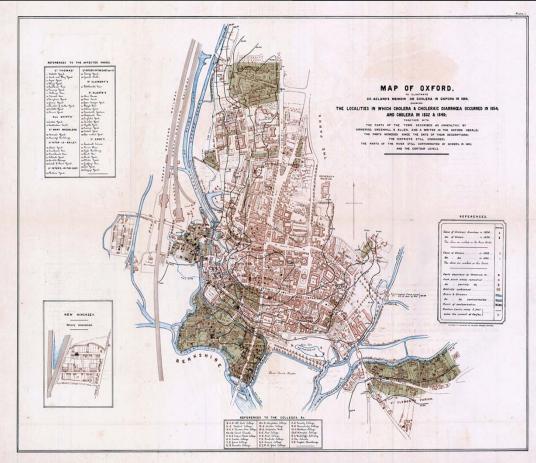
Reform in a time of Cholera: 1832, 1849, 1854



William Ormerod 1848

University experts compile data from 1832/1849/1854 cholera outbreaks.

> Target non-university areas.



Henry Acland 1856



Town vs. Gown: Finance Deadlock

Public health and sanitation	Drainage	Sewage
Ormerod On the Sanatory Condition of Oxford (1848)	Cubbitt & Smith Inquiry into - turned down (18 because of great	Galpin 1 st reporton improved
Rowell The public health of Oxford (1849)	expense	sewage not adopted
Greenhill Report on the mortality & public health of Oxford (1850)	Bateman Drainage rep - too expensive	Galpin 2 nd report on
Acland Memoir on the cholera at Oxford, in the year 1854 (1856)	·	no money or adoption
Child two reports on Oxford sanitation (1866) - recommended	- recommended Cla but overhauled (1809)	
Buchanan re overhaul of system health and provision (1870-3)		



Scandal & Credit

Stagnation of sanitary reform only resolved by:

Prominent Oxford typhoid outbreaks:

1874 Typhoid outbreak kills 3 undergraduates

1875 Prince Leopold ill with typhoid

1879 Mayor dies of typhoid

Damning national reports

The provision of cheap national credit:

1848 Public Health Act

1871 Local Government Act

➤ 1870s/1880s: Wave of reform, end of separate water systems, creation of self-sustaining municipal services.





Scandal & Credit

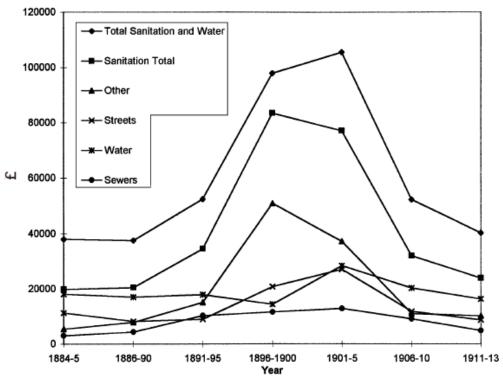


FIGURE 3. Capital expenditure at constant prices: sample of 36 towns in England and Wales, 1884–1913 (annual average expenditure per town in £). (Source: Annual local tax returns for England and Wales, 1884–1913, PP 1885–1915.) The nominal expenditures are multiplied by 100 and divided by the Rousseaux price index (average 1865 and 1885 = 100), from B. R. Mitchell, *British Historical Statistics* (Cambridge, 1988).



From Stagnation to Reform

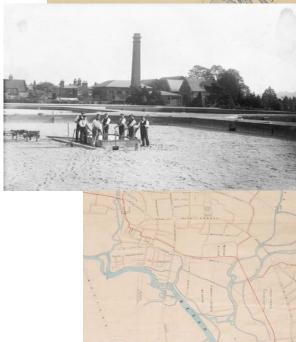
Drinking Water:

1825	<10% houses supplied by piped water intake	
	below sewage outlet/ wells remain popular.	
1856	Switch to spring- and river fed gravel pond.	
1883	Sand-filtration beds at waterworks, pumped	
	filtered water stored in underground tanks.	
1885	New Water intake upstream of city	
1886	All houses connected to pressurized mains	
	(end of separate town/gown supplies.	
1930	New river- and spring fed reservoirs	
	constructed - chlorination introduced	
1934	Switch to <u>upstream supply</u> .	



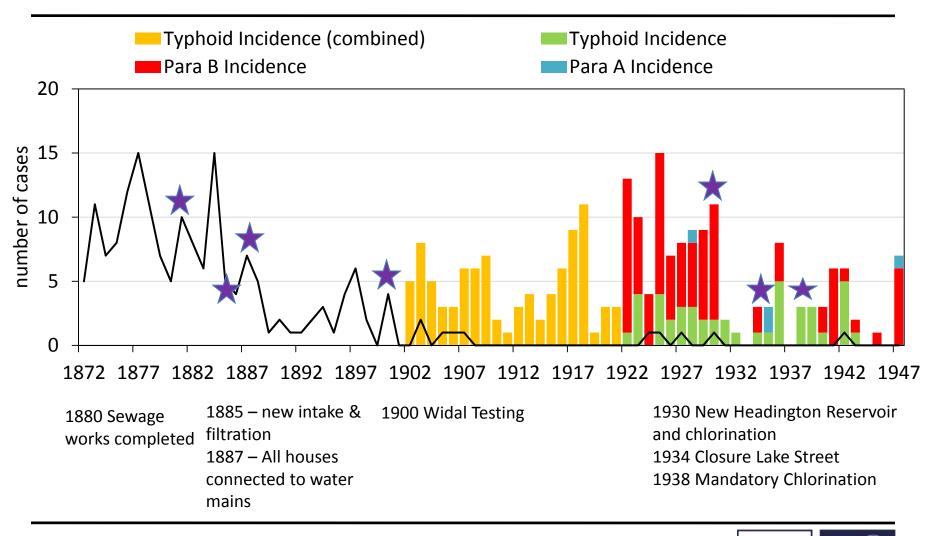
1873–1880 <u>City sewerage system</u> and sewage farm 1884-1920 Expansion to new areas.





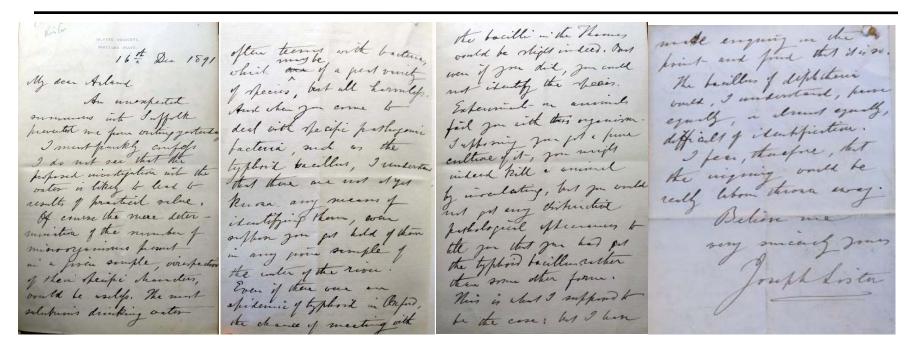


Typhoid in Oxford 1872-1947





Which interventions make a difference?



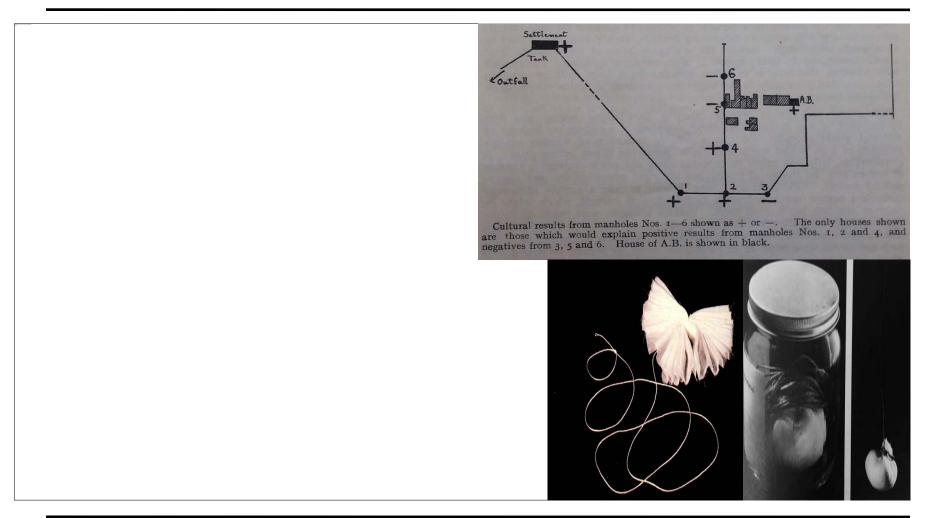
Contemporaries do not conclusively know but still implement reforms!

Joseph Lister to Henry Acland 1891:

"I do not see that the proposed investigation (of typhoid bacteria) with the water is likely to lead to results of practical value."



Epilogue: 1940-1960 – Towards Eradication





Conclusion: Non-linear multi-pronged reform

The history of typhoid in Oxford reveals a story of evolving hit and miss strategies for typhoid control (no linear correlation knowledge and action).

Importance of cheap credit/debt for:

- creating effective local reform alliances;
- making government interference acceptable to local powers;
- allowing cities to construct, finance, and service water supply systems;
- ➤ In the absence of clear knowledge of causation pathways, creating capacity for tailored multi-layered local strategies is key.

Revisiting past interventions is useful: parallels to control challenges in current endemic settings (urbanisation, inequality, fragmented coalitions, lack of resources).

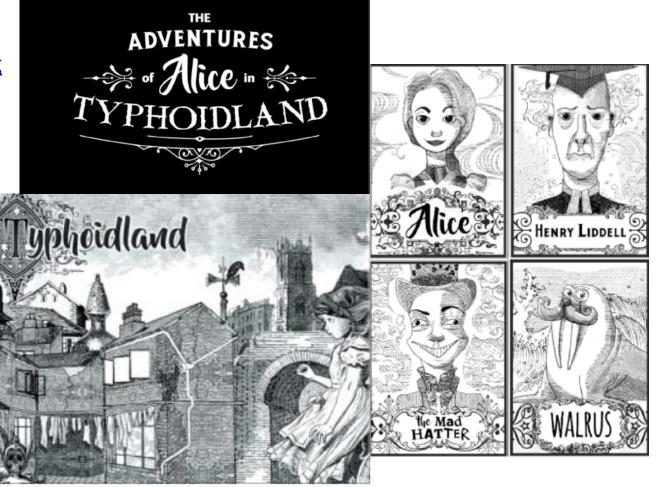
Use typhoid's history to engage current publics...



Coming to Oxford & Atlanta in 2020

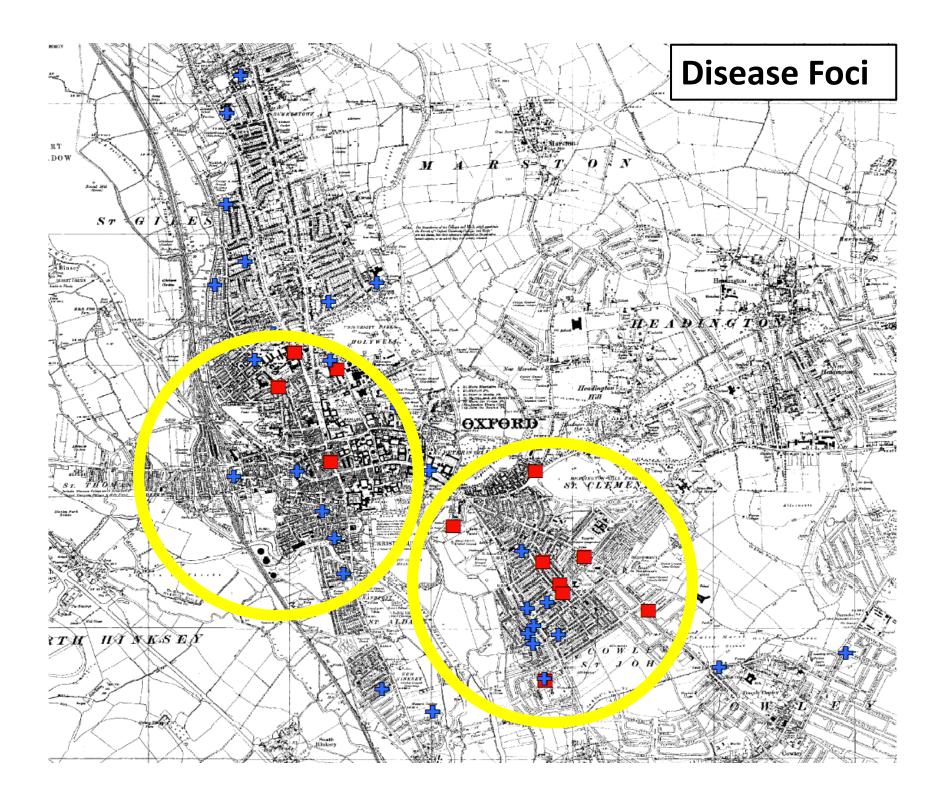
www.typhoidland.org

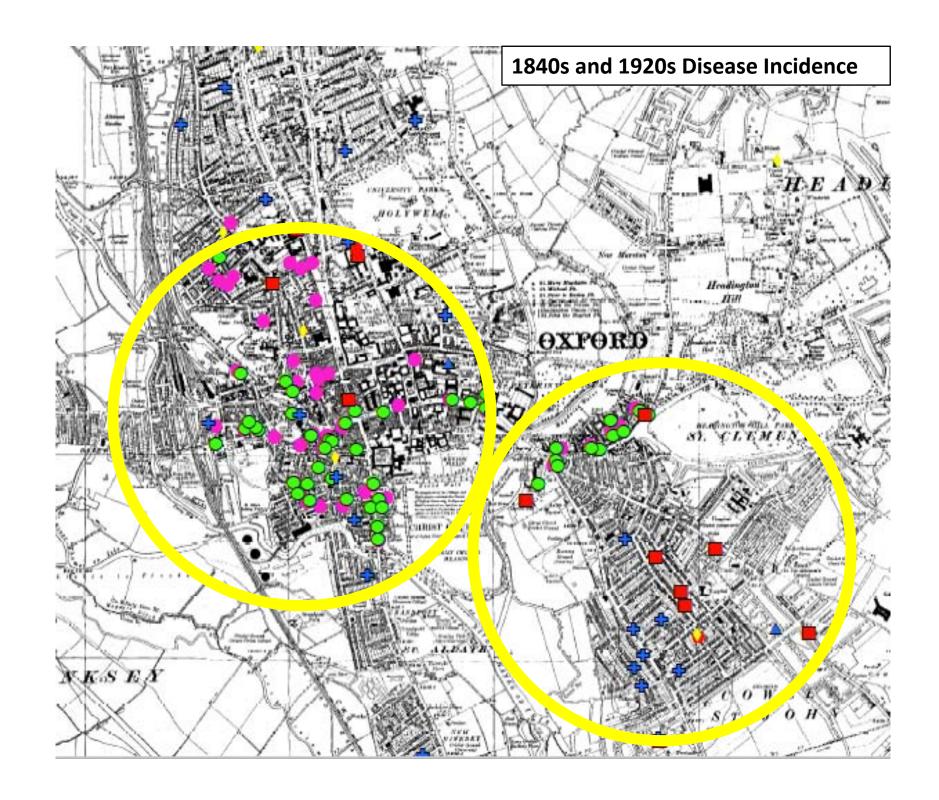
@typhoidland



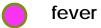




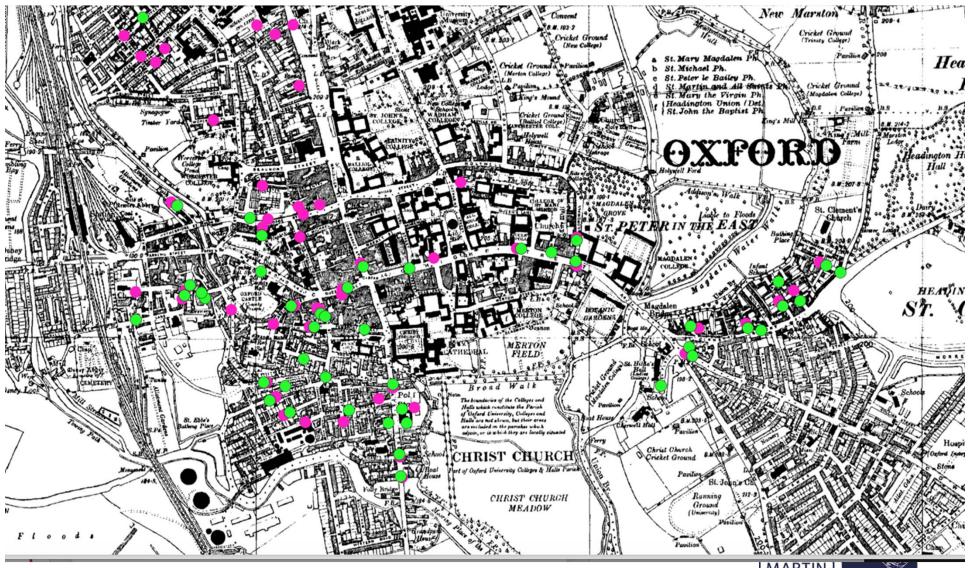




cholera



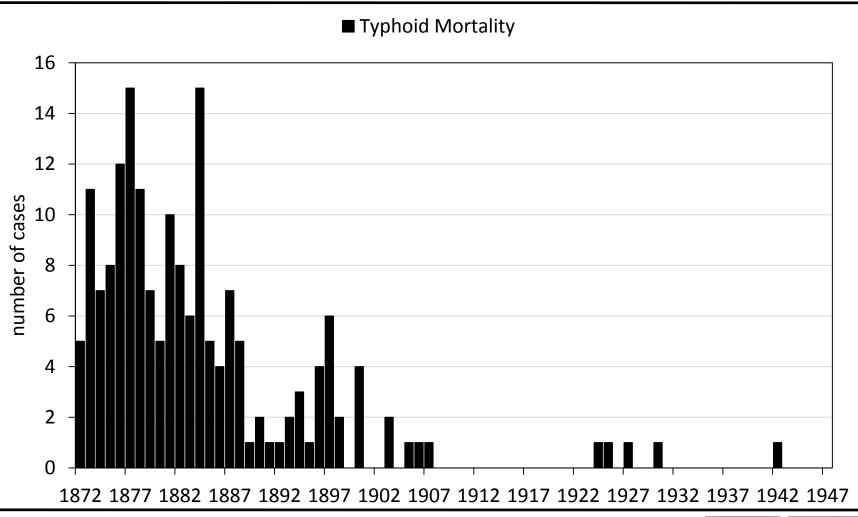
Mapping disease today



Source: Kirchhelle & Vanderslott 2019.



Typhoid Mortality 1872-1947







Typhoid Fever Incidence 1902-1947

