

SOURCES ON PUBLIC HEALTH

SOURCE 1

(From an account of Manchester by Dr. James Kay-Shuttleworth written in 1832.)

Frequently, the inspectors found two or more families crowded into one small house and often one family lived in a damp cellar where twelve or sixteen persons were crowded. Children are ill-fed, dirty, ill-clothed, exposed to cold and neglect; and in consequence, more than one-half of the off-spring die before they have completed their fifth year.

SOURCE 2

(From a resolution passed in 1833 at a meeting of local doctors who had received a report from the Leeds District Surgeon, Robert Baker, on the 1831–32 cholera epidemic.)

We, whose names are undersigned, are of the opinion that the streets in which malignant cholera prevailed most severely were those in which the drainage was most imperfect; and that the general health of the inhabitants would be greatly improved, and the probability of a future visitation from such malignant epidemics diminished, by a general efficient system of drainage, sewerage and paving and the enforcement of better regulations as to the cleaning of the streets.

SOURCE 3

(From the *Leeds Directory*, 1834.)

Leeds is very ill supplied with that most needful element, water, by its public water works, which were established more than forty years ago and adapted to the size of the town at that time ... only 12,000 people receive water from the water works. A population of 60,000 have no water supply except from wells and rainwater ... the water is raised from the river near Leeds Bridge ... Its quality is very indifferent.

SOURCE 4

(From the *Report on the Sanitary Condition of Liverpool* by Dr. William Duncan, 1839.)

In the streets inhabited by the working classes, I believe that the great majority are without sewers, and that where they do exist they are of a very imperfect kind unless where the ground has a natural inclination, therefore the surface water and fluid refuse of every kind stagnate in the street, and add, especially in hot weather, their pestilential influence to that of the more solid filth. With regard to the courts, I doubt whether there is a single court in Liverpool which communicates with the street by an underground drain, the only means afforded for carrying off the fluid dirt being a narrow, open, shallow gutter, which sometimes exists, but even this is very generally choked up with stagnant filth.

SOURCE 5

(From Rosemary Rees, *Poverty and Public Health 1815–1948*, published 2001)

Politics is all about power and the exercise of power. In local government, power was often in the hands of vested interests – the water companies, the shopkeepers and the builders – who frequently put their interests, and those of the rate payers who elected them, before the wider interests of the community. Political wheeling and dealing delayed reform. It took Birmingham, for example, fourteen years to establish a single authority to oversee public health.

SOURCE 6

(From *Report on the Sanitary Condition of the Labouring Population* by Edwin Chadwick, 1842.)

The chimneys of the furnaces which darken the atmospheres, and pour out volumes of smoke and soot upon the inhabitants of populous towns, afford most frequent examples of the inefficiency of the local administration, and the contempt of the law for the protection of the public against nuisances which are specially provided for. As smoke in Manchester and other towns becomes more dense, the vegetation declines.

SOURCE 7

(From Edwin Chadwick's *Report on the Sanitary Condition of the Labouring Population*, published 1842.)

The various forms of epidemic disease amongst the labouring classes are caused by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings. The annual loss of life from filth and bad ventilation is greater than the loss from death or wounds in any wars in which the country has been engaged in modern times. The most important and practical measures that can be taken by public administration are drainage, the removal of all refuse from habitations, streets and roads, and the improvement of supplies of water.

SOURCE 8

(From a *Report on the Condition of the Town of Leeds* written by a local resident, James Smith of Deanston, in 1844.)

In 1842, a plan was drawn up by Captain Vetch of the Royal Engineers, for the complete sewerage of the town. It carried the main sewer clear of the town and river. The Council's surveyor miscalculated the level of the first sewer he attempted by some two feet, which caused stagnation of the water, and the plan was abandoned. Some time later a new proposal was made to follow Captain Vetch's plan, and I attended the debate. The Council was incompetent to judge on such matters, and adopted their own surveyor's plan. It was more calculated to save money than to ensure efficiency, and discharged the sewers straight into the river, thereby continuing the pollution.

SOURCE 9

(From a report written by Dr. Rishton, Town Surveyor, Liverpool, 1845.)

Many of the privies are damaged and rendered useless by the nightmen wilfully breaking up the floors and seats to get the soil out; they will pull down one side of the bog hole that their work may be done with more ease. In this way they cause considerable damage to property; and it is too often left in the same state for a considerable time, and the place becomes an open mass of filth from daily accumulation.

SOURCE 10

(From the *Leeds Mercury*, 1865.)

There was no power to compel the owners of property to sewer land before building on it, no power to compel the sewerage and paving of streets, no power to forbid cellar dwellings, no power whatever to compel the owners of old properties to connect them to drains.

SOURCE 11

(From a newspaper report written by Angus Reach in *The Morning Chronicle*, 1849.)

The corporation of Leeds is, I understand, about to spend a very large sum (about £30,000 or £40,000) in the formation of an extensive system of paving, drainage, etc., in hitherto neglected portions of the borough. Never were sanitary reforms more imperatively called for. The condition of vast districts of the opulent and important town of Leeds is such that the very strongest language cannot overstate.

Virulent and fatal as was the recent attack of cholera here, my wonder is that cholera, or some disease almost equally as fatal, is ever absent. From one house, for instance, situated in a large irregular court or yard - a small house containing two rooms - four corpses were recently carried. I looked about and did not marvel. The floor was two or three inches deep in filth. This seemed to be the normal state even of the passable parts of the place. In the centre of the open place was a cluster of pigsties, privies and cesspools, bursting with pent-up abominations; and a half a dozen places from this delectable nucleus was a pit about five feet square filled to the very brim with semi-liquid manure gathered from the stables and houses around.

The east and north-east districts of Leeds are perhaps the worst. A short walk from the Briggate, in the direction in which Deansgate branches off from the main entry, will conduct the visitor into a perfect wilderness of foulness. I have plodded by the half hour through the streets in which the undisturbed mud lay in wreaths from wall to wall; and across open spaces, overlooked by houses all round, in which the pigs, wandering from the central oasis, seemed to be roaming through what was only a large sty. Indeed, pigs seem to be natural inhabitants of such places. I think that they are more common in some parts of Leeds than dogs and cats are in others.

SOURCE 12

(From Lord Shaftesbury's diary, August 1853. Lord Shaftesbury was a politician and ardent supporter of reform.)

Our enemies include the civil engineers, because we have selected able men, who have carried into effect new principles, and at a less salary. The college of Physicians, because of our success at dealing with the Cholera, when we proved that many a Poor Law Medical Officer knew more than all the flash and fashionable doctors of London. Then come the water companies for we devised a method of supply, which together replaced them. The commissioners of Sewers, for our plans and principles were the reverse of theirs; they hated us with pure hatred.

SOURCE 13

(From Anthony S. Wohl, *Endangered Lives*, published in 1983. Wohl is writing about how Chadwick presented the evidence about public health in his report.)

Drawing upon the evidence gathered by approximately 1,000 Poor Law Medical Officers of Health, Chadwick skilfully wove the most lurid details and evocative descriptions, damning statistics and damaging examples into a masterpiece of protest literature. The Report which covered 372 pages of text and another 85 of appendices, powerfully portrayed the inadequacy of existing systems of sewerage, water supply and drainage, and stressed the connection between these and overcrowding on the one hand, and epidemic diseases on the other. Playing down the broader underlying issue of poverty as a root cause of much ill health, Chadwick stressed the environmental, miasmatic causes of disease and resultant pauperism, and maintained that these causes could be removed.

SOURCE 14

(From *The Medical Revolution*, published for the Schools' Council in 1976.)

Since the 1840s, new information about disease had gradually been gained by the study of medical statistics. From 1836 onwards, all births and deaths had to be registered. By the 1860s, researchers were able to produce statistics for different diseases, compiled over thirty years, which showed beyond any doubt that bad living conditions and disease of all kinds were closely connected. By 1870, therefore, although much research into human disease still remained to be done, the government and general public knew that if they wanted to prevent disease they first had to get rid of dirt.

SOURCE 15

(From an editorial in *The Times* newspaper, July 1854. The newspaper campaigned strongly against the work of the Board of Health.)

We prefer to take our chance with cholera and the rest, rather than be bullied into health. There is nothing a man hates so much as being cleansed against his will. Mr Chadwick has great abilities, but it is not easy to say what they can be applied to. Perhaps a retirement pension with nothing to do.

SOURCE 16

(From the Annual Report presented to the Privy Council by John Simon, Chief Medical Officer of Health, in 1870.)

It is now certain that the faulty water supply of a town may be the essential cause of the most terrible epidemic outbreaks of cholera, typhoid fever, dysentery and other allied disorders. Furthermore, there are doubts as to whether such outbreaks can spread in a town unless a faulty water supply develops them. Dr Snow in 1849 was not able to provide proof of his theory, but afterwards distinct experiments, as well as much additional information, established as almost certain that his bold conjecture had been substantially right.

SOURCE 17

(From *In Darkest England* by William Booth, 1890)

The town-bred child is at a thousand disadvantages compared with his cousin in the county. But every year there are more town-bred children and fewer cousins in the county. To rear healthy children you want first a home; secondly, milk; thirdly, fresh air; and fourthly, exercise under the green trees and blue sky. All these things every country labourer's child possesses, or used to possess. In towns tea and slops and beer take the place of milk, and the bone and sinew of the next generation are sapped from the cradle.

SOURCE 18

(From G Ayres, *Social Conditions and Welfare Legislation 1800–1930*, published in 1988. Here, she is writing about the period before 1870.)

Progress in public health was slow. The early Victorian approach to public health was fundamentally negative. Central government did not attempt to set the pace, but rather to provide the powers which others might, if they wished, use. The whole tradition of government was against the positive interference of the central powers. As long as local and national governments put property rights before everything else, then it was impossible to overcome the forces of inertia.

SOURCE 19

(From Rosemary Rees, *Poverty and Public Health, 1815–1948*, published 2001.)

A key mover behind the 1866 Sanitary Act was John Simon, medical officer to the Privy Council. By working with local opinion and walking away where he could do no good, he achieved more than Chadwick had done by bullying and outright opposition. Then, in 1867, the Reform Act effectively gave the vote to working men in towns. Politicians had to pay attention to their problems, which included public health issues. There was a third cholera epidemic in 1865–66 in which 20,000 people died. In the same year Louis Pasteur proved conclusively that germs caused disease and were not caused by it.

SOURCE 20

(From A. Wood, *Nineteenth Century Britain*, published 1960.)

Before the 1860s the foul, insanitary condition of the towns was accepted. The effort to bring in any measure of reform was fiercely resisted in the Commons and by local authorities. For here was an issue that touched private property in every city in the country, and the vast body of affected interests stood firm against the handful of reformers, including the short-lived Board of Health set up in 1848.

SOURCE 21

(From an editorial in the *Leeds Intelligencer* of 1838, criticising attempts by the City Council to regulate conditions in slaughterhouses.)

Parliament has not yet given the Council the authority to dictate how tradesmen shall carry out their business, as, for example, how often they shall whitewash their buildings. And if the Council is once permitted to usurp such authority, then no man's place of business or even his private house would be safe.

SOURCE 22

(From an Act for the better lighting, cleansing, sewerage and improving the borough of Leeds, 1842.)

Be it enacted that it shall be lawful for the Council:

- from time to time to cause such common sewers, drains, wells and pumps to be constructed as they may think necessary;
- to order the owner of every house, already erected or to be hereinafter erected, to provide a suitable middenstead [lavatory or latrine] for the use of the occupants;
- from time to time to cause all or any of the streets within the scope of this Act to be cleansed and watered and the dirt, ashes and rubbish to be removed.

All costs of the cleansing, sewerage and improving the townships in Leeds shall be charged upon the improvement rates to be levied in the respective townships.

SOURCE 23

(From *The Working Classes of Leeds*, a survey conducted by James Hole, published 1863.)

The sanitary state of Leeds is still far from satisfactory, and the responsibility lies upon those who have the greatest power to improve it – the City Council. If they have not the power to remedy all ills, they can readily obtain them by a new Improvement Act, as the Corporation of Bradford has recently done.

SOURCE 24

(From A. Wood, *Nineteenth Century Britain*, published 1960.)

In the 1860s and 1870s new political and social issues transformed the idea of 'reform'. During the first half of the century reform was based upon two ideas – the liberty of the individual and the greater efficiency of the machinery of the state. However, attempts to extend the franchise also highlighted social conditions, and with the growth of democracy a new idea of the state developed. It ceased to be an ogre that suppressed the people in the interests of the ruling class. Reformers argued that the greatest freedom for every individual was only possible through state intervention.

SOURCE 25

(From a speech made by Benjamin Disraeli to leading Conservatives in 1872.)

Another great aim of the Tory party is to elevate the condition of the people. The health of the people is a most important question. It has many branches. It involves their dwellings, which have moral as well as physical consequences, their need for air, light and water, the purity of their food and drink and all the means by which you may wean them from habits of excess and of brutality. Yet the Liberals dismiss this as 'the policy of sewage'.

SOURCE 26

(From *The Medical Revolution*, published for the Schools' Council in 1976.)

The outbreak of the cholera epidemic in 1865–66 marked the real turning point in the story of public health in the nineteenth century. Continuing outbreaks of the disease, the achievements of those municipal authorities who had taken action and the granting of the vote in 1867 to working men in towns, meant that the government was at last forced to accept that public health could not be left to individuals or to a few interested town councils.

SOURCE 27

(From a report made by the sanitary engineer, Robert Rawlinson, to the Whitehaven Board of Health, set up in 1849. He had been called in after the death rate in Whitehaven rose to 49 per 1000, more than twice the national average.)

I persuaded some of those opposed to making changes to accompany me on a personal inspection of the poorer parts of the town. They declared in the strongest terms that they had no idea of the state of things existing around them. But this I have found in every town I have visited – few besides the medical gentlemen know anything of the utter wretchedness and misery produced by lack of proper sanitary regulations.

SOURCE 28

(From a letter written by Dr. Robertson, a Manchester surgeon, to the Parliamentary Committee on the Health of Towns in 1840.)

Manchester is a huge overgrown village, built according to no definite plan. The factories have sprung up along the rivers Irk, Irwell and Medlock, and the Rochdale Canal. The homes of the work-people have been built in the factory districts. The interests and convenience of the manufacturers have determined the growth of the town and the manner of that growth, while the comfort, health and happiness have not been considered. Manchester has no public park or other ground where the population can walk and breathe the fresh air. Every advantage has been sacrificed to the getting of money.

SOURCE 29

(From C. Harvie, *Revolution and the Rule of Law*, published 1984)

The scale and cost of work needed for improvements in public health posed particular problems, while enforcement infringed individual liberty. But in this golden age of local self-government, the strongest initiatives came from the great cities and from a new generation of largely Scottish-trained doctors who were committed to change. Liverpool appointed the first Medical Officer of Health in 1847 and the City of London appointed the dynamic Dr John Simon a year later. By 1854 the appointment of Medical Officers was compulsory, and their work provided a fund of knowledge that laid the foundations of change in the decades that followed.

SOURCE 30

(From a report in *The Times* about opposition to a request that the City of London provide £400 to establish public baths for the improvement of sanitary conditions.)

'Could it be supposed', observed Mr Lawrence, 'that the wives and mothers who were to be subjected to such contamination would long continue pure and virtuous?' The washhouses, he contended, would not be merely 'gossip shops' but veritable 'sinks of corruption.' Moreover, bathing was not, as some imagined, 'an article of necessity' to good health.

SOURCE 31

(From a Report by Robert Baker, District Surgeon to the Members of the Leeds Board of Health, 3 January 1833.)

On 26th May the first case of pure cholera occurred in Blue Bell Fold, a small, dirty cul-de-sac containing about twenty houses inhabited by poor families.

If the Board will refer to the map which accompanies this report they will at once see how exceedingly the disease has prevailed in those parts of the town where there is often an entire lack of sewerage, drainage and paving.

As defective drainage, to which so many evils are to be attributed, is by no means confined to Leeds, it seems a subject worthy of legislation. I hope that some very speedy efforts will be made to obtain a national, or at the least a local, Act of Parliament.

SOURCE 32

(From an article published in *Punch* magazine in 1848, ridiculing the establishment of the Central Board of Health by the 1848 Public Health Act)

We suggest that, to facilitate the work of a General Board of Health, a Sanitary Police force should at once be organised. They might be empowered to order the stagnant pool to move on, and should have instructions to seize unlawful assemblies of large vegetables without any further warrant. Large crowds of persons in small houses or single rooms could be declared illegal, while anything in the shape of a pestilential vapour should be arrested.

SOURCE 33

(From an editorial in the *Methodist Magazine*, 1832, describing the impact of the first cholera epidemic)

To see a number of our fellow creatures, in a good state of health and the full possession of their normal strength, suddenly seized with the most violent spasms, and in a few hours laid in their grave, will shake the firmest nerves and inspire fear in the strongest heart.

SOURCE 34

(From David Thomson, *England in the Nineteenth Century*, published 1950)

The great interest in the improvement of public health in the years 1848–75 sprang from two very dynamic forces – the cholera and dedicated individuals. However, these reforms reflected a constant interplay between the development of social welfare legislation and the progress of parliamentary reform. Social improvement made possible the extension of the franchise and the extension of the franchise led to fresh programmes of social improvement. The two best examples of this interplay are public health and education.

SOURCE 35

(From *The Medical Revolution*, published for the Schools Council in 1976)

Changes in public health did not spring up, ready-made, from shocking experiences like cholera. They came, above all, from the steady and unspectacular growth of scientific thinking. In the 1870s new knowledge about the cause and spread of disease transformed the attitude of local and central government to public health. However, since the 1840s, new and important information about disease had been gradually gained by the study of medical statistics. From 1836 onwards, all births and deaths had to be registered, and by the 1860s the statistics proved beyond any doubt that bad living conditions and disease were closely connected.

SOURCE 36

(From an editorial in *The Times* newspaper in August 1854, celebrating the end of the Central Board of Health. The paper had campaigned consistently against the extension of central government control into local areas, and against Edwin Chadwick in particular.)

The Board of Health has fallen. Everywhere its inspectors were bullying, insulting and expensive. Mr Chadwick set to work everywhere, washing and splashing, and we were scrubbed and rubbed until the tears came to our eyes.

SOURCE 37

(From a letter sent to *The Times*, 1 August 1854. This was sent following the resignation of Edwin Chadwick from the Board of Health.)

We prefer to take our chance with cholera than be bullied into health. There is nothing a man hates so much as being cleansed against his will or having his floor swept, his hall whitewashed, his dung heaps cleared away and his thatch forced to give way to slate. It is a fact that many people have died from a good washing.

SOURCE 38

(From R. B. Jones, *Economic and Social History of England 1770–1977*, published 1979)

After all the exposing of frightful conditions by the Health of Towns Association and other bodies, and all the demands for reform, a Royal Commission in 1869 still thought it necessary to say that among the things 'necessary for civilised life' were good water supplies and proper drainage, removal of nuisances, healthy houses, clean streets, inspection of food, and provision of adequate burial grounds. This shows the extent of public apathy, and for this the community at large was responsible. It will not do to blame only narrow-minded councils intent on keeping rates low.