

## THE CLAXTON MONUMENT DOCUMENTARY 2007

In 2006, as part of the activities of the History Group of the Friends of the Ballarat Botanical Gardens an oral history project was commenced with the use of video recording. The objective is to provide archival material for the Friends to use for research, education and presentations.

To date interviews have been recorded with retired gardeners, past and present Directors and Curators, an architect, a sculptor and a previous Town Clerk, that is, people who have had an involvement in the care and management of the Gardens over the past 50 years or so.

To commemorate the recent restoration of the Claxton Monument by the Council and a contribution of \$ 10,000 by the Friends, a short documentary has been produced concerning the history of the Monument and the life of Claxton, a great enthusiast and promoter of the Lake and Gardens in the 19th Century.

The presentation includes segments of interviews with George Seddon, a gardener in the 60s and 70s who helped maintain the statue, and Jude Schlahinger who recently conducted a major restoration with an admirable result.

JOHN GARNER



## The Claxton Memorial.

(Commentary for Video)

The Claxton Memorial was erected in 1890 by Public Subscription to acknowledge Mr Claxton's unremitting advocacy for the development of the Lake and the Gardens from the original Lake and Police Paddock.

The original fountain was fed by reticulated drains which drained into Lake Wendouree.

Frederick Moses Claxton was born in Norfolk, England, in September 1832 and arrived in Australia in 1853 and settled in Geelong, moving to Ballarat in 1856. After working in, (and later acquiring), a wine and spirit store he became an auctioneer. He became a Councillor in 1864 and was Mayor three times. He was involved in various businesses in the area, he was a foundation member of the City Fire Brigade, a member of the Water Commission, the Hospital Board, the Benevolent Home, the orphanage Committee and was on the Anglican Cathedral Board. He died in 1888 of "English Cholera" at his home in Webster St.

He has been recognised as, more than any of his contemporaries, being responsible for the development of the Lake and Gardens and has been said to have had "water and weeds on the brain"

By the 1970s the monument was showing signs of wear and tear as the result of weather, vandalism and poor preservation. George Seddon was a gardener at the time and describes his efforts to repair and restore the monument. ....

It was obvious in 1997 that extensive restoration work was needed and the Friends of the Gardens assisted the City Council to fund the project to the tune of \$10,000. This included the installation of a pump and float valve and a time switch so that the fountain could run during daylight hours..

In 2006 the monument's condition had deteriorated again and Jude Schlahinger, who had already been involved with the restoration of the Stoddart statues, has just finished her work, again the Friends have supported the project donating \$10,000. Whether the fountain will work again is uncertain.

"English Cholera."

This term is not used today. In the Illustrated Australian Medical Guide by Muskett and Souter Vol 2 dated 1910, in the pages 306-308 in the chapter headed VOMITING accompanied by PURGING it is stated :-

"In older children and in adults, attacks of vomiting - accompanied by diarrhea - are not at all infrequent, more particularly during our Australian hot weather. This is the ailment popularly spoken of as English Cholera. As a matter of fact, however, the symptoms in severe cases, are identical with those of Asiatic cholera itself - as described in connection with Cholera and Choleraic Attacks. There is the same continuous vomiting, the same voluminous and incessant watery diarrhea, the same agonizing cramps in the belly and limbs, and the same icy coldness - and shrinking - of the body, as in true cholera.

When these choleraic attacks are about, the question as to a case being true cholera or not may arise. A rough and ready rule used in the London Cholera Hospital was this - that when a man has diarrhea *accompanied by griping pains in the belly*, he has English Cholera, because in Asiatic Cholera the diarrhea will be *painless* although it will be *connected with cramps in the calves of the legs*. But the more exact differences are that, in English Cholera, the Cholera germ - the *comma bacillus* - is not present



;the disease does not become epidemic; and, fortunately, it is not so usually fatal.

A corresponding train of symptoms -to the choleraic attacks - develops in what is known as ptomaine or food poisoning. This term ptomaine (to-ma'in) comes from the greek, *ptoma*, a carcass or corpse. The termination *ine* denotes an alkaloid or similar body. During the putrefaction of meat and food, the germs or minute organisms present act upon the nitrogenous portion of the putrefied material, and form *chemical* substances, which are highly poisonous. These bodies are known as ptomaines or animal alkaloids. It is necessary to explain that an alkaloid is a material that has properties similar to an alkali - that is, the opposite to an acid.

As poisoning often develops after tinned foods, it is a practical point worth knowing, that, when there is outward bulging at the end of the can, the contents are probably dangerous. In such a condition the vessel is said to be "blown". It is an interesting circumstance, also, that in the earliest stages of putrefaction which generally give rise to the most poisonous symptoms. In the foul smelling period the poisons are less violent etc. etc. ...."

He goes on to explain how to treat the conditions in great detail including a flour and mustard poultice applied to the pit of the stomach, cold brandy orally and iced {from the outside of the bottle} champagne (This was also recommended for the treatment of typhoid fever by the medical officers of the Indian Army, presumably you departed a little happier.JG)

### \*\*\* NEWSPAPER REPORT OF THE LAST DAYS.

#### DEATH OF CR. CLAXTON, J.P.

Seldom indeed does the death of a public man in any locality cause such a widespread feeling of regret throughout the community as was felt yesterday when it became known that Cr. F.M.Claxton, J.P. had ceased to breathe. The news was so unexpected, even to his friends, that it came with greater shock. During last week the deceased gentleman was suffering from diarrhea, but no serious results were feared, and the thought that it would lead to his decease was furthest from the minds of those who knew him. His cheery and hearty manner was never more apparent. He was present during the greater part of each sitting of the Church of England Assembly last week, and joined in the debates on Friday night, after which he took tea with Archdeacon Julius at the Vicarage. He was then suffering, but not to such an extent as to cause uneasiness in his own mind or in the minds of his friends. On Saturday morning he was down the city attending to his business as usual, but that afternoon was compelled to take to his bed. Dr Whitcombe was summoned, and pronounced the complaint from which Mr Claxton was suffering to be English Cholera. On Sunday the symptoms became more alarming, and the services of Dr Bradford were called into requisition. It was soon apparent, however, that the disease had obtained too firm a hold and that human aid was vain. At 2 o'clock yesterday morning inflammation set in, and at half past 1 o'clock in the afternoon Mr Claxton peacefully breathed his last. All his family with the exception of Mr F.W.Claxton (who arrived by afternoon train from Melbourne, having been summoned by telegram) were present at the mournful event. The deceased, at the last, placed his arm around his aged mother's neck and died in that position.

#### Discussion.

When reading through Roy Mosman's notes on the life of Claxton, the circumstances and cause of his demise interested me in that English Cholera is not a term used today as a diagnosis. It took some time in the Ballarat Health Services library to find the above description, dismissing the first thought that Cholera as we know it, described as Asiatic Cholera, was the cause. Indeed, the Cholera Vibrio had only been discovered by Koch in 1883 in Egypt, but the doctors would have been well aware of the disease which, as well as being endemic in India had been associated with a pandemic in Europe in 1830 having followed the trade routes from India. Whether they were in a position to be able to look for the vibrios at that time in Ballarat is uncertain but probably likely as the results of Koch's experiments and findings could have been disseminated fairly quickly, whether they were believed and accepted or not I am uncertain.



The question then arises - what was the cause of Claxton's death. There is no indication that he was in poor health before his last week. He does, however, appear to have a mild gastro-intestinal complaint for a few days before feeling unwell enough to take to his bed on the Saturday. It was not enough to prevent him from attending the ecclesiastical sessions on the Friday, or with taking "tea" with the Archdeacon that evening. There is no indication that others were indisposed.

Whilst we are told that he had diarrhea there is no mention of vomiting, possibly for reasons of delicacy, but it would have been difficult for him to have tea with the Archdeacon or go down to the town the following day (Saturday morning) had this been the case.

From a relatively mild indisposition there developed a catastrophic illness that lasted only 36 hours or so. In its later stages it caused prostration, presumably electrolyte imbalance with leg cramps, and abdominal pains as described in the description of English Cholera although there is no actual mention of this.

"Inflammation" is described in the paper, which could be interpreted as pyrexia associated with toxæmia.

Although there are indications of general weakness, there are no reports of loss of consciousness, headaches or fits suggesting a meningitis.

Although a catastrophic intestinal event e.g. appendicitis, peritonitis, perforated bowel etc could be considered it is unlikely from the description. Dr Whitcombe was a very experienced and erudite doctor and it is unlikely that he would have missed such an event.

Salmonella infection may be severe and fit into the picture but is described as being mild in most cases.

Food poisoning by *Clostridium perfringens* Type C due to the ingestion of an enterotoxin from contaminated food can produce a severe, often fatal, gastroenteritis.

At the time pathology services that we take for granted today were not available, nor Intra venous therapy and antibiotics. We have not been told the treatment prescribed but no doubt would have been in the nature of and including chlorodyne, tincture of opium, tincture of capsicum, tincture of rhubarb, spirit of camphor and spirit of peppermint. Camphor wine was highly recommended for the treatment of English cholera consisting of - 40 grains of finely powdered camphor dissolved in a little alcohol and the solution mixed with a pint of good red wine and shaken up with a little gum arabic added. One glassful is to be taken by an adult every hour for the first three hours then gradually reduced. In food or ptomaine poisoning two small tablespoons of castor oil at the beginning of treatment was considered good medicine combined with 10 drops of chlorodyne. Calomel would need to be substituted if the stomach was too irritable. In addition a half mustard and half flour poultice should be applied to the pit of the stomach and kept on for 1/2 hour so as to thoroughly redden the skin and hot flannels sprinkled with turpentine placed on the belly.

Every 4 hours the following draught would be given :-

Solution of Perchloride of mercury	20 drops
Iodide of Potash	5 grains
Hydrate of Chloral	5 grains
Carbolic acid	5 grains
Aromatic spirit of Ammonia	20 drops
Peppermint water	to make two tablespoonfuls

"This will not have any marked effect on the pain"! - so a sedative will be needed - 1/3 rd grain codeia, 7 1/2 grains each of naphthalin and subnitrate of bismuth administered half way between the preceeding draught. until relief is obtained.

All in all I feel that the main possibilities include food poisoning from plants, sea food or contaminated food.

Whether Mr Claxton received the above treatment we do not know. Suffice to say



that the two eminent doctors will no doubt have assured the relatives "regretfully, in spite of our endeavors and the use of the most accepted and effective methods of treatment available to us, we were unable to overcome the very serious and potent disease with which our friend (as he undoubtedly was) has been afflicted."

Dr Whitcombe. Honorary Medical Officer Ballarat Hospital 1867 - 1894.

Operated on a patient with lacerated scrotum and testicles from an accident when his trousers caught up in a spindle at work and wrote it up in the Australian Medical Journal. Resident Surgeon 1859 - 1866. Produced 10 papers for the AMJ and was well regarded. He became President of the Base and was involved in regular administrative difficulties between the doctors and the administrators (What's changed! jg)

Dr Bradford Took over from Dr Pinnock at BBH. and was in private practice at the time.

\* Council records 25/2/87 contain the original request from the Bishop of Ballarat for the use of the City hall for the Diocesan Assembly..( Possibly Claxton voted approval little realising that the occasion would herald his demise ! )