

Reports, investigations and enquiries

What was their impact on public health reform?

What is this unit about?

The nineteenth century was a time of investigating and reporting, of collecting and collating information. Many reports were local and went no further than the local town hall; others found their way to central organisations, like the Board of Health. Some reports were the result of the enquiries of select commissions, set up for specific enquiries by Parliament; others were generated by bodies such as the Poor Law Commission. These reports and enquiries sometimes resulted in the establishment of various associations, formed for a specific purpose, like the improvement of public health in towns. Together they were to form public opinion and move the government to action. This unit explores the more influential reports, their findings, conclusions and impact.

Key questions

- Why were reports on people's living conditions considered necessary in nineteenth century Britain?
- Which report was the most influential, and why?

Timeline

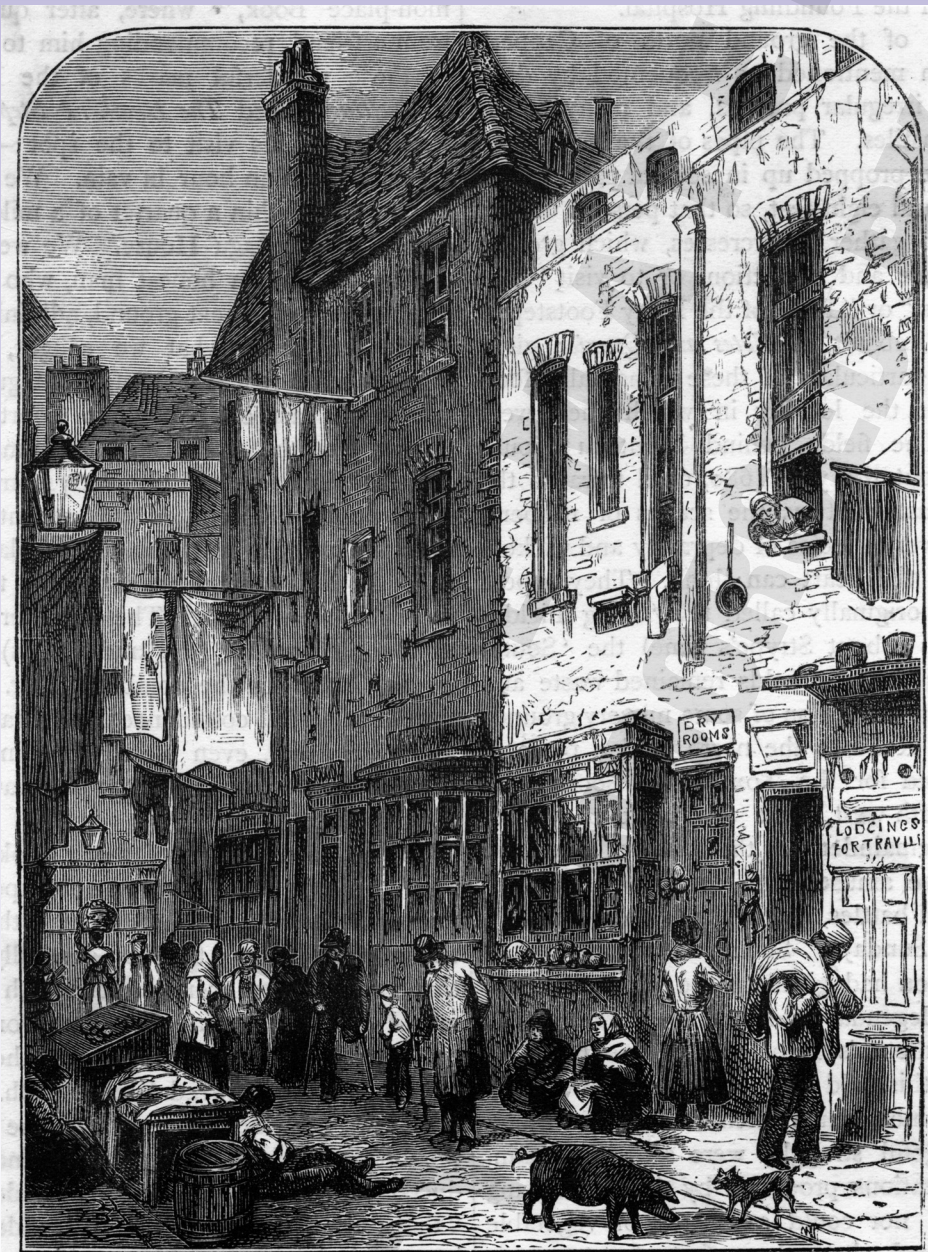
1831	Outbreak of cholera in Sunderland
1832	Serious cholera outbreak in Manchester
1832	Publication of <i>The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture of Manchester</i> compiled by Dr James Kay
1837–8	London hit by typhus epidemic Poor Law commissioners authorised Edwin Chadwick to undertake a pilot study on the connection between dirt and disease in the worst affected areas of London.
1839	Chadwick asked by Parliament to undertake a similar survey covering the whole country.
1842	Poor Law commissioners refuse to allow Chadwick's report to be published in its original form because of the criticisms it made. Chadwick publishes privately his <i>Report on the Sanitary Condition of the Labouring Population of Great Britain</i> .
1844	Royal Commission set up to enquire into the public health of towns. First <i>Report of the Royal Commission into the Sanitary Condition of Large Towns and Populous Districts</i> published

1845

Health of Towns Association formed as a pressure group to bring about reform of public health.

Second Report of the Royal Commission into the Sanitary Condition of Large Towns and Populous Districts published, containing proposals for future legislation.

Source A



THE "ROOKERY," ST. GILES'S, 1850.

8.1 The Rookery, St Giles, London, published in *The Illustrated London News* in 1840.

The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture of Manchester, 1832

It was the 1832 cholera epidemic (see page 000) that brought Manchester's Dr James Kay to the attention of those in authority. Cholera hit the city on 17 May 1832, and a board of health was set up, with Kay as its secretary, to co-ordinate the work of the city's fourteen district boards. Kay personally visited each area to investigate conditions there, and what he found formed the basis of his report.

What was the importance of Dr James Kay's report?

SKILLS BUILDER

- 1 What public health hazards can you spot in this illustration?
- 2 Why was nothing done about these hazards?

Biography

James Kay Shuttleworth (1804–77)

James Kay qualified in medicine in 1827 and rapidly developed a reputation as a well-respected doctor in Manchester. He became aware of the suffering of the poor and as a consequence became involved in sanitary and educational reform. As a result of treating people in the slum areas of the city during a cholera outbreak in 1832, he wrote *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture in Manchester*. In 1835 he was appointed Poor Law commissioner for the eastern counties and London. Four years later he was appointed Secretary to the Privy Council's Committee on Education, where he worked hard to establish a public system of elementary education, supervised by a national body of inspectors. In 1840 he founded England's first teacher-training college in Battersea. His wife was Janet Shuttleworth, daughter and heiress of the wealthy Robert Shuttleworth of Gawthorpe Hall, near Burnley (Lancashire), and because of this he added 'Shuttleworth' to his name. He died in 1877, having been a leading member of the Lancashire Liberal Party, but failing in his attempt to become a Liberal MP.

Source B

The state of the streets powerfully affects the health of their inhabitants. Sporadic cases of typhus chiefly appear in those which are narrow, ill ventilated, unpaved, or which contain heaps of refuse. The confined air and noxious exhalations, which abound in such places, depress the health of the people, and on this account contagious diseases are also most rapidly propagated there. The houses are unclean and ill provided with furniture. An air of discomfort, if not of squalid and loathsome wretchedness pervades them. They are often dilapidated, badly drained, damp; and the habits of their tenants are gross – they are ill fed, ill-clothed, and uneconomical – at once both spendthrifts and destitute – denying themselves the comforts of life in order that they may wallow in the unrestrained licence of animal appetites. Lack of cleanliness, of forethought, and economy, are found in almost invariable alliance with dissipation, reckless habits and disease.

The object of the author is simply to offer to the public an example of what he conceives to be too generally the state of the working classes, throughout the kingdom, and to illustrate by specific instances, evils everywhere requiring the immediate interference of legislative authority.

From the report *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture of Manchester*, compiled by Dr James Kay in 1832

SKILLS BUILDER

- 1 How does James Kay make the connection between dirt and disease?
- 2 How far are the findings of Source B supported by Source A?

Kay's report was one of the first detailed reports on the condition of a specific group of working people. He was one of the first people to demonstrate the connection between dirt and disease, and as well as demonstrating that dirt and diet affected the health of working people. James Kay also threw into the equation (as did most nineteenth-century writers) the moral condition of the poor. The implication here, of course, was that 'dirty' living led to 'dirty' habits and proved to be a powerful motivational force for would-be reformers. This report was important, not simply for the information it contained, but because it set the scene for later investigations.

What was the connection between public health and the poor law?

In 1837–8, London was hit by a typhus epidemic. As a result of the epidemic the numbers applying for poor relief increased dramatically. East London Poor Law guardians acting on the connection between the spread of disease and living conditions also spent money from the poor rates on removing filth from the streets and on prosecuting negligent landlords. However, when the time came to have the East London union account books audited, the government auditors disallowed this expenditure. The Whig Home Secretary, Lord John Russell, referred the matter to the Poor Law commissioners. Edwin Chadwick, the commissioners' secretary (see page 000) argued forcefully that, because disease caused pauperism, the prevention of disease and so the prevention of pauperism did fall within the competence of Poor Law guardians. The commissioners agreed with him. They went further. They authorised a pilot study on the connection between environment and disease in the worst areas of London, and detailed Edwin Chadwick to set it up.

Biography

Edwin Chadwick (1800–90)

Edwin Chadwick qualified as a lawyer and worked as a journalist. As a young man in London he joined the London Debating Society, a club for Utilitarians. He met John Stuart Mill, and Drs Southwood Smith and James Kay Shuttleworth and ended up working full-time as Jeremy Bentham's secretary.

In 1832 he was appointed to the Poor Law Commission and his influence on the Commission's report was enormous. After the passage of the 1834 Poor Law Amendment Act, he expected to be appointed as one of the three Poor Law commissioners but had to be satisfied with being its Secretary. He was largely responsible for the way in which the Act was implemented. Tactless, single-minded and fanatical, he made many enemies and during the 1837 general election there were public demonstrations against him.

As a commissioner on the Board of Health (1848–54) he campaigned for his vision of sanitary reform which culminated in the 1848 Public Health Act. His unshakeable belief in the miasmatic theory of disease led him to advocate systems that flushed sewage into water courses. Irascible and dogmatic, he was rather pensioned off in 1854. However, he remains one of the prime thinkers and movers behind nineteenth-century welfare reforms.

It was important to Chadwick that the people he selected to work on this investigation were likely to come up with the solutions he wanted. Any reforms they recommended had to be based on the need for sanitary engineering, the disposal of refuse and the provision of clean water.

The three doctors Chadwick chose were all well known to him and all had previous experience in sanitary investigations:

- Neil Arnott, who had worked as a ship's surgeon for the East India Company where he had a particular interest in improving seamen's health and had made considerable progress in identifying connections between 'exotic' diseases like cholera and sanitation.
- James Kay, who had worked among, and reported on, the poor in Manchester and who later became a Poor Law commissioner in the eastern counties.
- Southwood Smith, who had worked for over ten years at the London Fever Hospital and as a physician to the Eastern Dispensary and the Jews' Hospital in Whitechapel.

Arnott and Kay investigated Wapping, Ratcliff and Stepney. Their report was entitled *On the prevalence of certain physical causes of fever in the Metropolis which might be prevented by proper sanitary measures*. Southwood Smith turned his attention to Bethnal Green and Whitechapel. His report was *On some of the physical causes of sickness and mortality to which the poor are particularly exposed and which are capable of removal by sanitary regulations, exemplified in the present condition of the Bethnal Green and Whitechapel districts, as ascertained by personal inspection*.

Both reports backed up what James Kay had found in Manchester and, as the long titles of their reports imply, they suggested how the situation could be improved. Underlying the reports was the argument that, no matter how expensive sanitary improvements would be, the cost of pauperism that would result from inaction would be even higher. What was important about the reports, too, was that they received official sanction because they were published as appendices to the annual report of the Poor Law Commission. In this, they brought their conclusions to the attention of Parliament:

- In areas inhabited by thousands of people, healthy conditions could not be achieved under existing circumstances.
- The personal habits of people were of less significance in producing disease than overcrowding, poor ventilation, an inadequate water supply and a lack of proper refuse control.

Report on the Sanitary Condition of the Labouring Population of Great Britain, 1842

Edwin Chadwick now had the ammunition he wanted to make the case for a full-scale Poor Law enquiry. In 1839, prompted by Chadwick, the Bishop of London, Dr Blomfield, proposed in the House of Lords that a similar

SKILLS BUILDER

Read Source C.

- 1 What connections did Chadwick make between dirt and disease?
- 2 How does Chadwick link public health with the Poor Law?
- 3 What solutions did he propose?
- 4 Why was this report so controversial?

survey should be made of the prevalence of disease among the labouring classes throughout the whole country, and not just London.

Sir James Graham, the new Home Secretary, asked that the survey be completed and a report submitted by the beginning of the 1842 session of Parliament. Chadwick's report was in three volumes: two volumes of local reports from all over Britain, based on questionnaires sent to all local boards of guardians, and a third volume containing his own conclusions and proposals for the way forward. Almost immediately he hit a problem. The Poor Law commissioners refused to allow it to be published in its original form because it criticised the water companies, the medical profession and local administration. It named names, too. Eventually, in July 1842, Chadwick had the whole report published under his own name and at his own expense.

Source C

The annual loss of life from filth and bad ventilation are greater than the loss from death or wounds in any wars in which the country has been engaged in modern times.

The various forms of epidemic, endemic and other disease are caused, or aggravated, or propagated chiefly among the labouring classes by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings.

That such disease, wherever its attacks are frequent, is always found in connection with the physical circumstances above specified, and that where these circumstances are removed by drainage, proper cleansing, better ventilation, the frequency and intensity of such disease is abated; and where the removal of the noxious agencies appears to be complete, such disease almost entirely disappears.

Of the 43,000 cases of widowhood, and the 112,000 cases of destitute orphans relieved by the poor rates in England and Wales alone, it appears that the greatest proportion of deaths of the heads of families occurred as a result of the above specified and other removable causes.

The primary and most important measures, and at the same time, the most practicable, and within the recognised province of public administration, are drainage, the removal of all refuse from habitations, streets and roads.

The chief obstacles to the immediate removal of decomposing refuse in towns and habitations have been the expense and annoyance of the labour and cartage required.

This expense may be reduced to one-twentieth or to one-thirtieth, by the use of water and removal by improved and cheaper sewers and drains.

For all these purposes, as well as for domestic use, better supplies of water are absolutely necessary.

From Report on the Sanitary Condition of the Labouring Population of Great Britain, 1842 by Edwin Chadwick

Source D

Table 8.1 Comparative chances of life in different classes of the community

Average age of the deceased

Place	Professional	Trade	Labourers
Truro	40	33	28
Derby	49	38	21
Manchester	38	20	17
Rutland	52	41	38
Bolton	34	23	18
Bethnal Green (London)	45	26	16
Leeds	44	27	19
Liverpool	35	22	15
Whitechapel (London)	45	27	22
Strand (London)	43	33	24
Kensington (London)	44	29	26
Kendal	45	39	34

From *Report on the Sanitary Condition of the Labouring Population of Great Britain, 1842* by Edwin Chadwick

Source E

Public opinion was first widely awakened to the need for remedial measures in 1842, when Chadwick published his remarkable, one is tempted to say epic, *Report on the Sanitary Condition of the Labouring Population of Great Britain*. 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.

From Anthony S. Wohl *Endangered Lives* published in 1983

Chadwick's report was a significant document. In it he:

- attacked the inadequacy of existing water supplies, drainage and sewerage systems
- linked public health and the Poor Law

SKILLS BUILDER

1 Look carefully at Source D.

What conclusions can you draw from it concerning life expectancy and

- social class?
- location?

2 Now read Source C again.

Both sources are taken from the same report.

In your judgement, does the text (Source C) or the table (Source D) give the more convincing evidence in favour of public health reform?

Questions

- 1 Anthony S. Wohl describes Chadwick's report as 'protest literature'. Do you agree?
- 2 We now know that the miasmatic theory of disease, in which Chadwick believed, was wrong. Does this mean that his *Report on the Sanitary Condition of the Labouring Population of Great Britain* was useless?

- pointed the finger at vested interests that stood in the way of improvement
- stressed the connection between overcrowding, epidemics and death.

It was the last point that had the greatest impact. Chadwick had demonstrated, beyond reasonable doubt, that there was a connection between disease and the environment.

What was the reaction to Chadwick's report?

The reaction to Chadwick's report ranged from anger to wholehearted acceptance, passing through disbelief and derision on the way. Home Secretary Sir James Graham was reluctant to act on the findings and conclusions of what was, officially at least, a purely private and largely personal report. He set up a Royal Commission on the Health of Towns with the purpose, not of questioning Chadwick's findings or even his conclusions, but to investigate more fully the legislative and financial side of his recommendations. Chadwick, meanwhile, busied himself, at Graham's request, with a report on burial practices and with giving official and unofficial briefings to the members of the Royal Commission.

Report of the Royal Commission into the Sanitary Condition of Large Towns and Populous Districts, 1844

The members of the Royal Commission were drawn from those who could be expected to know something about the subject they were investigating. Led by the Duke of Buccleuch, they included a geologist, a chemist, an expert on land drainage who was also a cotton mill manager and at least two engineers. Questionnaires were sent to the 50 towns with the highest annual death rates. The returns were studied by the commissioners themselves who also made official visits to the worst areas.

When the first report was published in 1844, it upheld Chadwick's findings. Of the 50 towns investigated, 42 were found to have bad drainage and

Source F

In 1844 the Royal Commission on the Sanitary State of Large Towns had discovered that no public baths cost less than 6d, and that there were no municipally owned washhouses. Even worse, most large industrial towns banned public bathing in rivers, pools and canals. Two years after the Royal presented its report, the association for the Establishment of Baths and Washhouses for the Labouring Poor was founded. The Association was not without its critics, for it was argued that washhouses would remain empty since the poor liked dirt; their clothes would wear out if washed and subsidised baths would rob the poor of their independence.

From Anthony S. Wohl *Endangered Lives* published in 1983

30 poor water supplies. The second report in 1845, contained proposals for future legislation, and included a long memorandum from Chadwick explaining the recommendations on sewerage, drainage and water supply. It recommended that:

- central government be given extensive powers to inspect and supervise local sanitary work
- local sanitary districts be set up, with authority over drainage, sewerage, paving and water supplies
- local sanitary districts be given powers to raise money for sanitary schemes through local rates.

Why was the health of towns association established?

In spite of all the published reports the public remained unmoved so Chadwick set about a propaganda campaign to raise public awareness. The Health of Towns Association, formed in 1844 and organised mainly by Southwood Smith, was part of this. It had a central committee in London and branches in most main provincial towns. Its aim was simple: to mount a propaganda campaign for public health legislation. Members gave public lectures, published and distributed informative pamphlets and produced a 'Weekly Sheet of Facts and Figures'. It wasn't always met with support.

Chadwick, although not officially a member of the Health of Towns Association, was its virtual leader, directing operations, finding material

Source G

'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.

Gathering confidence from the cries of approval and the good humour of his audience, Mr Lawrence went on to assert that 'many a poor woman was there who would not be seen within a gin-shop, but if washhouses were to be established, the objection would soon be destroyed by the gossip of three or four companions of the washhouse, who, upon their return from work, would say to each other "Wouldn't a drop of gin be comfortable after our labour?" What would it be if the mother of a family were to go to trouble to obtain the gin, and so not be able to provide her husband's dinner?'

From the *Times* 20 December 1844. The newspaper was reporting a meeting of the City of London's Coal, Corn and Finance Committee, who were debating a request from the Health of Towns Association for £400 to be put towards establishing public baths. The request was opposed but finally agreed at £200.

SKILLS BUILDER

- 1 Read Sources F and G.

Why were public health improvements opposed?

- 2 Now read Source H.

This is a report made by a member of a pressure group, the Health of Towns Association. Does this mean that it is not a reliable source of evidence?

Source H

No. 111 – Petticoat Lane, Whitechapel

It is not without misgiving I address myself to the task of picturing the wretchedness and misery in this notorious pestilence-breathing lane, and the incredibly numerous alleys, courts and yards diverging from each other on either side (extending into Spitalfields) teeming with pollution to an extent which beggars all description.

Thousands of human beings are here cooped up, filthy in habits, debased in morals, oppressed with want, abandoned and reckless – because without hope of relief – the proper subjects of disease and death engendered by the foulness which taints the air they breathe, the food they eat, the water they drink, covers the ground they walk on, ever clinging to them in close companionship with their persons, their clothing, their bed and their board.

From a report submitted in 1844 to the Health of Towns Association by one of its members.

for the association to use in propaganda and writing many of the association's reports. Meanwhile, all those working for change in public health waited for government to act.

Unit summary

What have you learned in this unit?

You have learned that this was a period of enquiries and reports, and that it was mainly the prevalence of disease that initiated these enquiries. Indeed, it was the cholera outbreak in Manchester in 1832 that inspired Dr James Kay to write his report *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture of Manchester*. This report demonstrated the connection between dirt and disease. This connection was reinforced by Edwin Chadwick's 1842 *Report on the Sanitary Condition of the Labouring Population of Great Britain*, which went further in that it linked the expense of the Poor Law with the need for public health reform. Alarmed at the lack of action on the part of Parliament, Chadwick and Southwood-Smith set up a Health of Towns Association to act as a pressure group and develop a propaganda campaign. In 1844, a Royal Commission was established in order to confirm Chadwick's findings and to make recommendations for future legislation. Everything was in place for Parliament to act.

What skills have you used in this unit?

You have used your skills of analysis and cross-referencing to draw inferences from the source material, and have investigated their implications insofar as the connections between dirt, disease and the Poor Law are concerned.

Exam tips

This is the sort of question you will find on your examination paper as an (a) question.

Study Sources B, C and G.

How far does Source G challenge Sources B and C about the benefits that would result from public health reform?

- **Don't** bring in a lot of your own knowledge. All (a) questions focus on the analysis, cross-referencing and evaluation of source material. Your own knowledge won't be credited by the examiner, and you will waste valuable time writing it out.
- **Do** remember that the only own knowledge you should introduce will be to put the sources into context. This means, for example, that you might explain that Source B was a report written by a Manchester doctor in response to a cholera outbreak, but you should not go on to detail Dr James Kay's career, even where it impacts on public health
- **Do** get underneath the sources and make **inferences** from them
- **Compare** the sources by analysing their similarities and differences, but don't rely on surface features only.
- **Contextualise** the sources, giving weight to the significance of their origin, nature and purpose
- Reach a **judgement** on 'How far' by using the sources as a set.

Remember, there is an Exam Zone section at the end of the book to help you further.

Now plan an answer to this question and write up your response.

RESEARCH TOPIC

We have focused on enquiries in Manchester and London, but enquiries were also conducted into living conditions in other large towns, for example Leeds and Nottingham. Locate one such report and compare its findings with those of Manchester and London.