



Victoria County History of Somerset Newsletter

Issue 16

Winter 2020-21

Welcome to the sixteenth edition of our newsletter. We hope you enjoy it.

Please pass this newsletter on to others. If you are not on our mailing list and would like to receive future copies of the newsletter please let us know by contacting us at vch@swheritage.org.uk.

County Editor's Report

Once again this newsletter was produced under plague conditions, and quite a lot of the content reflects the current pandemic. We hope you enjoy the content.

Despite the fact that the strange year of 2020 drew to an end with another lockdown and rising cases of Covid-19 we hope that you are well. Some of you may have been able to hear our 2020 VCH lecture online. If you missed it we have a précis in this newsletter. We are considering having a combined live and online lecture in future years. However, we know just how important meeting up and going out into the real world is for everyone and are still making plans for some real-life activities later in 2021!

The pandemic has helped us to imagine what it must have felt like to face epidemics in the past, although they had no hope of a vaccine or effective medical treatment. Sales of books like *La Peste* by Albert Camus have

risen, as has interest in the Spanish flu and the Black Death. The great hope for us this winter is for effective vaccination and widespread take-up - something that has concerned the health authorities for centuries, especially in the battles against such terrifying diseases as smallpox and diphtheria. Mental health has also been an issue with people unable to visit family and friends or get out and about as usual. A colleague has provided an insight into some of the challenges especially those faced by dementia sufferers and how the past can be used to help.



A misty morning on the Quantocks

Janet Tall

Somerset VCH Annual Lecture

Professor Mark Stoye, *The Impact of the English Civil War on Somerset*

Our lecture for 2020 moved online, and on 5 November many were able to hear Mark Stoye give a fascinating talk on the Civil War. Professor Stoye is well known for his research about the West Country having grown up in rural mid-Devon and carried out research at the universities of Oxford and Exeter. He is currently Professor of Early Modern History at the University of Southampton and has written many books and articles on religion and politics in Tudor and Stuart Britain. He is currently involved in a national project on the aftermath of the Civil War including using local Quarter Sessions records relating to soldiers injured during the Civil War.

Professor Stoye began by contrasting the county today with its bloody experience of and participation in the Civil War. He traced the roots of the conflict in the upheavals and discontent engendered by the reformation and the growth of religious and cultural division in the early 17th century between the established church and puritan dissent. These divisions were evident in the county, as towns like Bruton and Wells sided with Anglicanism and Taunton and Wellington moved towards dissent. Verses at Bruton remember an attack on the town by puritans from nearby Batcombe village.

Professor Stoye provided a narrative of the war in the county from the outbreak of hostilities in August 1642 when most people in the county probably supported Parliament. In 1643 Sir Ralph Hopton's troops were in Somerset and occupied Taunton before defeated the parliamentary army led by Waller at Lansdown and Roundway Down near Bath. The war turned the following year when in June 1644 the Earl of Essex and his parliamentary army drove out the royalists. Taunton was recaptured and

held by Robert Blake but was besieged from September to December 1644 when the royalist troops left, only to return in 1645.

Grenville's Cornish royalists were replaced by Lord Goring whose undisciplined troops robbed both sides. The royalists captured Taunton's outer defences and after fighting house to house reached the town centre. It was said the two royalist women were caught firing houses and were killed. On 11 May 1645 the parliamentary forces entered Taunton and relieved the siege. Elsewhere too the tide was turning against the king and following his army's defeat at Langport the parliamentary troops took Bridgwater, Bath and in September they captured Bristol. Dunster was the last Somerset stronghold and surrendered on 20 August 1646. So ended the first Civil War in Somerset.



Illustration from a Civil War tract, 1644

The human cost of the war is evident from the sufferings of the soldiers. Most early recruits were volunteers. Some joined out of zeal for the cause, like the clothworkers who attacked Sherborne castle led by a clergyman. Others were attracted by the prospect of regular pay of 6d to 10d a day. By 1643 men were being impressed and parish constables struggled to find enough men forcing the poor to join up. It was very difficult to evade service and life in the army was hard resulting in many desertions despite the severe penalties. Many soldiers were forced to march all over the country enduring horrific wounds and dying in their thousands in battles and sieges. Up to 4,000 were killed at Marston Moor alone. Also, prisoners were usually killed especially by the parliamentary soldiers who regarded it almost as a religious duty to kill the Irish, Cornish and Welsh, as at Bristol. Women were murdered or mutilated as 'Irish whores'. Sick and wounded soldiers died along the roads and were buried far from home. Royalist soldiers were also guilty of atrocities, especially Sir Francis Dodington who hanged his prisoners and reputedly shot a clergyman who said he supported God. Goring's troops were particularly prone to plunder and kill civilians.

The war was very expensive, with people forced to pay rates to the armies and even poorer members of society who had not paid tax before had to contribute to town defences and army pay. Some in disputed areas had to pay both sides. Billeting was a burden and few householders were ever compensated, although in 1645 the parliamentary soldiers were required to pay. Unruly soldiers could attack and rob their hosts. In fact the word plunder came into general English usage at this time.

Among the physical damage churches suffered most, not only from use in war but from iconoclasm by undisciplined parliamentary troops, who smashed glass windows and organs, broke ancient crosses and even desecrated graves. Wells suffered especially badly. Towns suffered from the building of fortifications and the clearance of buildings to provide lines of fire. These often took a long time to clear, especially at Bristol.

The social effects of the war are harder to measure. Although some great houses were sacked there was little class conflict and the 1660 restoration was achieved with little protest. However, some poor men had travelled widely with the armies and seen more of their country and some humble men had risen to become officers. Memories of the war were reflected in expressions naming disorderly men as 'Goring's crew' and in Taunton the continued marking of 11 May, when the siege was lifted, including with a song.

A poll of those watching the lecture indicated that they considered Taunton was the principal Somerset focus of the war. A variety of questions followed covering matters such as how did the gentry decide which side to be on, what part the clubmen played and the connection of the war with the Monmouth rebellion. Professor Stoye concluded with suggestions for reading. We were pleased to be able to hold the lecture despite it taking place during a lockdown, and the online format enabled people to listen from across the country, and from as far afield as the United States.

Mary Siraut



Taunton Castle

Janet Tall



Tapestry of the Apocalypse of Angers by Jean Bondol

The Black Death in Somerset: a time of horror and distress

The 2020 pandemic has been a very difficult and sad experience for the people of Somerset. Although by no means the worst affected county in England, the suffering that people have lived through in our county shows how even modern medicine has struggled to cope with this startling new threat. We can now begin to understand a little better just how much the inhabitants of Somerset must have suffered during that terrible pandemic of the mid-fourteenth century, the Black Death. A clear example of the comparative scale of that plague can be seen from the mortality rates. There are no clear contemporary statistics available for the mid-fourteenth century, but historians generally agree that possibly 50% of the population of England died as a result of the pandemic. The death rate was probably highest among the peasantry, with some locations across the country having rates as high as 70%. England of course was not alone – the plague had swept across western Europe with devastating speed and impact. By comparison, the current mortality rates for Covid-19 in England are publicly available from the Office for National Statistics. For November 2020 these show that the age-standardised mortality rate was 191.3 deaths per 100,000 people or approximately 0.2%. In the USA, the CDC (the Centers for Disease Control and Prevention) has calculated a rate of 0.26%. Against those numbers, the catastrophe that hit England in the period 1348-49 is almost inconceivable.

The county of Somerset was one of the earliest to suffer from the arrival of the Black Death. A contemporary chronicler writing at Malmesbury Abbey said: ‘In 1348, at about the feast of the Translation of St Thomas the martyr [7 July], the cruel pestilence, hateful to all future ages, arrived from countries across the sea on the south coast of England at the port called Melcombe in Dorset. Travelling all over the south country it wretchedly killed innumerable people in Dorset, Devon and Somerset.’ [this English translation by the Cambridge historian, Rosemary Horrox]. The outcome was devastating: ‘There was such a shortage of people that there were hardly enough living to look after the sick and bury the dead.’ Another clerk, Geoffrey le Baker, similarly recorded that the arrival of the plague ‘virtually stripped a Dorset seaport and then its hinterland of their inhabitants, and then it ravaged Devon and Somerset up to Bristol’.

By August 1348 the Bishop of Bath and Wells, Ralph of Shrewsbury, was already alert to the threat the new plague represented, having heard of its impact over in France. From his register we can see that he called on all his archdeacons to arrange intercessory processions. These were to take place every Friday, urging the people to be penitent before God ‘with devout prayers, so that the mercies of God may speedily prevent us and that he will, for his kindness sake, turn away from his people this pestilence and the other harsh blows’. Bishop Ralph quickly became so alarmed that he took the prudent step of withdrawing from his cathedral city to the relative safety of Wiveliscombe. There he remained for the duration in the palace constructed by Bishop Drokenford (of which an archway still survives near the parish church).

The severity of the Black Death in Somerset can be deduced from contemporary records for the manor of Mells, west of Frome. Mells was one of the possessions of Glastonbury Abbey which had a huge estate across the centre of the county. The court roll for the period November



Mells

male, but there seems little reason to suppose that the mortality rate among the female inhabitants would have been significantly different. Simple arithmetic shows that over 61% of the tenants had perished. It is difficult to imagine the impact of such a death rate on civil society, yet life went on. The fourteenth-century inhabitants of the county continued to do what they had to in order to survive.

Contemporary court rolls survive for some other Somerset manors, and they tell a similar story of the horror of those two years. At Curry Rivel near Langport, the Black Death arrived some time between the middle of October 1348 and the beginning of December. The court record for early October had shown no deaths, but that for 13th December recorded eighteen. The death toll for February 1349 was thirty-five, emphasizing what a terrible winter that must have been. At the end of March, the roll showed ten more deaths but the worst was now over. Possibly 63 out of 150 tenants had died.

At the manor of Chedzoy near Bridgwater, the impact was even worse. Here the intensity of the pestilence raged most strongly between December 1348 and the end of March 1349. It seems likely that at least seventy-five of the tenants had died. One of the earliest victims was William Hammond who rented and worked the local water mill. There seems little reason to disagree with the sentiment of the renowned Benedictine historian, Francis Gasquet, writing in 1893, who said ‘What a terrible Christmas time it must have been for those Somerset villagers on the low-lying ground about Bridgwater, flooded and sodden by the long months of incessant rain!’



Chedzoy Church

Throughout the pandemic, death might come quickly and to anyone. Bishop Ralph survived in his rural isolation, but he could see the heavy impact on the clergy of the county. A grave shortage of ordained clerks meant that pastoral care was grievously compromised. The bishop urged that the dying could make their confession to any lay person, male or female, if no priest were available. The scale of the crisis can be deduced from the bishop's records. When a new incumbent was placed in a church living, he was 'instituted' there by the bishop. In a normal year, the average number of such institutions in the diocese of Bath and Wells was thirty-five. However, in the single month of December 1348, the bishop made thirty-two institutions. For the year 1349 as a whole, the number was 232, almost seven times the usual number. The parochial clergy were not the only clerics to suffer. The patent rolls of King Edward III record the distress of the brethren of Witham Charterhouse where nearly all the servants and retainers had been carried off by the Black Death. A similar story is recorded for the Carthusian house at Hinton where the brethren were even struggling to clothe themselves (or at least such was their claim).

The long-term impact of the Black Death has been discussed frequently and in detail by historians. The population of England remained low for the next century and a half, only beginning to climb significantly in the sixteenth century. The legacy of deserted villages from the period has been well-documented. The plague clearly accelerated the changes in feudal society that had already begun. There is strong debate about the impact of the pandemic on wages. Some historians have seen a clear and simple correlation between the Black Death and a strong rise in wages for labourers etc. thereafter, but this is disputed by others. As ever, the lack of detailed and consistent records from the period means that such debate will doubtless continue. What seems most remarkable is how our distant ancestors coped with such a catastrophe. The medical knowledge of the period was severely limited, and there were no effective treatments to prevent the spread of the plague or to ameliorate its impact. There was little formal support for families devastated by death and misfortune. Yet, like elsewhere, the people of Somerset carried on despite the horror they had been through. The plague was to recur a number of times over the next three hundred years, but never with the devastating severity of the years 1348-49.



Des Atkinson

Burying plague victims in coffins at Tournai in 1349. Flemish ms. illumination, 14th century

The South West Heritage Trust: Caring through Covid-19

The South West Heritage Trust has faced an extraordinary year for both its staff and audiences. On 19th March when Covid-19 forced us to close our sites and services, few of us thought that the restrictions would last longer than the 12 weeks forecast. As the weeks and months under lockdown drew on, it became apparent that as well as providing new ways to deliver our services to the public we would also need to help support both them and our own staff to cope with the implications of enforced isolation.

Care homes and those most susceptible to lack of human contact became a focus for our support, along with our own staff who were either still working under isolated conditions at home or furloughed.

The Trust has three Mental Health First Aiders, trained by Mental Health England, to manage health and wellbeing proactively, minimise the impact of mental ill health on businesses and their staff, and promote and maintain healthy workplaces. This relatively recent resource proved extremely valuable throughout the pandemic and many staff members who have struggled with their situation have benefited from confidential advice and support though the most difficult of times.

The Trust for many years has delivered reminiscence in care homes to support wellbeing amongst participants with a unique mix of real and replica objects. Although our usual sessions had to cease, we were keen to find a way of providing reminiscence activities during the period of shielding for our most vulnerable.



We came up with a remote resource that could easily be used in any locked down care home with limited technological resources. 'Somerset during World War Two' was our first interactive DVD to encourage reminiscence with an image rich resource that was easy to use, you just pop it in a DVD player. You can guess the object, listen to real oral archive recordings from other Somerset residents and take part in the evacuee journey from the city to the country. Learn, listen, see and talk about rationing, evacuees, the Home Guard and much more.

Although this free DVD doesn't provide the full experience of our usual sessions it is a great introduction to the history of Somerset and the type of experience, we can offer when it is safe to do so.

We have also launched a new service to support vulnerable groups during the Coronavirus pandemic. The Heritage Memory Box Loan Service makes reminiscence resources available to care homes and other shielding groups. We disinfect all items and deliver directly, with an isolation period on return. Each box contains objects and activities designed to stimulate recall and encourage communication. There are three themed Memory Boxes: 'A Sweet Tooth', 'Toys and Games', and the 'Second World War'.





*A visit to the sweet shop -
Image used as part of the
social media reminiscence
initiative.*

SWHT

To the wider public we have run social media initiatives for intergenerational reminiscence which have had a fantastic response from people sharing their memories with us and fostering a sense of place and pride.

The wellbeing of families has also been a focus for us. We have produced family activities that people can do at home using only items gathered around the house or out on a walk with no need to visit shops. These sustainable and recyclable resources have been produced online with instructions, films and other guides to give families stimulating and enjoyable activities to help with the boredom and isolation of the lockdowns. They were linked to the seasons and all had a nature-based theme to encourage a quick walk outside and an appreciation of the slower pace of life that had been enforced upon us.

Even though our sites have been closed during the lockdown, many of our regular public services continued, archive research enquiries, schools' loans and the VCH to name a few. This has been really important and allowed many people including schools to continue with some sort of normality with their interests in heritage and keep their spirits up. Between lockdowns our museums and archive sites reopened with timed appointments and school visits and this allowed hundreds of people to

experience the many wellbeing benefits of a visit to a heritage organisation. Many expressed their joy to be able to visit again and how grateful they were that we had worked so hard to open a safe and welcoming environment ahead of some other similar public attractions. This of course had the knock-on effect of giving our front of house staff a real sense of achievement and vindication of the great efforts they had put into reopening.

We approach more unknowns, but have planned our support for staff and audiences into the new year. I am a Dementia Friends Champion for the Alzheimer's Society and during lockdown undertook training to deliver our popular information sessions online instead of face to face. I plan some sessions for our staff in the new year. We are also working on reminiscence sessions for online audiences and looking at support for young people. These are happening in early 2021. It's been a difficult year, but we have learnt many new skills and ways of working and above all I believe become a more caring and useful organisation for both our staff and audiences.

We have proved that the development of our role in supporting wellbeing alongside our traditional services has never been more important. We will continue working to care for the hearts and minds of the people of Somerset and Devon alongside caring for the collections.

John French



*Creating family activities
with a nature based theme*

SWHT

The struggle for public health and vaccination in Taunton

Like all towns Taunton has suffered periodic epidemics and against plague and even for common diseases like measles and influenza there was no protection before recent times. Overcrowding and lack of sanitation made it difficult to avoid infection especially for the poor and the very young. Outbreaks of disease caused large numbers of excess deaths but isolation was the only means of controlling epidemics.

A major threat to public health was smallpox, which came in a seven-year cycle in the late 17th and early 18th centuries as a large number of children became more active and started work, with no immunity. Large-scale migration in the same period would also have contributed to outbreaks. It was a disease that was particularly dangerous to the young and affected the rich as much as the poor, being apparently unrelated to diet or hygiene. However, it was the first disease to be prevented. Inoculation from the mid 18th century gave people a mild attack to protect them for life, indeed some have argued it provided greater protection than the later vaccination. However, take-up among most classes was poor until the late 18th century when some parishes encouraged and even paid for it. It was very effective in driving down smallpox mortality and was only gradually replaced by vaccination, partly because it was often administered by travelling unqualified inoculators very cheaply.

In 1809 the Taunton boys' charity school refused to admit boys who had not been inoculated and in 1837 all children in the workhouse who had not had the disease were required to be vaccinated. In 1840 medical officers of health were empowered to vaccinate everyone in their district under the Vaccination Act but they faced opposition. It was alleged that some births were not registered to avoid vaccination. At least 11 people died in the 1849 Taunton outbreak leading to support for compulsory vaccination. The registrar at Lansdown in Bath probably spoke for many in 1852. 'It is to be regretted that so much prejudice and ignorance, if not wilful neglect, amongst the poor and illiterate, still continue to prevent vaccination. If it

were enforced by the legislature many lives would be annually saved, besides the mitigation and prevention of sickness, with its misery and deformity. At present it is only through great entreaty, patience, argument, and giving much time to it that the public vaccinator succeeds at all.'

Poor management of vaccination was blamed for the 1853 epidemic as only 51 children out of 229 due for vaccination in St James's parish had been vaccinated. The cumbrous machinery of certificates was blamed for the failure of St Mary's parish officers to carry out their duties under the Vaccination Act. At Stogumber one young man died in a severe outbreak in that parish and yet parents were still refusing to allow their children to be vaccinated. In 1858 during another outbreak an order was issued for everyone in the workhouse aged between 5 and 20 to be vaccinated but many mothers objected. There were also problems with the quality of the vaccination and some people were re-vaccinated. Older children and adults still needed vaccination in the 1860s when the National Anti-Compulsory Vaccination League was set up and it was active for the rest of the century. In 1868 of 373 people vaccinated in Taunton only half were infants. In the 1871-72 outbreak 36 people who had been vaccinated got the disease but mildly; all the fatalities were among those who had not had the vaccine. In November 1871 the hospital authorities had ordered all nurses and servants to be vaccinated.

Vaccination was by person to person using lymph from the arm and although lymph was dried for later use it was regarded as less effective. Some parents were reluctant if they thought the donor child was unhealthy or from a poor area. However, in Truro the Board of Guardian suggested wealthy families might engage a poor child to come to their house to provide lymph for the household for a small payment. In 1881 a Taunton woman was prosecuted for not allowing the public vaccinator to take lymph from her child's arm and was threatened with a week in prison. By the 1880s most Taunton vaccinations were on infants under one. Failure to secure widespread effective vaccination made the eradication of smallpox impossible and led to outbreaks in 1882, 1885 and 1905 in Taunton, often blamed on tramps.

In 1881 the Local Government Board, which had taken over responsibility for national smallpox vaccination in 1871, established an animal vaccination station to supply lymph from calves and that became the usual method by the 1890s. The new Vaccination Act in 1898 gave the Local Government Board the monopoly of vaccine supply, which passed to the Ministry of Health in 1919. There were fears in 1914 that the disease would be carried by soldiers who had not been vaccinated but it was meningitis that proved most dangerous in Taunton during both world wars. However, there were smallpox outbreaks in other parts of the country in the 1920s. In 1946 the Public Health Laboratory became responsible for vaccines and take-up improved. By the 1960s smallpox had been controlled locally although the growth of foreign travel raised fears of further outbreaks.



Taunton workhouse
SWHT

A severe shortage of clean water in Taunton and minimal sewerage made the inhabitants vulnerable to diseases like dysentery and cholera. A small outbreak in 1832 was followed by a bad epidemic in the workhouse in 1849, which within 48 hours had infected 42 inmates of whom 19 died immediately and within a week 60 had died. Mortality from 'bilious diarrhoea' had been high in 1848 when the hospital refused to treat cholera sufferers as in-patients. The workhouse cesspit had been uncovered shortly before the November outbreak. The disease was confined to the workhouse and sick children removed into houses in the town all recovered. A scathing report comparing conditions unfavourably with those in Wilton

gaol complained of filthy iron privies, bad drainage to the cesspit, which overflowed into a field and was emptied occasionally to manure the garden, and solid filth throughout the system as there was almost no water to flush it. Ventilation was poor, the well water was contaminated, the rainwater was only used in the laundry and there were no washing facilities. Improvements were carried out and a sewer laid into a field drain and there were no further outbreaks although there were scares in 1853 and 1866.

For many diseases including childhood illnesses like scarlet fever the only remedies were isolation of patients, disinfection of homes, clothing and bedding and strong carbolic acid for privies and drains. The Medical Officer of Health employed men to carry out those tasks, limewash the homes of the poor and clear out cesspits. There were frequent outbreaks of scarlet fever although few as bad as that of 1850-51 in which 68 died as the virulence of the disease appears to have declined later in the century. It ran through

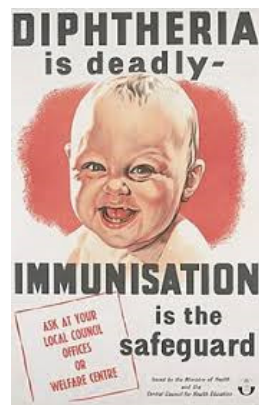


Child with scarlet fever

overcrowded homes, schools and factories as sick children in poor households were sent to work. It was even found in the hospital, which was usually careful to exclude infectious disease cases. Other dreaded diseases were typhoid and paratyphoid, classed together as enteric fever, and like cholera and dysentery spread through human waste. The establishment of a local board of health in 1849 eventually led to improvements in housing requiring all new houses even in back courts to be provided with access to clean water and sewerage. However, older houses depended on ash or cess pits and gullies for drainage and drew water from polluted wells and pump troughs sometimes visibly contaminated with faeces. Also the increase in sewers resulted in a substantial build-up of effluent in the river especially in the town centre. In 1875 sewage blocked Pollard's canal entrance and prevented barges berthing. The new Taunton waterworks from 1859 and especially the sewage works completed in 1877 were credited with a great decline in enteric fever, and a substantial fall in the death rate by 1898. However, during the First World War several soldiers contracted it, possibly through poor latrine provision. Similar conditions in the Second World War accounted for a cerebro-spinal meningitis outbreak in 1940, fatal in a third of cases, and paratyphoid in 1941.

Probably the most important vaccination programme after that for smallpox was for diphtheria, a scourge of children. It was mainly for scarlet fever and diphtheria cases that the Isolation Hospital in Cheddon Road opened in 1879 and in its first 30 years the hospital dealt with 1,972 cases, sometimes being overwhelmed during diphtheria epidemics when it was accused of letting patients home while still infectious. Outbreaks of diphtheria in Taunton in the early 1880s spread to rural parishes and passed from school to school. In 1890 a five-week school holiday was credited with stopping an outbreak. Infant schools regularly lost pupils from a range of childhood diseases such as diphtheria, measles, scarlet fever and croup, for which the only prevention was school closure and disinfectant. The ability to protect children against diphtheria by the 1930s had the potential to save many lives and much terrible suffering and yet it proved very difficult to persuade parents to have their children vaccinated. In almost a repeat of the smallpox vaccine experience the Medical Officer of Health struggled to increase uptake.

In 1932 a virulent form of diphtheria broke out in the borough and on a single day the Isolation Hospital received 40 patients and had only 32 beds. Another diphtheria outbreak occurred in 1934-35 but there were only two deaths. In 1935 pupils at Wellington School were required to have the diphtheria vaccine. To counter the anti-vaccination movement Hackney council published graphic images of the consequences of diphtheria in 1935. In Taunton there were said to be an average of 40 cases a year. However, in 1939 only 296 children were immunised against diphtheria; c.13 per cent of those eligible, particularly worrying because of the number of evacuees arriving. Only 379 children were immunised in 1940 and the government again considered making vaccination compulsory. However, the war saw a greater acceptance of vaccination and the rate for diphtheria rose to 70 per cent. By 1952 the borough had been diphtheria free for five years, but the Medical Officer still wanted a greater uptake of immunisation.



Poster encouraging immunisation against diphtheria

Tuberculosis was a serious problem by the late 19th century and the increase in cases caused concern in the 1910s. The war delayed the construction of the planned sanatorium in Cheddon Road to cope with tuberculosis cases but brought infected soldiers, usually with enteric fever. By 1917 tuberculosis cases were being admitted and later a county tuberculosis dispensary opened in Priory Avenue. In 1952 1,000 children received radiography screening for tuberculosis, all infants had milk and orange juice and there were three welfare clinics, a health centre in Tower Lane and four health visitors. Although vaccines for tuberculosis were being developed in the 1950s the death rate in the sanatorium was over ten per cent and there were cases of tubercular meningitis. However, the great improvement in tuberculosis treatment meant that by 1960 there were only eight patients. Tuberculosis vaccine became available for the general population in the 1960s.

Another scourge related to sewage pollution was poliomyelitis. In 1953 a polio epidemic struck Somerset with more than half the cases in Taunton mostly on the Halcon and Lambrook estates and two children died. A measles outbreak the same year killed one child out of 372 cases and the following year saw 515 cases but no fatalities. Trials of a measles vaccine were carried out from 1959 to 1961. By the 1960s a polio vaccine was widely administered but there were still children who had been severely disabled by the disease.

By the late 20th century most children received vaccines against the common childhood diseases and older people were vaccinated against influenza thereby reducing fatalities from epidemic disease. Attention then focused on heart disease and lung cancer as well as new diseases like AIDS but the 21st-century has shown us that we are still vulnerable to epidemic disease and that vaccination is still both an important weapon and a matter of controversy for some people.

Mary Siraut

Running an Archive Service in a Pandemic

Unprecedented is a word frequently used to describe situations in 2020 – and it is certainly the word that springs to mind about running the Somerset Archive and Local Studies Service during the pandemic.

We are a public service, priding ourselves on providing public access to Somerset's rich archival collections throughout the year. Therefore, it seemed alien to us to close our doors on 18 March 2020 without a clear idea about when we could reopen. Staff had to quickly move to working from home, with all the inherent difficulties of being separated from the archive collections. We rapidly had to adapt to answering as many enquiries as possible whilst working remotely. In this we were fortunate in having good online resources and an IT system that was already set up for mobile working. Like many organisations our lives turned digital, with online meetings dominating our working weeks, enabling us to keep in touch with staff, volunteers and partner organisations across Somerset and beyond. There have been many times in the last few months when we have wondered just how we would have coped if this had happened in the pre-digital age.

Once we had got over the shock of closing all our onsite services there were a whole new set of issues to consider. We take care of unique archive collections dating back over 1000 years, and it was essential that a system of careful checks of the premises and collections should be quickly put in place. This was backed up by close monitoring of CCTV, as well as the existing security systems that we have in place at the Somerset Heritage Centre.

After a period of working from home we then had to turn our attention to the complex matter of how we could reopen our sites in a Covid-safe way. Providing research access to archives involves enabling people from multiple households to sit together in a single indoor space for hours at a time and handle documents, often using shared equipment. Suddenly these were all things that we were being told not to do. We had to completely rethink our services. How long was it safe for people to be in a shared space? Could we switch on our air conditioning system? How many people could be accommodated in the searchroom allowing for 2 metre distancing? What systems would be needed to enable all archives and books to be quarantined for 72 hours after they had been handled? These were all issues

that we had to solve. What followed was an intense period of work. This included socially-distanced meetings to look at the use of the searchroom, discussions between archive services across the country, writing risk assessments, drafting detailed information for our website, and setting up a new online booking system. We were delighted to be able to reopen to researchers in early August, enabling six people at a time to visit in a carefully regulated way to ensure their safety.

But 2020 had further twists and turns yet to come. We had to close onsite access again during the November lockdown, before briefly reopening in December. Opening and closing services is complicated and every change has meant several days of activity to ensure everything is in place for public bookings, site and collection security, staffing, flexible furlough arrangements and rotas.



Somerset Heritage Centre

SWHT

We are now in another lockdown, and it would be easy to feel despondent. Yet, there are many positive things that have happened relating to the Somerset Archive & Local Studies Service during the pandemic. We have concentrated as never before on our online resources, resulting in almost 250,000 index entries being prepared and launched online (visit <https://somerset-cat.swheritage.org.uk/indexes>). Demand for the research service has never been higher, and we have kept in touch with people via social media and our website, including an increased number of blog posts. New archive collections have continued to be accepted when possible. Project work has also continued, and we have been busy seeking grant funding to support future projects. This means we have exciting cataloguing, conservation and public engagement projects to take forward. And finally, I would like to thank the staff who have worked together throughout, quickly adapting to an ever-changing situation, giving ideas, support for each other, and care for Somerset's amazing archive and local studies collections.

Janet Tall

Some Somerset 19th-century 'cottage' hospitals

The late 18th century movement to provide dispensaries for treating the sick poor, as at Wiveliscombe, was followed by a desire to provide hospitals for in-patient care. Large urban hospitals such as that in Taunton were not only expensive to set up and run but were often the only medical facility for miles. Many rural communities could be several hours journey from a hospital making it difficult for the rural poor to access even for planned surgery, let alone in a case of accident or childbirth complications. From the later 19th century there was a move towards providing small local or cottage hospitals usually by private philanthropy. They usually served a group of rural parishes like Butleigh Hospital or a small town and its hinterland like those at Chard, Clevedon, Minehead, Wellington and Wells. As such they were often a source of pride with all classes who supported them generously through fundraising events like bazaars or garden openings or by regular subscriptions, which entitled the donor to recommend a number of patients, often on a ticket system, depending on the amount of money given.

Cottage hospitals varied in their charging policies although children were usually treated free of charge. Others were often expected to contribute a small sum. Apart from accident cases patients usually



*Minehead hospital
shortly before
closure*

Mary Siraut



Dunster hospital in the late 19th century before the extension was built SWHT

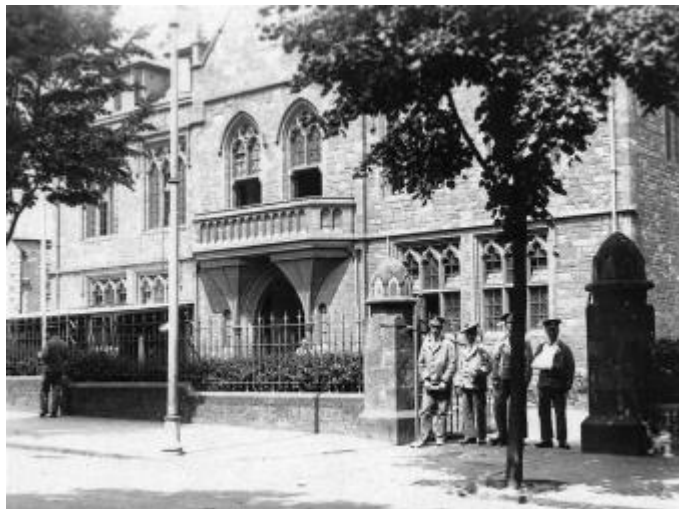
need a ticket from a subscriber to be admitted. That helped to distinguish them from Poor Law infirmaries such as that at Taunton and actually encouraged the poor to use them. Diseased patients were usually excluded and sent to isolation hospitals, although some of those notably at Wincanton and South Petherton later became general cottage hospitals.

Among the earliest to open were Crewkerne and Dunster in 1867 and Frome in 1874. Crewkerne hospital opened in a converted factory in South Street but moved to a new purpose-built hospital in 1904. Dunster and Minehead Village Hospital was established in a large house south-west of West Street in Dunster free of rent under the patronage of George Fownes Luttrell. The hospital was in the care of a resident matron and served by one or more medical officers and a dispenser. There was a high turnover of matrons, perhaps not surprising as they were only paid £20-£25 a year. The hospital was funded by subscriptions, legacies, church collections, visitors to the castle grounds and small payments by patients who came from throughout west Somerset. Out-patients paid 6d. and in-patients what they could afford. Initially the poor were reluctant to enter the hospital but in its second year 105 patients were treated including 18 in-patients. Many patients were injured workmen, one in an accident with a pile-driving machine at Porlock. By the end of the 19th century the hospital treated over 200 patients a year at a cost of £400.

By 1901 three nurses lived in and a new male ward with a bathroom was created. In 1904 a new operating theatre was added and by 1910 well over half the 70 in-patients were surgical cases. In 1916 there were 21 major and 54 minor operations and the hospital was proving too small. In April 1920 it closed and staff and patients transferred to Minehead.

In 1878 General Sir George Bowles left money for a hospital to benefit the sick in the Butleigh area. Built in 1882 south of the village, the hospital finally opened in 1883. In 1892 it treated 55 in-patients and 200 out-patients. By 1948 when it was taken over by the NHS it had a matron and 10 nursing and midwifery staff and a new nurses' home. A children's ward opened the following year and in 1969 a new physiotherapy unit was added. The hospital had 25 beds and specialised in ear, nose and throat and maternity until 1977.

A cottage hospital opened at Wellington in 1892 and at Wincanton in 1901 when the Frome cottage hospital was enlarged as the Victoria Hospital and Nursing Home. In 1906 Lady Theodora Guest opened a cottage hospital in Templecombe village in memory of her husband. The Merthyr Guest cottage hospital, like most, survived on donations, subscriptions and some fees but treated children for nothing. It specialised in maternity cases, which made up most of the 203 in patients treated in 1947. It was run by the NHS from 1948 until its closure in 1976.



*Minehead Hospital during
the First World War*

Hilary Binding

One of the later small hospitals was at Minehead where the Avenue public hall was converted into a temporary hospital in 1913 although it closed for a month in the summer for staff holidays! In 1920 it amalgamated with Dunster on the Minehead site in memory of George Fownes Luttrell. In 1922 it was renamed the Minehead and West Somerset Hospital to avoid confusion with the isolation hospital and a four-storeyed nurses' home was built behind. In 1926 an extra floor was inserted in the hospital roof for an operating theatre. When the adjoining police station fell vacant in the 1930s it was added to the hospital and a new outpatients' department was created in the angle between them. By 1939 the 13 medical staff included dentists, a gynaecologist and a pathologist. Casualty cases rose from 755 in 1940 to 3,360 in 1945 and well over 1,000 x-rays were taken annually. In 1947 the hospital treated 1,168 in-patients and 9,519 out-patients. After nearly a century of service and several threats of closure the old building was replaced in 2011 by a new community hospital off Seaward Way.

That marked a partial reversal of the later 20th-century trend towards creating large central hospitals and closing small ones despite the difficulties people in rural areas had trying to visit distant area hospitals. Cottage hospitals were seen as inefficient and many closed, but it has since been recognised that small local facilities can be beneficial with new community hospitals being built at Bridgwater, Glastonbury and Minehead.

Mary Siraut

*New Minehead
Community Hospital*

Mary Siraut



Nugget from VCH research: Christmas at Dunster Castle in the 15th century

We have just had probably one of the strangest Christmases most of us can remember. It is always tempting to look back for the ideal Christmas but of course Christmas has been a changing celebration down the centuries. Perhaps one of the biggest changes is that we celebrate beforehand, and Christmas Day for many is the culmination rather than the beginning of the celebration of a season which in the Middle Ages lasted until Candlemas (2 February). One of the constants is the desire for decoration and special food although perhaps we would not enjoy what was considered essential Christmas eating in the Middle Ages.



Dunster Castle

Mary Siraut

Among the fascinating glimpses of medieval life at Dunster castle to be gained from the accounts is the celebration of Christmas. In mid-December 1404 the usual household expenditure increased as firewood, candles and food and other necessities for the Christmas season were bought. Among kitchen purchases were woodcock and other small fowl, mallard, conger, dogfish, cod, rays, milk, cream, butter, veal, pork, mutton, oysters, oatmeal, 12lb of almonds, honey and wine from Taunton. Bowls and tin vessels, 100lb of wax and wick for candles and a lantern for the hall steps were also bought. Other expenses included gifts to the priory of capons and bacon, cash gifts to the church and the servants and fur trimmings for six of the lord's gowns. The hall and main chamber were strewn with herbs and there were payments to tenants for playing and dancing. Twenty years later the purveyor to the household, Reginald Seynesbury, spent 11s. 3d. on saltfish and 34s. on white bread for the season. Other purchases included wheat grains for frumenty, a favourite medieval pudding, and fat geese from Withycombe.



Historic Images of Somerset

This image of Taunton's Trinity district in about 1920 shows how much the town has changed. Holy Trinity church and the men's club opposite are familiar as is the street pattern including the then new houses on Eastleigh Road at the bottom of the image. However, the other buildings so familiar to residents in 1920 have gone. The workhouse only retains its front range converted to residential use and the poor law infirmary later Trinity Hospital to its right has completely gone. So too has the Tudor-style Holy Trinity school below the church. Taunton's industrial buildings have also virtually disappeared. The South Street collar works is in the top left hand corner and the chimney at top right belonged to the then new Taunton Priory Steam Laundry built on the site of the Gloucester Street mission. The main building of the Taunton and Somerset Hospital, just visible on the upper right edge of the image is now offices.

The Trinity area of Taunton, c.1920 SWHT

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