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Rowallan Old Castle

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Cover illustration

The photograph was taken during a visit arranged by Historic Scotland in April 2007. Rowallan Old Castle was also open to the public in July 2007, when there was an exhibition of recent archaeological finds. During excavation in the north-east tower, the oldest part of the castle, a pot containing cremated human remains was found, dating to the Bronze Age, about 4,000 years ago. Evidence of house-building in the Iron Age, about 2,000 years ago, was also found.

(photo: DCM, July 2007)

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The 1832 Cholera Epidemic in Ayr

1. Introduction

The cholera epidemics of nineteenth-century Britain offer the historian a valuable number of areas for research. The disease highlighted a number of social, economic and political short-comings within British society. My own personal interest was inspired by the work of sanitary reformists like John Snow and Edwin Chadwick. The 1832 epidemic, however, provides an interesting background to sanitary reform – prior to the onset of any real reform. Further research on the initial cholera epidemic of 1832 directed me towards the industrial centres of Britain; however, there was little work on localities. I was eager to evaluate the 1832 epidemic in my own town of Ayr as I was aware that there was a lack of work produced on the issue. Ayr offered a valuable subject for research for a number of reasons. Firstly, there is a wealth of primary resources held in the town's archives and library which lend themselves to a study of this nature. Secondly, the town is in many ways a smaller version of some of the cities which have been subject of a number of cholera studies. The next chapter will highlight the historiography of cholera in Britain and use secondary sources to this end. The majority of this study will, however, be largely based around the primary source material available. The main benefit of this is that a significant proportion of the material has been untouched for a study of this nature. The three chapters on Ayr will take the form of a microcosm study – evaluating the central economic, political and social concerns of the initial cholera epidemic in 1832 Ayr.

2. Historiography of Cholera

Studies concerning the spread of cholera in nineteenth-century Britain offer a valuable insight into the many ways in which the country struggled to keep pace with the process of industrialisation. It was not the death rates from cholera which have attracted the attention of scholars, but rather, the conflicts which erupted between the many institutions and public in attempting to identify, conceal and eradicate the disease. Examination of the historiography will provide an insight into the central issues surrounding the spread and control of cholera in Britain. These issues provide the basis for a microcosm study of cholera in Ayr in 1832 in subsequent chapters.

Uncertainties surrounding the nature of the disease in correlation to reports of the symptoms sent shock waves throughout Victorian society and it was not until Louis Pasteur's work on bacteriology in the 1870s that it was discovered that the cholera bacterium is passed into the intestine through contaminated water, food or the faeces of another infected person. For the early nineteenth-century observer, therefore, the disease was unstoppable. The symptoms of cholera in themselves were a major attack on Victorian values. Those infected would deteriorate from appearing relatively healthy to being attacked by vomiting and diarrhoea and the symptoms "might almost have been designed to achieve the maximum shock effect on a society that, perhaps more than any other was

concerned to conceal bodily functions from public view.”¹ In addition to this the rate at which those infected deteriorated ignited panic and fear. William H. McNeil’s study of the effects of cholera on a global scale found that although the disease was concentrated among the lower classes it seemed “capable of penetrating any quarantine, of bypassing any man-made obstacle; it chose its victims erratically, mainly but not exclusively from the lower classes ... reaction was correspondingly frantic and far reaching.”² This suggests that panic was felt at all levels of society; despite this, the reason behind such tensions varied depending on a number of factors.

Precautions taken to prevent the disease fuelled tensions between the public and the state. Treatment and burial regulations which were created to prevent spread were a delicate issue, particularly for those of the Catholic faith who attributed much importance to the tradition of burial. This was due to the Government’s focus on isolation of the dead and infected from the rest of society. Unfortunately for those of the Catholic faith, an open air service, burial next to the Cholera Hospital and wrapping the body in cloth were measures in direct conflict to their own burial customs. “The Irish were especially outraged by the improper and hasty burials and they sometimes managed to hold off the authorities when they came to bury the body.”³ R.J. Morris in his social study of cholera went as far as citing a large Irish population as one of the common causes of cholera riots at the time. Another common feature Morris found that induced the riots was the presence of a large medical school.

The public’s mistrust of the medical profession in the early nineteenth century combined with the lack of knowledge on all sides concerning the disease had a significant impact on social tensions. The Burke and Hare murders in Edinburgh had led many to distrust the medical profession, especially when their infected families were taken away to cholera hospitals. They held the belief that cholera victims were being murdered for use in anatomy classes. In addition to this, there was paranoia among the lower classes that instead of contracting a disease they were being drugged to reduce the number of urban poor. One example of cholera related panic was in the Gorbals in March 1832: “The mob pelted the medical men with mud and stones, shouting, ‘medical murderer’, ‘cholera humbug’ and ‘Burkers.’”⁴ It is clear from these reasons that rioting was a problem in large urban areas due not just to the concentration of the disease in these areas but also to the large Irish population and the presence of medical institutions like the cholera hospitals and the schools for medical research. The public in the main were reluctant to enter any medical institutions for treatment or prevention of the disease; this will be proven through close examination of the Ayr cholera hospital and observation house at Wallacetown. This will show how public panic placed further pressure on authorities in attempting to control the spread of the disease in 1832. Conflicts were not only held between the public and the state, but also among the public themselves.

Class tensions were a significant effect of the arrival of the disease in an area. There was resentment among the urban poor and working classes of the middle class due to their apparent security from the disease. This was evident given their distance from the overcrowded, unsanitary conditions in which the lower classes were dwelling. The middle classes were by no means, however, completely safeguarded but they could afford

treatments such as bathing and drugs to ease their suffering. Class tensions evolved from the fact that the wealthy could afford to protect the graves of their relatives with mort-safes and other measures, while the poor became aggressive at the threat to the graves of their loved ones. The middle classes had their own paranoia which they directed towards the poor and vagrants whom they saw as responsible for spread of the disease from town to town. This produced a drive to secure the entrance to towns from travelling vagrants and hawkers. This was evident in the local authority measures published in the press and handbills. They targeted beggars and vagrants in a bid to prevent transmission of the disease between towns.

Whereas, the inhabitants of Air and its neighbourhood have been of late very much annoyed by Sturdy Beggars and Children claiming Alms on the streets and at their houses, who have no legal claims on the funds or the parish for their support; and the magistrates, considering how necessary it is to restrain illegal practices especially in the present alarm about the spreading cholera, they, therefore, strictly prohibit public begging in the town and neighbourhood.⁵

While rioting was a form of protest for the lower classes, the middle classes saw organisation at a local level as a means of stopping the spread. Raising funds through voluntary subscriptions was seen as one means of achieving this. Although in the main, middle class agitators preferred a more peaceful form of protest, it is evident that they had their own prejudices and tensions sparked by the epidemic.

Nineteenth-century society was faced with a number of conflicting interests which made the spread of cholera from India to Britain and then throughout her urban landscape a relatively easy journey. A debate which had surged since the time of the black plague was re-ignited among academics during the nineteenth century. A contagionist approach to prevention of cholera called for quarantine and consequently the economic problem of a loss of trade. The economic impact of cholera in Ayr therefore will be given significant attention in a later chapter which will attempt to ascertain whether any economic loss over such a short term can be measured.

Additionally, the isolation of the infected would lead to social problems such as the separation of families. An anti-contagionist approach held that cholera was spread through miasma – polluted air, arising from “marshes and pools, vapours from a variety of sources including corpses of humans and animals, sick persons, excreta, spoiled foodstuffs, decaying vegetable matter, and exhalations that came from the ground through ruptures of clefts.”⁶ This approach would call for costly sanitation measures. In her study of germ theory, Margaret Pelling has concluded that nineteenth century society was distrustful of germ theory as they saw it as destroying traditional beliefs. Given the strong public mistrust of medicine and science at the time it is clear why there was a lack of support among many towards quarantine measures.

Quarantine would have been the most effective way of preventing cholera from entering British shores from Europe and Russia; however, several bureaucratic reasons prevented the implementation of successful quarantine legislation. The Privy Council was

initially responsible for quarantine and increased regulation when they became aware of the threat of infected ships approaching from Riga in 1831. Rules had been put in place under the 1825 Quarantine Act such as 14 day quarantine at ports, airing and drying goods and quarantine fees. Despite this, a well prepared Sunderland was the first port of entry for the disease in Britain. Quarantine failed in Sunderland as it did in many British towns due to the influence of commercial interests. Quarantine led to a drop in wool and flax imports during 1831/32 which produced tension between merchants and the Government. Sunderland decided to avoid implementing certain quarantine measures as they were thought to be too expensive and an economic threat to the merchants of the town. Additionally, the powers were limited, with little scope for extending the quarantine period, and ineffective powers of control and regulation. Additionally, local government bodies had neither the ability nor wherewithal to carry through the measures. For these reasons, quarantining in Sunderland failed, and the disease gained its foothold in Britain.

The most obvious feature which made British society vulnerable to disease, not just cholera, was the speed of urbanisation which had accelerated rapidly throughout the eighteenth and early nineteenth-centuries. Living conditions in Britain's industrial centres were similar to those of the third world today. Edwin Chadwick's study *Report on the Sanitary Condition of the Labouring Population of Great Britain* (1842) found that the reasons for ill health in London were the same as those in other British cities. Overcrowded housing and lack of sanitation were the most significant problems which Chadwick was eager to highlight. He was also desperate to prove that these were problems that affected the whole of Britain's urban poor. The worst cases Chadwick witnessed were in Glasgow. He found that although the population of Glasgow had increased by 37% during 1831-41, the number of houses had only increased 18.5% during that same period.⁷ The housing which existed was inadequate not only in number but also structurally. Because there was a drive for landlords to maximise returns on their property they would divide up floors of tenement blocks into as many flats as possible. The result was dense overcrowding in cheaply built accommodation with a lack of sanitation.

It might admit of dispute, but, on the whole, it appeared to us that both the structural arrangements and the condition of the population in Glasgow was the worst of any we had seen in any part of Great Britain.⁸

Could the sanitary condition of Ayr's housing be comparable to the situation in larger towns in Britain? To assess this, the townscape of Ayr will be examined prior to an evaluation of the epidemiology. It is important to establish the living conditions of urban dwellers in Ayr in 1832 to assess whether it is worthy of comparison to the problem of cholera in Britain's larger industrial centres.

The most significant improvements in sanitation were achieved through the creation of a central authority for public health. The impetus behind the 1848 Public Health Act and subsequent legislation was the pressure created by reformists such as Chadwick and William Farr in addition to the prevailing and recurring appearance of cholera in epidemics of 1848-49, 1853-54 and 1866. What is significant here is the fact that these steps towards reform were not taken until the later nineteenth-century. The 1832 epidemic certainly

sparked panic among reformers but any attempts at sanitation in relation to it were largely short-term solutions designed to contain the spread of the disease. This will be shown later with examination of the Ayr Board of Health's attempts at prevention and cure.

3. Epidemiology of Cholera in Ayr

The previous chapter examined the central issues surrounding the epidemics of cholera in Britain. It ascertained the key social problems of control and prevention with regard to the industrial centres of Britain. This chapter will evaluate the social conditions in relation to the arrival and spread of cholera in Ayr. It will develop historical knowledge of the epidemiology of cholera in the town. The circumstances of the town will be considered which made it vulnerable to the arrival of cholera. The worst affected areas of the town will be identified to determine whether cholera was a disease of the urban poor in Ayr as it was in many cities like London and Glasgow. This chapter aims to map the disease and evaluate why certain areas were worse affected than others.

Firstly, it is valuable to indicate for the purposes of this study that Ayr is comparable to any industrial town in Britain during the nineteenth-century given its varied economic and social character. The diverse population comprised of wealthy residents drawn by the opportunities of the Ayr Academy, who populated residential areas as Sandgate and lower High Street then deemed as "the fashionable part of the Royal Burgh"⁹ and a local aristocracy with estates which surrounded the town such as the Hamiltons of Rozelle and Oswalds of Auchincruive. There was also a proportion of the Sandgate and lower High Street where wealthy merchants and the artisan class resided. The area north of the High Street known as Townhead was comprised of a large immigrant community which has been acknowledged as a drain on the town's poor relief fund. By 1837 one in twenty three in Ayr were claiming pauper status, the figure for Glasgow was one in forty.¹⁰ Ayr was a major pull for vagrants due to provisions for poor relief made by the town: "There are few places where the poor are better attended to and provided for than in Ayr, and they know this full well. Practical benevolence to the needy and distressed is a leading characteristic of the inhabitants"¹¹ In addition to this there was considerable movement to and from the town through trade and tourism as well as a diverse population of residents.

There are regular packets and traders from the harbour, to Liverpool, Glasgow, Dublin etc at all times of the year; and in the Summer, steam-boats sail betwixt this and Glasgow every day, communicating with the other towns along the coast ... A traveller has it in his power to go from this to Edinburgh by coach, at five different times every lawful day, and to arrive in Ayr from the East by nearly as many opportunities.¹²

Ayr's location also made it vulnerable to the spread of cholera throughout Britain. Authorities in Ayr would certainly have felt threatened as early as January 1832 given the reports of cholera in Glasgow and surrounding areas by 16th January. The town's proximity to Glasgow would have been worrying due to trade links and frequent travel between the two, though it was six months after the initial spread in Glasgow that Jane Gibson brought the disease to Ayr on 19th July. Over the period of four weeks from mid-July there were 82

reported cases of cholera in Ayr, of which 31 were fatal. The worst period was that between the 15th and 21st of August when there were 229 reported cases, of which 79 were fatal: 43 of these cases were on the 20th of August alone.¹³

There is considerable evidence to suggest that the area of the town in which Jane Gibson resided, located south of the River Ayr, was the worst affected by cholera. Examination of parish records for Ayr, Newton and St Quivox provides in the majority of cholera-related deaths an address for the deceased. By gathering the cholera fatalities from these records and grouping them together by area or street name, it is clear (Appendix One) that some areas were worse affected than others. By taking into account all the cases in the records north of the river, which includes Wallacetown and a case from the cholera hospital on Cross Street, the proportion of the total figure is only 10 per-cent of those deaths examined. The worst affected areas, according to the figures, lie to the south of the river including Townhead with 26 percent and High Street with 21 percent of the dead. These figures are just a small sample of the 205 deaths in Ayr in 1832 from cholera; however, it is certainly an effective indication of the worst affected areas.¹⁴

Parish records are by no means the only evidence that the south of the river was particularly vulnerable to cholera. The area was notorious for its overcrowding and unsanitary conditions. The density of population and housing in the areas surrounding the High Street and Isle Lane is evident by just a glance at the map in Appendix Two. The living conditions in these areas were acknowledged by the town council as below reasonable with the streets acting as “a receptacle for unmentionable pollutions.”¹⁵ Visitors to the town were aware of the living conditions between the North and South side of the town. As one Kilmarnock visitor noted “I would not say that your town is not unlike the peacock which, with its gaudy feathers displayed into the sun often presents his unadorned rear to the spectator.”¹⁶ Jane Gibson, one of the first deaths from cholera in the town on 19th July 1832, was a resident of the most notoriously overcrowded and unsanitary Isle Lane. Locating Isle Lane on any map either contemporary or modern was not possible. Further research by local historians indicates not only the location of the street, but also further highlights the notoriety of its state of dwellings.

Isle Lane; obsolete name for Hope Street, which replaced it from c.1855. Hope Street is still informally called the back of the Isle, i.e., behind the island of buildings in the width of the High Street. Isle Lane had a fairly poor reputation and the name may have been conferred in the hope of improving that image.¹⁷

It is evident that the worst affected streets are those with overcrowding and poor sanitary provisions. It has also been shown that the situation south of the river was considerably worse than the area to the north. Newton, which lies to the north of the river, however, was an area of considerable growth with a population that had grown by nearly double from 2809 in 1811 to 4020 in 1831.¹⁸ Despite this the area was significantly less affected than the older part of the town in the south as Appendix One shows.

On the whole, it may be said that, although few of the inhabitants are wealthy, the number of persons in extreme poverty is less than is commonly

to be found in other communities of similar extent. An unusual proportion of families live in houses built by themselves; and though the circumstances of many of them be humble, they are contented, and comparatively speaking, comfortable.¹⁹

The Reverend Alexander Cuthill puts forward the argument that the lifestyle of those living North of the river is healthier than their neighbouring communities. This may be valid considering the less crowded housing and growth of industries such as fisheries in this area where family incomes could be sustained. This is not an entirely a convincing argument for the fewer cases of cholera in this area than in the neighbouring community to the South. More likely is the fact that more people travelled in and out of the area to the South for markets and recreation.

As a final point it is important to note that it is difficult to attribute the spread of cholera to class in Ayr in 1832. The large majority of wealthy and upper class residents may have escaped the disease due to their location on the outskirts and residential areas. However, the significant number of wealthy merchants and artisans who resided in the centre in the more fashionable end of High Street and Sandgate could not have remained untouched. The number of cases in the High Street was significant, and although there is no precise information to detail the occupation of each cholera case, the concentration of cases around High Street suggests that cholera in this area was not restricted to the lower classes.

The spread of cholera to Ayr has therefore been determined, as has an introduction to the social character of the town. It is apparent from this chapter that the south side of the river is significant in terms of numbers of cases of cholera. This could be due to a number of factors in that the area of Newton was an upcoming area at the time; perhaps a study of that area in the next epidemic to affect the town would reveal a considerably worse image as industrialisation and urbanisation continued to rise. In addition to this, the area to the north may escape the movement of people that the centre of town experiences for daily markets and fairs. However it did offer an excellent location for institutions of control such as the hospital and burial grounds as a future chapter will examine.

4. The Impact of Cholera on the Ayr Economy

The economic impact of cholera will be investigated here. As examined in the previous chapter, the impact was significant but not catastrophic on the town's population. It may confidently be asserted that the nature of this epidemic would have been a major blow on the town's economy. In an attempt to prove this attention will be paid to the nature of the Ayr economy, which in 1832 was dominated by trade, industry and leisure, and the effect prevention and cure of cholera had on these. The cost of the disease will also be given some attention – how the local board of health was able to afford treatment for the infected. The final point of examination, which will offer some colourful results, will be on those who profited from the disease in Ayr.

The only evident historiography on the topic is an 1874 article by D. Murray Lyon in the *Ayr Advertiser*. Lyon reflects upon many aspects of the visitation of cholera to the town, including the effect it had on the local economy.

Several merchants closed their premises. Some of the law courts suspended their sittings, and public prayer for the removal of the scourge ascended from every church. The town was encircled by guards to prevent the entrance of vagrants and others, country people shunned the town; and there was a complete stagnation of business.²⁰

In pursuit of information regarding the impact cholera had on Ayr's economy in 1832, one problem made itself known – how to prove if such a stagnation existed. This is due to the fact that if there was a decline in visitors, for example, due to quarantine measures or simply fear, this would no doubt be short lived due to the short-term stay of the disease. If so, there would be difficulty in proving Lyon's claim. Analysis of grain prices 1830-34 should reflect any shift in the town's economy given the importance of agriculture to the town.

Table 3:1 Price of Basic Goods

	Oatmeal, per boll of 40 imp. lbs	Bear, per boll of 8 imp. Bush.	Wheat, per boll of 4 imp. Bush	Barley, per boll of 8 imp, bush	Beans and Peas, per boll of 4 imp, bush	Whitecorn, per boll of imp, bush
	L. s. d.	L. s. d.	L. s. d.	L. s. d.	L. s. d.	L. s. d.
1830	0 19 11	1 9 8 ½	1 6 9 ½	1 14 6 ¼	1 1 8	1 2 11
1831	0 15 6	1 7 4 ½	1 5 5	1 11 5	0 16 4	0 17 11
1832	0 13 4	1 3 10	1 5 2	1 8 10	0 14 9 ½	0 15 11
1833	0 13 4	1 3 10	1 1 6	1 7 10	0 14 5	0 15 9
1834	0 14 6	1 2 8 ½	1 18 9 ¼	1 6 3	0 15 3	0 16 8

Table extracted from *New Statistical Account of Scotland Volume 5: Ayr - Bute*, Edinburgh, 1845, p.51

This table shows Fiar's prices of meal and grain 1830-1834. It appears that there was a steady decline in the price of oatmeal 1830-1832, with the price remaining fixed 1832-33. Similar to this bear prices followed the same pattern – in decline between 1830-1832, then unchanged 1832-33. Even among those crops whose prices changed during 1832-33, there is very little fluctuation in price. For example bean and pea prices only marginally changed in these years 1832-33 from 14s 9½d to 14s 5d. These figures enable conclusions about the agricultural economy of Ayr in 1832 to be made. They show that 1832 in fact decelerated a fall in prices which had been prevalent since 1828. These prices do not however show a clear indication that 1832 was a particularly bad year for the agricultural economy. Perhaps the problem lies in trying to prove such a claim through statistical analysis. Given that any economic decline would be short-lived, annual statistics should be approached with caution. A more effective means of analysing economic climate for the year 1832 would be through newspapers as these would give a daily account of markets. The figures from August 1832 provide clear evidence of Lyon's claim of economic stagnation, and the effects of cholera are acknowledged as the central cause.

The market today was almost deserted as very few people from the country were in attendance, consequently there was little or no grain shewn. ... Like the grain market, the attendance of dealers and stock (in the cattle market) this morning was limited. The supply consisted of 22 score of sheep and lambs, which met with a very dull sale.²¹

Given that August was the worst month on record for cholera deaths in Ayr, the effect on the markets was significant. The recovery of the market was somewhat like a coil according to newspaper reports the following month. As those infected declined, the optimism of local economists returned.

So confident are the Board of health in their hopes of, at no distant period, presenting the public with a clean bill of health [that] on the market days the town is again visited by its wonted share of country people, and business generally seems to have recovered from its late shock.²²

Clearly the threat of disease kept farmers in the country from entering the town to trade at markets and this had a direct impact on the economy of the town.

In his study of the development of the town's tourist economy, Duncan highlights the impact the epidemic had on the number of visitors to Ayr. The epidemic, he claims, diminished "attendance at the Western Meeting and curtailed Balls, forced pleasure boats off Loch Doon and sparked a permanent reduction in the number of boarders at the Academy."²³ The *Air Advertiser* from 1832 therefore provides an excellent source for charting economic trouble over such a short-term period. As well as providing market information, there is evidence that race-meetings were disrupted by the epidemic. Given that racing was, and remains, of central importance to the town's economy – any disruption of service would be a heavy blow. There is evidence of the postponement of race meetings – the 'Newton Races' of August 1832 being one of these. Accounts of race meets which took place in the July provide substantial evidence that the leisure industries of the town felt the strain also.

The Western Meeting commenced here yesterday, owing to the prevalence of Cholera in town, and the precautionary measures adopted by the magistrates and Board of Health to prevent the spreading of the disease, by prohibiting the erection of tents, or the admission of any class of individuals whose calling was likely to occasion tumult or disaster, in the memory of our oldest inhabitant the races were never attended by a smaller assemblage of spectators.²⁴

Such meetings would have been frequented by wealthy Ayr society, and the loss of such meetings would certainly be detrimental to the town's economy. Furthermore, during August, at the peak of the epidemic, a number of attractions were removed including boating on Loch Doon, permits for visits to the Ness Glen at Barbeth (Craigengillan) and transportation to such areas of interest. The directors of the Academy postponed the commencement of term in September though an advertisement on the front page of the *Advertiser*.

The directors herby intimate, that, in consequence of the prevalence of Cholera in Air and its vicinity, the meeting of the Seminary, fixed for the 10th September next, is postponed until Monday the 24th of that month by which time it is hoped that the disease, which, even at present has greatly abated, may totally disappear in this community.²⁵

The extent to which a postponement of the school term would have on the number of boarders at the academy in the long-term is uncertain; what may be asserted is the fact that it would have an impact on the town's economy as the Academy was a pull of wealth to the town. Any postponement in the beginning of term would cause an undeniable stagnation in the economy.

Economies of the leisure and agricultural sectors were therefore affected due to their reliance on the movement of people to and from the town. What must also be considered, however, is the impact of the disease on the economy of the individual. Cholera was a costly disease as it robbed families very quickly of the head of the household. Information on the Friendly Societies of Ayr provides valuable evidence that more people felt economic strain in 1832. The Friendly Societies acted as an insurance agreement for their members, whereby people paid subscriptions while in employment to protect themselves economically in times of illness or old age. The central issue which emerges from friendly societies statistics is the drain an epidemic like of cholera has on their survival.

Let us take as instances the disease of cholera and that of influenza ... Who could possibly foresee the prevalence of these, or form any calculation as to their effects, and yet the stability of friendly societies depends much on such contingencies.²⁶

From this it may be inferred that so many members withdrew funds during 1832 that it was a threat to these societies. In addition to this, there is evidence to prove that personal savings declined during this year. Figures from a savings bank whose account holders were mainly apprentices and servant girls, saw deposits and accounts decline during 1832. The number of accounts dropped from 526 to 511 in 1832.²⁷ It is therefore evident that personal and family economies would suffer drastically in 1832. There is not sufficient information to attribute these losses directly to cholera; however, it must be remembered that many businesses would be closed due to loss of life or closed temporarily due to prevention. For employees, especially the kind who would hold accounts at the savings bank, they would suffer personal economic loss.

The Ayr Board of Health struggled to meet the cost of the disease. This was partly due to their decision to implement some of the preventative methods recommended by the Central Board of Health in London. These included a Cholera Hospital, and also the establishment of a separate burial ground. Land in Cross Street was acquired for a hospital and adjacent to Wallacetown Cemetery for a burial ground. The cost of these purchases, and the other calls on their resources during the year, meant that in 1832 the Board of Health spent £742 3s, against subscriptions of £165 13s, resulting in a shortfall of £576 10s.²⁸ Financial prudence necessarily limited what the Board could achieve.

Despite the significant number of people, organisations and businesses who suffered economic loss with the arrival of cholera, there were a few who actually took advantage of the disease for their own economic gain. Some examples of profiteering from Cholera could be found on the front pages of the local press, e.g. the many advertisements for putative cures. Many of these were produced in Glasgow and London for sale in local dispensaries. These remedies, such as Quinine with Chirayita promised a number of benefits in addition to prevention of Cholera:

Promotes healthy secretion of the bile, and prevents an accumulation of faeces in the colon ... strongly recommended for the Ague, Weakness of the stomach, loss of appetite, Indigestion, Flatulency, General Nervous Debility and for fortifying the constitution against the attack of Cholera and other infectious diseases.²⁹

Cures were sold by doctors in Ayr such as John Edgar, Philip MacSorley and John McDerment and advertising for such “cures” replaced ointments promoting hair growth on the front page during the worst month for cases in 1832. Such cures were so popular that there are examples of competition between sellers in the press: “Mr Adam Shankland, Merchant, 57 High Street, Air, is the person, and the only person, appointed by him (Mr Stewart) for the sale of his medicines there for the cure of Cholera.”³⁰ So called miracle cures aimed to supply the public with a cure for a disease they were very uncertain and nervous about. It is not bold to suggest that the public would have been eager to consume anything to abate their fears of being infected. Other examples of profiting from the disease are not as exploitive as miracle cures. There were those who profited by sale of land or property for the creation of institutions like the observation house on South Quay. Mr James Watson, junior, was one of the benefactors as he sold his land adjoining the church graveyard in Wallacetown for extension of the burial ground. In addition to this there were a number of trades who would benefit such as the building industry for erection of walls around such burial grounds.

In conclusion, this section has proven that many aspects of the Ayr economy suffered great loss due to the visitation of cholera to the town. This loss was so short-term that it was difficult to trace through annual statistics. Daily news reports on the markets have shown that there was indeed a short-term stagnation of the town’s economy. In addition to this personal economies could be shown to be under threat due to the loss of many key earners. This could be proved through examination of Friendly Society and savings accounts. Finally it may also be concluded that not all aspects of the economy operated at a loss due to the epidemic – many of those who profited were involved in creating the infrastructure established to cope with the infected or deceased.

5. Methods of Prevention and Control

The previous chapter highlighted the economic impact cholera had on Ayr’s trade, tourism and individual incomes. There was some mention of the economic problems institutions created by the epidemic faced, particularly the Cholera hospital in Wallacetown. The present chapter will examine such institutions in more detail. It aims to evaluate the

effectiveness of the Ayr Board of Health; for example how it prepared Ayr to prevent the spread of cholera, firstly to the town and then on its efforts to prevent further spread within the town. The extent to which the Ayr Board heeded London Board of Health recommendations will also be taken into account. The Minute Book of the Ayr Board of Health has been preserved in Ayrshire Archives and is therefore an excellent source which will be utilised here to examine the work of the health authority.

Firstly it is important to consider the organisation of the Board of Health in Ayr. It cannot be denied that there was an efficient response among Ayr council leaders to Privy Council recommendations, such as that, for example, “to divide that community into subordinate sections, and to form district boards of Health, each to consist if possible, of a resident clergyman, and a number of substantial householders, and of one medical man at least.”³¹ Ayr was divided into districts of Ayr, Newton and St Quivox by the board with ministers for each parish reporting to the Board of Health and drawing up their own preventative measures. The Ayr Board of Health was created nine months before the arrival of cholera in Ayr and met weekly to report their findings. Membership included Provost Fullarton, Doctors Crawford and Burton, several ministers including Reverend Cuthill and a number of ‘principal inhabitants’ elected at a meeting of householders paying rates in the excess of twelve pounds per annum.

Certain methods of containment were recommended by the central Board with which the Ayr authority followed. Cholera Hospitals had proved costly in other cities of Europe where they were created “at a period too long before its actual breaking out.”³² The central Board therefore recommended “that proper and sufficient house room only be secured and prepared in the first instance, and that the charitable be called upon only to pledge themselves to furnish, at a given notice, such articles of bedding furniture etc or the value of them.”³³ The purchase of a reasonably sized house in Cross Street, Wallacetown was seen to satisfy these demands. “This house consists of four rooms, several closets, and three outhouses with a garden attached. It is in many respects desirably situated. It might contain 25 or even 30 patients.”³⁴ In addition to this the creation of a house of seclusion for relatives of those infected was seen as an effective means of quarantine. Of the 214 cases admitted to the house of seclusion at South Quay, 7 were found to be infected in 1832.³⁵

In addition to the creation of institutions to deal with those infected, sanitary measures was another concern of the board. The state of sanitation in the town was the most obvious problem, especially when the body of a Mrs Dickie, a suspected cholera death, was found lying in a close. It was decided at the meeting of the board on 6th August that measures should be taken to remove filth from closes to the street where residents could remove it to the dung heap. If residents did not remove the filth it was to be sold by the inspector. The extent to which sanitary measures of the Board were successful is questionable for several reasons. Firstly, as Duncan has acknowledged, for a town that was reliant on offering visitors to the town surroundings for recreation, the problems of sanitation which 1832 highlighted “were not fully grasped by authorities.”³⁶ The methods of cleansing closes and fumigation of the homes of the infected were short term measures which certainly avoided the root of the problem – the water supply. In addition to this, aid provisions for cleansing fell short of their demand. The board could only provide aid to

cleanse the homes of the infected. Understandably the costs of cleansing the homes of the uninfected would be exorbitant; however, it is certainly evident that the board had to undercut many aid provisions to stay afloat. Despite this, the board was certainly meeting Central Board requirements.

The Ayr Board of Health may be judged as fairly efficient in response alarm. After the first case of Jane Gibson was discovered in Isle Lane on 19th July, an emergency meeting was held the next day. Despite Jane Gibson's refusal to be moved to the Cholera Hospital she was quarantined and her family were moved to the observation house. Another objective which the central Board recommended was communication with not just themselves but other boards of health. It was in this area also that Ayr's board was proficient. The case of Mrs Dixon of Allison Street is one example of this. Found dead on 4th August, she was reported dead by friends and family. At first her family complied with regulations and it was reported to the secretary that "a coffin and materials for fumigation are required, and that the friends are willing to abide by all the orders of the board."³⁷ By 6th August, however, the friends and family of the deceased were unwilling to go to the observation house and the family members fled to Greenock. The secretary of the Ayr Board took action to inform the Greenock Board of Health thus warning them of the danger of infection. It was for this reason that the central board was eager to encourage communication between individual boards and in this respect the Ayr Board again appears to have acted efficiently.

Communication with residents of the town was another aspect which the Ayr Board satisfied. While in towns such as Sunderland there appears to have been a campaign to conceal the existence of cholera in the town, the Ayr authorities, it appears, were effective in their communication with members of the public. This is evident in their plea for householders to come forward for membership of the board of health. In addition to this communication through the press and handbills is significant. One handbill warned that persons, suspected of being infected, had entered Ayr from Kilmarnock. This was in addition to the weekly reports in the *Air Advertiser*.

Charitable aid for victims and their families was another objective laid out by the Central Board which the Ayr Board appears to have endeavoured to satisfy. One example of aid was compensation for the clothes of the deceased. When the case was discovered, any clothes were ordered to be burned or removed to the outhouse at the Cholera Hospital. In the case of John Nimmo who died on 30th July, his family was awarded £1 17s 9d for the value of his clothes. In addition to this, families were sometimes provided with materials for the fumigation of their homes to contain spread.

It is evident that the Ayr board of health was very proficient in response to the threat of cholera and recommendations of the central board in London. It was rapid in response to any threats or cases of cholera and was in readiness a significant time before the arrival of the disease. There was a significant amount of communication between the board and the public as evidence of communication with other districts. This chapter has in the main demonstrated the organization and methods of the board of health. By comparing its actions as documented in the Board Minutes with evidence from the *Air Advertiser* it has been possible to an extent to have some indication of its effectiveness.

6. Conclusion

This study had three main objectives. Firstly to evaluate the 1832 cholera epidemics of the industrial centres in Britain and draw out the main social, political and economic effects this epidemic had on them. Secondly, to evaluate the situation in Ayr in 1832 and assess the impact the epidemic had on the town's social, political and economic character. Finally, by using this information, draw similarities and distinctions in the impact cholera had in 1832 between Ayr and these other affected areas.

This study has certainly fulfilled the first objective by evaluating the impact of the 1832 cholera epidemic on not just a national, but also an international scale. When it came to exploring the impact of the disease on the social, economic and political structure of Ayr it became clear that the town was affected and responded to the epidemic in much the same way as other larger industrial centres.

Analysis of the population of Ayr in 1832 has shown that it was as varied in social and economic character as the population of Britain's larger urban centres. The epidemiology of cholera in Ayr provides us with an understanding that the area south of the river was worst affected. As in many of the worst affected areas of Britain, cholera spread in this part of Ayr due to its poor housing, dense overcrowding and lack of sanitation. One interesting conclusion from mapping the epidemiology in Ayr however is that there appears to be a split between the ways in which the north and south of the river Ayr were affected. The worst affected parts lie to the south of the river in the most built up areas of Townhead and High Street. Comparing the rapid growth of urbanisation to the north with its lack of cholera fatalities has reinforced this idea of a divide between north and south Ayr. This anomaly is explained by the lack of extreme poverty north of the river and also because it did not have the volume of traffic that the southern more trade-orientated part of the town experienced on a regular basis. It is important to note however that this may not have remained the case in later epidemics to hit the town given the increasing urbanisation and commercialisation of the areas north of the river in subsequent years.

It is evident that in worst affected cities like London and Glasgow there was significant rioting and tensions relating to the spread of, and attempts to control, cholera. In 1832 Ayr however the evidence suggests the handling of the disease was less conducive of such problems. The Ayr Board of Health's handling of the disease appears to have been in line with all of the Central Board of Health in London's recommendations. It also appears to have avoided misleading the public regarding the arrival of the disease as handbills and newspaper reports suggest. Certainly there is evidence that some people of the town were unwilling to comply with quarantine regulations but in the case examined the infected person left town, and there is no evidence to suggest any backlash from the people of Ayr. The economic impact of the 1832 epidemic has provided interesting results. This study has shown that economic losses in Ayr in general were short term and quick to recover. Tourism and trade in Ayr following the arrival of cholera in 1832 suffered a heavy blow as was reported with cancellations of pleasure cruises, race meetings and dwindling attendance at the town's markets. Individual and family incomes were also put under strain with the arrival of the disease as is shown by increased withdrawals from friendly societies in this year. Loss of profit was not the only economic factor of the epidemic. As in other urban

centres there were a small few who profited from the arrival of the disease. Body snatchers are the most common example of this profiteering and there is evidence of this in Ayr. Less obvious examples have been shown to exist with purveyors of miracle cures in the town's High Street and, through legitimate business transactions, those involved in selling land and labour to accommodate the burial of the dead.

Finally, this study has provided a microcosm study of the 1832 cholera epidemic in Ayr by utilising largely primary source material. It is worth noting that there is great scope within these resources for deeper analysis of such issues as has been raised here. There is a great deal of work evaluating the impact of cholera in larger urban centres. I have shown that similar analysis can be undertaken on the impact of cholera on smaller towns, with similarly valuable results.

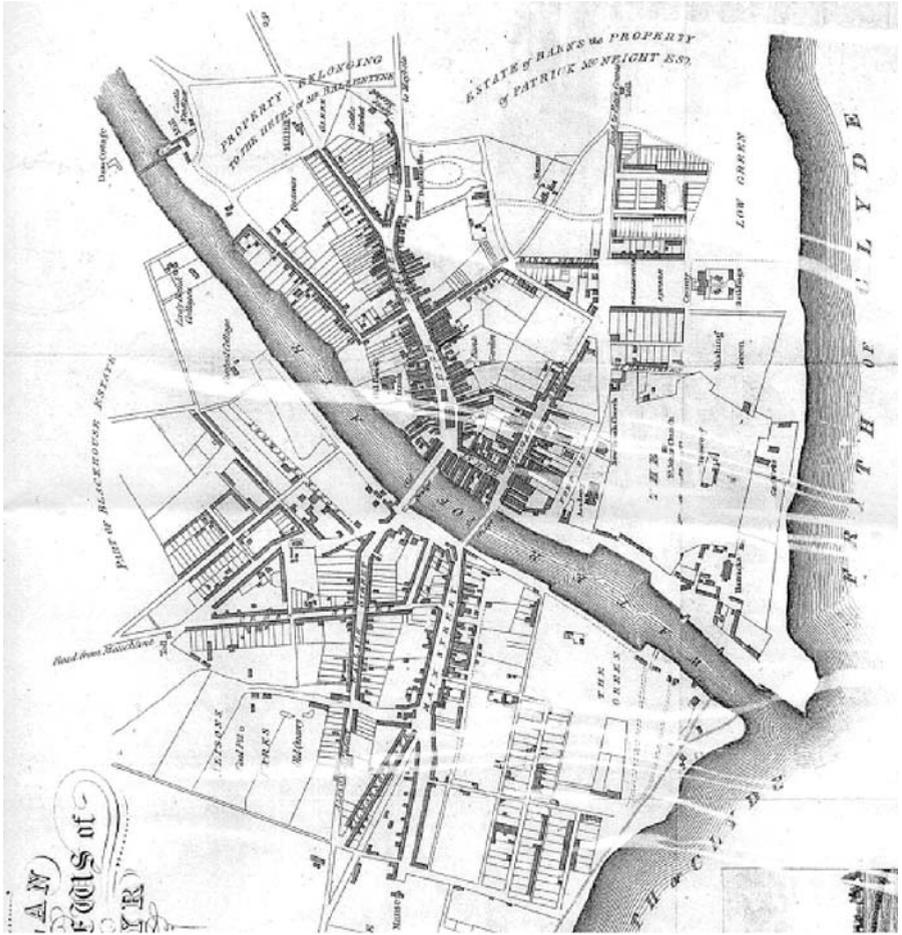
Sarah Kerr

Appendix 1: Cholera Deaths in Ayr, figures extracted from Ayr, Newton and St Quivox Parish Records

	%
Townhead	26
High Street	21
Old Bridge	16
Isle Lane	16
Dalblair Gardens	11
Wallacetown	5
Hospital	5

The table shows the distribution of the 205 cholera deaths in Ayr in 1832. Figures extracted from Old Parish Records Ayr (578) Volume 13: Deaths, January 1820-December 1854, Jean B. Kennedy (ed) 1997

Appendix 2: Map of Ayr



'Plan and Views of Ayr', Public Lists and Directory for Ayr and Environs, W Carter, Ayr, 1832

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- ¹⁴ Strawhorn, p. 151.
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- ¹⁸ Cuthill, p. 94.
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- ²⁴ *Air Advertiser*, 6th July 1832.
- ²⁵ *Air Advertiser*, 30th August 1832.
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- ³² *Ibid.*
- ³³ *Ibid.*
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Dumfries House Saved at the 11th Hour



photo: DCM, November 2005.

One of Britain's most remarkable stately homes, and best-kept heritage secret, was saved for the nation yesterday by the 11th-hour intervention from the Prince of Wales. Dumfries House, a Palladian mansion with a "jaw-dropping" collection of 18th century furniture, was due to be put on the market on Tuesday [3rd July 2007], and its contents were to be auctioned next month. But a group brought together by the Prince has at the last minute secured the property for £45 million in a move described as "one of the great heritage saves of modern times"...A range of charities and heritage bodies contributed £25 million to the rescue package, but the sale was secured with a £20 million cheque from the Prince's Charities Foundation. The sum covers the purchase of the house, its Rococo furniture and 2000 acres of land."

[Auslan Cramb, Daily Telegraph, 28th June 2007, 17.]

This magnificent property has been much in the news recently. Initially the fifth earl of Dumfries engaged William Adam to rebuild the old tower house on the estate, but on the death of William in 1748, he employed the sons John and Robert Adam. Robert's input was the greater. In 1760 the house was opened for a grand party. The house was greatly extended in the 1890s by the third marquess of Bute (also 8th earl of Dumfries). The furnishings in the mansion are exceptionally exquisite, including furniture by Thomas Chippendale and by the great Scottish cabinetmakers, Alexander Peter, Francis Brodie, and William Mathie. A Chippendale rosewood breakfront bookcase which cost £47 in 1759, was expected to have fetched between £2 and £4 million in the auction to be held by Christie's in July.

SAVE Britain's Heritage launched the campaign to save the house and its contents for the nation, in which both Mark Gibson of Craigengillan and James Knox of Martnaham

were active participants. The Great Steward's Dumfries House Trust has been created to manage the land and the property. Principal contributions came from The Monument Trust (£9 million), The National Heritage Memorial Fund (£7 million), The Scottish Executive (£5 million), The Art Fund (£2.25 million), The Garfield Weston Foundation (£1 million), Sir Siegmund Warburg's Voluntary Settlement (£250,000), and the Dunard Fund (£125,000).

The house will be open to the public for the first time next year. Other developments include plans by the Prince's Foundation for the Built Environment for a 'model' town, based on his award-winning Poundbury in Dorset. This will be an environmentally-friendly project including mixed housing, based on the prince's own model of ideal town living.

Ayrshire Federation of Historical Societies

Annual General Meeting

The Annual General Meeting of the Federation was held on Sunday 20th May in the Village Hall, Dunlop, at 2 p.m. The office bearers remain unchanged, except that Kathryn Valentine, from Largs, was elected as Vice-Chairman. She succeeds Sheena Andrew, who, we are pleased to say, remains on the committee.

John Strawhorn Quaich

At the Annual General Meeting the John Strawhorn Quaich for 2007 was awarded to Sheriff David B. Smith. In making the presentation, the chairman, Stuart Wilson, spoke of David's long-standing involvement in the Kilmarnock and District History Group, his unrivalled knowledge of the history of curling, and his many other contributions to various aspects of Scottish history.

Nominations for the award for 2008 should be sent to Pamela, with a short explanatory justification.

Swap Shop

The 2007 Swap Shop will be at Largs Museum, on the 4th November at 2 p.m. As always, this will be a chance to meet with others of a like mind and discuss subjects of mutual interest, this time within the intimate and well-presented museum at Largs, a paradigm of what a small society-run museum can be. There will also be the chance to visit the splendid Skelmorlie Aisle - a hidden Ayrshire treasure.

Conference

Continuing our now well-established series of biannual conferences in Troon, we will be holding the next in October 2008. This Conference will be held jointly with the Scottish Records Association.

Diary of Meetings September 2007 to May 2008

- AANHS Ayrshire Archaeological and Natural History Society. Meetings in Carnegie Library, Ayr, at 7.45 p.m.
- ASA Alloway & Southern Ayrshire Family History Society. Meetings in Alloway Church Halls, Alloway, at 7.30 p.m.
- BHS Beith Historical Society. Meetings in lounge of the Eglinton Inn, Beith at 8.00 p.m.
- DHS Dundonald Historical Society. Meetings in Dundonald Castle Visitors Centre, Dundonald, at 7.30 p.m.
- EAFHS East Ayrshire Family History Society. Meetings in Gateway Centre, Foregate Square, Kilmarnock, at 7.30 p.m.
- FHS Joint Joint Meeting of Ayrshire Family History Societies. Troon, 7.30 p.m.
- KCCS Kyle and Carrick Civic Society. Meetings in Loudoun Hall, Ayr, at 7.30 p.m.
- KDHG Kilmarnock & District History Group. Meetings in Kilmarnock College at 7.30 p.m.
- Largs HH LDHS Hakon Hakonsson Lecture. In Vikingar!, Largs at 8 p.m.
- Largs Jt Joint meeting of LDHS and LNAFHS. In Dunn Memorial Hall, Largs at 7.30 p.m.
- LDHS Largs and District Historical Society. Meetings in Largs Museum at 7.30 p.m.
- L(MS) LDHS, Marine Section. Meetings in Largs Museum at 7.30 p.m.
- LNAFHS Largs & North Ayrshire Family History Society. Meetings in Largs Library, Allanpark Street, Largs at 7.30 p.m.
- MHS Maybole Historical Society. Meetings in Maybole Castle, High Street, Maybole at 7.30 p.m.
- PHG Prestwick History Group. Meetings in 65 Club, Main Street, Prestwick, at 7.30 p.m.
- SHS Stewarton Historical Society. Meetings in John Knox Church Hall, Stewarton, at 7.30 p.m.
- TAFHS Troon @ Ayrshire Family History Society. Meetings in Portland Church Hall, South Beach, Troon, at 7.30 p.m.
- WKAS West Kilbride Amenity Society. Meetings in Community Centre, Corse Street, West Kilbride, at 7.30 p.m.

September 2007

Mon 3 rd	SHS	J Addison	The History of Clyde Shipbuilding
Thu 6 th	Largs HH	Barbara Crawford	The Vikings and Christianity: What the Papar Project Can Tell Us.
Tue 11 th	LNAFHS	Josephine Black	Tracing Your Irish Ancestors
Wed 26 th	DHS	Bob Kutner	Over My Shoulder - A Tale of Escape from Germany
Thu 27 th	BHS	Margaret Morrell	Turnberry Airfield

October 2007

Mon 1 st	L(MS)	L J Patterson	The Rise and Fall of the Puffer Trade
Mon 1 st	KCCS	William W Payne	The Hospitalfield Trust
Mon 1 st	SHS	Ms L Davidson	The Pauper Apprentices of New Lanark
Tue 2 nd	KDHG	Geoffrey Palmer	Scotland and the Slave Trade
Thu 4 th	PHG	Jim Allan	Adverts from the Past
Sat 6 th	EAHHS	--	Family History Open Day, Gateway Centre, Kilmarnock, 10 am - 3 pm.
Wed 10 th	DHS	George Miller	Some Historical Developments in the Progress of Medical Science
Thu 11 th	EAHHS	Stuart Wilson	“Looking Up” in Kilmarnock
Thu 11 th	AANHS	Chris Whatley	The Scots and the Union of 1707: A 300 th Anniversary Review of the Debate
Mon 15 th	KCCS	Geoffrey Palmer	Scotland, Jamaica and the Abolition of the Atlantic Slave Trade
Tue 16 th	KDHG	Ted Cowan	The Union of 1707
Tue 16 th	Largs Jt	Alistair Ramage	Poor Houses of Glasgow
Thu 25 th	AANHS	Marjory Harper	Adventurers and Exiles: Snapshots of Scottish Emigration
Thu 25 th	BHS	Adrian Cox	Rowallan Old Castle - From prehistoric burials to Renaissance country house
Tue 30 th	KDHG	Bob Kutner	Over My Shoulder - A Tale of Escape from Germany

November 2007

Thu 1 st	PHG	Jimmy Murphy	An Evacuee in Prestwick
Mon 5 th	SHS	Mrs J Eadie	The Empire Exhibition
Mon 5 th	L(MS)	J McGuigan	International Coal Trade
Mon 5 th	KCCS	Rolf Roscher	The Regeneration of Ayr Town Centre
Thu 8 th	AANHS	Paul Yoxon	Otters and the Work of the International Otter Survival Fund
Thu 8 th	EAHHS	Robert Edmonds	Barclays Engineering
Tue 13 th	LNAFHS	Anne Geddes	The Baird Institute, Cumnock
Tue 13 th	KDHG	Daniel Gray	Homage to Caledonia - Scots in the Spanish Civil War
Wed 14 th	DHS	Ian Dougall	Evolution of the Scottish Garden
Thu 22 nd	LDHS	Frances and Innes	Spinning and Dyeing. N.B. 2.30 p.m.
Thu 22 nd	AANHS	Alex Hale	Controversy on the Clyde
Tue 27 th	KDHG	Richard Oram	David I

Thu 29 th	BHS	John Miller	White slaves with black faces
December 2007			
Mon 3 rd	KCCS	Andrew Easton	Conservation Architecture
Mon 3 rd	SHS	F Murray	Alfred Nobel and the Scottish Connection
Thu 6 th	PHG	Alasdair Malcolm	Prestwick of Yesteryear
Tue 11 th	KDHG	Eric T Graham	Clyde-Built in the American Civil War
Wed 12 th	DHS	Bill Miller	Buses - Progress after World War Two
Thu 13 th	AANHS	Lizanne Henderson	Witchcraft in Early Modern Scotland
January 2008			
Mon 7 th	SHS	R Watt	Antiques Roadshow - Past & Present
Mon 7 th	KCCS	John Russell	The Ships of Ayr
Tue 8 th	KDHG	Graham Boyd	North Korea - Communism's Last Stand
Tue 8 th	LNAFHS	Bill Niven	Covenants
Thu 10 th	EAFHS	Jim Grant	The Wandering Scot
Thu 10 th	AANHS	John Steele	The Secrets of HMS Dasher
Mon 14 th	L(MS)	D Hendry	Submarines in the Clyde
Mon 21 st	LDHS	Susan Bradbury	Stained Glass
Tue 22 nd	KDHG	Jimmy Gibson	Burns, the Lassies and Clarinda
Thu 24 th	AANHS	David Breeze	The Antonine Wall - A World Heritage Site?
February 2008			
Mon 4 th	L(MS)	Anne Berrich	Doctor on the Amazon
Mon 4 th	KCCS	David Jones	Dumfries House and Brown Furniture
Mon 4 th	SHS	A McLaughlan	Portencross Castle
Tue 5 th	KDHG	Margaret Morrell	The History of Turnberry Airfield
Thu 7 th	PHG	Graham Humphreys and Jean Lockley	The Suffragettes
Tue 12 th	LNAFHS	Sheila Dinwoodie	19 th Century Headies
Wed 13 th	DHS	Oliver Thomson	The MacDonalDs and the Campbells
Thu 14 th	AANHS	Nigel Willis	Glasgow Necropolis
Thu 14 th	EAFHS	Elizabeth Carmichael	Digital Ancestors - Mitchell Library
Mon 18 th	LDHS	Lizanne Henderson	The Scottish Witch Hunts - The Ayrshire Dimension
Tue 19 th	KDHG	Thomas Owen Clancy	Kirks, Kils and Cults - Saints and Churches in Medieval Ayrshire

Thu 28 th	BHS	Sheila McGill and Mary Gillespie	History of Stewarton Bonnet
Thu 28 th	AANHS	John K Walton	British Seaside Resorts: The 19 th and 20 th Centuries
March 2008			
Mon 3 rd	SHS	A Cox	Rowallan Castle
Mon 3 rd	KCCS	Susan Bradbury	Stained Glass
Mon 3 rd	L(MS)	tba	tba
Tue 4 th	KDHG	Emma Roodhouse	The Kitchen Goddess, from the 18 th Century to the Present Day
Thu 6 th	PHG	---	Pot Pourri
Tue 11 th	LNAFHS	Lesley Richmond	Threading the World - Coats and Family Research
Wed 12 th	DHS	Leslie Brown	Maid of the Loch
Thu 13 th	EAFHS	Tom Barclay	Troon, Loans and Dundonald: Smugglers of the 18 th Century
Thu 13 th	AANHS	Roland A Paxton	Thomas Telford - "Colossus of Roads"
Mon 17 th	LDHS	Alexander Broadie	The Enlightenment
Tue 18 th	KDHG	Chris Tabraham	Captured in Time: the French Prisoners in Edinburgh Castle
Tue 18 th	FHS Jt	Frances Wilkins	Smugglers of Kyle
Thu 27 th	BHS	Wallace Galbraith	Burns and his music
April 2008			
Thu 3 rd	PHG	"Two Intrepid Invest-igators"	Prestwick and the Holy Grail.
Mon 7 th	L(MS)	Leslie Brown	Saving the <i>Maid of the Loch</i>
Mon 7 th	SHS	Ms C Glenn	Burns National Heritage Park
Tue 8 th	LNAFHS	Sheena Harling	The Diary of Mary Woodrow - 18 th Century Cumbrae
Wed 9 th	DHS	George Herbert	Some Aspects of the Geology of Ayrshire
Thu 10 th	EAFHS	Stanley Sarsfield	Mauchline Ware
Mon 21 st	LDHS	Neil Stuart	Sir Thomas Brisbane
May 2008			
Thu 1 st	PHG	--	Blether of 2008
Mon 12 th	SHS	--	AGM, + speaker tbc

AANHS Publications

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