

Churchyard on 27th July 1880 leaving his daughter and stepson to carry on in his old premises. They continued to farm but were also Grocers and Druggists.

By 1891 Martha Trinder's cousin Edgar W. Goodall was lodging with them, and we are grateful to Edgar Goodall's daughter Miss Rosa Goodall for her kindness in letting us have a copy of the photograph. Miss Goodall and other members of her family treasure the Trinder belongings that have been handed down to them and their mother's memories of Henry's daughter Martha who lived out her last days with the Goodall family. There she passed on the recipes for the homely remedies she had used as a chemist.

Henry Trinder's broken headstone now lies propped against the boundary wall of the churchyard near to the entrance from Loughborough Road but his name lives on, for the house which Freda I'Anson built on the site of the old homestead still proudly bears the name 'TRINDERS'.

SWANNINGTON ISOLATION HOSPITAL

· Lesley Hale

The Public Health Act of 1872 divided England and Wales into urban and rural districts and, in rural areas, transferred to newly created Local Sanitary Authorities the duty of implementing government policies in respect of public health and sanitary matters which had previously been the responsibility of the Poor Law Guardians. The area covered by the Ashby Rural Sanitary Authority stretched from Smisby, Measham and Snarestone in the west to Hugglescote and Thringstone in the east, taking in a large part of Coalville which was not then constituted as a separate urban district. It did not include the town of Ashby itself nor Whitwick, both of which had their own authorities.

On 22nd February 1873, in the boardroom of Ashby Workhouse, the Ashby Rural Sanitary Authority held their first meeting, the members were all members of the Board of Guardians who represented the places in the Authority's area. For the next 21 years they would be responsible for battling against the dread diseases of the time, most feared of all was smallpox which spread widely by airborne infection, and others such as typhoid fever which often came from contaminated "drinking" water.

One of their first decisions was to advertise for an Inspector of Nuisances. They

were prepared to pay £130 a year and award a three year contract. Out of 16 applicants they chose Samuel Heward, who at the time was working in Kingston on Soar. All we know of him is that he was a family man, aged about 40, son of a Ravenstone carpenter and that he came back to live in his native village after his appointment.

He took on a formidable task. Whenever there was a complaint about a privy or a piggery, whenever there was a suggestion of overcrowding or a suspicion of contaminated water he had to investigate. His workload was such that he would issue 518 notices to remedy nuisances in a year. In every case of diphtheria, typhoid or smallpox, he had to visit the premises just as the doctor did, and do all he could to stop the spread of the disease. All this he had to do on horseback or in a trap and in the case of disease he, like the doctor, had to set out immediately he received news of it. Then he took on the job of surveyor to the authority which involved negotiations with landowners and meetings with groups of villagers to plan and supervise the installation of improved water supplies and adequate sewerage systems.

The Act laid upon the Authority the duty of appointing a Medical Officer and their choice for this role was Dr William Joyce. By April, fortified with a rate of a farthing in the £1 the Authority embarked on its responsibilities.

Smallpox was often brought into an area by people visiting their families or returning from working in other districts and the Minutes of the Ashby Rural Sanitary Authority bear this out. An example is the case of Harriett Haynes who in September 1881 was suffering with the disease when she came from Wellingborough to stay with her family at Goseley Mount in Hartshorne. The Medical Officer described the situation in his Annual Report and how little he could do without some isolated cottage to which the patients could be taken. He described how such outbreaks were tackled, first he cautioned the affected families to have as little contact as possible with anyone outside and warned them of the penalties if they exposed others to risk. Then he set himself to try to persuade parents to allow their young children to be vaccinated and themselves to be revaccinated without delay.

By 1883 there was smallpox again in this district and the officers of the Rural Sanitary Authority were once more doing their best with inadequate resources to prevent the spread of the disease. Each month they gave detailed reports at the meetings of the Authority. In January there were four cases in Thringstone where a 9 year old boy died. Next month there were 3 more and the following month another 3. Then in June came news from Whitwick of five cases there and

in July there were two in Swannington near Talbot Lane. In September a 30 year old bricklayer Josiah Haywood brought smallpox into his home at Griffydham when he returned from Shepshed where he had been disinfecting houses where cases of the disease had occurred. He, his wife and two children and another occupant of the house all contracted smallpox, it was fortunate that none of them died.

It was not only smallpox Mr Heward had to contend with but the diseases caused by the polluted water supplies that so many people used. This same year he was reporting on a case of typhoid fever in Ravenstone where the water had been analysed and found to be turbid and fetid, highly charged with organic impurity and totally unfit for domestic use. At the beginning of the next year there was a month in which he had to report that there were 25 cases of typhoid fever in Coalville. Wearily at the meetings he repeated his difficulties and the need for a cottage where the smallpox cases could be isolated.

Then the members of the authority heard about portable houses which were suitable for hospitals and were obviously very taken with the details they received from the Paris manufacturers. Mr Heward went to see one near Birmingham and was impressed. Although by now it was November the rooms were warm and comfortable and capable of being properly ventilated. He recommended the acquisition of such a building which could be put up in a few hours and occupied immediately. Unfortunately the Authority had dealt with this in the wrong order for having obtained first the opinion of their Inspector of Nuisances they now canvassed their Medical Officer and he was firmly against the portable idea and wanted a conventional building.

So, after briefly considering finding a cottage to rent, the authority finally decided in February 1884 that it would be necessary to buy a property and opted for Swannington as a suitable location. Three sites were offered.

1. Two cottages and two roods of land situate in the parish of Swannington and belonging to Mr Kendrick
2. One cottage and one rood of land situate in the parish of Swannington and belonging to Mr Kendrick
3. One field of land containing 1 acre or thereabouts situate in the parish of Swannington and belonging to Mr John Hough

The price of Lot 1 and 2 was £200, the price of Lot 2 was £40 and the price of Lot 3 £100.

A Sub-Committee was appointed to look at these properties and to report back as to which they considered the most suitable. The Medical Officer thought the land belonging to Mr Hough would be best, being on higher ground with more room for patients to walk about when recovering. It seems likely that this field was on Swannington Common near to the mill which also belonged to Mr Hough. The Authority, however, went for the cheapest option and so for £40 they acquired a cottage and a quarter of an acre of land between St George's Hill and Church Hill.

Mr Heward in his role as surveyor to the authority was given the task of drawing up plans for a new building to serve as a smallpox hospital, as it was the Authority's intention to demolish the existing cottage.

The purchase progressed painfully slowly mainly because the question of whether the Authority was to pay the vendor's costs had not been made clear. Once the land had been acquired, tenders for the construction of the Hospital in accordance with Mr Heward's plans were invited. Six were received, the highest was for £449, the next highest, from Walter Moss of Coalville, was for £369.10s., but the lowest, which was accepted, was for £240 from H. Smith of Measham.

Meanwhile Mr Heward was still contending with the other deadly fevers, there was diphtheria in Coleorton and eighteen cases of typhoid fever in Thringstone. This apparently came from Annesley in Nottinghamshire where there had been 35 deaths.

It was in February 1884 that the site was selected, but it was not until July that residents of Swannington sent a deputation to protest against the proposed infectious diseases hospital being built in their parish. It is reported that the inhabitants were "in a great state of alarm at the idea". How can we help but sympathise with our fellow villagers of a century ago, the thought of being exposed to a greater risk of smallpox and not only on your own account but for your children too is something to cause fear and anger. And they had good reason for their apprehension, there had been numerous stories of smallpox spreading from isolation hospitals and this was given official recognition in 1888 by the Local Government Board when they gave advice that "sites for hospitals designed to receive smallpox require much larger space about them than sites for other infectious diseases hospitals". They were even more specific in 1895 laying down that smallpox hospitals should not be built within a quarter of a mile of a population of 150-200 persons nor within half a mile of a population of 500-600 persons. Even then they admitted that they really didn't know what was the safe distance, how far smallpox could spread.

Of course this advice came too late to assist the Swannington protesters. Wherever our sympathies lie, they had left it too late, and, though they followed up their deputation by presenting a memorial signed by residents of the village, they were told again that the die was cast, it was too late for any change to be made.

By November 1884 Mr Heward was able to report that the Hospital would be finished in three weeks. He was himself busy dealing with the victims of another of the illnesses so common at that period and which seems particularly to have hit children. Swannington School Log Book has many references to cases of scarlet fever or scarlatina as it is more often called at that time. At Sinope the wife and two children of John Hopkins had died. Once again Mr Heward felt that he was not getting the support he needed in his battle against disease and protests that had he had information about the presence of the disease sooner he could have taken more effective precautions. Doctors expected to be paid for notifying the Sanitary Inspector of cases of disease, and were lax in doing so.

What held up the final building we don't know but it was not until February of the following year that Mr Heward could report that the Hospital was finished and he recommended fires in all rooms for a few weeks to dry out the building. Considering how quickly work on the Hospital had gone ahead originally, the contrast is strong now. It seems that nothing was done and only in July was it finally ready. Mr Heward meanwhile is continuing to cope with diphtheria and scarlet fever and every month has a death to report from one or the other. There has also been new legislation increasing his workload. This related to Canal Boats and he had to inspect all of these and went over 86 boats in the year 1885, finding them all in good sanitary condition and with no overcrowding.

One of the things that made his task so difficult and so exhausting must have been the area he had to cover. No Sanitary Inspector any more than any doctor would be able to plan his day but now we rely so much on telephones and forget that having gone to the far side of the district perhaps to inspect a sewerage scheme he might return home only to have to set off again whatever the weather to a house where serious illness was suspected and which might be close to where he had been earlier.

The Authority at their meetings seem almost to have forgotten the Hospital which had been finished in February and ready for occupation in July of 1885. Dilatoriness of authorities and individuals is common enough but that this Authority having gone ahead with securing a much needed Hospital should then forget it is extraordinary. Perhaps the lack of urgency was because there had

been no cases of smallpox locally since 1883. There had been times when there had been numbers of cases of typhoid fever or of scarlet fever which were very worrying and where it would have been valuable to have been able to isolate some of the patients in hospital but at this period the Hospital was to be reserved for smallpox cases only. Ready in July and yet it's May of the following year that Mr Heward "calls their attention" to the Hospital and he is empowered to buy furniture and secure a caretaker. He at least did not dawdle, by the next meeting he could report that he had the furniture, which cost £21.8s.7d., but had not had it taken to the Hospital in view of the fact that there was no-one living there.

The authority advertised for a caretaker and there were two applicants, one, Hannah Mason of Whitwick had an invalid husband and two children, but the members of the Authority preferred a widow of 51 from Tutbury who described herself as "without encumbrances". The Clerk was to write to her and make sure she was aware there was no salary; presumably the successful applicant and her family were to receive rent free accommodation and a small stipend would be paid only when care of the sick was needed. No more is heard of the widow from Tutbury and the appointment which was made was not formally decided on at a meeting of the Authority but we shortly afterwards find that Ann Platts has been given the job and is living in the Hospital with her husband Jesse and their children. Whatever qualities the Authority required from the successful applicant at that time, nursing qualifications or nursing experience do not appear to have been among them but the record shows that Mrs Platts tended patients with devotion when this was necessary.

By the beginning of 1887 the Hospital which had not so far been used was in need of repair as one corner of the building was settling, probably this was caused by mining subsidence.

The Hospital then and now is a symmetrical brick building. At that time there were two large rooms one above the other which were the male and female wards. For the family there were bedrooms, a sitting room and kitchen with an outside washhouse and privy with ashpit. In 1910 the value was put at £300.

In July 1886 Mr Heward had been unwell and had failed to attend one of the meetings of the Rural Sanitary Authority, nevertheless he continued to cope with the demands of the job for another eleven months but by then was quite seriously ill and asked for his annual holiday. Dr Hatchett, who had succeeded Dr Joyce as Medical Officer to the Authority, recommended that Mr Heward should be given leave of absence saying that his health was such that "if he could be relieved from all anxieties about his work as well as being spared the necessity of going out

after it, when he is unfit to do so, it would tend very much to his comfort and probably help materially to his recovery". Mr Heward had been in touch with the Clerk and it had been arranged for a Mr Hampton to act as his deputy while he was absent and Mr Heward was to pay Mr Hampton out of his own salary. The Authority approved these arrangements, and so it fell to Mr Hampton and Dr Hatchett to deal with the first cases of smallpox to be admitted to the Hospital, almost 4 years from the time when its acquisition was first planned.

Dr Hatchett gives a very full account of the first smallpox outbreak. A young collier's wife brought her three small children from Wombwell near Sheffield to spend Christmas with their grandparents in Coalville. With them came another relative Edith Illingsworth. Although the family had denied it, Dr Hatchett was able to find out that there was smallpox in Wombwell, and not only that but he learnt that the dressmaker who had made the children's clothes for their journey had since died of the disease. But let him tell us the story as he recounted it to the Rural Sanitary Authority. At No 2 Lower Snibston Buildings he found "a little girl who had not been vaccinated suffering from an attack of smallpox and her sister was very feverish as though sickening with it. The mother refused to be revaccinated and would not allow me to vaccinate the youngest child, a year old, who was unvaccinated. The young woman also refused to be revaccinated. They were all in a small room with the grandparents, and neighbours were coming in and out. Isolation in that dwelling was quite impossible. Under those circumstances I thought that if they could be removed from that thickly populated neighbourhood to the smallpox Hospital the great and perhaps enormous expense attending an epidemic might be prevented. At first they declined to go and afterwards they consented on the understanding that they should be attended to and have everything provided for them free of expense and that they should all go together. I agreed to this because I thought the women would save an extra nurse if necessary unless they caught the disease. I saw your Clerk who agreed that this was the best course to pursue. After some difficulty a conveyance was found at Ashby, fit for the purpose of removal, and I accompanied them to the Hospital and provided them with necessaries. The first is now progressing favourably. The second child's illness developed into an attack of inflammation of the lungs but she has not had the smallpox at present and the infant has been vaccinated a few days since with the consent of the mother. As I acted in a pressing emergency to the best of my ability and judgement I venture respectfully to hope that you will approve of my action and that you will sanction the payment of the expenses incurred. As no Medical Officer has been appointed to attend patients at the Hospital, I have taken upon myself to do so pending your instructions. And I shall be glad if you will kindly inform me whether I am

authorised to continue the course adopted until the patients are well enough and sufficiently free from infection to be discharged".

His actions were approved, and he was instructed to continue to attend the patients at the Hospital. Mr Hampton followed with his own report as temporary Inspector of Nuisances and praised the prompt action taken by Dr Hatchett in getting the patients immediately removed to the Swannington Hospital by which he had no doubt the disease would be stamped out. He had given instructions for the house where the cases occurred to be disinfected and had supplied the necessary materials for that purpose.

Notice how little forethought had been given to coping with an outbreak, no provision for a doctor to attend the patients in the Hospital and it seems no arrangements for getting them there.

Dr Hatchett's actions were effective and the outbreak was contained, two near neighbours in Lower Snibston Buildings did get the disease in a mild form and the husband spent a short time in the Hospital having also refused to be revaccinated.

The young child who was the first patient was in the Hospital some time and Edith Illingsworth too fell ill with an almost fatal attack but the mother and the other two children then left the Hospital leaving all their clothing behind to be washed and disinfected. By the time of the doctor's next report the child was well and ready for removal and the young woman was slowly recovering. The nurse had had a very heavy task in nursing the last case single-handed for Edith had been in a state of violent delirium and quite blind and helpless for four or five days and the nurse had no rest during that time.

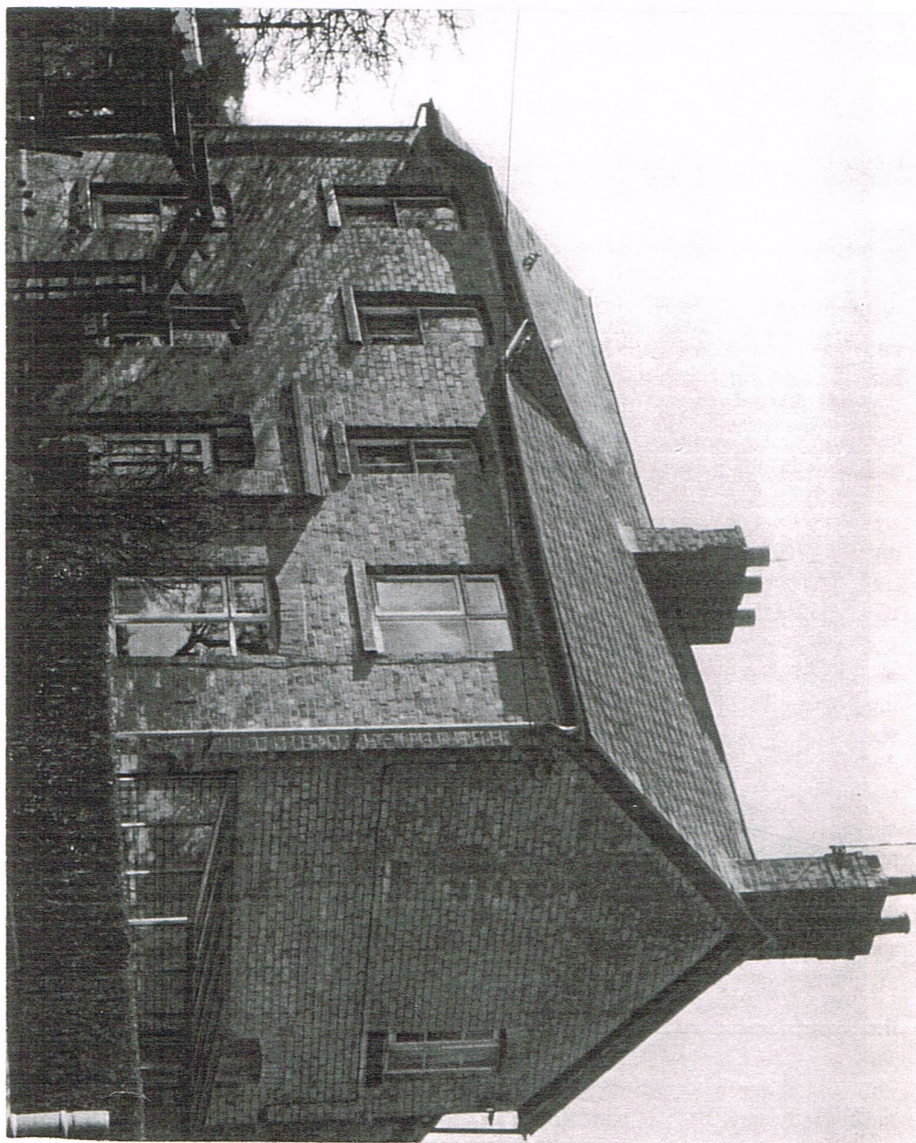
Mrs Platts told Dr Hatchett that nursing had occupied her during 9 weeks and the washing and cleaning about 14 days and besides that it was a short time before she could go into people's houses who employed her and that a sum of 4s.10d was owing to her for 1 strike potatoes, 2 quarts milk, 2 gallons petroleum and 1 loaf which were things procured in emergency. She says that she would be satisfied if £10 were paid to her, that money to be understood to cover everything. Dr Hatchett considered the charge to be very reasonable as she did the work of two ordinary nurses part of the time, and she also did the housework and cooked as well. Mrs Platts was awarded her hard earned £10. Edith Illingsworth was to leave the Hospital on Saturday March 3rd and there would then be no case left in the Hospital. Dr Hatchett suggested that instructions be given for the Hospital to be thoroughly disinfected. He thought it better to order that the clothing which Edith Illingsworth had been wearing should be burnt and

she agreed to allow this to be done on payment of one sovereign as compensation. This sum he paid her because he did not think the clothing could have been safely allowed to leave the Hospital so soon, even if disinfected, on account of the severity of the case.

At the March meeting 1888 eight months after he was given leave of absence Mr Heward was re-appointed both as Inspector of Nuisances and as Surveyor. A fortnight later at what seems to have been a specially convened meeting the Clerk reported that he had died. The position is immediately advertised at a salary of £110 for an Inspector of Nuisances and £20 for a Surveyor and there were 46 applications. The job did not go to Mr Hampton who had filled in for all those months, but to a Mr Metcalf who was not a local man. The minutes give no indication of the cause of Mr Heward's death but Dr Hatchett had earlier reported that Mr Heward had "frequently gone to inspect premises both in my company and otherwise when he has been evidently suffering" and it is not unreasonable to think that the rigours of the job and the difficult conditions in which he had to work were contributory factors, Mr Heward was only 55 years old.

By now the Authority has appointed two Medical Officers, one for the Measham side of the District, Dr Thomas William Kyle, with Dr Joseph Hatchett continuing to cover the Swannington side until in 1889 he was succeeded by Dr Jamie. Not long after Mr Heward's death there was another case of smallpox, a girl of 16 from Blackfordby who when admitted to the Hospital was too ill to give her name. With the patient safely isolated the doctor was in a stronger position than his predecessor with the Hartshorne case 7 years before. He forbade the two men left in the house to go to work and set them to clean and limewash the house and the privies. The bed and all the girl's bedding and clothing were burnt and compensation paid by the Authority. We are not told how these people now deprived of their livelihood are going to manage, but it must have been difficult, for the girl too was earning and was thought to have brought the infection from her workplace in Swadlincote. At least we know that Dr Kyle realised their likely plight and notified the Relieving Officer. And the girl, Mary Harrison did recover.

Two patients from Ticknall quickly followed her to the Hospital, Joseph Mumford had only a mild case but his 28 year old brother James died soon after admission and was buried in Swannington Churchyard that same evening. If you should be curious about the cost of medical care in the 1880's we can tell you that Dr Hatchett received £6.10s. for attendance, advice and medicine for these three patients for the quarter ending 30th June.



HIGHFIELD HOUSE,
FORMERLY SWANNINGTON SMALLPOX HOSPITAL

Dr Hatchett was worried as to what would have happened had these very sick patients been brought to the Hospital and found the place empty. He made the point to the Authority asking them to consider the advisability of allowing Mrs Platts some remuneration during the prevalence of smallpox, even if there should be no case actually in the institution, in order that she might be there when cases are brought in. Normally Mrs Platts was away from the Hospital most days in order to earn her living and it was only by chance that she happened to be in when the patient arrived, no notice having been sent previously. The Authority agreed and to be fair they usually did accept the advice of the professionals and spend what was thought necessary. In this case the suggested amount was not going to stretch their resources too far. Mrs Platts was to be allowed 6/- a week for three months to give up her present employment. What she thought of the amount is not recorded. At least she did receive £4 a year in addition to this for the nursing. Then the Authority decided on less favourable terms for her for the future, £10 a year to include the nursing.

The new Inspector of Nuisances, Mr Metcalf, had a more expensive suggestion to make and they accepted this without demur. He wanted them to build a mortuary onto the wall of the Hospital at a cost of £12 and there were also repairs to be carried out. Both he and Dr Hatchett had probably been very relieved that the Vicar of Swannington had agreed to the burial of Joseph Mumford in St George's Churchyard and they had not been faced with the difficulties which sometimes occurred when patients had died from an infectious disease. Three years later when William Bailey of Church Gresley died in the Hospital his family wanted him buried at Smisby, but this was refused. To our great credit he too found a resting place in Swannington.

The Authority's record in controlling smallpox is a good one but there followed a very difficult period in Dr Jamie's district with cases of typhoid fever being reported month after month in those parts of the parishes of Hugglescote and Swannington that are now incorporated into Coalville. In addition there were epidemics of measles throughout the district; in November 1890 Dr Jamie had upwards of 200 cases. One of the worst outbreaks of typhoid fever was in Berrisford Street and in May 1891 Dr Jamie reported five fresh cases three of which were in a house there. As he explained there were no facilities for proper nursing and there was great risk of further spreading the disease, the house being occupied almost to the point of overcrowding. "I succeeded in inducing the parents to take advantage of the Hospital at Swannington provided by you for cases of infectious disease. Thither these three cases were removed and I have pleasure in acknowledging the prompt and capable assistance of your Inspector

in making the necessary arrangements for their removal". This is the first time we hear of Swannington's Hospital being used for anything other than smallpox.

There was no let up - in December Dr Jamie had to report 7 deaths from typhoid fever in the previous month. It had been a terrible time, so bad that the Local Government Board in London sent a doctor to enquire into the circumstances because of the number of deaths from typhoid fever and diphtheria.

By 1892 Coalville had at last been given its own Local Board with new boundaries. Without Coalville the position was immediately transformed and Dr Jamie was able to write in sanguine mood with regard to the district for which he was now responsible that it was distinctly rural in character and therefore comparatively safe from the infection of cholera and should readily lend itself to successful measures to arrest its spread. During the last few years it had been exceptionally free from infectious diseases and was a district habitually well cared for by its Authority. He went on "It is a gratifying fact and deserves to be mentioned that alone among the Rural Sanitary Authorities of the County you are provided with an Isolation Hospital and in this connection I would respectfully recommend that a suitable ambulance be provided as there was considerable difficulty a few years ago on the occasion of an outbreak of smallpox in getting patients conveyed to the Hospital".

The Clerk was asked to consult with neighbouring authorities and in the end it was arranged that the Ashby Rural Sanitary Authority would buy a second hand ambulance at £25 which could be altered to meet their requirements for a further £5. Ashby de la Zouch Local Board as their contribution would provide shelter and Coalville and Ashby Woulds would hire it when required.

As has been noted Swannington's Hospital was by now being treated as a general infectious diseases Hospital and there were plenty of cases to keep it busy. During the last eighteen months of the existence of the Rural Sanitary Authority there are several cases of disease reported every month; in February 1894 there were 13, by May the number had risen to 31 with four scarlet fever cases in the Hospital. And here we come again to the unsatisfactory nature of the way in which a small infectious diseases hospital had to be used. In April, Swannington school was closed because of scarlet fever and it was recommended that all infectious cases should be sent to the Hospital by which it was hoped that scarlet fever at least would be stamped out. But the next month there was news of smallpox in Hinckley and it was decided that no more scarlet fever cases should be admitted but that the Hospital should be made ready for what was regarded as inevitable cases of smallpox. It was not till September that

smallpox appeared in the district when 3 cases were admitted to the Hospital from Newton Burgoland. By then there were 34 cases of scarlet fever in the area.

This was a time for further radical reform of local government, readers will remember that 1894 was the year of the introduction of parish councils. Coalville and Ashby became Urban Districts and the Rural Sanitary Authority was replaced by the Ashby Rural District Council with different boundaries which still included Swannington. Thus, at last, the flourishing community of Coalville became responsible for its own affairs and absorbed significant areas from neighbouring parishes.

Ann Platts was still the caretaker and nurse at the Hospital though her husband had died 2 years before. She wrote pointing out the extra work there had been in the last 16 or 17 months and said she had had to keep her daughter at home to help with the nursing and she asked for an extra 3/- a week to commence with the current quarter. This was agreed.

In 1902 the administration of smallpox hospitals came under the direct control of a Smallpox Hospital Committee for the whole of Leicestershire but this did not affect Swannington, because our Hospital had by then formally been designated an infectious diseases hospital and continued to be run by the Ashby Rural District Council. Smallpox cases were now treated at Snarestone Hospital. Finally under the Leicestershire Isolation Hospital Order of 1919 Swannington Hospital was taken over by a County Committee.

The Hospital remained in use and Eleanor Walden, who had been employed by the Ashby Rural District Council since 1912, continued in charge of the Hospital under the new county committee. Prior to coming to Leicestershire Mrs Walden had held nursing posts in Lincolnshire, she had trained as a nurse and was entitled to her nurse's uniform, indeed she was paid a uniform allowance of £5 per annum over and above the standard salary.

Eventually it was decided that hospitals at Swannington and at Moira should be sold and they were put up for auction; Swannington was sold in the Autumn of 1932 for £425, and became a family home. The house seems to have provided a happy environment if length of tenure is anything to go by, Mrs Platts and her family lived there for nearly 30 years, Nurse Walden, with her husband and son Gordon, for the 20 years until it was sold, thereafter, apart from the brief tenancy of the family of the present writer in 1933, it has been home to only two families in more than 60 years.