

Book Review:

Amanda J. Thomas. *Cholera: The Victorian Plague*. Barnsley: Pen and Sword, 2015. Notes. Bibliography. Indexes. 248 pp. \$39.95.
Hard cover

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The Victorian Britain was swept by five cholera epidemics which led to evolution of sanitary culture that was punctuated by sanitary reforms and engineering. The epidemic made social, political and spatial relations to change. It also led to the emergence of a concept 'sanitary city' in the urban planning, a concept that circulated to other parts of the world. Victorian ideas were on the move. Many works on cholera epidemics and sanitary cities discuss mainly about the contributions of few actors, particularly Sir Edwin Chadwick, the main sanitation infrastructures and about a select of cholera epidemics that the swept across towns and cities during the Victorian era.¹ On the contrary, the monograph by a historian Amanda J. Thomas sets out a novel departure by examining all five epidemics and explaining how knowledge and experience of each epidemic

¹ Cf. Michelle Allen-Emerson, *Sanitary Reform in Victorian Britain: Sanitary Engineering*, Vol. 3 (London: Pickering & Chatto, 2012); Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years 1830-1910* (London: Penguin Books, 1987).

drew many actors as well as a series of interventions. It weaves together the social and epidemiological histories of cholera; biographical contributions of key Victorian figures particularly Sir Joseph Bazalgette, Dr. John Snow and William Farr; social history of urban poverty; and the critical accounts that portray reactions of people in the times of epidemics.

Inspired by the local stories of the epidemic consequences in Soho, London, the book presents its account in ten (10) chapters that are arranged along the temporal and thematic lines of analysis. Chapter 1 examines one of the rarely discussed aspects of cholera, that is, history and epidemiological theories of the diseases from the pre-modern to modern era. From the reading of the Chapter, it is evident that cholera aetiology evolution is akin to the development of biomedicine. Nonetheless, cholera's theories presented in this Chapter are global in dimension which provides the reader with a broader and nuanced understanding of the plague before and during the Victorian era. An important aspect provided in the introduction and in Chapter 1 is a description of the 1817-1818 cholera pandemic, which is hardly mentioned or examined in other works. Chapter 2 presents a moment when the 1831-1832 epidemic was making people seek different therapies out of trial and error. In the course of trial and error, Brandy mysteriously came to be perceived as the cure of the plague! Giving more attention to the British cities and towns, Thomas argues that it was the low literacy levels of the people that made the plague to hit hard, and consequently leading to several

inconclusive theories on disease. Chapters 3 and 4 examine the relationship between poverty, cholera and the aura behind the poor relief laws. Thomas boldly uncovers that many people died because they lived in wretched conditions, lacked healthy food and safe water. While this is obvious, Thomas shows that poor relief houses had worse conditions as they were characterised with provision of unhealthy food and overcrowded tenement that led to more deaths of the paupers than would have been imagined.

Chapters 5 and 6 examine two issues. First is the introduction of birth, marriage and death registration in Britain by William Farr and meticulous application of its statistical information in understanding the causes of cholera and possible prevention measures. Farr's approach was disliked by Sir Edwin Chadwick because of its data that depicted poor relief was not working. Yet, the approach revolutionized the modern public health by pioneering documentation of causes of deaths, uncovering areas hit hard by particular diseases and identification of contextual conditions that exacerbate epidemics. Another issue is how the cholera epidemic transformed social relations of burials, from traditional to Victorian commercialized burial practices. The change occurred because the traditional burial practices and places were overwhelmed by epidemics. Like the application of statistics in public health, commercialized burials practices circulated to other parts of the world. Chapters 7 and 8 present the major turning points in the fight against Cholera. First is the conclusive discovery by Dr. John Snow that cholera is essentially a water-borne disease. Thomas argues that it is only recently that Dr. Snow's contribution was acknowledged by the medical world. For a

long time, Dr. Snow was in the hindsight of the names Robert Koch and Louis Pasteur. The second but connected to the first, is the introduction of drainage engineering interventions that were planned and pioneered by Sir Joseph Bazalgette. Bazalgette's drainage engineering reduced water contaminations and facilitated significantly in abating the dread of cholera in the Victorian Britain and elsewhere in the world. Dr. Snow's water-born theory of cholera helped in dispelling the power of miasmatic theory and influenced the sanitary reformers to support Bazalgette's engineering plan.

Chapter 9 examines the last Victorian Britain cholera epidemic and the fourth global pandemic of 1866. It presents the major routes of spread from far east Asia to Britain and how statistical measures helped medical and political actors to contain the plague. It also weaves in a story of *The Princess Alice* tourist line accident in the Thames in 1878 and how it raised concerns over possible cholera eruption. However, since the occurrence of the last epidemic in 1866, Victorian Britain never faced another epidemic even when the fifth cholera pandemic was affecting continental European cities like Hamburg in 1881. Chapter 10 offers conclusive statements and takes a global approach in explaining the modern theories and understanding of cholera since the Victorian era.

Thomas is, thus, implicitly arguing that the successful struggle against the cholera menace was not merely a result of medical efforts but an outcome of a complex, incremental and spontaneous amalgam of political, medical, legal,

engineering and statistical forces. However, the British nuances are amplified at the expense of the global dimension of the disease. As such, it seems the book targeted mainly the British audience. Nonetheless, the book is written in lucid and poignant language making it eligible to all audiences, lay and erudite. It can be recommended as a basic reading to students examining the social history of medicine through the prism of Victorian cholera epidemics; and the development and circulation of sanitation movement and engineering in the 19th century within and without Victorian Britain. The book employs extensively the archival and other hodgepodge sources like newspapers in building its narrative of social history of cholera epidemics which are cited and discussed well in each chapter. The way those archival materials are utilised is impressive and exemplary in exhibiting originality of the author and research.