



Pandemics, Society, and Public Health, 1517–1925

Teaching Pack

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Pandemics, Society, and Public Health, 1517–1925

Introduction

Pandemics, Society, and Public Health, 1517–1925, contains over 79,000 document images sourced from four leading UK archives: The National Archives, British Library, University College London, and The London Archives. The collection concentrates on four diseases that have left a significant mark upon British history: plague, cholera, smallpox, and influenza. It explores a variety of themes and topics, such as government attempts to reduce the spread of diseases via the imposition of quarantines. It also contains records on the development and roll-out of the smallpox vaccine across Britain, and methods used by the public to boost morale and to cure the diseases.

The primary sources included within this teaching pack represent a tiny sample of the material in the collection. What follows focuses on the social implications of pandemics, such as debates surrounding the efficacy and morality of vaccination; access to state healthcare; perceptions of the supposed link between race and disease; and the shortage of medical staff that arose in the midst of the influenza outbreak during the First World War.

The activities contained within this teaching pack could easily take **around one hour**, though the exact duration will depend on reading time and the breadth and depth of accompanying discussion.

Learning Objectives

1. Investigate the arguments for and against vaccination.
2. Evaluate the impact of social and economic status on access to state healthcare.
3. Analyse how historical fears of pandemic diseases, such as cholera and influenza, have contributed to xenophobic attitudes and discriminatory practices.
4. Understand the roles and responsibilities of national and local government in managing public health crises in times of war.

Historical Background and Context

Between the sixteenth and early twentieth centuries, the population of the British Isles experienced several devastating public health crises due to plague, smallpox, cholera, and influenza, each of which had profound social and economic consequences. Each pandemic likewise brought about notable developments in terms of the physical infrastructure of the British state.

Plague, a disease caused by bacteria transmitted through infected fleas, had a long history across Europe. Between 1665 and 1666, London was struck with its most severe outbreak of plague. It resulted in the death of more than 15% of the city's population. Often considered a biological relic of the distant past, the last outbreak of plague occurred in Britain in 1720, far more recently than people assume.

Smallpox, caused by the variola virus, was one of the deadliest diseases in human history. It was a leading cause of death in eighteenth century Europe, particularly among young children. In the late eighteenth century, the physician, Edward Jenner, developed a smallpox vaccine that utilised cowpox for the purposes of inoculation—he realised that people who had contracted cowpox seemed immune to smallpox. The introduction of the vaccine marked the beginning of the disease's decline, ultimately leading to its global eradication.

Cholera is an infection of the intestine with *Vibrio cholerae* bacteria. It spreads through contaminated water and food, leading to severe diarrhoea and dehydration. Cholera, originally endemic to the Indian subcontinent, spread to Europe through increased global trade. It caused significant mortality in the United Kingdom and Ireland during the nineteenth century. Britain experienced its first major epidemic in 1832 and a further outbreak occurred in the late 1840s. These major outbreaks prompted the discovery of the connection between contaminated water and the disease, leading to crucial improvements in sanitation and public infrastructure across Britain.

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The influenza pandemic of 1918–1920, caused by the H1N1 influenza A virus, dramatically changed the perception of influenza from a seasonal illness to a deadly global threat. Unlike plague, cholera, and smallpox, influenza was not regarded as a “notifiable disease” until the early twentieth century. It was considered to be a seasonal infection due to its common symptoms, such as high fever, cough, sore throat, and fatigue. This pandemic occurred in three waves, with the second being the deadliest, as it affected young, healthy adults. During this pandemic, an estimated 33% of the world’s population was infected with influenza and at least 50 million people died.

SOURCE ONE—SMALLPOX

Source Intro

Edward Jenner, an English physician, is widely recognised as the pioneer of the smallpox vaccine. Jenner noticed that milkmaids who had contracted cowpox seemed to be immune to smallpox. In 1796, he tested his hypothesis by inoculating an eight-year-old boy named James Phipps with material taken from a cowpox sore on a milkmaid's hand. Months later, when Jenner exposed James to smallpox, he did not contract the disease. Jenner coined the term “vaccine” from the Latin word “*vacca*”, meaning cow, in reference to the cowpox virus. His revolutionary work laid the foundation for the field of immunology and led to the eventual global eradication of smallpox in 1980.

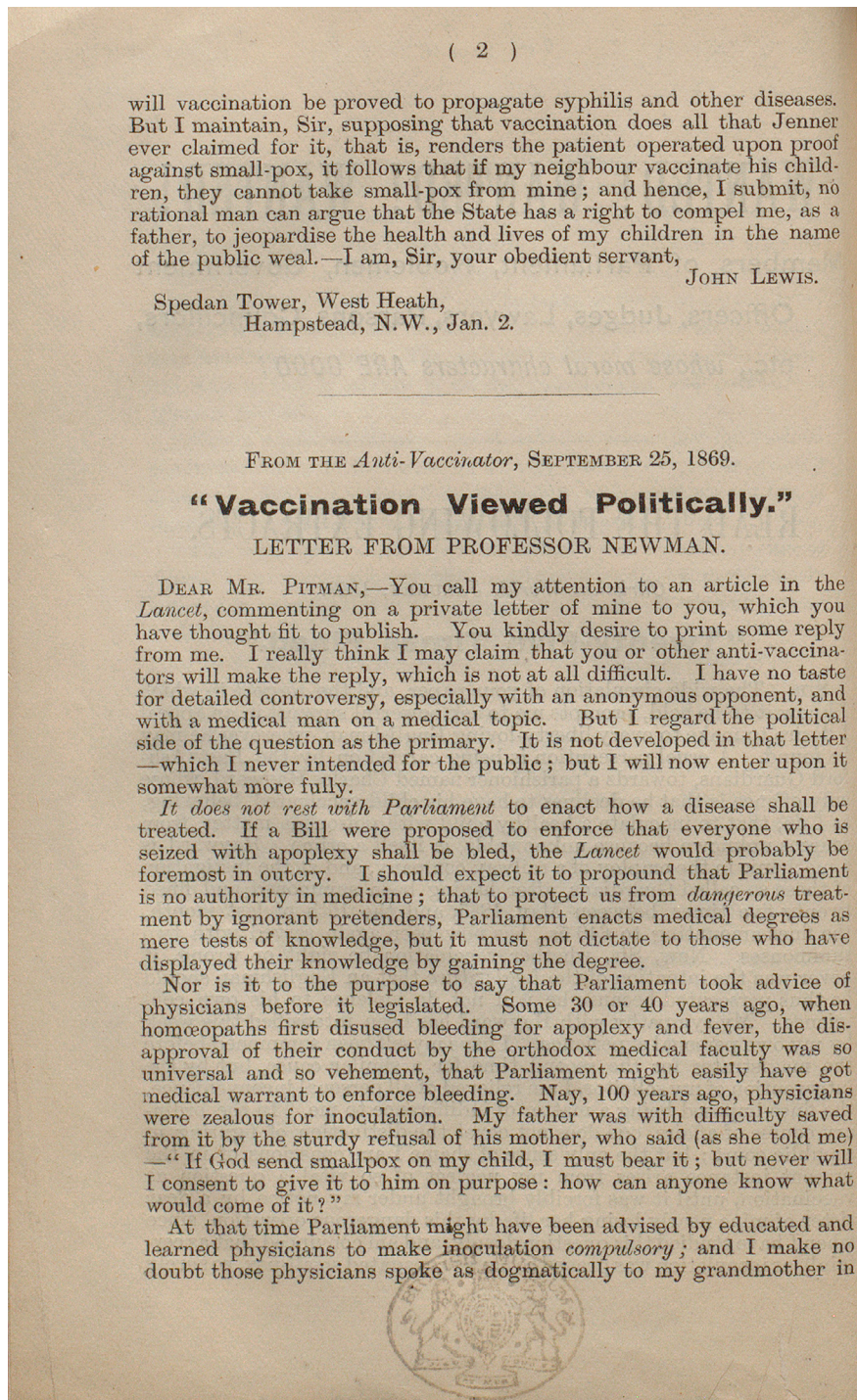
Yet the theory and practice of vaccination has generated significant opposition. When the British state rolled-out the smallpox vaccine, anti-vaccination groups emerged. Many people doubted the safety and effectiveness of the vaccine; others opposed it on religious grounds. The following sources are letters that were published in a periodical called *The Anti-Vaccinator*. The first letter, titled “Vaccination Viewed Politically”, was written by Professor F. W. Newman and was published on 25 September 1869. The second letter, titled “A Woman's Protest against the Proposed Extension of the Contagious Diseases Act”, was written by Mary C. Hume-Rothery and was published on 16 October 1869.

Source

Letters to *The Anti-Vaccinator*, 1869.

British Library, 7307.aa.5.(2.), [images 2–4](#) and [images 9–10](#).

First Extract:



favour of it as any can now speak of vaccination : yet, by the advice of physicians, inoculation is now made *penal* ! It is certainly possible that by the advice of physicians vaccination also will hereafter be made penal. Medicine is a changing and (let us hope) progressive Art ; it has no pretension to be Science, or to have any fixedness at all. The Editor of the *Lancet* has probably read the article in the *Quarterly Review* of April, 1869, entitled “The Aims of Modern Medicine.” It is a storehouse of detailed fact for those who are too young to remember what it narrates of unanimous medical error, pernicious on the hugest scale. Medicine cannot improve, unless the younger and fresher minds among physicians are left perfectly free to deviate from the routine of their elders. Nothing can justify Parliament in enacting a medical creed, or enforcing any special medical procedures.

But if physicians must have hands unfettered, have patients no right to choose their physician?—no right to repudiate treatment which they think quackery? We all ought to be re-vaccinated periodically, according to the *Lancet*. Does then Parliament dare to enact such a thing? It does not ; else I might be taken by force and vaccinated to-morrow. And if I understand the argument for compulsory vaccination, it cannot rightly stop short of this. I may be told that extreme danger requires extreme remedies. Well—I will put really extreme cases. In an age and country of barbarism, I am seized with the plague, or with a highly-infectious leprosy. If I have the plague, I am to be shot dead with arrows, and mould is to be heaped over me where I lie. If I have the leprosy, I am to be hunted into solitude, and there live, if I can.

The law is hard, yet I might accept my fate without murmuring. One who is *dangerous* to society, whether from contagion or from mania, cannot retain ordinary social rights. Better for me to die outright than infect my kind nurses, for the miserable chance of lingering. To put me to death for plague is sharp law, no doubt ; but the legislator would at least know that a pestilential body, once well covered with earth, does no further harm, so that the despotism effects its end :—at least it stops contagion. I should feel that I died for my country’s good. But if he enacted that I should be bled, or should have the sore places cut out, or that poison should be infused into my veins, he could never be sure that the public gained any benefit from his cruelties. A far more overwhelming proof is needed by the legislator than so very shifting a thing as *medical advice*. And here it is advice from one country only in all the world, and that where men peculiarly experienced in vaccination condemn it.

One who carries disease with him is ostensibly dangerous. This—and this only—justifies legislation against him. But when a man or child is ostensibly healthy, no case is made out for legislation at all. To enact that a healthy person shall have a disease lest hereafter he get a worse disease, is a form of despotism hard to parallel ; and what is peculiarly disgraceful, it is directed against innocent infants alone, because, they are helpless : it does not dare to attack us adults. This fact justly arouses parents to indignation. Let Parliament enact that every M.P. shall be at once vaccinated, and that it shall be done from arm to arm among them, every four or five years, as the doctors may prefer, if they will enact such things concerning children. The law now says to a parent—“We are alarmed to see that your child has

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no disease. Cow-pox (for the public good) it must have, with the chance of other hideous diseases: submit, or else make yourself a criminal, have your hair cropped, and dress in prison garb."

Such legislation implies that Parliament is a Medical Pope, and would justify no end of monstrous violations of sacred personal right. The *Lancet* "begs respectfully to tell me" that in the matter of "vaccine lymph," "the State (!) and private practitioners take great care." Is this very comforting—very reassuring—to one who has read Ira Connell's frightful case? I have a paper before me—reprinted from the *Lancet* of Nov. 16, 1861—which contains a detailed account of 46 children in Piedmont being infected with loathsome disease—soon fatal to some of them—from receiving the lymph (called vaccine !) out of the arm of one child called (and supposed to be) healthy. As a surgeon cannot be omniscient, he cannot know the diseases hidden in a particular child; he is not to blame for not knowing; but this is precisely the reason why Parliament ought much rather to forbid than to enforce the vaccinating of one child from another. It makes the enforcement so indefensible, that one is unwilling to affix the right epithet.

But even if cows would kindly get cowpox for our convenience, so that each child might have the disease direct from the cow, even so it would be blind tyranny for the law to say to a parent—"You shall not keep your child in perfect health; that is too dangerous a course." When to this the parent replies by defiance of the law, and is treated as a criminal, the law-makers are (in my opinion) the real criminals before God and man. Parents who become martyrs by resisting the law, deserve a sympathy akin to those who are martyrs of religion.—
Truly yours, F. W. NEWMAN.

FROM THE *Anti-Vaccinator*, SEPTEMBER 25, 1869.

"Blood - Poisoning."

In the *Anti-Vaccinator* for to-day I observe a series of propositions upon the "Hygeian System of Medicine." This leads me to pen a few remarks on blood-poisoning.

"The blood is the life." Then what feeds it, feeds the life. Now, human life is propagated, like animal life, as to successive subjects of it; and the orderly condition for the propagation of human subjects of life is—marriage of one male and one female. The life of these two, by cohabitation, becomes bodily one. But if the blood of the female be the receptacle of the propagations of several males, the result is the well-known venereal disease.

Now, what is the use of beating about the bush in this matter, when the results of the corrupt human poison thus generated are so patent to all? The truth is, all deadly poison to human blood, and all diseases of the kind called "pox," originate in this wicked violation of the law of creation by debased mankind; and the corrupt matter engendered in the female system by this death-and-disease-originating sin, is the all-potent human blood-poison all the world over. Small-pox, and all other kindred diseases, are the result of the Creator's laws

Second Extract:

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will go on drugging at a venture, and benumbing our friendly pains to please our cowardly whims; and thus put us so far out of gear that neither he nor ourselves can tell whether we mend or get worse; and the diseased frame will go on reeling to and fro like a drunken man, till, falling at last into the ditch of suffocation, the life departs. Professional manslaughter is committed in many cases like the one we have described. But when this happens, it frequently only prevents suicide; for we are so determined to disregard the laws of health, or so woefully and wilfully ignorant of them, that if the doctor does not kill us, and for a time can keep us from killing ourselves, we go on striking blow after blow till the fatal one falls at last. Think of the waggon-loads of pills which are taken, and any of which might contain deadly poison for ought the consumer knows; and if they do not, it is owing to the "Faculty" and not to the gormandising consumers. Now, since there must needs be so much manslaughter, while we are such a nation of barbarians—miscalled "civilised"—is it not better that we should have some authorised method of doing it? Maybe, after all, less of it is done than would be if we had not. I remember a very clever old surgeon in Newtonheath (Dr. William Pegg)—a very eccentric man, but one who worked hard (and his wife, too, as a midwife) during a long life, chiefly among poor people for little pay. He used to come to our house when I was a boy, and my grandfather and he were often chatting together. One time he said—"Robert, the difference between you and me is this: if you kill a man they'll hang you for it; but, you see, I have a license to kill people." Yet this man probably saved the lives of hundreds of people, humanly speaking; and not seldom by preventing less skilled practitioners from killing their patients through ignorance.

Again I say, we owe the "Faculty" much, speaking nationally; and if they have stolen a march upon the nation in getting compulsory vaccination made the law of the land, and sought their own interest in doing so, this is only what kings, queens, lords, commons, and people have been doing from time immemorial, when they could get the chance. What anti-compulsory vaccinationists have now got to do, therefore, is not to throw stones at the doctors, but to vindicate and agitate for the liberty of every English citizen to obey God rather than man, when it is clear that the liberty to do so is so manifestly wrenched from them. Let those continue vaccination who are still blindly wedded to its charms; but let those have the liberty to discard it who see it to be a daring innovation of the sacred precincts of Divine Healership.

T. ROBINSON.

Newton-heath.

FROM THE *Anti-Vaccinator*, OCTOBER 16, 1869.

"A Woman's Protest against the Proposed Extension of the Contagious Diseases Act."

I have just been reading, with feelings of horror and indignation which I scarcely know how to express, the statements in Mr. F. W. Newman's noble letter, in your issue of October 2, relative to a certain "Contagious Diseases Bill," and some proposed extension of it, which

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(it seems) actually passed the House of Lords, and was with difficulty stopped in the Commons. I, for one, tender my thanks to every member who voted against it.

I am well aware that many people will cry shame upon a woman for writing on such a subject: let them. If we, the happy and protected members of our sex, blessed with the shelter of married homes, whose sanctity no medical ruffian dare invade, do not raise a voice in behalf of our less-favoured, our wretched, trampled-on sisters—the victims of man's vicious self-indulgence and brutality—who can be expected to do so? I use advisedly the term "medical ruffian." That any treatment could be more ruffianly, or a more complete and dire outrage on all feelings of decency and humanity (if humanity includes women at all), than that to which, it appears, this Bill proposed to subject defenceless women, I deny, and am ready to maintain, let who will strive to extenuate it. No man whose moral sense had not been blunted by the complacent assumption underlying the prevalent relations between man and woman—that men have a right to sin with impunity, and that their sin must be visited upon their female victims could ever have conceived the idea of legislation so monstrous, or have assisted in framing and passing the Bill in question. Truly it is time we should have women in Parliament, if it contains a majority of men capable of such brutal use of their legislative functions—capable of so far forgetting any spark of respect towards the sex to which their mothers belonged, that they stick at no outrage upon the most miserable and most-to-be-pitied members of that sex, which they blindly hope may enable their own sex to sin with impunity.

I have long held strong opinions as to the bad and immoral tendencies fostered among medical men by the indecent custom which sanctions their presence, even as mere boys, in the sacred precincts of the chamber where a new immortal is ushered into the world. How utterly this, among other evils, must have corrupted their better and manlier feelings, the Bill alluded to (emanating, of course, from the medical profession) sufficiently proves. Not that I would class the whole medical profession as one under this deserved censure. For many of its members I have a profound respect as excellent and philanthropic men; and God forbid that any such should have soiled their souls by participation in such a measure! But, as Mr. Newman truly says, the nation knew nothing of such proposed atrocities. Now I say let us know all about them: let us know what House of Commons passed this Bill, and what members voted for it both in Commons and Lords, and let us cry shame on every one of them! Truly I could not have believed that there were Englishmen fallen so low as this.

With respect to the grievous social evil this Bill seems to have been designed to foster into comfortable security for the chief sinners, at the expense of their miserable victims, what is to be done then? There is nothing to be done; there is no help in heaven or on earth, *unless men will cease to sin*, and learn to live pure lives of wholesome self-restraint and self-denial. Then, and then only, will God cease to punish their sin, because then only could relief from the punishment be anything but cruelty to the sinners. I am, of course, writing on the assumption that Mr. Newman's statements are correct; but from his well known high character and principles I cannot entertain any doubt of their being so.

MARY C. HUME-ROTHERY.

3 Richmond Terrace, Middleton,
Manchester, October 2.

Questions for Discussion

1. What are the main arguments expressed in the extracts?
2. The first source raises concerns about the role of parliament in medical decisions. What insights can we gain about how people in the later nineteenth century viewed the authority and power of the British state, particularly in relation to public health mandates?
3. How do the opinions expressed in the extracts compare to modern day debates surrounding vaccination?

SOURCE TWO—PLAGUE

Source Intro

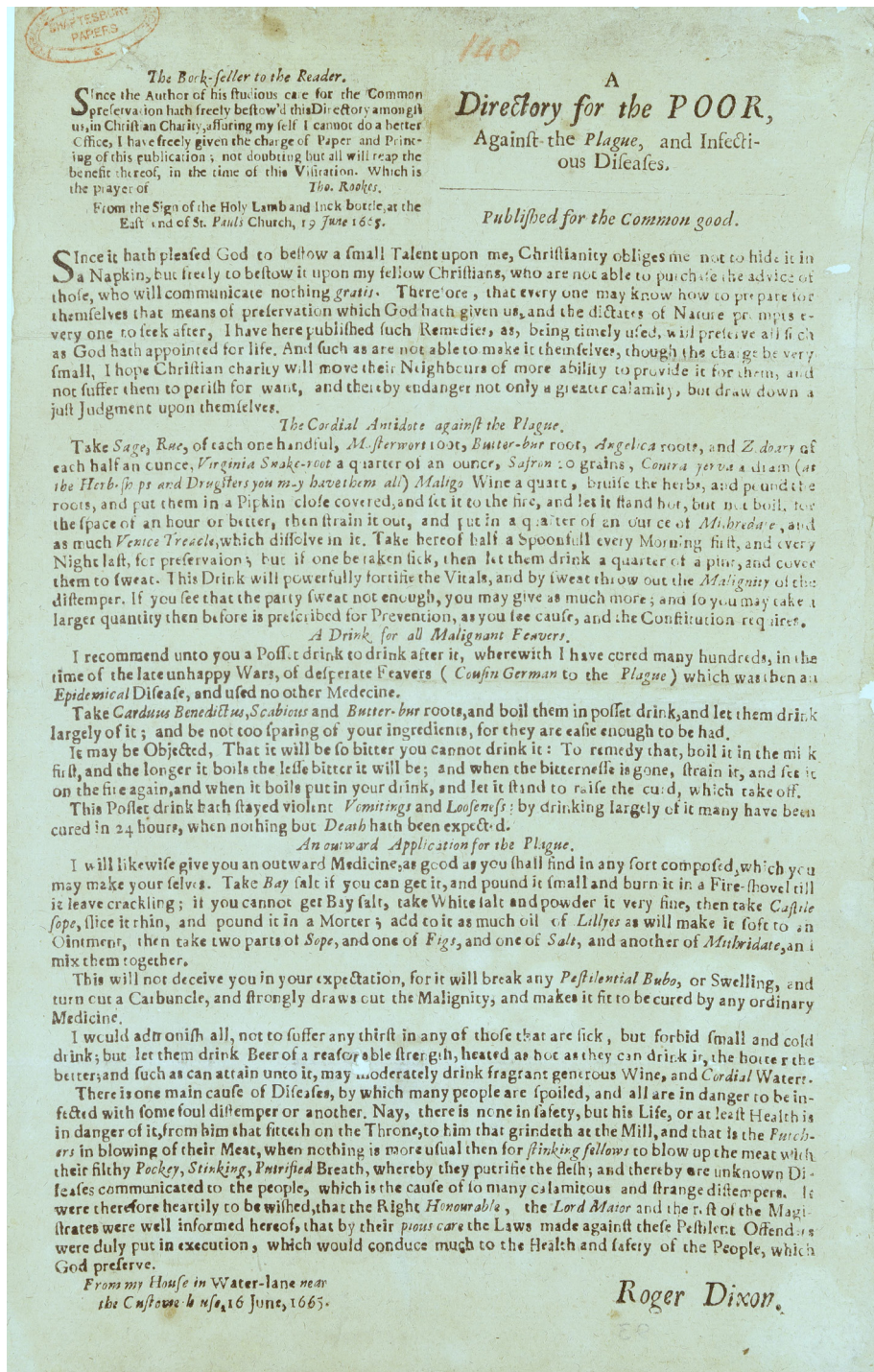
A Directory for the Poor Against the Plague and Infectious Diseases was written by Rodger Dixon and published on 16 June 1665, at the start of what is known as “The Great Plague of London”. The broadsheet is a public health guide aimed at assisting the poor in protecting themselves against plague. It opens with a preface, highlighting the author’s Christian duty to share this advice for the “common good”.

Source

“*A Directory for the Poor Against the Plague and Infectious Diseases*”, 1665.

The National Archives, PRO 30/24/4/140, [image 1](#).

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Questions for Discussion

1. How does Dixon integrate Christianity into his medical advice? What specific actions does he suggest that reflect religious beliefs of the time?
2. Evaluate the effectiveness of the language used in this document as a public health communication tool. How might it have influenced the behaviour of its intended audience? Consider the document's accessibility.
3. How do the experiences and challenges faced by the poor during the 1665 plague compare to those faced by economically disadvantaged communities during the recent COVID-19 pandemic? Consider factors such as access to healthcare, public health measures, morality, and the role of the state.

SOURCE THREE—CHOLERA

Source Intro

The first cholera pandemic began in Bengal and spread across India between 1817 and 1824. It caused the death of hundreds of thousands of Indians and many British troops. This outbreak spread as far as China, Japan, Indonesia, Sri Lanka, and Thailand. Due to the expansion of trade routes, the second outbreak, which began in 1826, reached Great Britain, Europe, and the Americas.

Despite key developments in British understandings of sanitation, hygiene, and disease transmission, cholera was frequently referred to as “Asiatic Cholera” or “the Indian Cholera”. Often, many blamed the subcontinent for the onset of the disease. The extract below is drawn from correspondence between the sanitary reformer, John Sunderland, and the famous nurse, Florence Nightingale, which they engaged in between 1865–1867. The first extract, written by Nightingale, stresses the critical importance of addressing sanitary conditions in India.

Source

“Correspondence between John Sunderland and Florence Nightingale”, 1865–1867.

British Library, MS 45752 (Vol. XIV), [images 10–13](#).

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re possible to be improved
to Mr. Manley at his
approaching interview before
going to India as Financial
Secretary.

Numerable Lb No. 2.

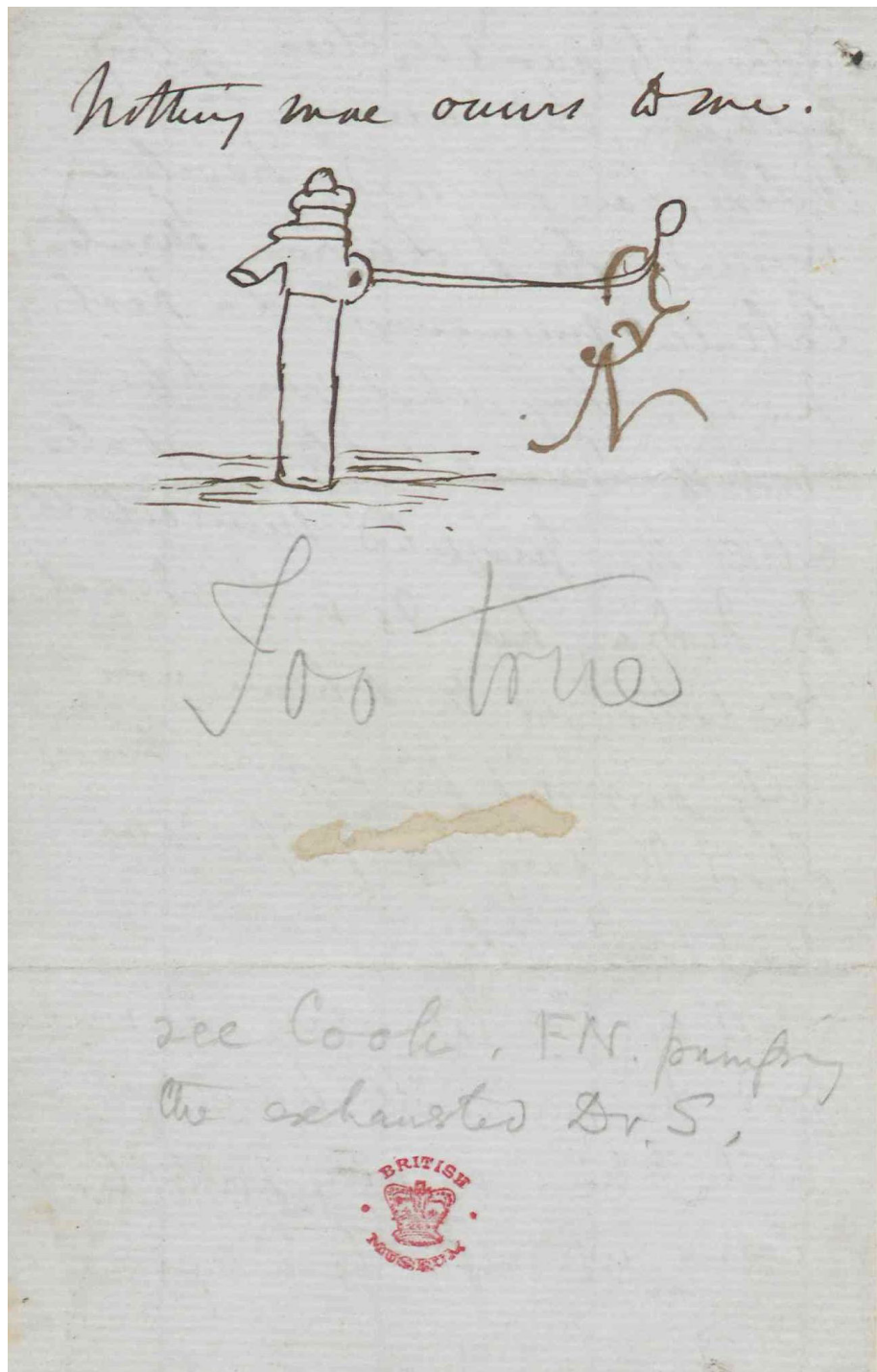
I believe I said all you can
say to Manley with any good
effect. namely.

1. To witness him generally in the
Sanitary improvement of India.
2. Point out the fact that there are
70,000 troops & 150 millions of
people to be cared for. That every
soldier who dies costs the Indian
Exchequer £100. That labour is
more than double the value in India
it was before the Meeting: that the
value is rising every day: that vermin
the population is swept away by
present epidemics. That they are
our fellow subjects now as much as
Londoners. That India is the hot bed
of epidemics from want of sanitary care.

that the most costly of all insanitary
is disease & the most profitable, health.
That our holding the Country depends
on the present high death rate in the
army being brought down, that
the poverty & civilization of India
give impossible notes epidemics.
That the social state of India is a
disgrace to us. That the required
outlay for sanitary work will prove
a very wise expenditure: that Evelyn
thought so & said so. Ask Murray
to support us in the Council & to
grant expenditure for health purposes.
Explain the sanitary campaigns of
the presidencies & their relation to
us. Tell him that Ellis' plan
was approved by the Government but they
said they had no money. Point out
the losses the public service has

sustained by horrible disease. And⁷
Dalbhuin, Lord Carnarvon, Lord C.
Wilson, being injured, heavily
injured. Sir J. Lawrence threatened,
Calcutta mismanaged & a pest
house. Say what you like
about the Municipality — I also
about the projected municipalities
in India, but do not advocate
the latter, as the scheme was
only put out for information.
Show Messrs the paper we
sent to Evelyn.

A general talk will do most
good for you will have to
write to him on any points that
come up after he arrives in
India.



Questions for Discussion

1. What does this extract reveal about the priorities of the British colonial administration in India in relation to public health and sanitation?
2. How does this extract reflect Victorian notions of “cleanliness”? Consider the tone and language used in the document.
3. Discuss how the perception of certain regions or populations as “hotbeds of epidemics” can contribute to xenophobic attitudes and discriminatory practices.

SOURCE FOUR—INFLUENZA

Source Intro

Occurring against the backdrop of the latter stages and aftermath of the First World War, the influenza pandemic of 1918–1920 is believed to have killed an estimated 50 million people, in comparison to the estimated 16 million that died as a result of the Great War.

Due to the ongoing conflict, “flu” quickly became a global disaster. The movement of troops across continents, crowded military camps, and poor living conditions in the trenches created an environment ripe for the transmission of the disease. The high death toll and widespread illness overwhelmed healthcare systems.

Below are four letters penned in 1918 and sent to the Ministry of National Service, the Local Government Board, and the Medical Department of the War Office.

The first letter was written by the Urban District Council of Ardsley on 7 November 1918. The second is a follow-up letter, written on 16 December 1918. The third letter was written by the Northumberland Miners’ Mutual Confidence Association on 6 November 1918. This letter addresses issues in the Haltwhistle district. The fourth letter, written on 16 November 1918, is from the Public Health and Housing Department. The letter addresses issues in Birmingham.

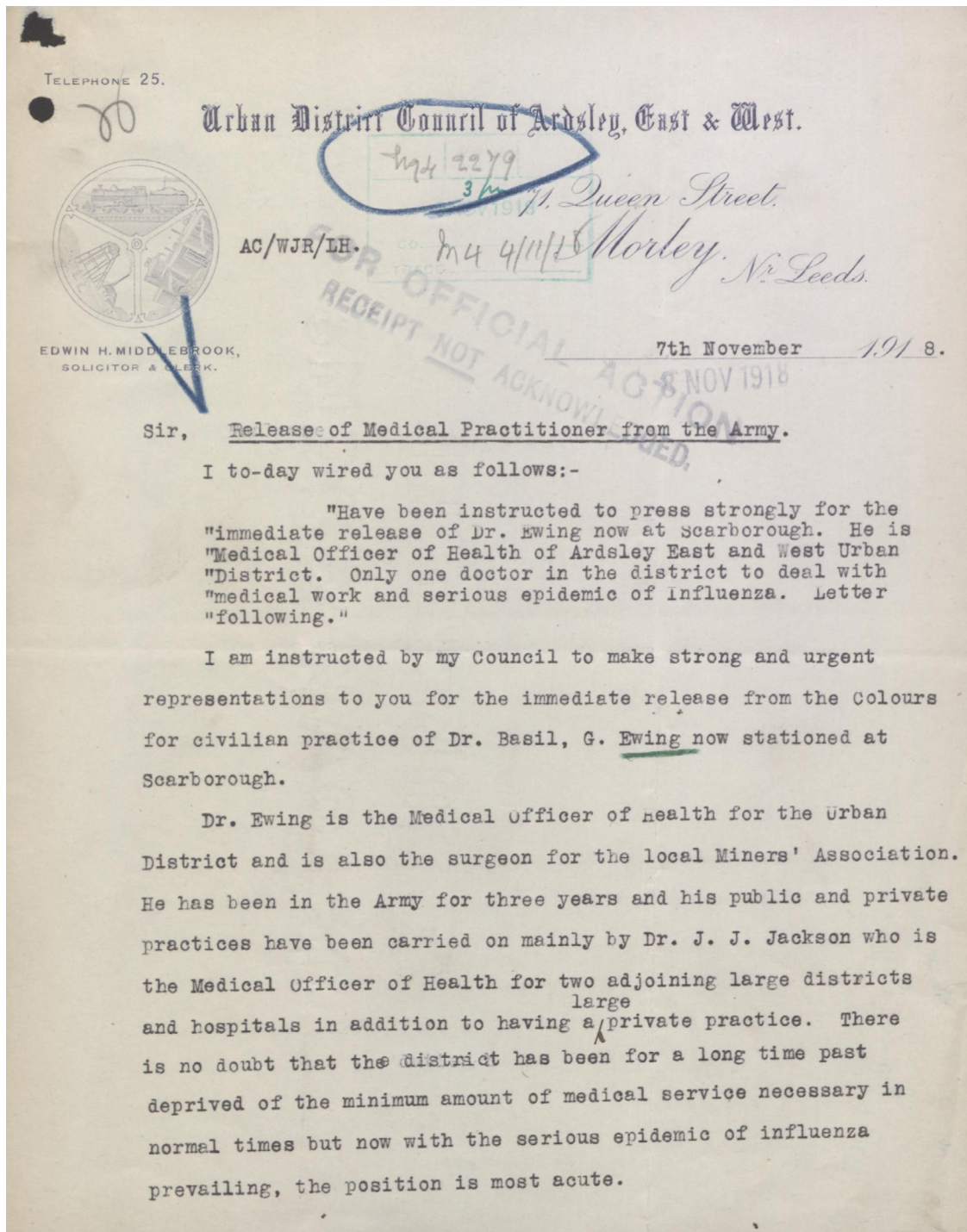
Source

“Ministry of National Service Suggestions to Demobilise General Practitioners Serving in the Forces”, 1918.

The National Archives, NATS 1/849, [images 57–58, 20–21, 54, 45](#).

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Letter One:



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Continuation sheet.

2.

The Council therefore, whilst appreciating to the full the importance of the present work of Dr. Ewing, have no alternative but to press most strongly for his release to attend to his practice in the district.

The population of the District is 8,500 and the acreage 4,017 acres and the majority of the male population are coal miners, ironworkers and farmers, and I am sure you will agree that it is impossible for one doctor to cope with the work of a district of this kind. Further there is a large amount of discontent among the miners owing to lack of proper medical service which certainly means a serious shortage in coal output at the present time.

Under all the circumstances the Council will be very glad if you can see your way to release Dr. Ewing immediately, and I shall be glad to hear from you at your earliest convenience so that I can report to my Council.

I am, Sir,

Your obedient servant,

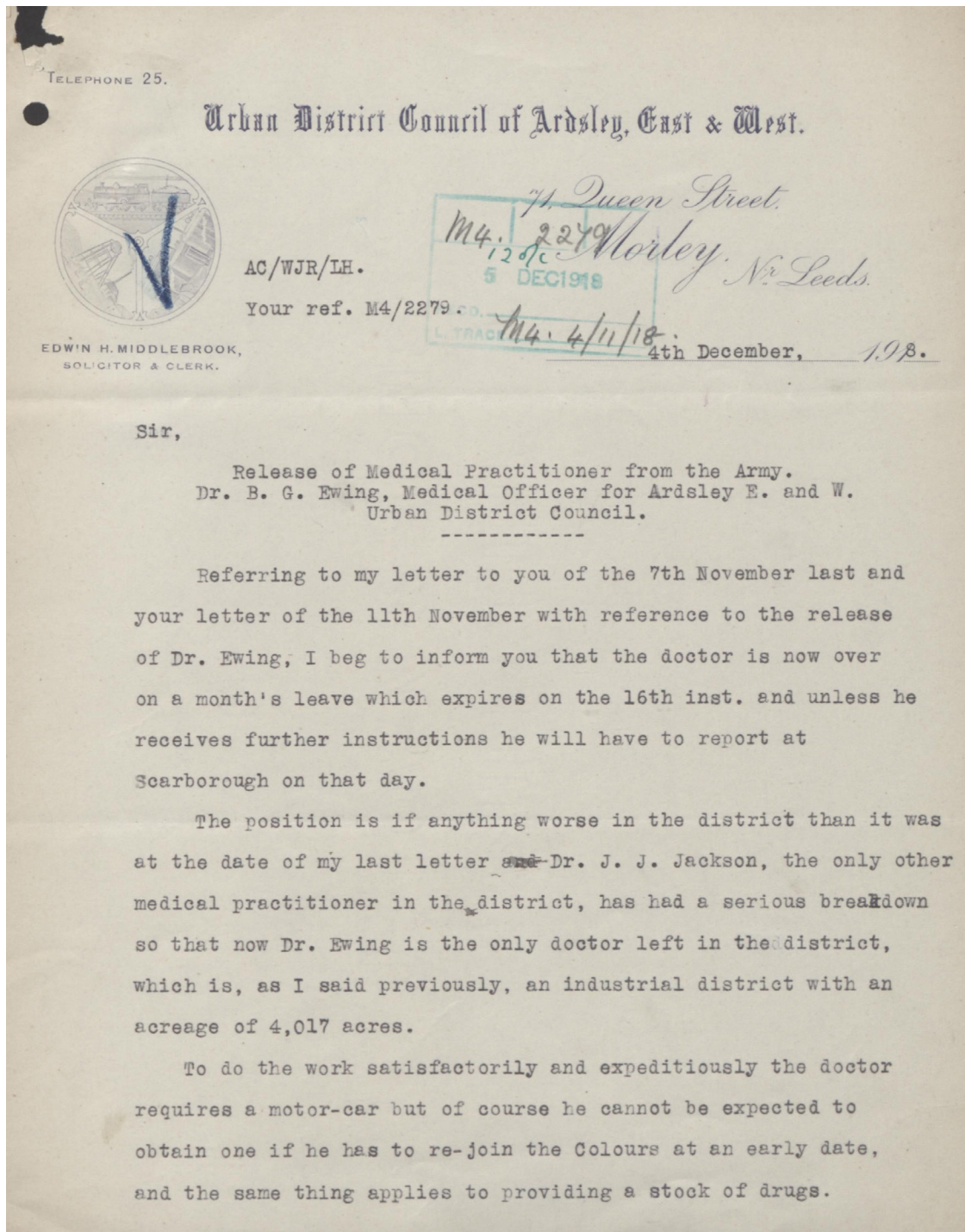
Edwin H. Middlebrook.

Clerk to the Council.

Sir Auckland Geddes,
Minister of National Service,
London S. W.

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Letter Two:



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Continuation sheet 2.

The influenza epidemic is still very serious in the district and the elementary and Sunday schools are all closed until after the Christmas holidays.

In view of all these circumstances and the absolute need of the district for proper medical services, I am instructed by the Council to earnestly request you to arrange for the permanent release of Doctor Ewing from the colours.

As the matter is most urgent, I shall be pleased to have your reply at your earliest convenience.

I am, Sir,

Your obedient servant,

Edwin N. Hiddlebrook
H.

Clerk.

The Secretary,
Ministry of National Service,
Westminster,
London W. 1.

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Letter Three:

101946/1918.
(Copy).

Copy

Northumberland Miners Mutual Confident Association.

Burt Hall,
Newcastle-on-Tyne.

(address) 3, Scotsfield Terrace,
Haltwhistle.
6th November, 1918.

Sir,

On behalf of the Miners of Plenmellor and South Tyne Collieries we beg to call your attention to the inadequate Medical attendance in this (Haltwhistle) district. The population in this district is over 8,000 and is largely made up of Miners, Quarrymen, Agricultural Labourers etc. Prior to the war we had 3 doctors residing in Haltwhistle, i.e. Dr. Williams, Dr. Glasse, and Dr. Stonehouse. Dr. Glasse is at present serving with His Majesty's Forces and Dr. Stonehouse who served for a time with the Forces is suffering from illhealth and cannot attend his work with any degree of certainty. Such being the case we are at the present time practically dependent upon Dr. Williams who (whilst doing his best) cannot be expected to cope with the situation. We have many cases of Influenza in the district. This together with the fact that accidents in the Mines are occurring frequently which need medical attention places us in a very serious position indeed. We have done our best (owing to the demand for Doctors in the Army) to cope with the situation but our Workmen feel that the position is now so serious that we ask you to take action with a view to having Dr. Glasse back or at least to grant us a better medical service. Nothing but dire necessity would have made us write you on the matter but knowing the great need there is for Coal and therefore the Miners health should be looked after we respectfully suggest that you would give the matter your favourable consideration at once. We beg that the matter may have your immediate attention as it is we beg to assure you altogether serious.

Thanking you in anticipation,
Your obedient Servant.

On behalf of the Miners (Sgd) Robert J. Taylor CC.
Alfred Makepeace.
Wilfred Young
Jonathan Bell
Geo. W. Shield, J.P.

P.S. Will you kindly reply to Geo. W. Shield,
3, Scotsfield Terrace,
Haltwhistle.

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Letter Four:

104,963 M.S. 1918. PUBLIC HEALTH and HOUSING DEPARTMENT, 888,401
(Copy) (1918)

The Council House,
Birmingham.

16th November, 1918.

Sir,

Shortage of Doctors in Birmingham.

I have been asked by the Public Health Committee to approach you with a view to your taking steps to liberate, as a matter of great urgency certain general practitioners for work in Birmingham during the continuance of the Influenza epidemic. At the present time the shortage of doctors is so great that those here at present cannot undertake the work. I have heard of many cases in which doctors cannot be obtained at all in serious illness, and I know that there are many patients who are getting insufficient attendance by reason of their medical men being grossly overworked. The number of cases of Pneumonia in Birmingham in a dying condition is large. During the past four weeks we have had nearly four hundred deaths, and therefore, the Public Health Committee think that if some of the general practitioners could be liberated, if only on temporary furlough for the purpose, the situation would be met. If this could be done I would be very glad to ask the Local War (Medical) Committee to obtain the loan of those most urgently wanted.

If I can give you any further information, I shall be very pleased to do so.

I am sending a similar letter to the Central War (Medical) Committee and to the Medical Department of the War Office.

Yours faithfully,

(Sgd) John Robertson.

The Secretary,
The Local Government Board,
Whitehall, London, S.W. 1.

Questions for Discussion

1. How did the shortage of medical professionals affect public health responses in different districts?
2. Analyse the relationship between the war and the handling of the influenza pandemic.
3. Consider the response to the influenza pandemic as outlined in this correspondence. Compare this to more recent public health crises. What lessons can be learnt?

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Questions for General Discussion

The following questions are designed to prompt a wider discussion on the events, issues, and themes highlighted in the sources.

1. How successful do you think government efforts were in terms of managing the pandemics considered throughout this exercise?
2. How did social and cultural attitudes, as well as religious belief, influence public health measures and the spread of these diseases?
3. To what extent have pandemics acted as catalysts for broader social, political, and scientific change in Britain?
4. What similarities can be identified between responses to COVID-19 and those generated by previous pandemics (plague, smallpox, cholera, and influenza)?
5. To what extent do the media and the government create moral panics during public health crises?

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About British Online Archives (BOA)

British Online Archives (BOA) is one of the UK's leading academic publishers and online repositories. Hosting over six million records, carefully sourced from private and public archives, such as The National Archives (UK) and British Library, our primary source collections cover over 500 years of world history.

They boast extensive documentation from across the globe, providing invaluable source material for students and researchers working within a range of scholarly disciplines, including history, politics, sociology, and international relations. Our unique digital collections offer insights into global historical events and trends, typically through a British lens. They serve to broaden our understanding of history, and help us to make sense of contemporary social, cultural, economic, and political landscapes.

Related Collections:

BOA's primary source collections are organised thematically so as to enhance user experience and boost discoverability. Via careful reflection on our archival holdings, and in dialogue with scholars, we have grouped our collections under eleven key historical themes.

Pandemics, Society, and Public Health, 1517–1925, falls under the broad themes of “Medicine” and “Science and Technology”.

You can explore related collections, such as ***Essays and Dissertations of the Scottish Royal Medical Society, 1751–1801***, and ***Records from Bethlem Royal Hospital, 1559–1932***, by scanning the QR code.



The Collection Development Process and its Benefits

At British Online Archives (BOA), our skilled team takes great care in curating and publishing our primary source collections. It is a process that yields high-quality products, as well as **substantial benefits for all involved: BOA, our archival partners, and, ultimately, our users.** Here is a brief outline of the key steps.

Based on a proposal from a member of BOA's content team (all of whom have a background in historical scholarship), **we collaborate with staff at the relevant archives, libraries, and heritage institutions**, as well as with external academics and heritage experts, to shape the collection and produce a full item listing. The next step is equally important: **the comprehensive conservation of the physical documents.** Typically, this is carried out by professional conservators at the archives themselves, but it is funded by BOA. This crucial process **ensures that the documents remain in excellent condition for use by other researchers for years to come.**

Following conservation, the documents are digitised to the highest standards, either by BOA's expert digitisation team, the archives' in-house digitisers, or by a specialist contractor. In every case, **the digitisation costs are borne directly by BOA.** Scans are then reviewed, organised, tagged, and marketed by BOA's relevant specialist teams, a process that is **verified by collection-specific editorial boards composed of scholars and heritage experts.** They likewise contribute key supplementary materials, such as contextual essays, which complement articles produced by members of our team, as well as our innovative **source-based teaching packs.**

Prior to publication, each document undergoes **Optical Character Recognition (OCR)**, meaning that you can search for words or phrases contained within images. Our published collections **employ the [Universal Viewer \(UV\)](#).** Significantly, this offers the **"deep zoom" feature**, allowing users to examine details in a document without lowering the quality of the image. Collections that contain handwritten script also benefit from **Handwritten Text Recognition (HTR)** software. This delivers a significant increase in usability and search term accuracy.

Finally, we should highlight that the digitised images that each institution has contributed to the curation process **are made available to them for free and in perpetuity**, ensuring that they have a high-quality digital copy of the material to use as they see fit. Our archival partners likewise **receive royalties from any sales that we make**, providing a revenue stream that is welcomed, particularly by smaller archives, libraries, and heritage institutions.

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