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**Did “King Dirt” and “bumbledom” defeat the objects of the
Public Health Act, 1848?**

A case study of the political, social and cultural attitudes to public
health reform in Newcastle-upon-Tyne, Gateshead and Sunderland,
1835-1858

2 vols

Vol I

Caroline A Friswell

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ABSTRACT

This thesis reinterprets the progress of social reform by assessing the variety of responses to the Public Health Act, 1848 that were expressed in three North-East towns. It seeks to challenge the idea that reform was necessarily imposed by a central body onto an unwilling community for Sunderland Corporation were engaged in a collaborative process with the General Board, not only co-operating with the Board's proposals but generating initiatives themselves. The idea that sanitary reform was resisted by local councils made up of tradesmen and shopkeepers is refuted on the grounds that Gateshead Corporation, which was made up of just this socio-economic group, did accept the Public Health Act whereas Newcastle Corporation, which had a wealthier socio-economic structure, resisted state intervention at all costs.

It is argued that there was a range of political and cultural patterns of behaviour that determined the individual responses of the three towns to sanitary reform. Some of these are explored by examining the underlying attitudes associated with key words and catch phrases such as "economy", "self-help" and "Cleanliness is next to Godliness".

Different groups played their part in shaping public opinion: religious men, medical practitioners, sanitary associations and the local press. The connection between these groups and the local Corporations is examined in some detail to help explain why it was that the three towns reacted so differently to the Public Health Act. It is argued that political, religious and medical factors were principally at work in shaping Sunderland's positive approach to sanitary reform.

The environmental factors implicated in typhus, typhoid and pulmonary tuberculosis are considered to provide a context for discussions about specific environmental problems and their solutions. In highlighting the complexities that faced the early sanitary reformers and in describing both sanitarian and dearth models of disease, it is suggested that in the light of current health concerns we need to be less judgmental of the failures of the early Victorians to tackle their health problems.

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ABBREVIATIONS

<i>BGDLHS</i>	<i>Bulletin of the Gateshead and District Local Historical Society</i>
<i>BNEGSLH</i>	<i>Bulletin of the North East Group for the Study of Labour History</i>
GBH	General Board of Health
GCM	Borough of Gateshead Council Minute Book (figure denotes vol no)
GPL	Gateshead Public Library, Local Studies
<i>GO</i>	<i>Gateshead Observer</i>
LGAO	Local Government Act Office
MOH	Medical Officer of Health
<i>NC</i>	<i>Newcastle Chronicle</i>
<i>NCP</i>	<i>Proceedings of the Council of the Borough of Newcastle upon Tyne</i>
<i>NG</i>	<i>Newcastle Guardian</i>
NGSA	Newcastle and Gateshead Sanitary Association
NGWMA	Newcastle and Gateshead Working Men's Association
<i>NJ</i>	<i>Newcastle Journal</i>
NPU	Northern Political Union
<i>NWC</i>	<i>Newcastle Weekly Chronicle</i>
PLB	Poor Law Board
PLC	Poor Law Commissioners
<i>PP</i>	<i>Parliamentary Papers</i>
PRO	Public Record Office
SCM	Borough of Sunderland Council Minute Book (figure denotes vol no)
<i>SH</i>	<i>Sunderland Herald/Sunderland and Durham County Herald</i>
<i>SHM</i>	<i>Social History of Medicine</i>
<i>SN</i>	<i>Sunderland News</i>
SPL	Sunderland Public Library, Local Studies
SSA	Sunderland Sanitary Association
SSCM	Sunderland Sewerage Committee Minute Book
SWMA	Sunderland Working Men's Association
<i>TM</i>	<i>Tyne Mercury</i>
TWAS	Tyne and Wear Archives Service

INTRODUCTION

When Dyos made his claim, back in 1968, that public health was a “hackneyed theme” within Urban History, he could not have predicted the advances in historiography that have taken place in this country over the past twenty years. The influence of the *Annales* school, and in particular the methodology developed by exponents of cultural history, or *l’histoire mentalités*, such as Roger Chartier and Alain Corbin, have raised new questions about public health reform that would not have occurred to historians of the 1950s and 1960s.¹ So rather than it being a “hackneyed theme”, there is still much to discover about the public health movement of the nineteenth century, as the Society for the Social History of Medicine has demonstrated, particularly since the launch of its Journal in 1988. Whereas historians of the 1950s and 1960s (and ‘traditional’ historians since then) have concentrated on the chronology of legislative reform, the role of “heroic” individuals and the development of state administration,² *l’histoire mentalités* encourages us to look at cultural attitudes as well. This aids evaluation of reform not just from the top down but also from the bottom up.

It is true that, in the 1950s and 1960s, Marxist historians attempted to move away from a chronological approach to the past by introducing a materialist interpretation to certain aspects of social history. Dyos himself employed this method in his work on Victorian slums, which he believed were the direct consequence of capitalism.³ Yet, as Alan Mayne has recently suggested, Dyos did not really question the degree to which depictions of the slums from government inspectors and serious fact-finders were based in objective reality. Dyos was.

¹H J Dyos, (ed), *The Study of Urban History*, (London, 1968), p.46; Roger Chartier, *Cultural History, Between Practices and Representations*, Translated by Lydia G Cochrane, (Cambridge, 1988); Alain Corbin, *The Foul and the Fragrant, Odor and the French Social Imagination*, (Leamington Spa, Hamburg and New York, 1986).

²For example, R A Lewis, *Edwin Chadwick and the Public Health Movement*, (London, 1952); Royston Lambert, *Sir John Simon 1816-1904 and English Social Administration*, (London, 1963); N Longmate, *King Cholera, The Biography of a Disease*, (London, 1966); Anthony Brundage, *England’s “Prussian Minister”*, (University Park and London, 1988); E P Hennock, *Fit and Proper Persons*, (London, 1973); Margaret Pelling, *Cholera, Fever and English Medicine*, (Oxford, 1978); M Durey, *The Return of the Plague: British Society and the Cholera*, (Dublin, 1979); F B Smith, *The People’s Health, 1830-1910*, (Canberra, 1979, London, 1990); A S Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London, 1983)

³H J Dyos and D A Reeder, “Slums and Suburbs”, 359-386 in H J Dyos and M Wolff, *The Victorian City: Images and Realities*, 2 vols, I, (London, 1973), p.360

quick to dismiss the sensationalist writings of the popular press and yet he seems to have been unaware that much of the 'hard evidence' he used were social constructs, created by a dominant bourgeois culture to serve their own ends. In consequence, words like 'slum' have taken on a meaning for us, based upon middle-class values and images, that have obscured and distorted the various spatial forms and social conditions that actually existed in Victorian towns and cities.⁴

Mayne's criticism of Dyos' work raises issues about sources as well as methods. Whereas traditional empiricism emphasises the importance of government sources, *Annalists* have demonstrated the value of a whole range of other kinds of primary evidence as well. These provide insights, hitherto overlooked by those who would have considered such 'soft sources' unverifiable and meaningless. Thus, not only have new methods developed since the 1960s but new sources have become available alongside the still important parliamentary papers and public records. These sources include newspapers, popular songs and letters from ordinary people. Moreover, attitudes towards traditional sources have also changed as we now recognize their limitations.⁵ In addition, the use of computers has facilitated statistical work based on, for example, trade directories and shipping lists, as well as on government data.

Our socio-political context is also different. Issues such as racism and sexism in our own time have caused us to be more aware of their presence in the past. This raises new questions about Irish immigrants and middle-class male attitudes to women in the nineteenth century. There are undoubtedly dangers in studying the past with an eye on the present. Nevertheless there is a sense in which Croce was correct: that all history is 'contemporary history', in that we study aspects of the past not for its own sake alone but because it has resonances for us in our present

⁴ Alan Mayne, *The Imagined Slum, Newspaper representation in three cities, 1870-1914*, (Leicester, London and New York, 1993), pp.1-3

⁵ For example G Kearns has pointed out how uniform the numerous local sanitary reports were, describing them as "exhortatory rather than analytical in tone". Gerry Kearns, "Cholera and Public Health Reform in Nineteenth Century England and Wales: Interpreting the Geographical Patterns", *Bull. The Soc. for the Soc Hist. of Med.*, 35 (Dec 1984), 30-32, p.30

situation.⁶ If one considers the context in which Dyos was writing, compared to today, it is not only possible, given the new methods and sources available to us, it is actually desirable, to look at public health reform in a different way.⁷ In post-Thatcher Britain we no longer share the optimism or naïve confidence in the health services that prevailed in the 1960s. Debates concerning finite resources in the National Health Service; medical concerns arising from the emergence of drug-resistant bacteria, which have led to increases, for example, in untreatable cases of pulmonary tuberculosis in some parts of the world;⁸ public anxieties and loss of confidence in the wake of AIDS and assorted food scares; and ongoing inequalities in health, highlighted by the Black Report,⁹ all present us with new challenges. There has also been growing concern about pollution of our beaches from raw sewage and shortfall pipes into the sea.¹⁰ Given this context, as well as the advances that have been made in our discipline, the sort of history that is being written today *should* be very different from that to which Dyos referred.

⁶H Butterfield, *The Whig Interpretation of History*, (1931), (Harmondsworth, 1973), p.30; B Croce, *History as the Story of Liberty*, English translation, (1941), p.19, quoted in E H Carr, *What is History?*, 2nd edn, (London, 1987)

⁷ Labisch highlights the need for co-operation between the historians of public health and medicine. Whilst acknowledging that history can never give direct guidance for action in the present he nevertheless suggests that it offers an important dimension to current medical decision making. Alfons Labisch, "History of Public Health – History in Public Health, Looking Back and Looking Forward", *SHM*, 11, 1, (April, 1998), 1-13, pp.2, 10-13

⁸According to the *Lancet*, about 8000 more cases of tuberculosis were notified in Britain in 1988-93 than would have been expected if previous trends had continued. This is possibly due to improved notification. *Lancet*, 345, 4 March, 1995, p.577. Wengel, *et al* claim that the striking increase in the incidence of tuberculosis in the USA has been accompanied by numerous outbreaks of nosocomial tuberculosis due to multidrug-resistant strains of *Mycobacterium tuberculosis*, particularly among HIV-infected patients and their healthcare workers. However Glynn, *et al*, have argued that from their research in Malawi, there was no difference in the initial resistance rates associated with HIV status. Peter N Wengel, *et al*, "Control of nosocomial transmission of multidrug-resistant *Mycobacterium tuberculosis*, among healthcare workers and HIV-infected patients, *Lancet*, 345, (28 January, 1995), 255-239, p.235; J R Glynn *et al*, "Patterns of initial and acquired antituberculosis drug resistance in Karonga District, Malawi", *Lancet*, 345, (8 April, 1995), 907-910, p.909. See also Janet H Darbyshire, Editorial: "Tuberculosis: old reasons for a new increase?", 954, Dr Punam Mangtani *et al*, "Socioeconomic deprivation and notification rates for tuberculosis in London, 1982-91", 963-966 and N Bhatti, *et al*, "Increasing incidence of tuberculosis in England and Wales: a study of the likely causes", 970-973, *BMJ*, 6985, 310, (April, 1995); Beale Heym *et al*, "Implications of multidrug resistance for the future of short-course chemotherapy of tuberculosis: a molecular study", *Lancet*, 344 (July, 1994), 293-297

⁹Sir Douglas Black, Professor J N Morris, Dr Cyril Smith, Professor Peter Townsend, *The Black Report*, (1980), revised, updated and printed in one volume with Margaret Whitehead, *The Health Divide* entitled *Inequalities in Health*, (London, 1992)

¹⁰ This has been a particularly big issue in Sunderland since 1997.

This thesis, therefore, seeks to reinterpret, radically, a number of the major ideas about the early years of the Sanitary Movement.

Szreter suggests that one of the weaknesses of a “Whiggish post-NHS historiography” is the emphasis laid on the “heroic” nature of public health reform. It has concentrated on the works of a few individuals, such as Edwin Chadwick and John Simon, and the obstructions that prevented them from achieving more.¹¹ This has led to the idea that the era of sanitary reform was between 1840 and 1875, with the first period ending in the collapse of the General Board of Health in 1854 and the departure of Chadwick from Public Health administration, and the second beginning in the mid-1860s, under the auspices of John Simon, and culminating in the consolidatory Public Health Act of 1875.¹² This is certainly a position that Longmate takes. He argues that the decline in cholera by the end of the nineteenth century was due to the “rapid progress” made by the sanitary cause during the second half of the century and particularly with the legislation of 1866 to 1875.¹³

However Szreter believes that the chronology of public health activism is in fact entirely reversed if we choose to look at what was positively achieved, and in particular the tempo and volume of effective preventative health measures that were actually put into effect around the country. He argues that from this point of view, “the three middle decades of the nineteenth century are those of sluggishness and small beginnings”. He comments that, in the light of studies done on the state of health of the population, it would seem that in reality the real improvements in public health came in the last third of the nineteenth century. This was when the movement became an evermore forceful, better-funded and

¹¹S Szreter, “Mortality and Public Health, 1815-1914”, pp.136-148 in A Digby, C Feinstein and D Jenkins (eds), *New Directions in Economic and Social History Vol II*, (Basingstoke and London, 1992), pp.142-144. One can immediately think of those classic biographies of Edwin Chadwick by R A Lewis, *op cit* and S E Finer, *The Life and Times of Sir Edwin Chadwick*, (London, 1952); and of John Simon by Lambert, *op cit*

¹²Szreter, p.142

¹³Longmate, pp.230-1

professionally staffed reality throughout the country.¹⁴ Whilst agreeing, essentially, with this latter point, the question still needs to be asked: was the period from circa 1835-1870 really as sluggish as Szreter makes out? If it seems that way, is it something to do with the rather generalized manner in which social reform has been treated by historians? Is it actually more to do with the fact that there are two distinct chronologies of reform, with the legislative and mortality scales moving forward with “a substantial time-lag between them”?¹⁵

An alternative interpretation of social reform is a Tory one, which has, according to Jenifer Hart, belittled the role of men and ideas and instead emphasised progress as the result of “the historical process” or “blind forces”. Oliver MacDonagh has been particularly responsible for this approach to social administrative reform in the nineteenth century. One of the strengths of his five stage model of reform is that his third phase highlights the momentum in administration and the development of professionalism amongst the whole range of ‘experts’ involved in social administration. In public health matters, these professionals included civil servants, medical officers of health and sewage engineers, all of whom were involved in producing and circulating a growing amount of statistical data which identified problems and challenged vested interests seeking to obstruct reform. Yet, despite MacDonagh’s acknowledgement that there was some interplay between government administration on the one hand, and the findings of the experts on the ground on the other hand, he largely ignores the impetus for reform that was in fact being generated from the localities themselves.¹⁶

¹⁴Szreter, p.144. Examples of recent studies done on the state of health of the population include R Floud, K Wachter and A Gregory, *Height, Health and History, Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge, 1990) and R Schofield, D Reher and A Bideau, (eds), *The Decline of Mortality in Europe*, (Oxford, 1991)

¹⁵M W Flinn, “Introduction”, A P Stewart and E Jenkins, *The Medical and Legal Aspects of Sanitary Reform*, (1866, 1867) 2nd edn reprinted with Introduction by Flinn, (Leicester, 1969), p.8

¹⁶Jenifer Hart, “Nineteenth Century Social Reform: A Tory Interpretation of History”, *Past and Present*, 31, 1965, 39-61, p.39; Oliver MacDonagh, “The Nineteenth-Century Revolution in Government: A Reappraisal”, *Historical Journal*, I, 1958, 52-67, pp.59-60

Parris has challenged some of MacDonagh's conclusions and stressed the relationship between law and opinion in the development of executive government. In this he was reiterating Dicey's argument that public opinion and legislation go hand in hand. Dicey believed that legislation not only reflected public opinion but could also influence public opinion, even when it appeared that the aims of a particular enactment had not been realized. Yet both Dicey and Parris were more interested in ideological changes from Benthamism to Collectivism than in the influence the localities had upon administrative reform.¹⁷ As this thesis seeks to show, not all towns resisted change; some, like Sunderland, actively sought greater state intervention from the General Board of Health and its successors in enforcing improvements on unwilling individuals.¹⁸

A major weakness of MacDonagh's five stage model of administrative development is that it presents a pattern of reform which appears to embrace a sense of inexorable improvement in social conditions, finally arriving at the 'perfect' solution with the post-war welfare state. In terms of public health, this suggests a history of reform which was evolutionary in nature, moving steadily from the 'bad old days', when "King Dirt"¹⁹ reigned in filthy urban courts and alleys, to the state of 'perfection' embodied by the National Health Service and modern science. This approach has tended to emphasise those steps along the way that culminated in such results: the developments in central administration; the move from permissive to compulsory legislation; the professionalization of key personnel; and the introduction of a water-based sewerage system. Any 'blind alleys' have, in consequence, been disregarded as irrelevant. Yet given the different context that prevails today, the nineteenth century offers us possible solutions, or at least new questions, about how to tackle environmental diseases in what may perhaps become a post-antibiotic age. It also has something to teach us, perhaps, about how to resolve inequalities in health related to socio-economic

¹⁷Henry Parris, "The Nineteenth-Century Revolution in Government: a Reappraisal Reappraised", *The Historical Journal*, III, I (1960), 17-37, pp.17, 35; A V Dicey, *Lectures on the Relation Between Law & Public Opinion in England during the Nineteenth Century*, 2nd edn, 1924 reprint, (London, 1914), pp. 31-2; 41-2

¹⁸ See pp.228-229 below

¹⁹ Editorial, *SN*, 23 July, 1853, p.4C

circumstances. At the very least, our present experience should make us less ready to condemn our mid-nineteenth century ancestors, than has perhaps been the case hitherto.

MacDonagh's thesis centres on two main principles: "the pressure of intolerable facts", such as high mortality rates, and "an inherent administrative momentum".²⁰ Thus: first establish the facts, as Chadwick and the Health of Towns' Commission sought to do, and reform would inevitably follow. What MacDonagh does not do is to establish *who* is to decide when the 'evils' have reached a sufficiently "intolerable" stage. Nor does he consider that there might have been disagreement over the facts themselves. Yet, as will be discussed during the course of this work, there was considerable debate amongst members of the medical profession about the significance of these 'evils' in terms of health. Indeed critics of the sanitary reform movement actually questioned the evidence gathered by the Health of Towns Association and the various commissions of enquiry. One vestry even went so far, in 1849, to suggest that cholera was a 'weak invention of the enemy'²¹ - and this at a time when cholera had just killed 80-90,000 people! Therefore, in considering reasons why reform was piecemeal and spasmodic, the fact that the evidence was not universally accepted to be true, nor that possible solutions were universally regarded effective, should make us wary of making condemnatory statements about some of those responsible for delay. Indeed, it is very easy to fall into the trap of psychological anachronism and assume that we know how people felt, or should have felt, about social conditions in the nineteenth century, based upon how we feel today. This, in turn, can give rise to judgmentalism as one explores both the solutions adopted and rejected. We need, as Chartier suggests, to understand that the attitudes of the Victorians to health, death and the role of the state, were different from our own.²²

²⁰MacDonagh, p.57; Hart, pp.57-60

²¹In the 1848-9 epidemic. Hart, p.50

²²Chartier, *Cultural History*, pp.24-25

One of the paradoxes facing historians is that during the very time when the political ideology of *laissez-faire* was apparently reaching its height, government was becoming increasingly interventionist in social policy. In many ways the paradox is an artificial one, largely as a result of a misinterpretation of Dicey's thesis.²³ It is true that Dicey divided the nineteenth century into three main periods, in each of which a particular current of public opinion predominated.²⁴ Nevertheless he acknowledged that none of these currents were absolute but were diluted by cross currents. He believed that legislators retained the prejudices and attitudes of their own youth, so when they were involved in the legislative process later in life they in effect acted upon the doctrines which were current in the society of their earlier years. This, for him, explained the time lag that could exist between the era when public opinion was beginning to be reshaped and the period when this change was reflected in legislation.²⁵

²³Dicey has been criticized for his polarized and caricatured analysis of different schools of thought in the nineteenth century. Instead, Jose Harris has argued that at an empirical level Dicey's analysis underestimated "both the collectivizing strain in *early* Victorian welfare provision and the vigorous survival of various types of individualism into the twentieth century." Jose Harris, "Political Thought and the Welfare State 1870-1940: An Intellectual Framework for British Social Policy", *Past and Present*, 135, (May, 1992), 116-141, p.118. This may well be true, but Dicey does not deny the existence of a considerable degree of overlap, as the discussion in the main body of the text above demonstrates. Dicey has also been criticized for his interpretation of Benthamism as a predominantly individualist philosophy. In contrast, Brebner has initiated an alternative interpretation of the middle two quarters of the nineteenth century as being a time when state intervention advanced and that Benthamism, far from being individualistic, provided the philosophical rationale for such interventionism. J B Brebner, "Laissez Faire and State Intervention in Nineteenth Century Britain", *Journal of Economic History*, VIII (1948), 59-73, p.62. Once again, Dicey himself shows a good understanding of the apparent disparities between Benthamism and individualism in his Lecture VI, particularly in his discussions of the Poor Law Amendment Act of 1834. Here he acknowledges that it is questionable whether any poor law was consistent with the principles of thorough-going individualism. Yet given the history of poor law relief in England, reformers could not instantly abolish poor relief. However, the principle of individualism was maintained, he believed, by the intention of the Act to save the property of hardworking men from the indolence of "laggards". See also L J Hume, "Jeremy Bentham and the Nineteenth-Century Revolution in Government", *The Historical Journal*, X, 4 (1967), 361-375, p.361; See also Hart, p.48 and Parris, pp.19-26

²⁴For example he described the period from 1825 to 1870 as the "Period of Benthamism or Individualism" and the period from 1865 to 1900 as the "Period of Collectivism". Dicey, pp.63-64

²⁵Dicey, pp.33-34; 36-38; 40-41. By "counter-currents" he meant directly opposing opinions which either came from those hanging on to outdated forms of public opinion and which represented forms of intellectual or moral conservatism, or came from those younger men who were attempting to undermine the dominant creed with new ideas of their own. By "cross-currents" he meant all those beliefs or sentiments which were strong enough to affect legislation but were not in themselves directly opposed to the dominant legislative creed. They could often

Thus for Dicey the second half of the 1840s was a period which highlighted the tensions that existed between *laissez-faire* on the one hand and state intervention on the other. The Repeal of the Corn Laws in 1846 typified, for him, “a crowning victory to individualism”, yet at the same time, the factory legislation of 1848-50 laid the principle of collectivism. Dicey explained this apparent paradox by claiming that between about 1840 and 1854 the “unsystematic socialism” that the Chartists had begun, began to mingle, albeit indirectly, with the opinions of thinkers and writers such as Thomas Carlyle, Charles Kingsley, and Mrs Gaskell. Dicey pinpoints 1848 as the year when there was a perceptible change in the intellectual and moral atmosphere of England even if it was to take another twenty to thirty years before the fruits of that change were in evidence.²⁶ This was a year of great import for public health reform, not least because of the passing of the Public Health Act, 1848 (11 & 12 Vict. c.63). If Dicey is correct, then Szreter’s comment about the sluggishness of the mid-nineteenth century needs to be challenged because we should not be judging the period by its legislation alone.

This discussion of Dicey’s thesis leads on to another main trend in historiography concerning public health reform which has focused upon the interplay between state intervention on the one hand, particularly as embodied in the General Board of Health from 1848-1854, and local individualism on the other.²⁷ This dichotomous view was fostered both by opponents to and supporters of state intervention. For example, J Toulmin Smith vigorously denied that life had grown so complex that centralization was necessary, arguing that local self-government could be just as effectively conducted under the new circumstances as it had always been done before. Indeed, for him, “Centralism”, with its stress on the

arise from specific interest groups such as dissenters, whose religious beliefs led them to oppose education legislation.

²⁶Dicey, pp. 239-40; 245

²⁷For example Royston Lambert describes the Public Health Act, 1848 as initiating the process of legislation by which the state was gradually to “restrict individual *laissez faire* and extend the action of public authorities in the interest of general health welfare”. Lambert, pp.71-72. See also W C Lubenow, *The Politics of Government Growth, Early Victorian Attitudes Toward State Intervention, 1833-1848*, (Newton Abbot and Hamden, Connecticut, 1971), pp.69-106

need for government to be done by “some few who are Brahminically set apart for that purpose” was tantamount to despotism, making a mockery of “all the platitudes about the ‘advance of liberal ideas’; and the political enfranchisement of the people.”²⁸ Representing the other side, Chadwick condemned local self-government as generally “the most expensive and the least effective” form of government, and castigated local administrators as generally ignorant and self-serving.²⁹ In reality, Chadwick did not want to wrest control from local authorities completely. Rather he wanted to see the calibre of local administrators improved and their officers professionalized, with both coming under the supervision of a central board. Thus it was perhaps for Chadwick more a question of the professional *versus* the amateur, rather than central government *versus* local administration.³⁰ Nevertheless, because of the ways in which men like Toulmin and Chadwick confronted the issues, state intervention has tended to be regarded as synonymous with centralization. Yet Gateshead, for example, accepted the need for state intervention in terms of local authority powers and responsibilities whilst challenging growing centralization.³¹

Although John Prest has highlighted the inter-relationship between central and local government in legislative initiatives,³² this dichotomous approach has encouraged some historians to stress the innovations arising from the centre whilst ignoring many of the contributions made by individual localities. The latter

²⁸J Toulmin Smith, *Local Self-Government Un-Mystified. A Vindication of Common Sense, Human Nature, and Practical Improvement. Against the Manifesto of Centralism*, a lecture given at the Social Science Association, 1857, (London, 1857), pp.4-5

²⁹Edwin Chadwick, *On the Evils of Disunity in Central and Local Administration especially with relation to the Metropolis and also on the New Centralisation for the People together with Improvements in Codification and in Legislative Procedure*, (London, 1885), pp.83-4, 104; Finer, pp.215, 241

³⁰Chadwick, pp.120-123

³¹The reaction of the Town Council to the ill-fated Sewerage and Drainage Bill in 1846 had been positive as far as the proposed objectives of the bill were concerned. However, they were adamant that the most appropriate body to carry out the measures of the Health of Towns Commissioners were the local councils of Corporate Towns, through their own Surveyor, and argued that any division of authority between Surveyors and Inspectors or between Town Councils and Health of Towns Commissioners would be “productive of dissention” and have “mischievous consequences...”. Letter from William Kell, Town Clerk of Gateshead to Mr P A Ikin, Town Clerk of Leeds, 31 January, 1846, Council Meeting, 4 March, 1846, Borough of Gateshead Minute Book, 4, TWAS CB/Ga/1/4, pp.501-2.

³² John Prest, *Liberty and the Locality, Parliament, Permissive Legislation, and Ratepayers' Democracies in the Nineteenth Century*, (Oxford, 1990), p.1

have often been viewed *en masse*, with little real appreciation of the variety of responses that public health reform aroused.³³ If local towns have been considered at all, there has been a tendency to explain any resistance to reform in economic terms.³⁴ Although historians of the calibre of Wohl, Dyos and Reeder do not descend to the level of “vulgar-Marxism”,³⁵ they blame the slums on capitalism and the free market economy.³⁶ By doing this, they underestimate or ignore the long-term nature of these environmental conditions and the changing cultural attitudes in the nineteenth century that began to regard them in a new way, as has already been noted in the case of ‘slums’.³⁷ Whilst acknowledging that economic factors are important there is a danger of regarding all opposition to sanitary reform as a product of greed and self-interest on the part of landlords, seeking to protect their profits, and small tradesmen anxious to avoid paying additional rates.

Perhaps a rather less politically motivated approach to public health reform has been to seek to identify those catalysts to change that generated the legislation of the period from 1835 to 1875. This has particularly led to the suggestion that cholera was pre-eminently the stimulant to reform,³⁸ which in turn has given rise to many studies devoted to this one disease.³⁹ The extent to which cholera really

³³Lubenow, for example, whilst rejecting the centralist interpretation of the Public Health Act, 1848 in the light of the careful consideration given to local administration embodied in the legislation, nevertheless concentrates on the initiatives being taken by the Health of Towns Commissioners and Government ministers. W C Lubenow, *The Politics of Government Growth, Early Victorian Attitudes Toward State Intervention, 1833-1848*, (Newton Abbot and Hamden, Connecticut, 1971), pp.69-106

³⁴For example Fraser’s comments on Leeds, Derek Fraser, *The Evolution of the British Welfare State*, 2nd edn, (Basingstoke, 1989), pp.65-68; Briggs’ comments on Birmingham, *Victorian Cities*, (1963), (London, 1968), pp.210-215.

³⁵Eric J Hobsbawm, “Karl Marx’s Contribution to Historiography”, *Diogenes*, 64, (1968), reprinted in R Blackburn (ed), *Ideology in Social Science*, (London, 1972), 37-56, pp.42-44

³⁶A S Wohl, *The Eternal Slum, Housing and Social Policy in Victorian London*, (London, 1977), pp.x-xi, 4; Dyos and Reeder, “Slums and Suburbs”, pp.360-361. For a discussion on the long-term nature of slums see Chapter 1, pp.39-40

³⁷ See pp.6-7

³⁸One reason for this is that it is suggested that cholera, unlike typhus or tuberculosis, was much less a disease of poverty, although there were middle-class victims of each of these latter two. See Fraser, p.59; Eric Evans, *The Forging of the Modern State*, (London and New York, 1983), p.236; W F Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge, 1994), p.76

³⁹Durey, *The Return of the Plague*; Longmate, *King Cholera*; Pelling, *Cholera, Fever and English Medicine*, to name just a few

provided the impetus for reform, will be among the questions considered in this work.

A very different approach to the history of public health has come from demographers and some medical historians. For them, the key concern has involved the interaction between health and living standards and the impact these have had on population growth. A key contributor to this field of scholarship was Thomas McKeown who sought to explain the decline in mortality rates from the mid-nineteenth century to the 1940s. He concluded that there were three main reasons for the decline: the change in the nature of certain diseases; the contribution of sanitary improvements and improvements in nutrition. However of the three he considered dietary improvement to have been the most significant.³⁹ This has led to disagreement between those, like Szreter, who asserts that social intervention was an important factor in Britain's mortality decline, and those, like Sumit Guha, who has sought to restate the importance of nutrition and standard of living in public health.⁴⁰

So far this survey has reviewed a variety of different interpretations of the 'facts' about public health. Taking up Gareth Stedman Jones' challenge, it is important to recognize some of the deficiencies of an empiricist methodology. Whilst acknowledging the importance of empirical research, there were "politically and culturally determined patterns of behaviour" at work in the public health movement which are not so readily verifiable by the simple collection of facts.⁴¹ It is one of the main aims of this thesis to attempt to reconstruct what some of these politically and culturally determined patterns of behaviour were. Moreover attempts will be made to assess just how far they had an impact on health reform

³⁹T McKeown, *The Modern Rise of Population*, (London, 1976), p.153. See also Alex Mercer, *Disease Mortality and Population in Transition, Epidemiological-Demographic Change in England since the Eighteenth Century as Part of a Global Phenomenon*, (Leicester, 1990), pp.4-5

⁴⁰ Simon Szreter, "The Importance of Social Intervention in Britain's Mortality Decline c.1850-1914: a Re-interpretation of the Role of Public Health", *SHM*, 1, I, (1988), 1-37; Sumit Guha, "The Importance of Social Intervention in England's Mortality Decline: The Evidence Reviewed", *SHM*, 7, I, (1994), 89-113; Szreter, "Mortality in England in the Eighteenth and the Nineteenth Centuries: A Reply to Sumit Guha", *SHM*, 7, II, (1994)

in the three North-East towns of Newcastle-upon-Tyne (hereafter Newcastle), Gateshead and Sunderland during the period from 1835 to 1858. To this end, this work will not be confined to the influence and impact of individuals alone, but will be examining the attitudes of different groups within the local political and cultural life of the three towns. In addition, the interplay between the individual and the group will be considered in an attempt to explore why public health reform was piecemeal and often ineffective during the mid-nineteenth century.

Two decades ago Stedman Jones complained about the absence of theory in British historiography and there is no doubt that the social sciences offer explanations that are helpful in providing historians with a theoretical basis for our work. Reference has already been made to some current health concerns. Both *The Black Report* (1980) and *The Health Divide* (1988, 1992) reveal the variety of theoretical explanations of the relationship between health and inequality: artefact explanation; theories of natural or social selection; materialist or structuralist explanations; and cultural/behavioural explanations. The latter two have particular relevance to our study of nineteenth century public health reform.⁴²

The materialist or structuralist explanation emphasises the impact of economic and socio-structural factors in health inequalities, and in particular the direct effect of poverty and destitution on mortality and morbidity. The relationship between health and material inequality is not new. It has long been accepted as valid, particularly for the earlier phase of capitalist industrialization, and indeed formed the basis of Chadwick's *Report on the Sanitary Condition of the Labouring Population of Great Britain* (1842). As *The Black Report* points out, "Exploitation, poverty and disease have virtually become synonymous for describing conditions of life in the urban slums of Victorian...cities...". However, Black *et al* also point out the indirect consequences of economic development, such as certain forms of building or town planning, as well as relative changes in

⁴¹Gareth Stedman Jones, "History, the poverty of empiricism", pp.99-114 in R Blackburn (ed), *Ideology in Social Science. Readings in Critical Social Theory*, (London, 1972), p.98

material prosperity between different sections of society. These can cause material deprivation for some sectors of the population, despite an overall increase in income. This point is significant when considering the social and sanitary conditions of the mid-nineteenth century. It challenges some of the ‘optimist’ interpretations of the “Condition of England” question in that inequalities in health were not simply a question of variations in income but were also related to the impact industrialization and urbanization had on housing, amenities and even on socio-psychological aspects of life.⁴³

Before the publication of *The Black Report*, Lesley Doyal and Imogen Pennell had taken the materialist-structuralist approach somewhat further in their contribution to the debate on health care policy at the end of the 1970s. They argued that the high mortality and morbidity rates of early capitalism were not simply by-products of industrialization in terms of rapid population growth, housing density and overstretched infrastructures, which could be solved with economic growth, but were intrinsically linked to capitalism as a system. What they describe as “the contradiction between the pursuit of health and the pursuit of profit” may help to explain some of the dilemmas facing local authorities and the apparent inaction in the face of appalling problems.⁴⁴

Industry contributed in direct ways to the worsening of urban health: smoke and other forms of pollution; industrial diseases, accidents and deformities; and an exhausted and malnourished labour force. However this thesis is not concerned with these aspects of public health reform. Rather the main focus of this work is on the way three different towns responded to the insanitary conditions they faced and to the possible solutions available to them, particularly in terms of the Public Health Act, 1848. The three towns - Newcastle, Gateshead and Sunderland - are all in the North-East of England and have been selected because although they have much in common in terms of location, industry, population growth and urbanization, they had markedly different experiences of public health reform.

⁴²*Ibid*; Gareth Stedman Jones, “From historical sociology to theoretical history”, *The British Journal of Sociology*, XXVII, (1976), 295-305, p.304; Black, *et al*, *The Black Report*, p.104

⁴³Black, *et al*, pp.106-107

These differences serve to highlight the complexities of the subject and have implications for the more general study of this topic. It is hoped that by exploring these different experiences it might be possible to uncover something of the diverse political and cultural attitudes and responses to the problems, and thereby reach some understanding of the forces of social change

To keep this thesis sufficiently focused, only specific aspects of public health reform will be considered. Because of the special impact cholera had in the nineteenth century, and the fact that it gave rise to a plethora of medical literature, it cannot be ignored.⁴⁵ However, this work will concentrate on three other diseases: typhoid, typhus and pulmonary tuberculosis, with particular attention paid to those man-made environmental factors most directly implicated in their aetiology. These were contaminated water and food in the case of typhoid, as well as cholera; poor housing and lack of ventilation in the case of pulmonary tuberculosis, and overcrowding and lack of personal cleanliness associated with typhus.⁴⁶ A major factor in continuing high mortality figures throughout the century was the ongoing high infant mortality levels. This is not a subject that concerns us here because, although some of it was linked with the environmental features that will be examined in this work, much of it was associated with other factors. These included poor obstetric care, harmful feeding practices and parental neglect as well as to infectious diseases such as scarlet fever, measles and diphtheria, which are not directly related to the environmental factors that are the main subject of this work.⁴⁷

In order to produce a thorough analysis of the similarities and differences in response to public health problems between the three towns it has been necessary to limit the timescale covered. This thesis begins in 1835 with the passing of the Municipal Reform Act (5 & 6 Will. IV c.76) and ends in 1858, the year that the

⁴⁴Doyal and Pennell, p.44; 107

⁴⁵See the beginning of Chapter 2.

⁴⁶Clearly these environmental factors are not just confined to the diseases given. For example, overcrowding could be a factor in pulmonary tuberculosis just as lack of personal cleanliness could play a part in cholera and typhoid.

⁴⁷For a detailed discussion about health problems related to childbirth, infancy and childhood see Smith, *The People's Health*, chapters 1-3

second General Board of Health was abolished and the Local Government Act (21 & 22 Vict. c.98) was passed. The reason for choosing 1835 as a starting point is self-evident in that although Newcastle municipal borough had existed before then, both Gateshead and Sunderland municipal boroughs were created by the Municipal Reform Act. The three corporations provide a central focus for this work, given that “bumbleness” was primarily associated with inefficient, self-interested and complacent local government.⁴⁸ The end date of 1858 has been selected for a number of reasons. This is a decade after the passing of the Public Health Act, 1848, allowing sufficient time to evaluate some of the struggles of the three towns to either implement or thwart the key principles enshrined in the Act. In addition the Local Government Act has been regarded as something of a turning point in the relationship between central and local government. It aimed at decentralizing the whole system of health administration by eliminating the need for local authorities to refer to a central board in London and by increasing local authority powers of self-administration. Although Lambert makes it quite clear that the distinction between the so-called “centralizing” General Board of Health of 1848 and the “decentralizing” measure of 1858 were not as clear-cut as contemporaries claimed, nevertheless the change in administration that did occur, provides an obvious cut-off point for a thesis of this length.⁴⁹

The first chapter considers the physical and socio-economic conditions that existed in the three towns together with their mortality rates. Chapter 2 assesses some of the medical opinions that were current at the time, together with descriptions of the three diseases that are being studied and the factors that contributed to their transmission. Chapter 3 examines the nature of the problems

⁴⁸ A P Stewart and Edward Jenkins, *The Medical and Legal Aspects of Sanitary Reform*, (1866, 1867), 2nd edn reprinted with Introduction by M W Flinn, (Leicester, 1969), pp.9, 80-81

⁴⁹Lambert, *Sir John Simon*, p.12; Royston Lambert, “Central and Local Relations in mid-Victorian England: the Local Government Act Office, 1858-71”, *Victorian Studies*, VI, 2, (December 1962), 121-150, pp. 122-125; Hansard, Third Series, CXLIX (1858), 1555. There was a general reluctance, under Tom Taylor, the Secretary of the LGAO, to extend the influence of central government. Lambert notes that Robert Rawlinson, who became the Office’s Chief Inspector in 1861, “deprecated large powers of central inspection and jurisdiction.” Lambert, pp.126-128. In addition, the Public Health Act, 1858 transferred the Medical Officer, John Simon, from the General Board to the Privy Council, rather than to the LGAO, thereby splitting the responsibilities of the old General Board between two departments. Lambert, (1962), p.121

themselves, as uncovered by various Inspectors during the 1840s and 1850s. Chapter 4 explores the political complexion of the three towns and the socio-economic structures of the three Corporations. It also examines the range of local institutions responsible for public health administration and considers the powers that they had and the use they made of them before the Public Health Act, 1848. Chapter 7 develops this theme and assesses the different attitudes to the Public Health Act by the three Corporations. A more detailed discussion of the Corporations' attitudes to reform will be explored in Chapter 8. This will be done by evaluating the calibre and contributions of salaried officials and the relative progress in sewerage and drainage in the last seven years of our period, following the application of the Public Health Act or its equivalent. Chapter 5 examines the cultural attitudes of the Victorian middle classes and considers how these are reflected in their responses to public health issues. This is a theme that is continued on into the next chapter when working classes attitudes to public health reform will be explored. It is picked up again in chapters 8 to 10 when the attitudes of specific individuals and groups will be considered in more detail, notably among Corporation officers, medical and religious men, the press and sanitary associations. In the light of chapters 4 to 10 the Conclusion will consider the central questions of this study. Firstly, to what extent did "King Dirt" and "bumbledom" defeat the objects of the Public Health Act in each of the three towns and what differences were there in their responses? Secondly, is it possible to discover explanations for these differences in politically or culturally determined patterns of behaviour or does the answer lie in the chance involvement of certain key individuals? Thirdly, did provincial centres contribute to public health reform or was it really just a movement promoted by the state against local opposition?

1: NEWCASTLE, GATESHEAD AND SUNDERLAND 1835-1858

Newcastle, Gateshead and Sunderland are located close to one another, and share a number of geographical and topographical features. In addition to a common climate, they stand on tidal rivers: Newcastle and Gateshead on opposite banks of the River Tyne; Sunderland straddling both banks of the River Wear. These rivers pass through steep ravines at the points where the towns are situated, so that much of the towns' denser housing in the nineteenth century spread steeply upwards from the older districts by the river to the ground above. Sunderland had the advantage, as far as public health was concerned, in being beside the North Sea whereas Gateshead and Newcastle are about ten miles inland.



Fig 1.1: Map of North-East England showing the location of Newcastle, Gateshead and Sunderland¹

Because of these topographical features contemporaries believed that the three towns were well situated for good drainage. Thus when Dr Reid conducted his inquiry into the state of the Northern Towns, on behalf of the Health of Towns Commission at the end of 1843, he was disappointed to find that their sanitary arrangements were just as bad as in London and elsewhere. He was particularly struck by the natural advantages enjoyed by Sunderland and therefore all the more

¹ Map of North-East England, IT & Communications Services at the University of Sunderland.

surprised to find that the town's mortality rate was as high as it was.² His views were shared by some local inhabitants who considered that all parts of Sunderland were "admirably situated for an effective system of sewerage and drainage, discharging into the river and the sea" and they identified no obstructions to the natural drainage.³ Some eleven years earlier, two local medical men had expressed similar ideas when they argued that given the geography of Sunderland, it would "seem to render it a town that might be kept clean without difficulty."⁴

Gateshead and Newcastle shared similar drainage advantages, given the topography of the Tyne valley, and Newcastle enjoyed the additional benefit, derived from four lateral valleys, which provided lines of drainage into which sewers could be carried from almost every part of the town. Contemporaries believed there were advantages in the steep inclines down towards the rivers, not just because it facilitated drainage, but because it provided a well-ventilated site for housing on the higher ground. Yet this natural surface drainage was sometimes used as a justification for a lack of sewers, as was the case in Gateshead in 1843.⁵ A decade later Sir John Fife, an alderman, magistrate and surgeon of Newcastle, told the Commissioners, who were inquiring into the 1853 cholera epidemic, that the lack of sewerage, privy accommodation and adequate scavenging in the slum district of Sandgate was not as significant as it might have been because the declivity from the houses down to the river provided sufficient surface drainage.⁶

² Minutes of Proceedings of the Commissioners for enquiring into the State of Large Towns, Meeting held on 25 January, 1844, p.63, PRO MH7/1; D B Reid, *Report on the Sanatory Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts*, Part II – "General Report on the Towns visited in the Northern Districts", *PP* (1845) XVIII, 368, [hereafter Reid II], pp.124, 131

³ Reid, Part III – "Local Reports, with Explanatory Remarks", *PP* (1845) XVIII, 461, [hereafter Reid III], p.193

⁴ W Haslewood and W Mordey, *History and Medical Treatment of Cholera as it appeared in Sunderland in 1831*, (London, 1832), pp.119-120

⁵ Reid III, p.176

⁶ *Report of the Commissioners appointed to inquire into the Causes which have led to, or have aggravated the Late Outbreak of Cholera in the towns of Newcastle-upon-Tyne, Gateshead, and Tynemouth*, (London, 1854), signed by Joseph Burnely Hume, John Simon and John Frederick Bateman, 15 July, 1854, *PP* (1854) XXXV, 92, [hereafter Hume *et al*], p.116

However there were also recognized disadvantages in the topography of the three towns. Reid acknowledged that the clay soil and subsoil in Newcastle and Gateshead hindered drainage. This also caused dampness to houses that were built into the banks down towards the river, particularly as they were often wooden structures with earth floors.⁷ Robert Rawlinson, a civil engineer and a Superintending Inspector of the General Board of Health, observed that in Sunderland even a minimum rainfall could cause a maximum amount of damp, sickness and inconvenience. Because the streets built on this steep ground tended to rise one above the other, those at the bottom were affected by the “foul refuse” and “putrid emanations” coming from those higher up.⁸ As Sutherland noted:

...wherever dwelling-houses are thus placed on the side of a hill, with the drainage of the upper land falling towards and beneath the houses, there fever at all times is in excess, and cholera, when present, is most fatal.⁹

What was true of Sunderland was equally true of the older districts in Newcastle and Gateshead. Reid found that not only did Sandgate suffer from its own lack of drainage it was also affected by the natural surface drainage coming from higher levels. In addition, steep inclines presented engineering problems when it came to laying drainage and sewerage pipes.¹⁰

⁷ Reid III, pp.157-158. See also Hume *et al*, pp.ix, p.140; Robert Rawlinson, *Report to the General Board of Health on a Preliminary Inquiry into the Sewerage, Drainage, and Supply of Water, and the Sanitary Condition of the Inhabitants of the Borough of Gateshead, in the County of Durham*, (London, 1851), pp. 10-1; Anon, “Condition of the Poor”, Letter III, *NC*, 26 April, 1850, p.4A-B

⁸ Robert Rawlinson, *Report to the General Board of Health as a Preliminary Inquiry into the Sewerage, Drainage, Supply of Water, and the Sanitary Condition of the Borough of Sunderland*, (London, 1851), p.25

⁹ *Report of the General Board of Health on the Epidemic Cholera of 1848 and 1849*, Appendix A by Dr Sutherland, *PP* (1850) XXXI, 185, pp.25, 36

¹⁰ Reid III, p.157; Hume *et al*, p.30. An Editorial on Sanitary Reform highlighted the problems which arose when ill-qualified builders attempted to construct sewers on a hillside in Stockton. *GO*, 21 Oct, 1848, p.3A.

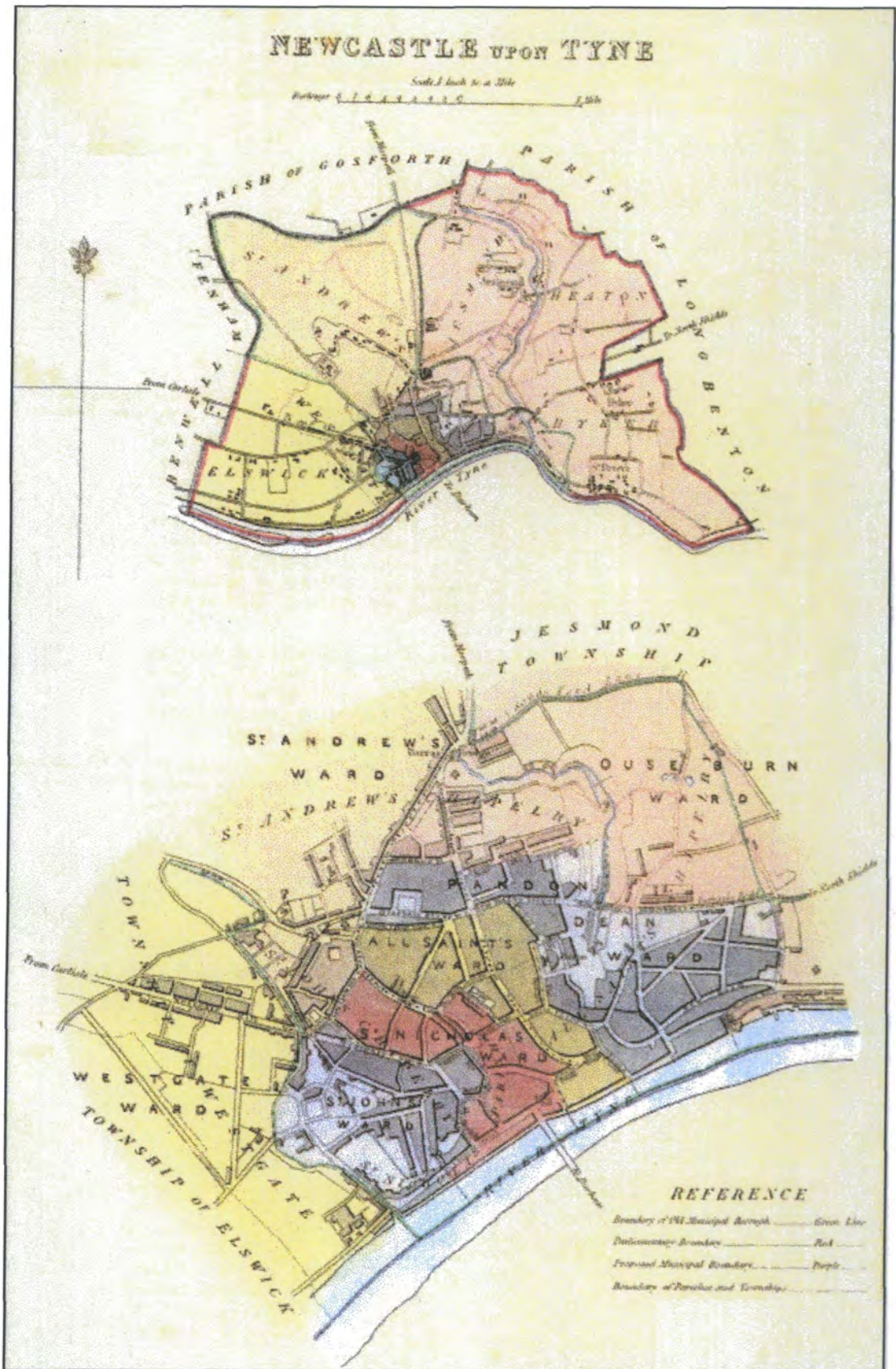


Fig 1:2: Maps of Newcastle, c. 1836 showing Parliamentary and Municipal Boundaries¹¹

¹¹ Commissioners: Municipal Boundaries, *Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Newcastle-upon-Tyne*, (nd but c. 1836), frontispiece

On the preceding page are two maps of Newcastle taken from the Report of the Municipal Boundaries Commissioners in *circa* 1836.¹² The first shows that the reformed municipal borough in 1835 included the four parishes of All Saints, St Andrew's, St Nicholas' and St John's. These had formed the ancient borough of the town amounting to a total area of 2,000 acres. Under the Reform Act the townships of Westgate, Jesmond, Elswick, Heaton and Byker were incorporated, giving an additional 2,936 acres.¹³ The new municipal boundaries were co-extensive with the parliamentary boundaries established in 1832.¹⁴ The second map shows the ancient parishes in greater detail. Although there were overcrowded locations in Westgate, much of this thesis will concern the districts within the ancient borough, and particularly that part of All Saints parish called Sandgate, which lay to the east of the town outside the old city wall, on the edge of the map.

The extract from Thomas Oliver's map of Newcastle (1830) on page 29 gives a better impression of the overcrowded nature of Sandgate and the rest of the riverside both in Newcastle and Gateshead. Sandgate consisted of one narrow street to the south of The New Road, highlighted on the map, together with all the adjoining chares¹⁵ and passages with their densely crowded tenements which housed "many thousand inhabitants."¹⁶ The photographs of Sellar's Entry, Sandgate, on the next page indicate just how narrow these passages were, being little more than a doorway in width. The rear view also shows the lack of windows that caused such concern as will be seen in Chapter 3.¹⁷

¹² *Report upon the Proposed Municipal Boundary of... Newcastle-upon-Tyne*, ss.1-2

¹³ *Abstract of Answers and Returns under the Population Act, 3 & 4 Vict. c.99, Part I, PP* (1843) XXII, 1, [hereafter *1841 Census*], footnote, p.222. By 1851 the acreage of the five townships was calculated to be 3,264, but both Elswick and Westgate included some land under water, *Census of Great Britain, 1851 - Population Tables 1: Number of Inhabitants in the Years 1801, 1811, 1821, 1831, 1841 and 1851*, vol II (1852-3) Division X: Northern Counties, [hereafter *1851 Census*, I], p.22

¹⁴ *Report of the Investigation into the Affairs of the Municipal Corporation of Newcastle-upon-Tyne before His Majesty's Commissioners, Commencing October 30, and ending November 7, 1833*, (Newcastle, 1834), p.6

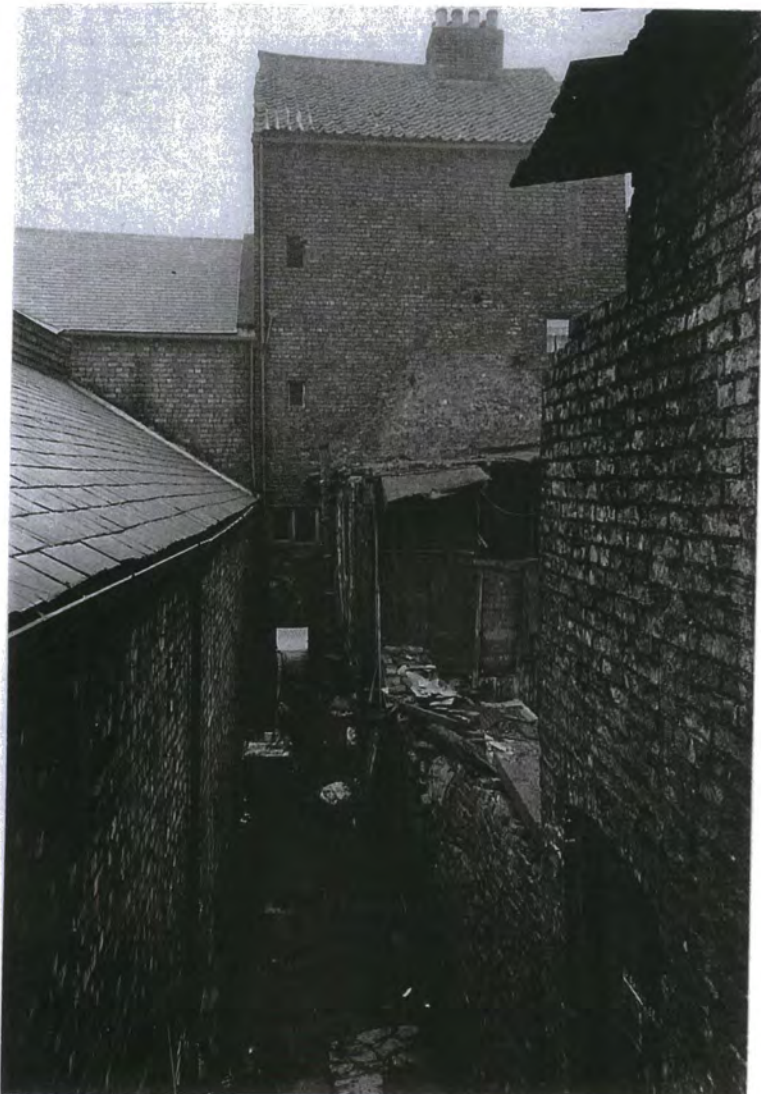
¹⁵ 'Chare' is a local word for a narrow lane. It is thought to derive from the Saxon word 'cer' or 'cerre', meaning a turning. City of Newcastle Libraries & Arts, *What's in a Name...?*, (Newcastle, 1992), unpaginated. See also Henry E Armstrong, *Sketch of the Sanitary History of Newcastle upon Tyne*, read at the Congress of the Sanitary Institute, 27 Sept, 1882, p.5

¹⁶ E Mackenzie, *A Descriptive and Historical Account of the Town and County of Newcastle upon Tyne including the Borough of Gateshead*, vol 1, (Newcastle, 1827), p.183

¹⁷ See pp.106-107



**Sellar's Entry,
Sandgate, 1895**



**Sellar's Entry, Sandgate
Rear View, c.1939**



Fig 1.3: Extract from Thomas Oliver's map of Newcastle showing the overcrowded riverside and the location of Sandgate to the east of the town.¹⁸

Fig 1.4 on the next page consists of two maps of Sunderland in *circa* 1836. The larger map shows the municipal borough of Sunderland, which was established in 1835. This was made up of five separate townships: the parish and township of Sunderland; that part of the township of Bishopwearmouth that lay within a one-mile radius of Wearmouth Bridge, and the townships of Bishopwearmouth Panns, Monkwearmouth and Monkwearmouth Shore, amounting to an area of 4,245 acres. The densest areas of population were along the river banks and particularly in the east end of the borough in the parish of Sunderland which is marked on the map with a green line. This district is better illustrated by the extract from an 1827 map in Fig 1.5 on page 31. The parliamentary boundaries, established in 1832, were somewhat larger and are shown on the small map in red. They contained the whole of the municipal borough (shown in purple) together with the rest of the township of Bishopwearmouth and the township of Southwick, an area of 5,095 acres.¹⁹

¹⁸Thomas Oliver's Map of Newcastle 1830, reproduced in M Barke and R J Buswell (eds), *Newcastle's Changing Map*, (Newcastle, 1992), p.8

¹⁹ Commissioners: Municipal Boundaries, *Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Sunderland*, (1836), Section 2; Rawlinson, p.19; 1841 Census, pp. 81, 84, 87; Graham Potts, "The Population of Sunderland", Appendix 1 in G E Milburn and S T Miller (eds), *Sunderland River, Town and People, a History from the 1780s*, (Sunderland, 1988), p.222

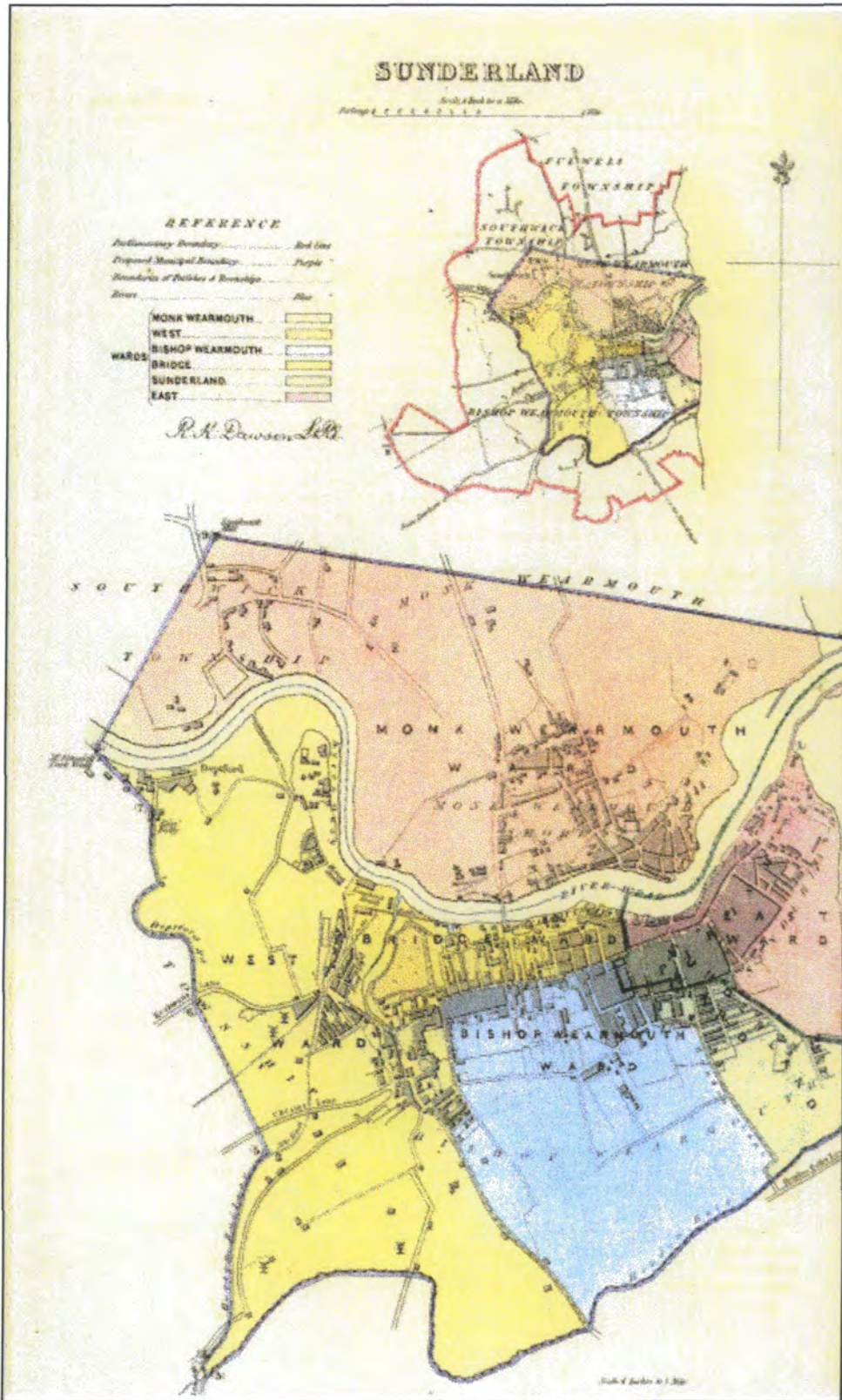


Fig 1.4: Maps of Sunderland, c.1836 showing Parliamentary and Municipal Boundaries¹⁹

¹⁹ *Report of the Proposed Municipal Boundary... of the Borough of Sunderland*, frontispiece

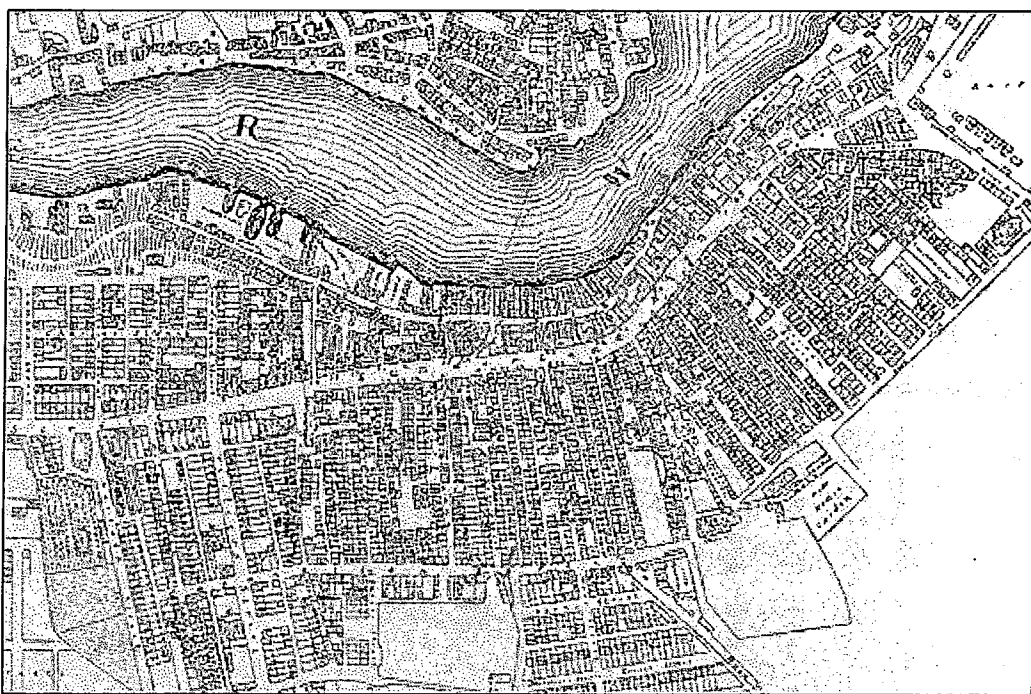


Fig 1.5: Extract from Thomas Robson's Map of Sunderland, 1827 showing the crowded district of the parish of Sunderland²⁰

The top map in Fig 1.6 shows that the municipal and parliamentary boundaries of Gateshead were co-extensive. They included the parish of Gateshead with Gateshead Fell, which covered 3320 acres,²¹ and 180 acres of the Chapelry of Heworth in the Parish of Jarrow, which in 1851 consisted of 763 inhabitants.²² The actual town of Gateshead lay at the northern extremity of the borough but there were also several rural hamlets, particularly in the southern part of the parish and with “a considerable population dispersed over the whole of it.”²³ From the second map in Fig 1.6 it is clear that Gateshead had a less extensive area of housing in 1835 than either Newcastle or Sunderland.

²⁰ Thomas Robson's Plan of the Harbour and Towns of Sunderland, Bishop Wearmouth and Monk Wearmouth, produced for the Towns' and River Commissioners, 22 November, 1827

²¹ *Abstract of the Answers and Returns under Population Act, 11 Geo IV, c.30, (1831)*, [hereafter *1831 Census*], pp.162-3. The figure given for the statute acreage of Gateshead and Gateshead Fell is slightly lower – 3255, *1851 Census*, I, p.22

²² Rawlinson, *Report to the GBH... Gateshead*, (London, 1850), pp.12-13; *1851 Census*, I, p.68. The figure of 763 inhabitants is in the 1851 Census but not in the 1841 census.

²³ Commissioners: *Municipal Boundaries (England and Wales), Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Gateshead*, signed by D Maude and Harry D Jones, undated but c. 1836, Sections 1 and 3.

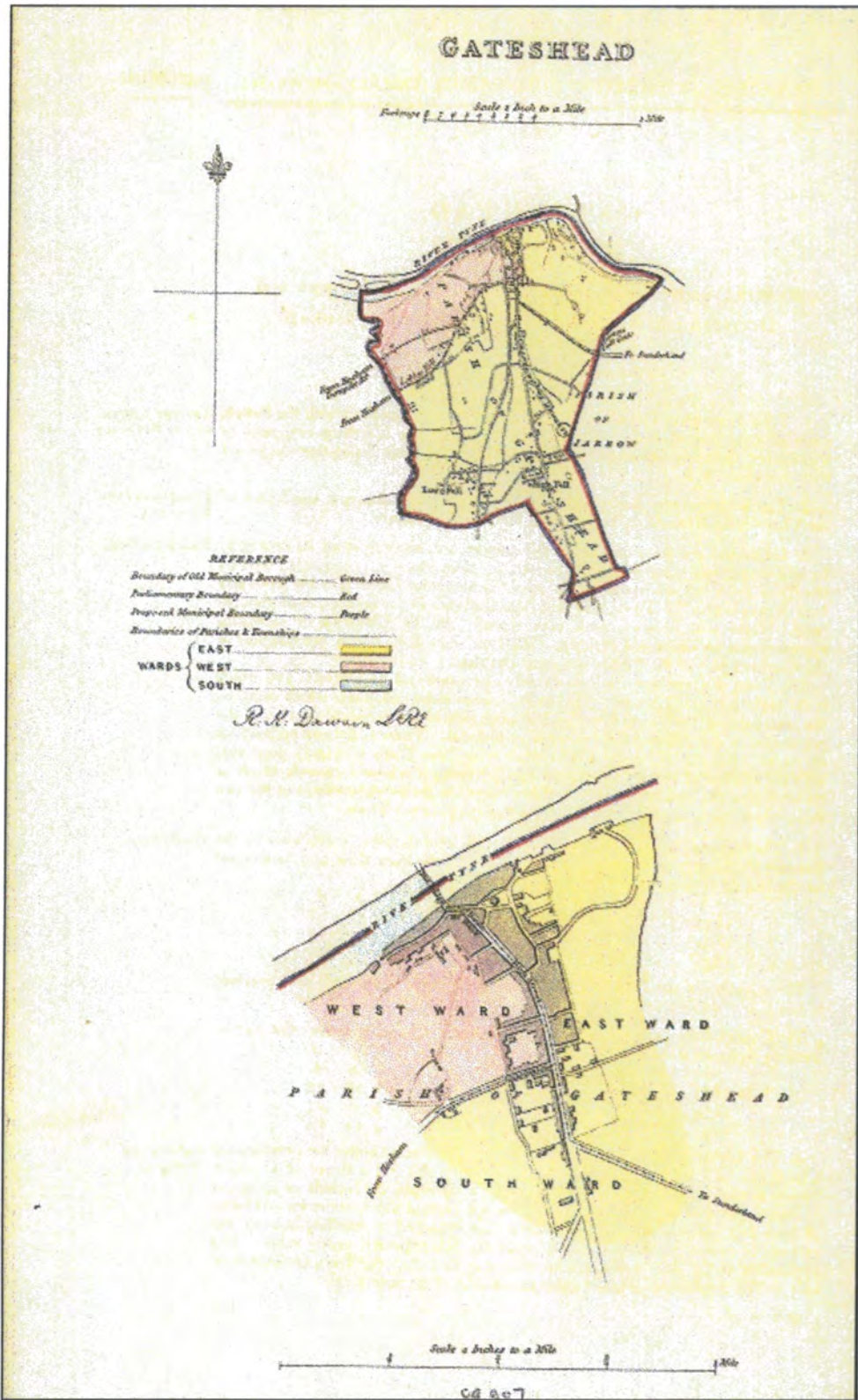


Fig 1.6: Maps of Gateshead, c.1836 showing Parliamentary and Municipal Boundaries²⁴

²⁴Report of the Proposed Municipal Boundary... of the Borough of Gateshead, frontispiece

During the period covered by this thesis, Gateshead, Newcastle and Sunderland were undergoing a period of revolutionary change in terms of their local economies, although Gateshead's major expansion came just after our period, during the 1860s and 1870s.²⁵ McCord has described the rich diversity of occupational groups and the intricate and inter-dependent pattern of economic organization in the North-East during the nineteenth century. Although this was a process that accelerated during the second half of the century, it was underway by the 1830s.²⁶ All three towns had similar types of industries associated with them. By the early nineteenth century, Newcastle was a long-established commercial centre based upon the coal trade, which passed through the hands of the ancient corporation who controlled the whole of the River Tyne. This, in turn, had given rise to shipbuilding and shipping interests, as well as banking and other commercial enterprises. In addition, by 1835 varied manufacturing industries were established along the river, including metal and chemical works and glass making.²⁷ Gateshead, although in the shadow of its more powerful neighbour, was a place of growing importance, partly because of its proximity to Newcastle, but also because of its "numerous" glass manufactories, iron works and neighbouring coal pits.²⁸ The trade of Sunderland was principally concerned with shipbuilding and coal export, both of which were increasing, helped in part by the new railway being built through the East End of the town. Like its Tyneside neighbours, the town had also developed metal trades and glass making.²⁹ Although the North-East did not experience the level of economic recession suffered by the textile industries of the period, nevertheless the local economy fluctuated and trade was poor during the early 1840s.³⁰

²⁵ D J Rowe, "Population of 19th Century Tyneside", pp. 1-24 in N McCord, *Essays in Tyneside Labour History*, (Newcastle, 1977), Table 7, p.13. In 1810 Newcastle's population was 74% bigger than Gateshead's. By 1861 this difference had reduced to 46%.

²⁶ Norman McCord, "Some Aspects of Change in the Nineteenth-Century North East", *Northern History*, XXXI, (1995), 241-266, p.266

²⁷ *Report of the Investigation into the Affairs of...Newcastle*, p.121

²⁸ *Report upon the Proposed Municipal Boundary... of the Borough of Gateshead*, Section 3

²⁹ *Report upon the Proposed Municipal Boundary...of the Borough of Sunderland*, Section 3

³⁰ Sunderland Report on Buildings and Ventilation, Reid III, p.202; "Poor Law Economics", *SN*, 30 July, 1853, p.4C; *TM*, 16 Jan, 1844, p.3A; Joe F Clarke, "Shipbuilding 1780-1914", pp.33-44 in Milburn and Miller (eds), *Sunderland River*, pp.35-36

Inevitably the sort of economic expansion described above required, and resulted in, a population increase as shown in the percentage growth figures below.

Municipal Borough	1801-11 % growth	1811-21 % growth	1821-31 % growth	1831-41 % growth	1841-51 % growth	1851-61 % growth
Newcastle	-1.4	28.3	28.3	31.2	24.8	26.4
Sunderland	3.0	22.7	27.7	30.4	24.3	22.4
Gateshead	2.2	34.0	29.0	28.5	27.2	32.0

Table 1.1: Showing percentage decadal growth in the municipal boroughs of Sunderland, Gateshead and Newcastle from 1801-1861³¹

All three towns experienced population growth between 1801 and 1861. Newcastle's population rose by 236%; Sunderland's by 220% and Gateshead's by 281%. Although Newcastle retained its position of pre-eminence in size in the region, the percentage growth in Gateshead, compared to Newcastle's, reveals something of its growing economic importance, particularly between 1851 and 1861. Although Sunderland had the smallest percentage growth of the three, the population increase reflects the town's flourishing coal trade, which came to rival that of its mighty Tyneside neighbour.³² The major percentage growth occurred in Sunderland and Newcastle during the period 1831-1841 though these increases took place more rapidly in the latter than the former. Gateshead's biggest percentage growth occurred in the second decade but this was from a very small base and the real expansion in the town occurred slightly later than it did in Sunderland and Newcastle.

These decennial increases were well above the national average, for which the highest decennial percentage growth came between 1811 and 1821 with an increase of 18%.³³ Yet Rodger notes that two-thirds of the twelve largest cities in 1871 had experienced their most rapid acceleration in the 1820s, with Bristol increasing by 70% and Leeds, Liverpool, Manchester, Birmingham and Sheffield growing by between 41-47%. What is more, for most other towns a 20-30%

³¹ See Appendix I for population figures, sources and explanations about how the figures have been calculated

³² *1841 Census*, footnote, p.69.

³³ Neil Tranter, *Population since the Industrial Revolution, the case of England and Wales*, (London, 1973), p.42

decennial increase between 1801-51 was not uncommon.³⁴ So although Sunderland, Newcastle and Gateshead experienced rapid population growth, it was not of a particularly marked order, compared with many other major towns.

Throughout the period there were more females than males but at times the differential was small, and in some districts of Newcastle men outnumbered women.³⁵ Rowe has demonstrated that the ratio of females to males in the counties of Durham and Northumberland were lower than the national average, particularly in the former from 1841 to 1901.³⁶ The North-East towns did not employ women in their main industries, so the only official occupations available to them were domestic service or retail and service industries.³⁷ However, women could contribute to the household income in other ways, either by taking in lodgers or by maintaining more than one wage earner in the household.³⁸ Table 1.2 below shows a comparison between the proportion of the female population, below and above twenty years, that were employed in 1841 in Sunderland, Gateshead and Newcastle compared with some other industrial towns.

TOWN OR BOROUGH	% OF FEMALES EMPLOYED COMPARED TO FEMALE POPULATION	
	Below 20 years	Above 20 years
Sunderland	+20	-20
Gateshead	11.83	7.15
Newcastle	12.30	7.29
Liverpool	20.73	10.85
Manchester	23.79	11.61
Oldham	36.32	21.07
Preston	33.78	21.80
Bradford	36.89	25.84
	30.90	26.53

Table 1.2: Showing a comparison of female employees in Newcastle, Sunderland and Gateshead with some other industrial towns in 1841³⁹

³⁴ Richard Rodger, *Housing in Urban Britain 1780-1914*, (Basingstoke, 1989), pp.6-7; 167

³⁵ For example in St John's and St Nicholas's in 1851, *1851 Census*, I, p.22

³⁶ D J Rowe, (1977), pp.11, 22.

³⁷ *1841 Census*, pp.42-43, 98-99,141, 236. See Appendix II

³⁸ MacDermott, p.13. Women could earn extra money by doing their lodgers' washing, as Lady Bell observed in Middlesborough at the beginning of the twentieth century. Lady Bell, *At The Works, A study of a manufacturing town*, (1907), with a New Introduction by Angela V John, (London, 1985), pp.48-49

³⁹ Data extracted from *1841 Census*, pp. 42, 43, 98, 99, 141, 236

The figures confirm the point that there was less employment available for women in the North-East than in the textile districts of Oldham, Preston and Manchester, though perhaps it is surprising that the differences were not more marked than they actually were, particularly in the case of Newcastle. What is more interesting is the significant difference between Sunderland and Gateshead on the one hand and Newcastle on the other, particularly in the 20 plus age group. This can perhaps be explained by the fact that, as a major regional centre, Newcastle had extensive retail and service industries, which provided employment opportunities for more women.⁴⁰ However, the official data does not tell the whole story. Women among the labouring classes also earned money in a variety of casual ways to eke out the family income. This included street selling, gathering “scarry” metal from amongst foundry refuse or coals in the street and selling them, knitting stockings or by taking in washing.⁴¹

Taking the official statistics, from the point of view of public health, it is possible that with more women at home, childcare and general domestic tasks might have been carried out with greater diligence than in places where women were working long hours in paid employment.⁴² Women’s employment outside the home first came under attack at the time of the Ten Hours movement, primarily because of growing fears that married women were neglecting their family responsibilities as a result of industrialization.⁴³ Initially, at least, this was due to a changing attitude among middle-class men who adopted the upper-class ideology of female idleness for their own wives.⁴⁴ However both Vicinus and Oakley have argued that one of

⁴⁰ This is borne out by the greater number of occupations and individual entries listed for Newcastle, compared to Sunderland and Gateshead, in Trade Directories during the period.

⁴¹ Anon, “Condition of the Poor”, Letter II, *NC*, 19 April, 1850, p.4A-B

⁴² See for example, Extract from the Quarterly Reports for the summer quarter, 1846, Report by George Graham for 1846, dated 1 August, 1848, *Ninth Annual Report of the Registrar-General of Births, Deaths, and Marriages in England*, (London, 1849), p.27; *Report of the Royal Commission for Inquiry into the Administration and Practical operation of the Poor Law*, (1834), Appendix A, No 5, Report from Commissioner John Wilson on the North of England, Jan, 1833, *PP* (1834) XXVIII, 92, p.131

⁴³ M Vicinus, “The Perfect Lady”, pp.vii-xv in Introduction, Martha Vicinus (ed), *Suffer and Be Still, Women in the Victorian Age*, (Bloomington and London, 1973), p.xiii. See also comments on domestic economy in Chapter 5 below.

⁴⁴ The ideology of female idleness was not embraced by the working-classes until much later in the century, though for them it was never a matter of idleness. Rather it was considered a misfortune and a disgrace for a working man’s wife to work. Ann Oakley, *Housewife*, (London,

the motivations behind this attack on women's employment outside the home derived from working-class male anxieties about their own employment prospects. Oakley questions the truth of the claim that working-class women's economic activities outside the home were detrimental to the health and welfare of their families and suggests that pre-industrial work patterns had also given limited time for domestic chores. She suggests that industrialization actually led to some improvements in the conditions of home life because the materials and products of domestic industry had been removed.⁴⁵

Much of the urban growth resulted from an influx of migrant workers from surrounding rural areas and elsewhere, including Scotland and Ireland.⁴⁶ Table 1.3 shows the number of inhabitants in Newcastle and Sunderland in 1841 who were born in Scotland and Ireland, together with the total number of those born elsewhere.⁴⁷ Table 1.4 provides the same information for all three towns in 1851.

	Population	Born elsewhere	Born Ireland	% population	Born Scotland	% population
Newcastle	49860	16622	2857	5.73	3455	6.93
Sunderland	51423	11779	695	1.35	502	0.98

Table 1.3: Showing relative proportions of Scottish and Irish immigrants in Newcastle and Sunderland in 1841⁴⁸

	Population	Born elsewhere	Born Ireland	% population	Born Scotland	% population
Newcastle	87784	47639	7124	8.12	5745	6.54
Sunderland	63897	25629	3601	5.64	2008	3.14
Gateshead	25568	17550	2195	8.58	1135	4.44

Table 1.4: Showing relative proportions of Scottish and Irish immigrants in Newcastle, Sunderland and Gateshead in 1851⁴⁹

1974), p.43; Maud Pember Reeves, *Round about a Pound a Week*, (1913), (London, 1994), pp.49-50

⁴⁵ Vicinus, p.xiii; Oakley, pp.41; 44-45

⁴⁶ Tom Corfe, *Sunderland, A Short History*, (Newcastle, 1973), p.93

⁴⁷ The 1841 Census details the specific Irish and Scottish migration figures for a number of English towns but does not include Gateshead.

⁴⁸ *1841 Census*, pp.81, 87-8, 222. Please note that the population figure given for Newcastle is for the four ancient parishes only, hence the lower figure than given in Appendix I

⁴⁹ *Census of Great Britain, 1851 – Population Tables II: Ages, Civil Condition, Occupation, and Birth-Place of the People*, vol II, (1854), [hereafter *1851 Census*, II], pp. clxxxiii, 808. Discrepancy in population figure for Gateshead between this table and Appendix I due to the

The proportion of Irish in Northumberland and County Durham was consistently higher than the national average throughout the nineteenth century and for County Durham, hovered around twice the national average for much of the time.⁵⁰ By 1851 Newcastle had the seventh largest Irish-born community in the country with 7,124 persons, Sunderland came thirteenth with 3,601 and Gateshead came eighteenth with 2195.⁵¹ Although these figures were small compared to the overall figures for London, Liverpool and Manchester/Salford, they represented a significant proportion of the towns' overall population as Appendix III(B) demonstrates. Liverpool had the highest percentage of Irish born to population with 22.29 and Manchester/Salford came second with 13.08%. However Gateshead and Newcastle were fifth and sixth in the country with 8.58% and 8.12% respectively and Sunderland came sixteenth with 5.64%.⁵² Yet the overall figures and the proportion of Irish to general population were still small, demonstrating that Irish immigration did not account for *all* the increase in population. Nevertheless, the fact that there were Irish migrants in the three towns is important. This will particularly be so when we come to consider some of the causes and attitudes associated with public health and specific diseases such as typhus. Clearly those towns which experienced the most rapid rate of growth had perhaps the greatest problems to deal with. Conversely it might be expected that the three towns fared better than some, given the more gradual nature of their population increases. However, the population growth was not spread

fact that here the population for the entire Municipal Borough has been given whereas Appendix I excludes that part of Heworth within the municipal boundaries because of the problems explained in the Notes attached to Appendix I.

⁵⁰ Terry MacDermott, "The Irish in Nineteenth Century Tyneside", *BNEGSLH*, 16, 1982, p.44. Sir John Walsham, Assistant Poor Law Commissioner for the Northern Counties, reported to the Poor Law Board in 1840 that the two Unions in this district in which there was a real problem related to destitute immigrants, were Carlisle and Newcastle. There, both the Irish and Scottish poor were causing a considerable burden on the poor rates, particularly in the Parish of All Saints, Newcastle. Walsham to PLC, February 1840, but date stamped as having been received by PLC, 12 May, 1840, PRO MH32/79. It should be noted that the River Tyne forms the county boundary between Northumberland and County Durham.

⁵¹ See Appendix III(A)

⁵² *1851 Census*, II, p.clxxxiii. These rankings do not agree with those given in *Local Collections or Remarkable Events Connected with the Borough of Gateshead, 1851*, (Gateshead, 1851), p.68. The figures given for Liverpool do not agree with those of Graham Davis. Davis correctly gives the total number of Irish as 83813 but states that this represented 38.2% of the population. Given that the population figures in the 1851 Census for Liverpool

evenly throughout the various districts of the three towns, and it is population density, rather than population growth, *per se*, which has the greatest impact on public health and mortality rates.

*Population Density and Overcrowding*⁵³

Population density in the three municipal boroughs varied from district to district with the old parts of all three towns being the worst affected. In Gateshead this was down by the River Tyne, on the opposite bank to Newcastle and along the “one good and wide Street....the high road to the North”.⁵⁴ By 1858 there had been an expansion in manufacturing premises along the river bank to the east and a limited amount of expansion in residential housing along the main road out towards the south of the town. On the whole, though, the population remained crowded into the narrow streets and lanes around Pipewellgate, Oakwellgate and either side of the High Street.⁵⁵

In Newcastle in 1851, 44.87% of the population who lived within the ancient borough boundaries, resided in the parish of All Saints. This contained the crowded riverside district including Sandgate, which was to feature as the archetypal fever district and slum of Newcastle throughout the nineteenth century. However, back in 1801 the percentage of the town’s population living in All Saints had been 50.75%, showing that in real terms the population had not grown as much here as elsewhere.⁵⁶ Indeed, back in 1736 Bourne described Sandgate as a street with vast numbers of narrow lanes crowded with houses and populated with several thousand people and Hume, *et al* noted, in their Report of 1854, that the older parts of the town had “remained unaltered in their form of house-construction for centuries”. There was, therefore, nothing new about these

total 375,955 it is unclear how Davis has arrived at this inflated percentage figure. *The Irish in Britain 1815-1914*, (Dublin, 1991), pp.54, 176

⁵³ For all statistical data in this section see Appendix IV

⁵⁴ *Report upon the Proposed Municipal Boundary....of the Borough of Gateshead*, Section 3

⁵⁵ Reprint of *Ordnance Survey Map of Newcastle* (1858)

⁵⁶ *1851 Census*, I, p.22

conditions.⁵⁷ The parish that had the greatest population increase was St Andrew's, which grew by 237.59% over the half century, but it would seem that much of this growth was due to housing developments on open land, so the rate of growth did not necessarily have much impact on housing density.⁵⁸

In 1801 the greatest number of inhabitants in what became the Municipal Borough of Sunderland lived in the parish of Sunderland, which had over double the number of inhabitants compared with Bishopwearmouth Township. Although the population in Sunderland Parish had grown by 1851, the total percentage increase was only 27.18% over fifty years compared to a 419.49% increase in population in the township of Bishopwearmouth.⁵⁹ The reason for this marked disparity lies in the fact that whereas the area of Sunderland Parish was 120 acres, that of Bishopwearmouth Township was 3,280 acres.⁶⁰ Thus, as William Mordey and Dr Brown pointed out to Rawlinson in 1849, the population in Sunderland had "attained its maximum, there being no space in the parish left unoccupied".⁶¹ Bishopwearmouth, on the other hand, still had plenty of room for further development. By 1861 the population of Sunderland Parish had fallen by just under 2000, indicative of the way the centre of population was moving westwards away from the port into the new houses of Bishopwearmouth.⁶²

⁵⁷ Henry Bourne, *The History of Newcastle upon Tyne or the Ancient and Present State of that Town*, reprint of 1736 original, (Newcastle, 1980), p.154; Hume *et al*, *Cholera Inquiry*, p.viii. See also "Sanitary Enquiry", *TM*, 5 Dec, 1843, p.2E. Sandgate was not unusual in being a slum well before the nineteenth-century urban expansion. Taylor, argues that the publicity given to slums in the mid-nineteenth century tended to blind observers to the pre-nineteenth century origin of many of the urban housing problems. This he demonstrates by examining conditions in eighteenth-century Liverpool and the existence of court and cellar dwellings. I C Taylor, "The Court and Cellar Dwelling: the Eighteenth Century Origin of the Liverpool Slum", *Trans. Historic Soc. of Lancs and Cheshire*, CXII, (1970), 67-90, pp. 69, 73ff

⁵⁸ *1851 Census*, I, p.22; *Report upon the Proposed Municipal Boundary...of the Borough of Newcastle*, Section 3.

⁵⁹ *1851 Census*, I, pp.20, 22. The actual figures are for Sunderland Parish, 12,412 in 1801, 19,058 in 1851; Bishopwearmouth: 6,126 in 1801, 31,824 in 1851

⁶⁰ *1831 Census*, pp.168-9. This is for the whole of Bishopwearmouth township and not just that part confined within the municipal borough for which details are not given. In the 1851 Census, the acreage given for Sunderland is 178, but this includes water or sea coast, and the acreage given for Bishopwearmouth is 2,665. Brown and Mordey give the figures as 133 square acres for Sunderland and 2064 sq. acres for Bishopwearmouth (within the parliamentary boundaries). J Brown and W Mordey, "Report on the Population and Sanitary Condition of the Borough of Sunderland", pp.33-37, in Rawlinson, *Report to the GBH...Sunderland*, pp.34-35.

⁶¹ Brown and Mordey, p.34

⁶² Ordnance Survey, *1st edn 25" Map of Sunderland, Sheet VIII 14E*, (1854-57). See also Appendix I

One of the implications of population density is the impact it has on housing. There is no shortage of qualitative evidence to show that the urban labouring classes were generally exposed to over-crowded living conditions yet there was nothing new about this. Houses in Newcastle had been huddled together well before the nineteenth century. This, according to one commentator, was not just for safety but also for warmth, given the lack of glazing and coals (despite the presence of nearby collieries).⁶³ What *was* new was the fact that ‘overcrowding’ became an issue during our period. As Wohl points out, there was no precise legal definition of what actually constituted ‘overcrowding’. Rather the concept of ‘overcrowding’ was a hazy one into which various assumptions were fitted.⁶⁴ There were medical concerns about the relationship between overcrowding and disease but there was also a moral dimension, based on middle-class notions of decency and privacy. Much was made of the breakdown of morality attendant upon the mixed and crowded sleeping arrangements in many urban households and lodging houses, which was linked to middle class male ideas about femininity.⁶⁵ Yet as Wohl demonstrates, this was a somewhat subjective notion in that what is considered intolerable by one group or culture is not necessarily regarded as such by another.⁶⁶

Nonetheless, increased numbers of people were huddled together in the poorer districts of the three towns, as the census data demonstrates. Undeveloped urban transport systems forced working people to live close to their employment where domestic rents competed with high land prices arising out of commercial and industrial developments. Single-family middle-class occupiers tended to move out to the more salubrious suburbs leaving behind deteriorating multi-occupied tenements where the practice of sub-letting created cramped homes for the

⁶³ Anon, “The Condition of the Poor”, Letter I, *NC*, 12 April, 1850, p.4A-B.

⁶⁴ Anthony S Wohl, *The Eternal Slum, Housing and Social Policy in Victorian London*, (London, 1977), p.xv

⁶⁵ Leonore Davidoff and Catherine Hall, “The Architecture of Public and Private Life; English Middle Class Society in a Provincial town 1750-1850”, pp.327-345 in Derek Fraser and Antony Sutcliffe, *The Pursuit of Urban History*, (London, 1983), pp.342-344

⁶⁶ Wohl, pp.xiii-xv

poor.⁶⁷ Street improvements in the commercial and retail districts and the development of railways led to slum clearance in some districts that exacerbated housing shortages and simply diverted the problem elsewhere. Speculators did not always regard working-class families as desirable tenants because of their uncertain employment prospects and their “uncivilized” behaviour, although, for some landlords they provided a good source of income. This was the case in Newcastle where some un-let middle class housing had been turned over to working class tenements “with *advantage*” to the landlords in financial terms.⁶⁸ In Sunderland such properties were paying between 10-20% interest.⁶⁹ Overall, much of the working class housing, particularly on Tyneside was squalid and dilapidated as is illustrated by the photograph below and the late nineteenth century drawing of Sandgate on the next page.



Sandgate/Sandhill c.1900

⁶⁷ A S Wohl, Introduction to A Mearns, *The Bitter Cry of Outcast London*, first published 1883, (Leicester, 1970), pp.9-10; R Grace, “Tyneside Housing in the 19th century”, pp.178-197 in N McCord (ed) *Essays in Tyneside Labour History for the North East Group for the Study of Labour History* (Newcastle, 1977), p.378

⁶⁸ Anon, “Condition of the Poor” - Letter VI, *NC*, 17 May, 1850, p.4A-B

⁶⁹ “Argus” to the Editor, Letter VI, *SH*, 9 Nov, 1849, p.5E-F



Drawing of Sandgate from the Milk Market, 1881

The levels of overcrowding that existed in the three towns in 1831 and 1851 are shown in Table 1.5 below.⁷⁰

Municipal Borough	Number of people per house 1831	Number of people per house 1851
Sunderland	8.04	8.34
Gateshead	6.55	7.34
Newcastle*	8.47	9.64

* For the four ancient parishes only

Table 1.5: Showing numbers of people per house in Sunderland, Gateshead and Newcastle, 1831 and 1851⁷¹

⁷⁰ The 1841 figures have been excluded because the number of houses in each parish had been calculated on the basis of the number of separate households - thereby giving a false picture.

⁷¹ Based on data taken from *1831 Census*, pp.162-3; 168-9; 176-7 and *1851 Census*, I, p.22. In the 1851 Census, information for Bishopwearmouth appears in three separate places - as part of North Bishopwearmouth and South Bishopwearmouth, which combined, covered 2655 acres, and West Bishopwearmouth, for which no additional acres are given. Yet the 1841 Census, gives the acreage for Bishopwearmouth as 3280. *1841 Census*, p.84. In a footnote on p.69, the 1851 Census states that the part of the Township of Bishopwearmouth which lay within the Municipal Borough consisted of 31,048 inhabitants but it is impossible to determine how these figures are arrived at from the tables. For the purposes of the table showing the numbers of

Mackenzie, in his *History*, states that there were in Newcastle in 1781, 2,389 houses inhabited by approximately 30,000 or an average rate of over 12 persons to a house.⁷² It could therefore be argued that the problem of overcrowding had already begun to be resolved by 1831. Yet as Table 1.5 shows, the situation had deteriorated again by 1851, as it had done in Gateshead, and to a lesser extent, in Sunderland. Newcastle was considered to be the most densely populated large town or city in the kingdom, including the City of London.⁷³ This housing shortage was due to a number of factors, including rising population; demolition of residential districts to make way for the railways and central station, particularly in Newcastle; and the failure of speculators, landowners and the construction industry to keep pace with demand.⁷⁴ Consequently rents were much higher than were “common elsewhere” and even the skilled working classes were forced to live in accommodation that was little better than that inhabited by the poor.⁷⁵

The figures in Table 1.5 are only average numbers of people per house for the three boroughs as a whole and give little indication of the actual levels of overcrowding experienced by some of the population. This is particularly significant in the case of Gateshead where so much of the borough was rural. Even in Newcastle and Sunderland, which were both more extensively urban, there was considerable variation in the levels of overcrowding between the different parishes and townships, as Chart 1:1 shows.

persons per house, the data for the whole of Bishopwearmouth has been used, not just that part of the township that lay within the Municipal boundary.

⁷² Mackenzie, *A Descriptive and Historical Account of... Newcastle*, vol 1, p.732. Mackenzie obtained his 1781 housing figure from the books of the “window-cess” and population figures by “Hutton’s calculations”. However, Bruce states that the figure of 30,000 given by Hutton was for both Newcastle and Gateshead, which would somewhat reduce the average rate of persons to a house given by Mackenzie. J Collingwood-Bruce, *Reid’s Hand Book to Newcastle upon Tyne* (London and Newcastle, 1863) p.2

⁷³ “Monkchester”, *Cholera-Theories and Cholera-Facts; being a Review and Analysis of the Great Cholera Outbreak at Newcastle in 1853*, (London, 1855), p.10

⁷⁴ The work undertaken by the York and Newcastle Railway Company had led to the demolition of numerous tenements, which had been exacerbated by the slum clearance that had taken place on the south side of Sandgate. Petition from the Newcastle and Gateshead Sanitary Association, 1 May, 1848, presented to Newcastle council by Dr Headlam, Council Meeting, 3 May, 1848, *Proceedings of the Council of the Borough of Newcastle upon Tyne* [hereafter *NCP*] for 1848, p.113. See also *NC*, 7 Oct, 1853, p.6B-C.

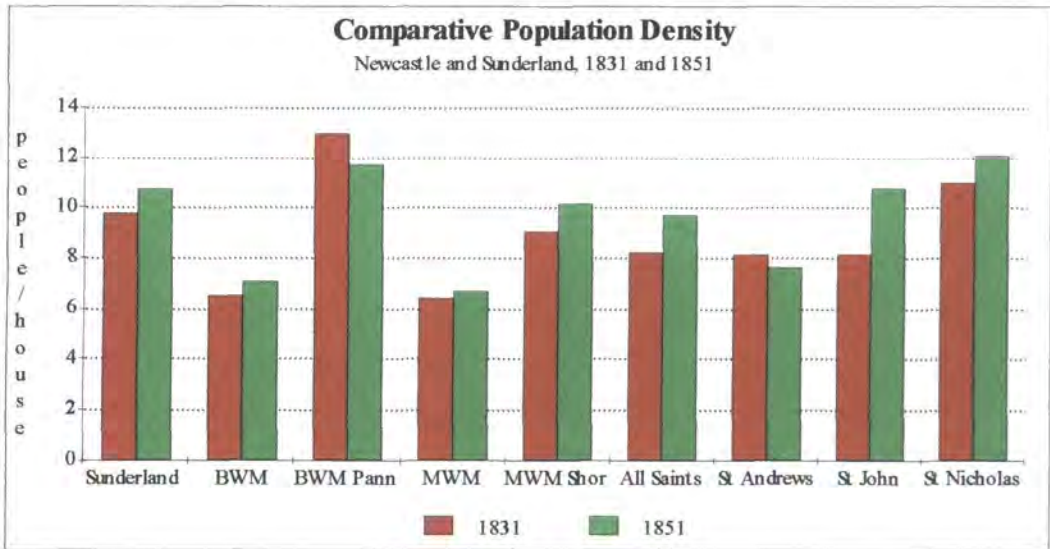


Chart 1:1: Showing average persons per house in the different parishes and townships of Sunderland Municipal Borough and the four parishes of the ancient borough of Newcastle in 1831 and 1851.⁷⁶

The most overcrowded parish in Newcastle was St Nicholas', with an average number of persons per house reaching 12.06 in 1851. The second worst was All Saints with an average of 10.77 persons per house. In contrast, St Andrew's population density fell from 8.13 in 1831 to 7.62 in 1851 due to the significant increase in new housing.⁷⁷ In Sunderland, the most overcrowded district in 1831 was Bishopwearmouth Panns, with an average of 12.96 persons per house but this was a very small district with only 363 people in 28 houses spread over 5 acres. This township saw some improvement by 1851 when the figure dropped to 11.70 because of a small decline in population, despite the loss of one house. Although not as over-crowded, in statistical terms, as Bishopwearmouth Panns, Sunderland Parish had an average of 9.78 per house in 1831. This had risen to 10.74 in 1851.⁷⁸ The least over-crowded in 1831 was Bishopwearmouth, with an average of 6.50 persons per house and in 1851, Monkwearmouth, with 6.67 persons per house.

⁷⁵ Anon, "Condition of the Poor", Letter VI, *NC*, 17 May, 1850, p.4A-B

⁷⁶ Average number of inhabitants per house based on figures taken from *1831 Census*, pp. 168-9, 176-7, 472-3; *1851 Census*, I, pp.20-22.

⁷⁷ From 1,407 inhabited and 40 uninhabited houses in 1831 to 2052 inhabited and 54 uninhabited in 1851. *1831 Census*, pp. 472-3; *1851 Census*, p.22

⁷⁸ Average number of inhabitants per house based on figures taken from *1831 Census*, pp.168-9, 176-7; *1851 Census*, I, pp.20, 22

However, as one Newcastle Poor Law medical officer made clear to the Cholera Commissioners in 1854, the official figures do not tell us the true story. William Newton reported that in his district in All Saints parish, the official figures of about 17,400 could rise to as much as 25,000 during harvest time. This he believed had exacerbated the situation during the cholera epidemic in 1853, when in September some rooms were so overcrowded that the *Newcastle Journal* had been able to describe one room of 1,260 cubic feet which had been crammed with 25 people. The paper calculated that this amounted to 50 cubic feet per person, which was 200 cubic feet less than the space allowed in the registered lodging houses of Gateshead and Liverpool.⁷⁹ This was a circumstance that was confirmed by Superintending Inspector of Health, Mr Grainger, during the cholera epidemic and the Cholera Commissioners, on their nocturnal inspections of the town during their inquiry.⁸⁰

This example highlights the fact that the breakdown of averages per district does not show the actual levels of overcrowding in individual streets or properties. Averages also fail to reveal the size of individual houses, the number of rooms occupied and the actual housing conditions. Sir John Walsham, Assistant Poor Law Commissioner of the Northern Division, reported in 1840 that there were no sole occupancy cottages built in the parish of All Saints, Newcastle, and on the whole, one-family occupiers of small houses were uncommon in Tyneside among the labouring classes. Instead, whole families occupied one or two rooms in tenemented houses that ranged in size from four to ten rooms.⁸¹ It was these that aroused Dr Reid's especial censure as the lack of separate bedrooms gave rise to moral anxieties as well as concern about ventilation and contagion.⁸² By 1854 the situation was no better, and in some ways much worse as the development of the

⁷⁹ Hume *et al*, *Cholera Inquiry*, p.179; "The Sanitary State of Newcastle", *NJ*, 24 Sept, 1853, p.5A-C

⁸⁰ Hume *et al*, pp.xi-xii

⁸¹ Abstract of replies to Queries relating to the state of the dwellings of the labouring classes in the Northern Division: Newcastle Union, Parish of All Saints, question 1, Correspondence from Sir John Walsham to the PLC, 1840, PRO MH32/79;

⁸² Reid II, p.134

famous Tyneside flat had not made much headway by this stage.⁸³ The Cholera Commissioners commented:

...we shall not probably be overstating the case, if we compute that about half the families in Newcastle are confined exclusively to the occupancy or joint occupancy of exceedingly overcrowded single-room tenements.⁸⁴

They calculated that 34.7% of all families in Newcastle lived in self-contained houses; the remaining 63.3% lived in tenements which Daunton has computed to have been at an average density of five families per house.⁸⁵ Newton reported that not many rooms in his district were occupied by single families because of the high number of Irish occupants who sublet to lodgers.⁸⁶ Rowe suggests that for much of the second half of the nineteenth century Newcastle had more persons per house than any other large town in England and that one of its particular problems was the high number of single-room dwellings that existed in the town. This level of overcrowding inevitably had public health implications.⁸⁷

Yet population density alone does not tell the whole story. From Chart 1:1 All Saints and St Andrews share a similar average number of people per house in 1831 but, as can be seen from Charts 1:2 and 1:3 below, the socio-economic distribution between the two parishes is very different. St Andrew's had a much higher proportion of capitalists and professional men than All Saints, and the significantly higher number of servants in St Andrew's suggests that many houses in the parish were occupied by single families and their retinue of servants.⁸⁸

⁸³ R Grace, "Tyneside Housing in the 19th century", p.178; M J Daunton, "Public Place and Private Space, The Victorian City and the Working-Class Household", pp.212-233 in Fraser and Sutcliffe, *The Pursuit of Urban History*, p.217. "A Rambler", writing in the *Gateshead Observer* in 1866, did not even view the Tyneside flat with approval. He considered it neither "judicious or beneficial to the inhabitants" to be living one family above another and regarded the sole occupancy small cottages of the South of England preferable. *GO*, 5 May, 1866, p.6E. F J Shaw, writing on behalf of the Newcastle & District Labour Representation Committee in 1907, described the "flat" system as being objectionable and that the only people who gained from them were the landlords who could exact two rents for one building site. F J Shaw, *Facts for Newcastle*, (Newcastle, 1907), p.11. Nevertheless, compared to what had existed at mid-century, they were an improvement. See for example Stephen Muthesius, *The English Terraced House*, (New Haven and London, 1982), p.104

⁸⁴ Hume *et al*, pp.xii

⁸⁵ *Ibid*, Daunton, p.215

⁸⁶ Hume *et al*, p.180

⁸⁷ Rowe, "Population on Tyneside", p.15

⁸⁸ To come to any definite conclusions on this it would be necessary to do some detailed research on Census data to reconstruct many individual households.

Thus, although average persons per house may have been similar to those in All Saints, the type of occupants and the general housing conditions they experienced were markedly different.⁸⁹

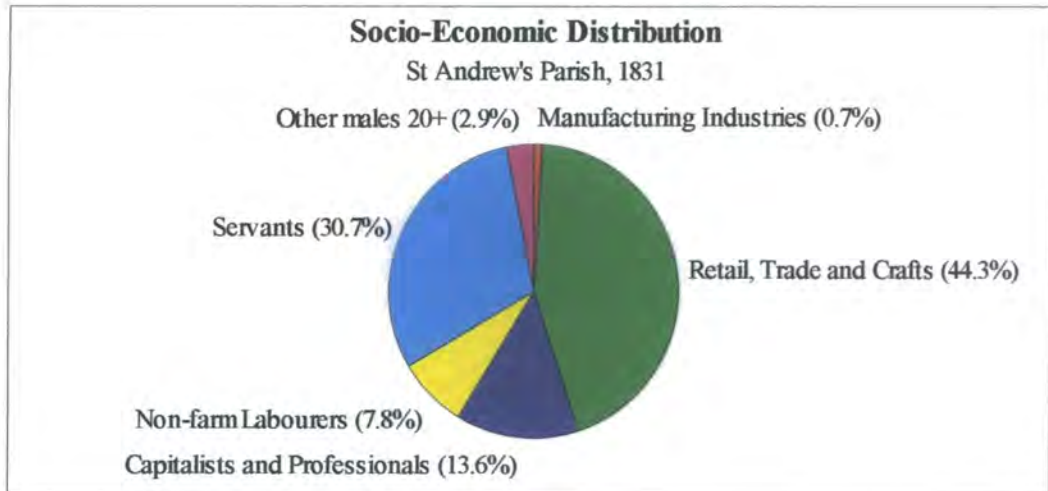


Chart 1.2: Distribution of key occupational groups in St Andrew's Parish, Newcastle, 1831

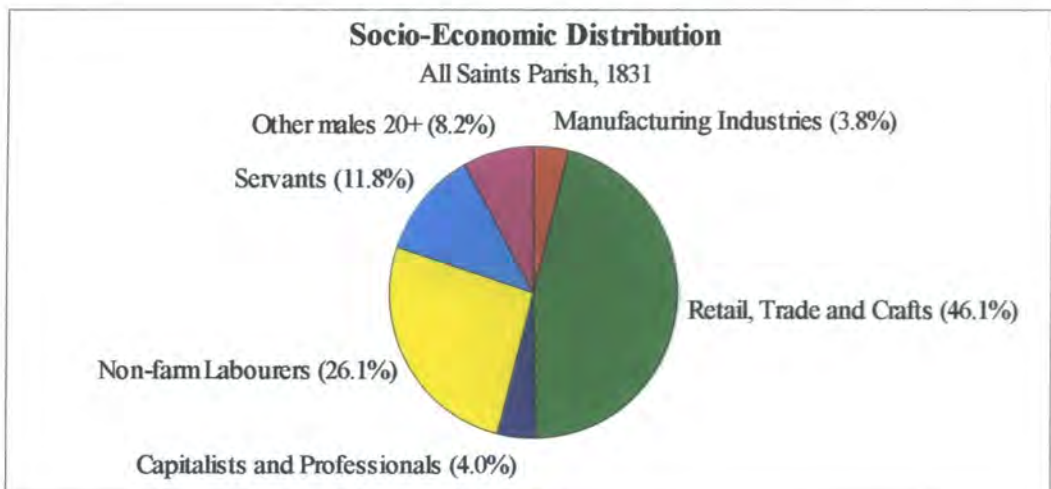


Chart 1.3: Distribution of key occupational groups in All Saints' Parish, Newcastle, 1831

Conditions in Gateshead might, at first sight, appear to have been somewhat better. Walsham reported that there were single, double and triple room cottages available for rent at similar prices to the tenement rooms in Newcastle. It must be remembered, however, that this was for the whole of the borough, including the

⁸⁹ Details taken from *1831 Census*, p.473. See also Appendix V

rural communities. What is more, many of these were built back to back or with minute backyards that served only as a receptacle for filth. Thus much of the housing was as squalid as the large tenement buildings in Newcastle. In the worst parts of the town, around Pipewellgate and Hillgate for example, there were tenement buildings that were generally smaller than those in Newcastle and they contained fewer rooms. Walsham stated that he knew of no instance of more than one family occupying a single room, except in the case of lodging houses, where as many as 20 to 30 people slept together. Yet, as Reid found in 1843-4, it was normal for each family among the poorer classes to be confined to a single room with an average of five people occupying accommodation of about 14 feet square by 7 feet high. Walsham knew of no families occupying cellars but Reid found that cellar dwellings, although uncommon, were beginning to increase in numbers. By 1854 they had become numerous in the newer parts of the town, creating housing conditions that were every bit as bad as those found in the older districts.⁹⁰

Regarding Sunderland, a Local Committee, reporting to Reid, drew his attention to the crowded state of housing in the worst parts of the borough including the presence of back to backs. As in Newcastle, there were a large number of houses that were let into separate tenements of one or two rooms each, including former homes of the wealthier inhabitants of the town. Many of them were three or more stories high, with "dark cellars", containing six to twelve families altogether. Walsham reported that with the exception of common lodging-houses for vagrants and "trampers", there were no instances of more than one family occupying one cottage. Yet, at the same time there were families, consisting of as many as ten people, occupying only one room. When Dr Sutherland conducted his inquiry into the 1848-9 cholera epidemic he found that there was a "considerable cellar population" in the town, and common lodging houses were "numerous". Yet even by 1845, housing conditions for the working classes had clearly begun to improve in some of the newer districts of the town. The characteristic working men's housing in Sunderland: the single-storey, self-

⁹⁰ Details for Gateshead Union, answers 1 and 8, Walsham to PLC, PRO MH32/79; Hume *et al*,

contained cottage which Rodger describes as being reminiscent of rural cottages or miners' rows, had begun to be developed from the 1830s onwards. Reid described them as "generally of modern structure, occupied by one or at most by two families, likewise comfortable and cleanly, and furnished with small yards and other conveniences." Nevertheless, despite these improvements there was a problem with overcrowding in Sunderland in 1851, as Table 1.5 has demonstrated, just as there was in parts of Newcastle and Gateshead.⁹¹

This discussion about population density and overcrowding provides a context for evaluating the sanitary conditions of the three towns in Chapter 3. Another factor to take into account is the differing mortality rates experienced by them during the 1830s and 1840s. These give some idea why some people began to take sanitary reform seriously.

Mortality Rates

One of the consequences of the Benthamite enthusiasm for statistical evidence was that the Registrar General's annual returns drew attention to the high mortality rates that existed in the bigger towns and cities. Chadwick highlighted this in his *Report into the Sanitary Condition of the Labouring Poor* (1842). Based on the evidence of local poor law officials and medical men, Chadwick provided incontrovertible evidence of environmental and socio-economic factors in disease. Not only did the *Report* demonstrate the disparity in mortality rates between rural and urban areas, but more profoundly, demonstrated the enormous variations between different urban districts and social groups. Chadwick was able to show a direct link between mortality rates and life expectancy on the one hand,

p.xxxiii-xxxiv; Reid, III, p.175, 191

⁹¹ Reid III, pp.191-192; Details for Sunderland Union, Borough of Sunderland, question 1, Walsham to PLC, PRO MH32/79; "Reports of the Sunderland and Bishopwearmouth Commissioners", pp.37-40 in Rawlinson, *Report to the GBH...Sunderland*, p.38; Haslewood and Mordey, *History and Medical Treatment of Cholera*, pp.119-120; Dr Sutherland, Appendix A to Report of the GBH, p.37; Rodger, *Housing in Urban Britain*, p.36. The Sunderland and Bishopwearmouth Commissioners do not provide hard data but only this rather impressionistic picture of the numbers involved.

and environmental factors such as drainage, paving, sewerage, water supply, overcrowding, ventilation and smoke pollution on the other.⁹²

According to the Public Health Act, 1848, any town or borough with an average number of deaths which exceeded 23 per 1000 over the preceding seven years could, at the discretion of the General Board of Health, be submitted to a public inquiry, without the prior invitation of the inhabitants.⁹³ The average mortality rate in Sunderland between 1838-44 was 28 per 1000 and by 1853 was claimed to have fallen to 27 per 1000.⁹⁴ Detailed data is not as readily available, though, as it is for Newcastle and Gateshead, whose statistics were included in the Cholera Commissioners' *Report*, (1854).

Year	Newcastle	Gateshead
1839	30.7	28
1840	27.8	30
1841	29.2	29
1842	23.6	27
1843	25.6	30
1844	20.9	24
1845	22.3	23
1846	30.2	39
1847	32.8	30
1848	27.3	25
1849	29.1	35
1850	23.8	25
1851	26.1	30
1852	29.7	30
1853	43.3	47
Average	28.6	30.1

Table 1.6: Showing mortality rates per thousand in Newcastle and Gateshead during the period from 1839-1853.⁹⁵

Table 1.6, shows annual rates of death per 1000 in Newcastle and Gateshead between 1839 to 1853. These reveal that Gateshead's annual mortality rate never

⁹² Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, (1842), ed with an Introduction by M W Flinn, (Edinburgh, 1965), pp.219ff

⁹³ 11 & 12 Vict, c.63, s.8

⁹⁴ Rawlinson, p.8; "Return of Places which have petitioned the General Board of Health for the application of the Public Health Act, 1848 in Accounts and Papers 1852-53" in 48 vols, 40: Public Health, *PP* (1852-3) XCVI, 1, p.11; Editorial, *SN*, 23 July, 1853, p.4C

⁹⁵ Hume *et al*, p.iii. Note, in the Return of Places which have petitioned the GBH.... vol 40, p.6, it is noted that Gateshead's general average at the time when the Provisional order was instituted was "upwards of 27 in 1,000".

fell below the maximum allowed by the Public Health Act, 1848 before action could be taken. Newcastle's figure only fell just below it in 1844 and 1845. Significantly, despite their geographical proximity, making it likely that they would have been affected by the same epidemics during the same periods, there was considerable variation between the mortality rates in both towns. For example the increase in mortality in 1846 was far more marked in Gateshead than in Newcastle. What the figures also show is that neither town, even allowing for annual fluctuations, saw any real improvement over this fifteen year period, despite growing concerns about public health and the number of inquiries that had been conducted into sanitary conditions during the 1840s. However these mortality rates were not as high as those in Manchester and Liverpool, and were comparable with those in Leeds and Hull.⁹⁶

In discussing high mortality rates in this period, cholera immediately springs to mind as a major cause of death, and the great increase in deaths for 1853 in Table 1.5 above can be explained by the serious epidemic that occurred that year. Sunderland, Newcastle and Gateshead had all experienced outbreaks of cholera during the epidemics of 1831-2, 1848-9 and 1854, Newcastle faring worse than the other two in both the outbreaks of 1831-2 and 1853.⁹⁷ Yet just how statistically significant a cause of death was cholera during the nineteenth century? Bynum states that deaths during the 1832 epidemic, nationally, represented only about 6% of the total deaths during that year,⁹⁸ "putting cholera no higher than third in the table of leading causes of deaths, behind 'consumption'..., and 'convulsions,' and not far ahead of typhus, pneumonia, smallpox, dropsy, and 'debility.'"⁹⁹ However, before the introduction of the Registration of Births and Deaths, it is somewhat incautious to be so precise about the relative mortality rates from different causes. Nevertheless, by comparing cholera deaths with

⁹⁶ The average figures over the same fifteen years for these towns were Manchester, 33.1; Liverpool, 37.6; Leeds, 28.5; Hull, 29.8. Hume *et al*, p.iii

⁹⁷ Hume *et al*, p.iii

⁹⁸ W F Bynum, *Science and Practice of Medicine in the Nineteenth Century*, (Cambridge, 1994), p.73. He does not give the source of this information.

⁹⁹ Bynum cites the number of deaths in England and Wales as 23,000 whereas the Cholera returns give the deaths for the Country as 31,376 - but that includes Scotland and also the

those from another epidemic, it is possible to get some impression of the terrible impact cholera did indeed have. For example the *Fourth Annual Report* (1842), referring to the year 1840, comments that the mortality due to all causes had been higher that year than in either of the previous years and blames scarlatina for much of the increase. The *Report* noted that in the country as a whole, deaths from this disease had risen from 5,802 in 1838 to 19,816 in 1840.¹⁰⁰ Compared to the total deaths from cholera in the country during the 1831-32 epidemic, amounting to 31,376,¹⁰¹ when the population was lower, the scarlatina epidemic was not as significant.

However, cholera only appeared in epidemic form in the three towns thrice during the century and so, although when it occurred it was devastating, the significant causes of death, year after year, must be looked for elsewhere. The *Fourth Annual Report* notes that mortality from respiratory disease in 1840 was about 6 per 1000 with pulmonary tuberculosis accounting for four of these. In fact, about one-fifth or one-sixth part of the total deaths was due to pulmonary tuberculosis,¹⁰² making it the single biggest killer during the period 1840-1.¹⁰³ As will be seen in Chapter 2, pulmonary tuberculosis (also known as consumption or phthisis) was a significant cause of death throughout our period and so has relevance to any discussion on public health reform. To give some indication of the relative significance of phthisis with some other causes of death, Charts 1.4, 1.5 and 1.6 below show the actual number of deaths in the three towns from all causes over a five year period, together with deaths from zymotic diseases generally and scarlatina, typhus and convulsions specifically.¹⁰⁴

deaths recorded in 1831. Bynum, p.73; Cholera Returns in Great Britain 1831 and 1832, PRO PC108

¹⁰⁰ *Fourth Annual Report of the Registrar General of Births, Deaths, and Marriages, in England* (London, 1842) p.218

¹⁰¹ Cholera Returns. This figure excludes Ireland.

¹⁰² *Fourth Annual Report*, p.218

¹⁰³ *Fourth Annual Report*, p.330

¹⁰⁴ See also Appendix VI

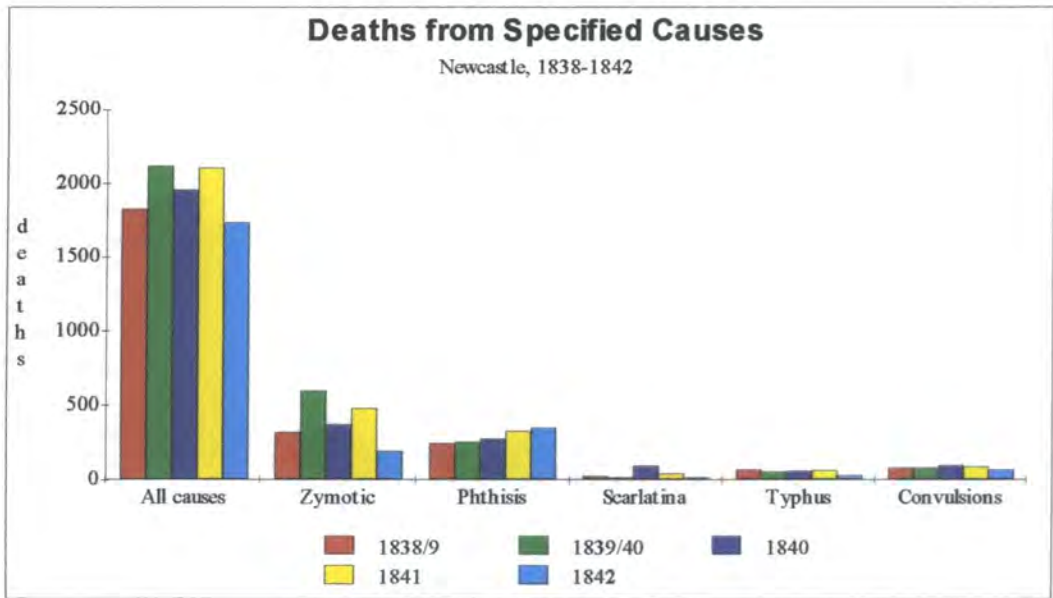


Chart 1.4: Showing deaths from all causes in Newcastle, 1840-42, and deaths from some specified causes.¹⁰⁵

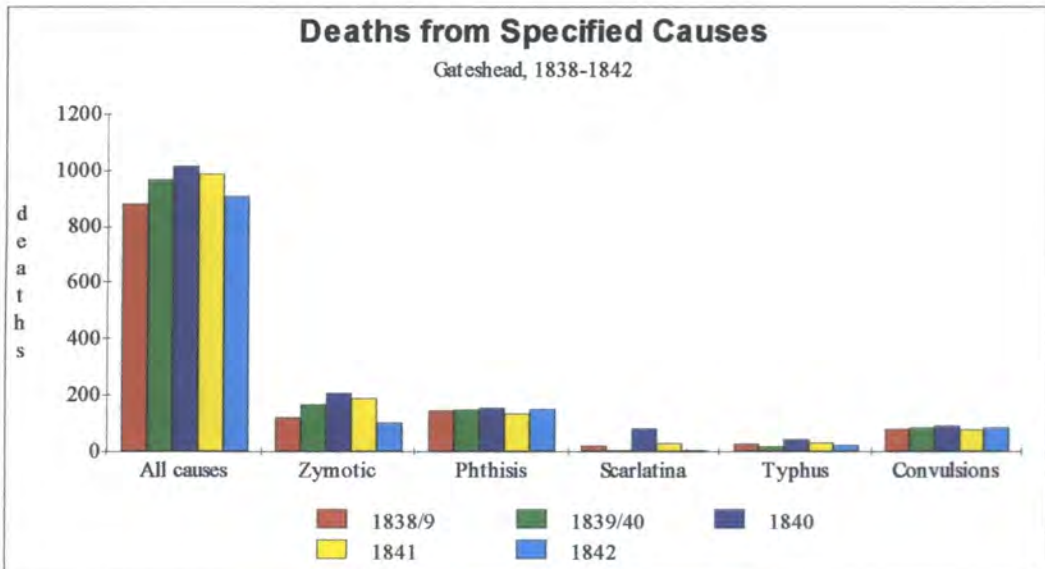


Chart 1.5: Showing deaths from all causes in Gateshead, 1840-42, and deaths from some specified causes.¹⁰⁶

¹⁰⁵ All data taken directly from, or based upon figures contained in the *Second Annual Report of the Registrar General*, (London, 1840), pp.219-220; *Third Annual Report*, (1841), pp.284-285; *Fourth Annual Report*, (1842), pp.286-288; *Fifth Annual Report*, (1843) pp.222-225, 264-267; *Sixth Annual Report*, (1845), pp.146-149, 188-191

¹⁰⁶ *Ibid*

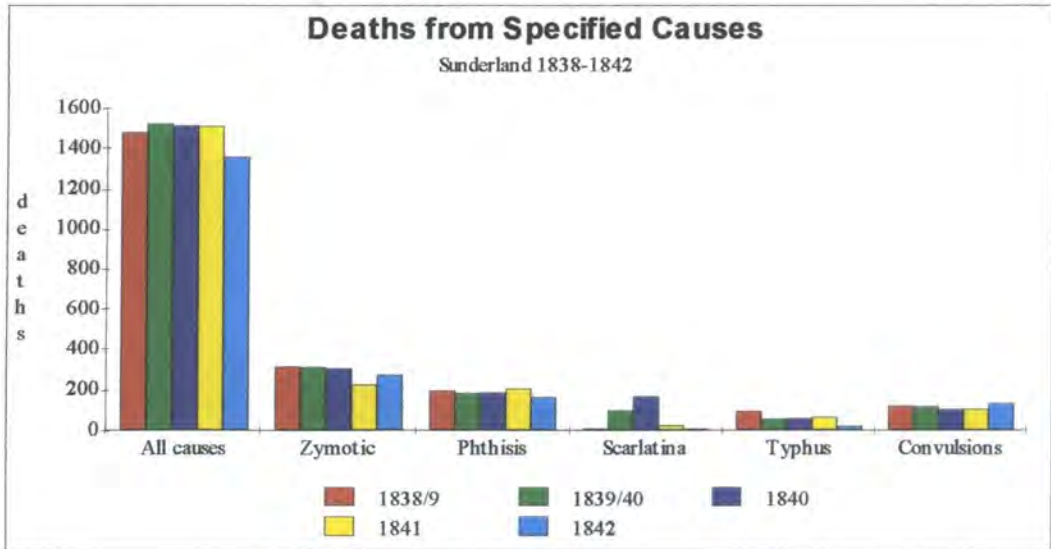


Chart 1.6: Showing deaths from all causes in Sunderland, 1840-42, and deaths from some specified causes.¹⁰⁷

Before discussing the findings of the above tables, a few comments need to be made about some of the causes of death included in them. Zymotic¹⁰⁸ diseases were all those diseases that were considered to be communicable by a process, analogous to fermentation. In this it was believed that some material from the original affected body was transformed and then “generated or multiplied a specific *zyme, contagium, or ferment*” which if transferred to another person whilst active would cause the same “morbid phenomenon” in that body. John Simon made the distinction between this sort of communicable disease, and those communicated by parasites or “germs”.¹⁰⁹ In addition to scarlatina and “typhus”¹¹⁰, Farr included smallpox, measles, whooping cough, diarrhoea,

¹⁰⁷ *Ibid*

¹⁰⁸ This was a term coined by Dr William Farr, the compiler of the statistics in the *Annual Reports of the Registrar General*. Bynum, *Science and the Practice of Medicine*, p.76

¹⁰⁹ John Simon, Report to the Privy Council, 1863, quoted in Charles-Edward Amory Winslow, *The Conquest of Epidemic Disease, A Chapter in the History of Ideas*, reprint of 1943 edn, (Winsconsin, 1980), pp.259-260; Bynum, p.76

¹¹⁰ In 1842 no distinction was made between typhus and typhoid, nor continued to be until 1871, despite the fact that the two diseases had been distinguished from each other by an American physician, W W Gerhard, in 1837. In consequence, whenever the term ‘typhus’ appears in the text in inverted commas, it serves to remind the reader that it is being used in its hybrid sense. T McKeown, *The Modern Rise of Population*, (London, 1976), p.127; Peter and Richard Wingate, *Medical Encyclopedia*, 3rd edn (London, New York, etc, 1988), p.490.

dysentery, cholera¹¹¹ and convulsions under the heading of zymotic diseases. Phthisis, or pulmonary tuberculosis, which is equally a communicable disease was treated separately amongst the diseases of the respiratory organs.

Deaths from convulsions have been included in the charts above because this was the single biggest cause of death in the 0-15 age group in 1840-1.¹¹² It is likely that although cause of death was attributed to convulsion, in fact many of these deaths were due to an infectious disease, and that the convulsion noted was a febrile convulsion, a not uncommon consequence of very high fevers in infants brought on by an underlying infection. It may also have been used on death certificates because of uncertainty about diagnosis.

The increase in scarlatina deaths in 1840, particularly in Sunderland, as demonstrated by the three charts above, confirm the comments made by the Registrar General, and illustrates the impact an infectious disease could have on mortality rates when it became an epidemic. Although the *Annual Reports* do not give specific details about the ages of the victims of this epidemic, the *Fourth Annual Report* comments that the scarlatina epidemic of 1840 had caused excessively high child mortality that year because they were “the principal sufferers”.¹¹³

One of the most striking features of the three charts above is the number of deaths caused by phthisis, rather confirming the comments made in the Registrar General’s Report for the year 1840, noted earlier.¹¹⁴ The significance of phthisis as a major cause of death is illustrated, more effectively, by Chart 1.7 below, which shows a comparison between the total deaths from zymotic diseases and the number of deaths from phthisis. [See also Appendix VI]

¹¹¹ This would have generally referred to the English cholera, as opposed to the Malignant or Asiatic cholera. English cholera was a name given to summer diarrhoea associated with eating tainted meat and unripe fruit. J M’Gregor-Robertson, *The Household Physician*, 2nd edn rev, (London, nd), p.184

¹¹² *Fourth Annual Report*, p.330

¹¹³ *Fourth Annual Report*, p.218

¹¹⁴ See page 53

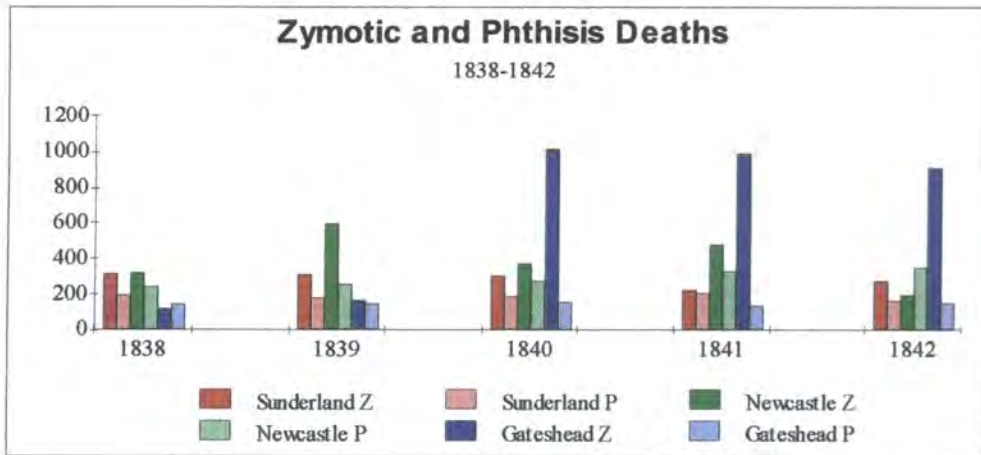


Chart 1.7: Showing a comparison between total deaths from Zymotic (Z) diseases in Sunderland, Newcastle and Gateshead (shown in solid colours) with the total number of deaths from Phthisis (P) (shown in spotted colours) from 1838-1842¹¹⁵

In years of epidemic, the deaths from zymotic diseases far outnumbered the deaths from phthisis, as was the case in Gateshead from 1840-42. Yet in other years, deaths from consumption were similar to the number of all zymotic deaths and were actually higher than deaths from zymotic diseases in Gateshead in 1838 and in Newcastle in 1842. Although consumption was the single biggest killer in the three towns in 1840-1, it was in the 15-60 age group that it had its greatest impact.¹¹⁶ In looking at the relative experiences of consumption deaths in Sunderland, Gateshead and Newcastle, it is difficult to identify a cause for any fluctuations, particularly for the increase in consumption deaths in 1841 and 1842. Significantly, the *Sixth Annual Report of the Registrar General*, commenting on the Public Health for the year 1842, is silent on this point. This may in part be due to the fact that, for the country as a whole, the figures had declined a little from 1840.¹¹⁷

¹¹⁵ All data taken directly from, or based upon figures contained in the *Second Annual Report*, pp.219-220; *Third Annual Report*, (1841), pp.284-285; *Fourth Annual Report*, (1842), pp.286-288; *Fifth Annual Report*, (1843) pp.222-225, 264-267; *Sixth Annual Report*, (1845), pp.146-149, 188-191

¹¹⁶ The *Fourth Annual Report*, p.330, states that the single biggest cause of death in the 15-60 age group was consumption.

¹¹⁷ The total phthisis deaths were 1840 - 59,923; 1841 - 59,592; 1842 - 59,291, *Sixth Annual Report*, pp. 5,6 and 8.

As far as typhoid and typhus are concerned, no distinction was made between these two diseases at this stage and so they are lumped together under “typhus”. Although from Charts 1.4 - 1.6 it is clear that “typhus” was not as significant a cause of death as consumption, nevertheless, in 1840-1 it was the second biggest single cause of death in the 15-60 age group.¹¹⁸ In epidemic years it could produce the sort of fatality levels that a cholera epidemic wrought. For example Murchison estimated that as many as 10,000 people died of typhus in Liverpool in 1847, though this was unusual. Essentially, however, deaths from consumption and “typhus” did not produce the high numbers of deaths that cholera did during the epidemics of 1831/2, 1848-9 and 1853, so perhaps it is not surprising that so much attention has been paid to this one disease. Yet whereas cholera struck fiercely, it did so briefly and sporadically. In contrast, pulmonary tuberculosis was the single biggest killer, not just in 1840-41 as noted above, but throughout the nineteenth century.¹¹⁹

This chapter has examined the demographic changes that took place in the three towns between 1801 and 1861. It has been demonstrated that although all three towns saw increases in population, this was not as marked or as dramatic as elsewhere and Gateshead's growth came slightly later than either of the other two towns. This chapter has also highlighted the level of overcrowding that existed and the high mortality rates experienced. Before considering the sanitary conditions of the three towns in more detail, it is important to understand the nature of the three main diseases that we are dealing with so that links with environmental conditions can be established. This, together with an exploration of some of the medical opinions that prevailed at that time will be dealt with in the next chapter.

¹¹⁸ *Fourth Annual Report*, p.330

¹¹⁹ C Murchison, *A Treatise on the Continued Fevers of Great Britain*, (London, 1862), p.49; E Margaret Crawford, “Migrant Maladies: Unseen Lethal Baggage”, pp.137-147” in E M Crawford, *The Hungry Stream: Essays on Emigration and Famine*, (Belfast and Omagh, 1997), p.143; *Fourth Annual Report*, p.330; Bynum, *Science and the Practice of Medicine*, p.225

2: DISEASE AND MEDICAL OPINION 1835-1858

At the end of Chapter 1 it was demonstrated that Newcastle, Gateshead and Sunderland all suffered high mortality rates. Although no one doubted that death rates were high, there was disagreement during the nineteenth century as to why this was happening. One of the main themes of this chapter is the different ways in which disease and its transmission were understood during the first half of the nineteenth century. There has also been a certain amount of disagreement among historians as to the relative significance of the different solutions proposed. This too is something that will be explored. Although this thesis is particularly concerned with typhoid, typhus and pulmonary tuberculosis, no discussion of medical attitudes and opinions concerning communicable diseases in the first half of the nineteenth century can be conducted without reference to cholera. This is particularly the case because much of the medical literature during the 1830s, relating to disease transmission, was written in the context of the 1831-2 cholera epidemic.¹

It has been argued that cholera was a primary cause of public health reform because, being less class specific than typhus or consumption, it prompted the middle classes to take action out of fear for their own safety.² Fraser even goes so far as to claim that because cholera was a water-borne disease it attacked all, but “notably the middle classes with their better water supplies”,³ which greatly

¹ For example, from local medical men: W Reid Clanny, MD, *Hyperanthrax; or the Cholera of Sunderland*, (London, 1832); T M Greenhow, *Cholera: its non-Contagious Nature and the best means of arresting its progress shortly examined in a letter addressed to the Right Worshipful The Mayor of Newcastle*, (Newcastle, 1831); T M Greenhow, *Cholera, as it has recently appeared in the towns of Newcastle and Gateshead; including Cases illustrative of its physiology and pathology, with a view to the establishment of sound principles of practice*, (London and Newcastle, 1832); W Haslewood and W Mordey, *History and Medical Treatment of Cholera as it appeared in Sunderland in 1831*, (London, 1832); James Butler Kell, *On the Appearances of Cholera at Sunderland in 1831; with some Accounts of that Disease*, (Edinburgh, 1834); G Tinn, *Practical Treatise on Cholera and on Muco-Enteritis; or the disease misnamed Asiatic, Malignant, or Epidemic Cholera, carefully adapted for general perusal*, (Newcastle, 1837); David B White, MD, *Hints on the practicability of contracting the extension and greatly diminishing the fatality of the Malignant Cholera with Practical Remarks upon the most successful plans of treatment hitherto adopted in this country in a letter Addressed to the Rev J Collinson, M A, Rector of Gateshead, and Master of St Edmund's Hospital*, (Newcastle, 1832)

² See for example, W F Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge, 1994), p.76; Eric Evans, *The Forging of the Modern State*, (London and New York, 1983), p.236

³ Derek Fraser, *The Evolution of the British Welfare State*, 2nd edn, (Basingstoke, 1984), p.59

exaggerates the case as far as Tyneside and Wearside were concerned. In the 1831-2 epidemic the victims in the three towns were almost all members of the working-classes, with the exception of a few medical professionals and philanthropists who attended victims and Eneas Mackenzie, the Newcastle printer, bookseller and historian.⁴ In the 1853 epidemic the Whittle Dene Water Company, which served both well-to-do and poorer customers, was implicated in the severity of the outbreak on Tyneside and in consequence some members of the middle classes were affected. Nevertheless, the overwhelming number of victims lived in those localities that normally suffered most from infectious diseases.⁵ Therefore it is inaccurate to suggest that cholera was less class specific than typhus and other infectious diseases which raises questions about the significance of the disease itself.

The Health of Towns Association was formed following the publication of Chadwick's *Report* in 1842, a decade after the first cholera epidemic. The motivation was clearly not fear of cholera therefore, but ongoing concerns about the financial drain on the poor rates. If any individual disease prompted the Public Health Act, 1848, it was probably the typhus epidemic of 1847-48. Certainly Sir John Fife linked this epidemic with the establishment of the Newcastle and Gateshead Sanitary Association in 1847.⁶ Pelling is therefore correct to question the catalytic extent of cholera and to suggest that it was probably "a distraction rather than an impetus to reform".⁷ After all, the 1848 epidemic actually delayed the implementation of the Act in many places, including Sunderland and Gateshead, as will be seen in Chapter 7.

In order to understand the significance of individual health problems and the consequences to health of specific improvements, it is important to understand the aetiology of the key diseases we are concerned with. Typhoid is a bacterial

⁴ Clanny, pp. 76-77; Haslewood and Mordey, pp.130, 134-135; Registry of Persons who have died of Cholera at Newcastle upon Tyne from Oct 25 to March 11, 1832, TWAS Srp Ac PA1049

⁵ *Report of the Commissioners appointed to inquire into the Causes which have led to, or have aggravated the Late Outbreak of Cholera in the Towns of Newcastle-upon-Tyne, Gateshead and Tynemouth*, (London, 1854), signed by Joseph Burnely Hume, John Simon and John Frederick Bateman, 15 July, 1854, *PP* (1954) XXXV, 92, [hereafter Hume *et al*], pp.vii-viii, xxv, xxxiii

⁶ Hume *et al*, p.114

⁷ Margaret Pelling, *Cholera, Fever and Medicine 1825-1865*, (Oxford, 1978), p.6

disease that is transmitted by food or water that has been contaminated with the bacteria *salmonella typhi*. It can also be transmitted by flies, which carry the bacteria from excrement to human food sources. The bacillus circulates in the blood stream and causes a wide variety of symptoms including high fever, headache, malaise, anorexia, rash on the trunk and a non-productive cough. The greatest danger comes when the infection erodes blood vessels in the intestine, causing haemorrhaging, or when it breaches the abdominal wall, causing peritonitis. Although diarrhoea was often noted, constipation is a more common symptom, particularly in adults. Today the usual fatality rate, without treatment, is 10%, but, in the absence of clear differentiation between typhoid and typhus in the 1830s, 1840s and 1850s, it is difficult to know whether or not the mortality rate in the nineteenth-century was of the same order.⁸

Clearly, improvements in sewerage disposal and the decontamination of water supplies helped reduce the incidence of typhoid, as did the regular removal of middensteads outside dwelling houses, which attracted the flies that helped to spread infection. Therefore Winslow and Mckeown are undoubtedly correct in highlighting the significance of sanitary reform in dealing with gastro-intestinal diseases and contributing to a decline in mortality in the second half of the nineteenth century.⁹ Yet, in reality, given the ignorance about the specific nature of disease and disease transmission, it is perhaps misleading of Winslow to suggest that the early sanitarians were only concerned with intestinal diseases.¹⁰ Typhus, which was not an intestinal disease, nevertheless aroused considerable concern during the 1830s and 1840s. Although Chadwick's arterial sanitary system was an important element in public health reform, other environmental factors featured in numerous sanitary reports, as will be highlighted in Chapter 3. These factors included improvements to housing, ventilation and domestic and personal hygiene, which all played a significant part in reducing mortality rates

⁸ Abram S Benenson (ed), *Control of Communicable Diseases in Man, An official report of the American Public Health Association*, 15th edn, (Washington, 1990), p.469-470; Peter and Richard Wingate, *Medical Encyclopaedia*, 3rd edn, (London, New York, Victoria etc, 1988), p.490; M'Gregor-Robertson, *The Household Physician*, 2nd edn, (London, nd), p.412

⁹ Charles-Edward Amory Winslow, *The Conquest of Epidemic Disease, A Chapter in the History of Ideas*, (1943), reprint (Winsconsin, 1980), p.236; T McKeown, *The Modern Rise of Population*, (London, 1976), p.127

¹⁰ Winslow, p.236

from infectious diseases, alongside the sanitary measures that Winslow identifies.

However, Pickstone rightly warns us not to concentrate only on the Chadwickian or “ultra-sanitarian” view of disease and public health. He argues that in addition to the Chadwickian model, where the emphasis was on the spatial and physical causes of disease, there was an older view, namely the “dearth” model. This emphasised the economic factors in disease, namely famine and its relationship with ‘fever’, and was still accepted by some doctors and laymen in the nineteenth century.¹¹ There is a political dimension to the sanitarian model, for Chadwick was unwilling to accept that following the 1834 Poor Law reform, poverty was any longer an official problem. Yet faced with mortality statistics from the Registrar General and the ongoing pressure on the rates, Chadwickians began to argue that disease was responsible for much of the poverty that existed. In other words, capitalism was not responsible for the high mortality rates. Rather, environmental factors, which were amenable to improvement, were creating poverty through the sickness and death of wage earners with dependents. Part of the attraction of this theory was that the solution offered, in terms of public health engineering, had a concrete and finite dimension, unlike poverty and wealth distribution, which were both far more intransigent problems to address. Given that sanitary engineering did indeed reduce the death rate among the Victorian poor, Pickstone states that historians have readily accepted the legitimacy of the Chadwickian model, as has been seen above in the case of Winslow. In consequence, the “dearth” model has been greatly overlooked.¹²

This is perhaps a rather unfair criticism, given McKeown’s work. His thesis is that nutritional improvement, particularly after the middle of the nineteenth century, was the single most significant contribution to the decline in mortality from infectious diseases. From the experience of the World Health Organization and experiments that have been conducted on animals concerning the

¹¹ See for example W P Alison, *Observations on the Generation of Fever*, (London, 1860), p.13 and “Argus” to the Editor, Letter III, *SH*, 5 Oct, 1849, p.5B.

¹² John V Pickstone, “Dearth, dirt and fever epidemics: rewriting the history of British ‘public’ health, 1780-1850”, 125-148 in Terence Ranger and Paul Slack, (eds), *Epidemics and ideas: Essays on the historical perception of pestilence*, (Cambridge, 1992), pp.126-127; 138

relationship between nutrition and infectious diseases, McKeown argues that malnourished people have a lower resistance to attack from infections and reduced powers of recovery, compared to people with an adequate diet.¹³ The potato famine of 1846 on both sides of the Irish Sea resulted in an outbreak of scurvy among the Irish and English poor who were reliant on potatoes as their sole source of vitamin C.¹⁴ This may have lowered people's resistance to other diseases and perhaps explains, in part why there were a series of other epidemics in the second half of the 1840s. In addition to improved diet, McKeown also comments that better food hygiene, in particular safer milk, was also a major contributory factor in reducing the incidence of intestinal disease and some forms of tuberculosis, namely *tabes mesenterica*.¹⁵

There is more to dearth, though, than malnutrition. Poverty creates the ideal circumstances in which contagious diseases flourish. In the 1840s, depressed and dispossessed agricultural workers flooded to centres of population seeking work. Being poor, they congregated in the slums, thereby exacerbating already appalling conditions. For those coming from Ireland, the cramped, insanitary conditions on board the boats to England provided an ideal opportunity for lethal bacteria to prosper. In addition, the practice, among the poor, of selling their ragged clothes, aided the spread of diseases such as typhus.¹⁶ Nor did the poor benefit from the introduction of cotton clothing which could be boiled, as they could not afford to buy them or secure the fuel and water necessary to boil them.

Typhus fever is an infectious disease caused by a very small bacterium, *rickettsia prowazeki*, which is transmitted via parasitic insects such as rat fleas and body

¹³ McKeown, (1976), pp.128-129, 134-136, 141, 153. McKeown refers to the findings of Newberne and Williams that severe deficiencies of essential nutrients can have a marked effect on the manner in which the host responds to the effect of an infectious agent. P N Newberne and G Williams, "Nutritional Influences on the course of infections", in R H Dunlop and H W Moon, *Resistance to Infectious Disease*, (Saskatoon, 1970), p.93. He also quotes from a World Health Organization publication [M Behar, "A deadly combination", *World Health*, (February-March, 1974), p.29] that states that "an adequate diet is the most effective "vaccine" against most of the diarrhoeal, respiratory and other common infections." McKeown, pp.134, 136

¹⁴ E Margaret Crawford, "Migrant Maladies: Unseen Lethal Baggage", pp.137-149 in E M Crawford, (ed), *The Hungry Stream: Essays on Emigration and Famine*, (Belfast & Omagh, 1997), pp.143-145

¹⁵ McKeown, (1976), p.153

¹⁶ Anon, "Condition of the Poor", Letter I, *NC*, 12 April, 1850, p.4A-B; Crawford, p.146

lice. As with typhoid, the symptoms are varied, including headache, chills, prostration, fever, delirium and general pains. Skin rashes are common, starting on the trunk but spreading over the whole body excluding the face, palms and soles. Pneumonia and toxæmia are among the more serious complications.¹⁷ Given that typhoid and typhus have a number of symptoms in common, it is perhaps not surprising that they remained undifferentiated for so long.

Body lice are associated with poor personal hygiene and are easily spread in overcrowded living conditions, such as those that existed among the poorer classes in the nineteenth century. For example, Mayhew recorded that one of his informants in London had recorded seeing lice in the room where he both worked and slept with a number of others. When making their beds, which were “very filthy and dirty”, he saw a “troop of ‘Scotch greys’ creeping about the quilt”!¹⁸ Any dirty environment where rats proliferated was also a breeding ground for typhus-infected fleas. Transmission of the disease takes place when infective louse or flea faeces are inhaled or rubbed into scratches and abrasions on the host’s body, and the parasitic insects become infected themselves when feeding on the blood of a human sufferer. Today, fatality rates are considered to range from 10% to 40%, with the higher rates associated with advancing age because of the inability of older hearts to withstand the strain that typhus places upon them. This is not so very different to the figures that Luckin gives for the fatality rates during the nineteenth century of about 20% to 45%, though once again, given the lack of precision in diagnosis, these figures can only be estimates.¹⁹ Yet for contemporaries, major epidemics, such as the one in 1847-8, were perceived as resulting in fatalities in the great majority of cases, particularly during the early stages of the outbreak.²⁰

¹⁷ Benenson, pp.474-5; Wingate, pp.490-1

¹⁸ Henry Mayhew, Letters XXVII-XL, 18 January to 7 March, 1850, *The Morning Chronicle Survey of Labour and the Poor: the Metropolitan Districts vol 3*, (Horsham, 1981), p.184

¹⁹ Benenson, pp.474-5; Bill Luckin, “Evaluating the sanitary revolution: typhus and typhoid in London, 1851-1900”, pp.102-119 in Robert Woods and John Woodward (eds), *Urban Disease and Mortality in Nineteenth-Century England*, (London and New York, 1984) p.115; Crawford, pp.142-143

²⁰ For example Elizabeth Gaskell, *Ruth*, (1853), edited with an Introduction by Alan Shelston, (Oxford and New York, 1985), p.424

As typhus is not passed directly from human to human, but only via a vector, elimination of body lice and rats effectively deals with the disease. Clearly part of the solution to the problem of typhus was to improve washing facilities for personal hygiene, clothing and housing, and to control body-lice through disinfection. This could partly be achieved by improving water supplies to domestic users, but also by providing public baths and wash houses at prices that were affordable to the poor. In addition, regular removal of household waste and the elimination of middensteads would have helped control the rat population. Overcrowding could be addressed by the increased provision and regulation of working-class housing and the inspection and control of common lodging houses.

However, typhus was a more complex disease than typhoid, and there were other factors affecting its epidemiology which fall outside the scope of sanitary improvements and within the “dearth” model, which acknowledged the significance of social catastrophes such as famine and war. It can be argued that an improvement in diet helped reduce the problem of typhus during the eighteenth and early nineteenth centuries but that sudden influxes of Irish immigrants from typhus-ridden communities may have helped to spark off the epidemics of the 1840s and 1850s.²¹ Certainly the Quarterly Return for the winter quarter of 1847 attributed the rise in mortality to the “disastrous effect of the immigration of the Irish poor on the health of English towns”, and in particular the devastating impact this had on Liverpool. However, it was perhaps a little too convenient to blame all the increase upon the Irish, as will be explored later.²²

Rickettsia prowazeki can remain viable in dead lice for weeks, hence the frequent recurrence of fever in certain houses. For example, Mr Newton, a surgeon in Newcastle, described a particular house in Sandgate worthy of note:

²¹ Luckin, pp.115-116; Mckeown, (1976), p.127; Alec Mercer, *Disease, Mortality and Population in Transition, Epidemiological-Demographic Change in England since the Eighteenth Century as Part of a Global Phenomenon*, (Leicester, 1990), p.16

²² Quarterly Return, “State of Health in 1847” in *Tenth Annual Report of the Registrar General of Births, Deaths, and Marriages in England*, (London, 1852), pp.viii-ix

It is not always occupied, but when the tenant enters it, the event most likely to happen is a case or two of fever. I have attended five consecutive cases occurring in one family. The house is extremely damp. Dr Mason makes the same remark in reference to this place. Fever is frequently in this locality, which, at first sight, you would imagine to be healthy, owing, I think, to want of drainage, etc.²³

It is possible that the “fever” referred to here *was* typhoid fever, caused by the poor drainage that Newton alluded to. Yet, the fact that this particular house had a succession of fever victims suggests typhus fever, caused by infected lice and their droppings.

Another illustration is given in a short item in the *Tyne Mercury* concerning an epidemic of “typhus fever” in Huddersfield in 1843. The article claims that apples, turnips and “other country fruits and vegetables” were blamed for the outbreak.²⁴ On this occasion it may have been diarrhoea caused by fruit and vegetables that, in December, were past their best, or it could have been typhoid caused through contaminated food, which had no connection to the fruit and vegetables. If it was typhus, then the connection made with the fruit and vegetables was erroneous, though if the victims had been forced, through poverty, to eat rotten food, this might have led people to make this link.

The above examples highlight the very real difficulty that exists in discussing evidence concerning typhoid and typhus fevers because of the vagueness with which the term “fevers” was used. Based on London hospital records, Mercer claims that typhus was far more destructive than typhoid but that typhoid was probably endemic, possibly weakening resistance to other diseases, even if not directly responsible for large numbers of deaths. In contrast, he claims that typhus tended to present itself in periodical epidemics.²⁵ Yet contemporaries suggested that typhus, too, was endemic. The extract from Mr Newton, discussed above, is one such example. Another comes from Mrs Gaskell, who described it as:

²³ D B Reid, *Report on the Sanatory Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts*, Part II - “General Report on the Towns visited in the Northern Districts”, *PP* (1845) XVIII, 368, [hereafter Reid II], p.129

²⁴ “Typhus Fever”, *TM*, 5 Dec, 1843, p.3A

²⁵ Mercer, p.88

...that fever which is never utterly banished from the sad haunts of vice and misery, but lives in such darkness, like a wild beast in the recesses of his den.²⁶

In particular she suggests that it was so common in the low Irish lodging-houses that it excited little attention, until it “burst forth” in many places at once, including the homes of the decently poor and even the “well-to-do and respectable”.²⁷ The fact that Dr Alison of Edinburgh wrote his treatise on fever before the great typhus epidemic of the 1846-48 indicates its prevalence in parts of mainland Britain before the great Irish exodus. Indeed, there was a major epidemic in 1837-8 when nearly 19,000 people died in England and Wales.²⁸

One way in which historians can determine which of the two diseases was being referred to in any discussion about “fever” is to take account of the season of the year in which the deaths occurred. Typhoid is generally associated with the warmer months, whereas *rickettsia prowazeki* favours colder conditions, when people are inclined to huddle together in unventilated dwellings for warmth.²⁹ Thus the Huddersfield “fever” epidemic was more likely to have been typhus. Dr Alison of Edinburgh, an opponent of the sanitarian model, argued that one of the reasons why typhus was more prevalent during the winter was because it was the time of year when the poor were more likely to be destitute.³⁰

Although the Registrar-General’s Reports give quarterly typhus figures for 1840 to 1842, these were discontinued, so it is difficult to find data showing seasonal fever deaths throughout our period. Nevertheless some observations can be

²⁶ Gaskell, *Ruth*, p.424. In his explanatory notes, Shelston suggests that the epidemic that Gaskell describes at the end of the book was in fact a cholera outbreak. (p.464) This seems improbable given that she herself describes it as typhus fever (pp.422-423). She mentions the delirium suffered by some of the victims, which was one of the known symptoms of typhus. If it had been cholera, something of the unusual features of the disease – the blackness of the skin, the rice water stools, etc – would surely have been mentioned.

²⁷ Gaskell, p.424

²⁸ Alison, *Observations*, p.13; F B Smith, *The People’s Health 1830-1910*, (London, 1979), p.239. The number of deaths in this epidemic exceeded the number of deaths in the more infamous 1847 epidemic, when just over 17,000 died. Smith, p.239. See also the ‘typhus’ deaths for 1840-42, Fig. 2.1 below.

²⁹ C Murchison, *On the Causes of Continued Fevers*, read before the Metropolitan Association of Medical Officers of Health, 21 Feb, 1863, reprinted from *The London Medical Review*, p.3; Benenson, p.475; Mercer, p.82. Mercer links diarrhoeal-disease caused by food-borne and water-borne components with hot weather.

³⁰ Alison, p.13

made from the details available for Sunderland, Gateshead and Newcastle between 1840 and 1842, as shown in Figure 2.1 below.

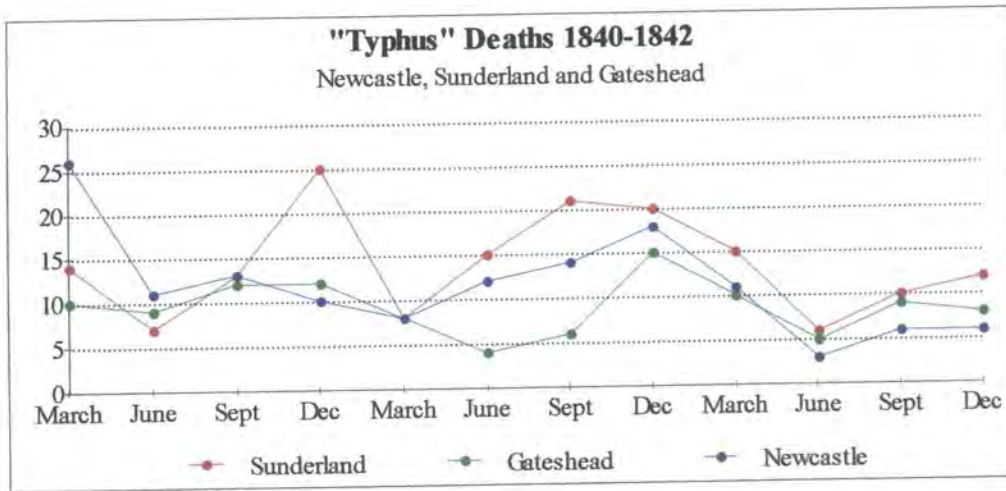


Figure 2.1: Showing the seasonal fluctuations in "typhus" deaths in Sunderland, Newcastle and Gateshead during 1840, 1841 and 1842³¹

Although the results are not conclusive, it would seem that generally there were fewer "typhus" deaths in the summer than in the winter, suggesting that typhus, rather than typhoid, was the more serious endemic disease.³² This is confirmed by the anonymous author of a series of letters for the *Newcastle Chronicle* in 1850, who recorded an observation made by a local poor law medical officer that fever was never wholly absent "though winter is the season in which it is more prevalent".³³ This suggests that Mercer is incorrect in his assertion that typhus was largely an epidemic disease and not an endemic one, although from Murchison's statistics from the London Fever Hospital, "typhoid" admissions were more constant from 1848-1862 compared to typhus ones.³⁴ One notable point about Fig. 2.1 is the rise in deaths in the summer of 1841, which suggests a typhoid outbreak, particularly in Sunderland. Perhaps more significant is the

³¹ Data taken from *Fourth Annual Report of the Registrar General, (1842), p.312; Fifth Annual Report, (1843), p.336, and Sixth Annual Report, (1844), p.208*

³² Calculating the total number of deaths recorded in the two summer quarters (June and September) and the two winter quarters (December and March), the results are as follows: Sunderland: 94 winter deaths, 72 summer deaths; Gateshead: 63 winter deaths, 45 summer deaths; Newcastle: 79 winter deaths, 59 summer deaths.

³³ Anon, "Condition of the Poor", Letter III, First series, *NC*, 26 April, 1850, p.4A-B. See also Reid, *Report*, Part III - "Local Reports, with explanatory Remarks", *PP (1845) XVIII*, 461, [hereafter Reid III], p.169

³⁴ Typhus admissions ranged from 15 in 1858 to 1551 in 1862. C Murchison, *A Treatise on Continued Fevers in Great Britain*, (London, 1862), Diagram VII, pp.412-413

surprisingly low number of “typhus” deaths that took place during these years, which perhaps puts the later discussions about the sanitary conditions of the three towns into some sort of perspective. Although both contemporaries and historians alike have highlighted the impact of urban squalor on public health, perhaps an equally valid question to consider is why, given the conditions, so few actually died of water-borne diseases such as typhoid. To some extent this question was answered by Dr William Budd in his treatise on *Typhoid Fever* (1873) in which he describes the way that immunity was conferred by an attack. Nevertheless, it does confirm the validity of Pickstone’s thesis that both the Chadwickian and the dearth models need to be combined, given the multicausal nature of disease transmission.³⁵

There was one school of thought at this time that argued that the rising incidence of disease generally in the first half of the nineteenth century was due to Irish immigration. As has already been noted, the Registrar General’s *Tenth Annual Report* blamed the Irish poor for the deteriorating health of English towns.³⁶ The Gateshead Guardians appear to have come to a similar conclusion during the same year when they reported to the Poor Law Commissioners that:

At present fever seems to be spreading so rapidly in various lodging-houses where the Irish poor principally resort, and also in some degree amongst the resident labouring poor.³⁷

Typhus first erupted in Ireland during the last quarter of 1846. It appeared in Glasgow at the end of 1846 and in Liverpool in January 1847. London and Edinburgh were affected in March and Manchester during April 1847. Thus, given the progress of the epidemic, it is perhaps not surprising that many concluded that the Irish were to blame. Yet Crawford is incorrect in her assertion that the source of fever was “unanimously identified with Irish migrants”.³⁸ For example, Dr Lyon Playfair claimed, instead, that the excessive

³⁵ William Budd, *Typhoid Fever, Its Nature, Mode of Spreading, and Prevention*, (London, 1873), p.3; Pickstone, p.127

³⁶ M W Flinn, Introduction to Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, (1842), edited with an Introduction by M W Flinn, (Edinburgh, 1965) p.15; *Tenth Annual Report of the Registrar General*, (London, 1852), pp. viii-ix

³⁷ Extract from a Letter from Rowntree, Clerk to the Guardians to the PLC, included in the Minutes of the Guardians of the Gateshead Union, an extract from which is printed in the *GO*, 16 Oct, 1847, Brockett Papers, 9(II), p.451.

³⁸ Crawford, “Migrant Maladies”, p.140

mortality rates in towns such as Liverpool were due to “the structural arrangements” and “physical causes of disease in the town itself”. Playfair was concerned that the belief that the Irish were responsible for disease had lulled the authorities into the idea that improvements were therefore beyond their control.³⁹

Graham Davis discusses the contradictory attitudes and responses to Irish settlers in various major towns during this period and suggests that there was a more liberal response to them in places like Newcastle, Dundee and Edinburgh than in Liverpool and Manchester. This was partly because of the character and scale of migration and partly because of the local labour conditions and employment opportunities. Those who responded negatively included Engels, who claimed that the Irish in Manchester lived in even worse conditions than the English poor.⁴⁰ *Punch* also compared them unfavourably to their English counterparts.

The English beggar – even the vagabond who trades upon infirmities and sores – is a fellow of self-respect, a tradesman decent in his filth, compared with the Irish tatterdemalion.⁴¹

This opinion led some early Victorians to treat the Irish as scapegoats in the face of epidemics that were beyond the effective control of hard-pressed officials. Yet the Medical Committee of the Newcastle and Gateshead Sanitary Association, faced with the same coincidence of typhus fever in 1846-7 and an Irish presence in Sandgate, attributed the blame to environmental conditions and the keeping of pigs in the worst districts. Likewise, Dr George Robinson, having made a thorough investigation of the epidemic’s cause, did not mention the Irish as a cause of the epidemic.⁴²

In reality, perhaps, it was not the Irish, as such, who were solely responsible for the increase in typhus epidemics, although many of them came from typhus-

³⁹ Dr Lyon Playfair, *Supplement to the Report on the Sanitary Condition of Large Towns in Lancashire*, PP (1845) XVIII, 176, p.73

⁴⁰ F Engels, *The Condition of the Working-Class in England in 1844*, (1845), translated by Florence Kelley Wischnewetzky, with a Preface by Engels, (London, 1892), pp.90-94

⁴¹ “Half a Word About A Bit of Ireland”, *Punch*, 17, (1849), p.26

⁴² Hume *et al*, *Cholera Inquiry*, p.ix; George Robinson, *Lecture on the Sanitary Condition of Newcastle delivered before the Literary and Philosophical Society, 10th February, 1847*, p.5, cited by Cooter as a NPL Local Tract – no longer available. R J Cooter, “The Irish in County Durham and Newcastle c.1840-1880”, unpublished MA thesis, University of Durham, 1972, p.54 and W Young, “Public Health in Newcastle 1845-54 with Special Reference to the Cholera Epidemic of 1853”, undergraduate dissertation, University of Newcastle, 1965, p.19

ridden communities in Ireland where, like parts of England, the disease was endemic. Rather, it was because the Irish in England tended to be amongst the poorest urban dwellers and therefore particularly susceptible to the disease. As Dr Alison observed, typhus fever was primarily linked with destitution and the irregular modes of life connected with it. This was borne out by the fact that a large proportion of the fever cases in the Edinburgh infirmary consisted of Irish labourers and their families, who had irregular employment. In this Alison was adopting the dearth model, described earlier, and it was a view shared by one of the Newcastle sub-committees who reported to Reid in 1843. They claimed that the greatest number of users of the dispensary and fever hospital were trampers seeking work, or vagrants of different origins.⁴³ Although they go on to note that the Irish particularly made use of the charitable medical institutions, the real point was that disease, and particularly fever, was believed to be related to socio-economic status rather than to ethnicity.

As Pooley and Pooley argue, it is probable that even without the mass Irish immigration, British migrants from rural areas and small towns, who had not developed immunity to the endemic and epidemic diseases of the large urban areas, would have been susceptible to the famine-induced typhus epidemic. Therefore Crawford would appear to be correct in her assessment that in 1847 Irish immigrants acted as “a catalyst adding fuel to an outbreak about to ignite.”⁴⁴ Thus it appears that Irish immigration into the North-East during our period helped to revitalise typhus, at a time when many indigenous people were suffering from the social and economic hardships associated with unemployment and food shortages. However, it was these underlying economic conditions, rather than Irish immigration *per se*, that contributed most to the typhus epidemic of 1846-8.⁴⁵

⁴³ Reid III, p.168

⁴⁴ Marilyn E Pooley and Colin G Pooley, “Health, society and environment in nineteenth-century Manchester”, pp.148-175 in Woods and Woodward, *Urban Disease and Mortality*, p.149; Crawford, p.146

⁴⁵ Alison, *Observations* pp.13-14; Summaries of Reports from Health of Towns Sub-Committees in Newcastle, *NWC*, 13 Jan, 1844, p.3A; Pickstone, p.133. Alison was a forthright exponent of the dearth model, as will be seen later.

Of course Figure 2.1 only deals with deaths, as do the mortality tables in Chapter 1. As has already been noted, fatality rates from typhoid and typhus varied, but could be as low as 10%. We must not forget the large number of victims who suffered from the impact of these diseases who did not become part of the mortality statistics. They not only experienced distressing and painful illnesses, which could have left them with long-term physical impairment, but suffered loss of earnings as well, which may have tipped them and their families into pauperism. Thus there were economic consequences arising from these diseases beyond simply the death of wage earners, as Chadwick acknowledged in his *Report*.⁴⁶

Despite the aetiological differences in typhoid and typhus they were both linked to the most insanitary and wretched housing conditions, and as such, were principally diseases associated with the poor.⁴⁷ However, as noted in Chapter 1, it was pulmonary tuberculosis that was the major cause of death amongst adults, throughout our period. For example, Farr reported that in 1851, deaths from consumption for England as a whole amounted to 2,781 per million, which was the single highest cause of death. In contrast, deaths from “typhus”, which was the single most significant cause of death from a zymotic disease, accounted for 969 deaths per million.⁴⁸ It is likely that deaths from pulmonary tuberculosis were even higher than the figures suggest. This was in part due to misdiagnosis and ignorance about the unitary cause of a disease which had a number of manifestations.⁴⁹ From about 1850 the accuracy of the Registrar General’s death figures improved, particularly as the late stages of consumption and scrofula

⁴⁶ Edwin Chadwick, *Report*, pp. 422-3

⁴⁷ Though members of the affluent classes did suffer as well. Typhoid threatened them as increasingly they had piped water supplies to their homes drawn from polluted sources. The most notable people to fall victim to typhoid were Prince Albert, who died of it in December 1861; and the Prince of Wales, who recovered from an attack in December, 1871 - Elizabeth Longford, *Victoria RI*, (London, 1964), pp.366-372; 488-489. Typhus, too, found its way into the homes of the middle classes in the clothes that were made for them in the sweatshops and homes of the labouring classes. “Finery, Dirt, and Disease”, *Punch*, 14, (1848), p.54.

⁴⁸ *Fourth Annual Report*, p.330; Letter from William Farr, Esq., MD, FRS, to the Registrar General, on the Causes of Death in England, 1851, Appendix to *Fourteenth Annual Report of the Registrar General*, (London, 1855); Gillian Cronjé, “Tuberculosis and mortality decline in England and Wales, 1851-1910”, pp.79-101, in Woods and Woodward, p.79; Benenson, p.457. According to Benenson, pulmonary tuberculosis was and is far more common than extra pulmonary tuberculosis.

⁴⁹ Such as scrofula, *tabes mesenterica*, *phthisis*, etc.

were easily recognizable. Nevertheless the incidence of the disease in the population as a whole remained unknown, partly because of continuing diagnostic difficulties, partly because of prejudice and fear of stigmatization, and partly because it did not become officially notifiable until 1908.⁵⁰

Pulmonary tuberculosis is caused by an initial infection by the tubercle bacillus, *Mycobacterium tuberculosis*, which generally passes unnoticed. Bacilli are transmitted in airborne droplets produced by sufferers of pulmonary or laryngeal tuberculosis when they cough, sneeze, sing or spit. Large droplets from sufferers fall rapidly onto the ground where they dry out and become part of the dust of the room. Here the bacillus can remain active for up to three months. The primary focus creates a patch of inflammation in the lung, which forms a small abscess. This then normally heals up leaving a lesion, but the individual is at lifelong risk of reactivation. In approximately 5% of cases, the primary focus progresses rapidly, leading to fatal spread through both lungs. Today, serious outcome of the initial infection is more frequent among infants, adolescents and young adults.⁵¹

Surveys conducted in the early decades of this century would suggest that a very high proportion of the population during the nineteenth century would have been exposed to an initial infection by the time they were adults.⁵² What is not known is what proportion of this exposed group went on to develop secondary lesions that were eventually fatal but it does seem that once reactivation began, death was inevitable within one to five years. However, the sheer numbers, and particularly the feeling that tuberculosis was part of the fate of the poor, the ill-housed, the under-nourished and the sickly, perhaps explains the rather fatalistic

⁵⁰ George Rosen, "Disease, Debility and Death", 625-667, H J Dyos and M Wolff (eds), *The Victorian City: Images and Realities*, (London and Boston, 1973), 2 vols, II, p.641; F J W Miller and Mary D Thompson, "Decline and fall of the tubercle bacillus: the Newcastle Story 1882-1988", *Archives of Disease in Childhood*, 1992; 67, 251-255, p.251. Tubercle bacillus was not identified until 1882. McKeown, (1976), p.118

⁵¹ McKeown, p.115; Wingate, pp.486-7; Benenson, p.457. The World Health Organization has recently highlighted the fact that young women are particularly susceptible to tuberculosis and that in 1997 it was the leading cause of death (9%) among women of reproductive age world wide. Article by Sarah Bosely, Health Correspondent, "TB - the biggest killer of young women", *The Guardian*, 27 May, 1998, p.2

⁵² Cronjé, pp.81-82

attitude that was adopted towards it. It would also seem that there was no agreement concerning the relationship between primary infection in childhood and adult phthisis, even by 1929, and Miller and Thompson claim that primary infection was regarded as both inevitable and innocuous.⁵³ It was perhaps for this reason that there was no general practice of isolation of victims until the twentieth century.⁵⁴

The predisposing causes that lead to a reactivation of the disease, or to reinfection that leads to progressive pulmonary tuberculosis, are varied but they are often as important as the bacillus itself in determining whether it remains a trivial unnoticed incident or a protracted, and generally fatal, illness. Although pulmonary tuberculosis is not highly infectious, repeated exposure to the bacillus, resulting from overcrowded conditions, greatly increased the risk of re-infection. Among the environmental conditions that reduce the activity of tubercle bacilli are fresh-air and ultra-violet rays, thus dark, ill-ventilated dwellings and workshops were conducive to the disease's prevalence amongst the poor. Wingate notes the significance of age, with those in the 18 to 35 year old age groups being particularly vulnerable. He also points out the relationship between general health at the time of infection and the outcome of the disease.⁵⁵ Tubercle bacilli thrive in the presence of malnutrition or other infectious bacterial diseases, such as whooping cough, which was a notorious precursor of tuberculosis. In addition, injury or severe emotional strain or stress could suddenly reactivate the disease, with fatal consequences. Once again, as with typhus, sanitary reform alone could not eliminate it, although improvements in housing could play a part in reducing its spread.⁵⁶

As has been discussed, typhoid, typhus and consumption were all diseases that flourished in insanitary and overcrowded living conditions. Before examining

⁵³ Miller and Thompson, p.252. It is true that middle class people also suffered and consumption is often associated in the modern public mind with sensitive artistic personalities, and certainly three literary victims of the disease immediately spring to mind: Emily and Anne Brontë, and John Keats. Nevertheless, an analysis of 60,000 annual consumption deaths revealed that tradesmen were nearly twice as likely to die of consumption as the gentry. Editorial, *The Builder* VIII, 390, 27 July, 1850, p.349

⁵⁴ McKeown, (1976), p.118

⁵⁵ Wingate, pp.486-487. See also Cronjé, p.81

⁵⁶ *The Builder*, Editorial, *op cit*; Benenson, p.460; Miller and Thompson, p.253; McKeown, p.118

the actual conditions that prevailed in the three towns in Chapter 3, it is important to understand something of contemporary medical understanding about the nature of disease. This is because it provided the rationale for the sort of inquiries pursued by sanitarians, dictating, as it did, the questions they were asking about the environment. It also helps explain some of the underlying attitudes that were expressed during this period, founded as they were, in part, upon these medical assumptions.⁵⁷

Medical Understanding about the Nature of Disease

The causes of disease were divided into two parts: “exciting causes” and “predisposing causes”. Although we use different terminology today, we would generally accept that although infectious and other diseases have specific microbiological or organic causes, a range of other factors can predispose individuals to attack.⁵⁸ There was disagreement, in the nineteenth century, over the specificity or unitary nature of disease and its so-called “exciting causes”. Many medical men, since the days of Thomas Sydenham, had gradually come to accept disease specificity and this was to be developed further by men like John Snow and William Budd, who developed the germ theory of communicable diseases. However sanitarians such as Southwood Smith, Arnott and Chadwick promoted a unitary view of fever, regarding all disease as essentially the same but manifesting itself in various ways. It was for this reason that Chadwick would not accept that cholera was a new disease imported into the country but considered it an indigenous one taking on a new form.⁵⁹ This new orthodoxy hindered acceptance of germ theory, as will be discussed later.

However the greatest contention arose over the ‘exciting’ cause of disease and ideas about disease transmission. There were two main positions: contagionist and miasmatic. Neither were new, although the latter acquired a slightly

⁵⁷ By following Collingwood’s dictum, and re-enacting the thoughts of these early sanitary reformers in our own minds, we perhaps have a greater chance of avoiding an anachronistic and judgmental approach to the various contemporary responses to public health reform. R G Collingwood, *The Idea of History*, (1946), (Oxford 1966), p.302

⁵⁸ For example the elderly appeared to be the most severely affected by the outbreak of *E. coli* in Scotland in 1997 and heavy smokers have a much higher risk of getting lung cancer and circulatory diseases than non-smokers.

⁵⁹ Michael Durey, *The Return of the Plague*, (Dublin, 1979), p.191; G Rosen, *A History of Public Health*, (1958), Expanded edn, (Baltimore and London, 1993), pp.257, 261

different emphasis during the early nineteenth century.⁶⁰ The contagionist position was based upon the principle that disease was transmitted through physical contact,⁶¹ though the word “contagion” could simply mean what came to be known as zymotic disease, and therefore was a word used by miasmaticists as well. In 1832, Dr Haselwood and the surgeon, William Mordey, of Sunderland, argued that disease was transmitted by physical contact with emanations arising from the bodies of people who were diseased.⁶² It was for this reason that contagionists believed that quarantine was necessary to combat diseases such as cholera. They were greatly influenced by teachers and alumni from the Edinburgh medical school who accepted William Cullen’s explanation of diseases. The Cullenians considered that the re-breathing of expired air (particularly of a fevered patient) was a major exciting cause of “typhus”, prompting a range of measures designed to limit epidemics. These included improvements to ventilation, particularly in rooms where fever victims lay, and the promotion of personal and domestic cleanliness. This emphasis on ventilation and cleanliness provided the rationale for the growth of fever hospitals where the fevered poor, whose dwellings did not lend themselves to adequate cleansing and ventilation, could be transferred.

The Cullenian view of fever had been rejected by some doctors during the early decades of the nineteenth century, in particular by Drs Southwood Smith, Arnott and Kay. Southwood Smith, who was later to become a member of the General Board of Health in 1848, produced a classic discussion of the relationship between miasmas and disease, which was to provide Chadwick with the theory on which he based his own work. Whilst a physician at the London Fever Hospital, Southwood Smith wrote *A Treatise on Fever* (1830) in which he argued that the exciting causes of fever were the poisons produced by animal and vegetable putrefaction. Drs Neil Arnott and James Phillips Kay both agreed.⁶³

⁶⁰ Rosen, pp.263-264

⁶¹ A Susan Williams, *The Rich Man and the Diseased Poor in Early Victorian Literature*, (Basingstoke and London, 1984), p.9

⁶² Haslewood and Mordey, *History and Medical Treatment of Cholera*, p.133. See also Kell, *On the Appearance of Cholera in Sunderland*, p.11

⁶³ *Fourth Report of the Commissioners under the Poor Law Amendment Act*, Supplement No 1 to Appendix A (No 1), “Report on the Prevalence of certain Physical Causes of Fever of Fever in the Metropolis, which might be removed by proper Sanatory Measures” by Neil Arnott and James Phillips Kay, *PP* (1837-88) XXVIII, 180, [hereafter Arnott and Kay], p.180. See also

They pointed out that wherever man congregated and allowed the refuse from their food and their excrement to accumulate, a form of malaria, different to tropical malaria, was produced and that this in turn created “fevers called typhus, putrid, malignant, jail, hospital, ship-fever, etc” and that

...once induced, the bodies of persons affected give out a contagious malaria, often more quickly operative on other persons than the original cause.⁶⁴

In the conclusion to his *Report*, Chadwick argued that all disease was “caused, or aggravated, or propagated chiefly...by atmospheric impurities produced by decomposing animal and vegetable substances” as well as “by damp and filth” and the overcrowded housing conditions that prevailed throughout the country amongst the labouring poor. It is important to note the use of his word “aggravated”, because even where direct human contact was known to have taken place, the miasmatisists believed that these poisons helped to weaken a person’s resistance to disease. It also helped to explain, for them, why some people, exposed to a source of contagion, succumbed to the disease whilst others did not.⁶⁵ It was on the basis of miasmatic theory that at the first sign that cholera had arrived in the town, urgent steps were taken to deal with “nuisances” and to cleanse streets and limewash the houses of the poor, in order to remove all the noxious smells.⁶⁶ It was also based on this theory that the necessity for quarantine regulations was challenged by some local doctors.⁶⁷

Despite the fact that contagionists and miasmatisists differed on a number of points, they both agreed that ventilation was a prerequisite to health, even if they

James Phillips Kay, *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture in Manchester*, (1832), new impression with Foreword by E L Burney, (Manchester, 1969), pp.7, 14

⁶⁴ Arnott and Kay, p.68

⁶⁵ Chadwick, *Report*, p.422; C Hamlin, *A Science of Impurity: Water Analysis in Nineteenth Century Britain*, (Bristol, 1990), p.118

⁶⁶ See for example, “Report of the Visitors of Bishopwearmouth and Panns”, *SH*, 12 Nov, 1831, p.1C, in which injunctions were given to secure cleanliness and that all nuisances were reported to have been “reduced”. Also “Cholera Morbus”, *SH*, 12 Nov, 1831, p.4B-C, in which an Editorial reports that a notice had been published by order of the magistrates “recommending cleanliness in order to preserve the health of the town. Yet as “Argus” observed, limewashing was “a ridiculously feeble antidote to a putrid sewer or cesspool”. “Argus” to the Editor, Letter III, *SH*, 28 Sept, 1849, p.5B-C

⁶⁷ Extract of a letter from Dr Brown, Sunderland, to Drs James Johnson and Alex Tweedie, Physicians to the London Fever Hospital, undated, in “Cholera Report”, *SH*, 19 Nov, 1831, 2nd edn, p.3A; White, *Hints on... Malignant Cholera*, p.8

disagreed on the reasons why. Contagionists accepted the Cullenian view of ventilation that has already been described. In many ways, Southwood Smith's starting point was not so very different, though he developed his theories beyond simply a contagionist position. He argued that at every expiration the lungs produced "animal poison" in a more concentrated form than any other excretions, which he believed were all diluted with other substances. Without adequate ventilation and cleanliness, their poison collected on furniture and walls of dirty houses and was the main cause of the foul smells with which they abounded.⁶⁸ He observed, from recent chemical and microscopical examination of the air of some poor and dirty London houses, that "decomposing organic matter" was always contained therein, "the never-failing presence of animalcules testifying its existence, and their number and size indicating its amount".⁶⁹ Given what is known about the aetiology of tuberculosis and typhus, this concern was not misplaced, even if Smith was attributing the problem to the bad smells *per se*.

The most significant difference between these two views was the fact that the ultra-sanitarians, who based their solutions on the idea that the exciting causes of fever and cholera was caused by the noxious effluvia emanating from decomposing animal and vegetable matter, argued that by eliminating all smells, infectious disease would disappear. Chadwick's arterial sewerage system was based on this idea that "all smell is disease", and that by flushing smells away from human habitation, mortality rates would be drastically reduced.⁷⁰ Dr Reid, a member of the Health of Towns Commission in 1843-5, accepted the new orthodoxy, associating noxious atmospheric smells with disease.⁷¹ However, not everyone was convinced by miasmatic theory. For example Dr Alison of Edinburgh was amazed that the doctrine of fevers, originating in the effluvia from decaying animal substances, should have been recommended to the Poor Law Commissioners for, as he pointed out, there was more disease in winter

⁶⁸ T Southwood Smith, MD, *Epidemics considered in relation to their Common Nature and to Climate and Civilization*, in two lectures delivered at the Philosophical Institution, Edinburgh, November 1855, (Edinburgh, 1856), p.14

⁶⁹ Smith, p.15

⁷⁰ Minutes of Evidence, *Select Committee on Metropolitan Sewage Manure*, 26 June, 1846, PP (1845) X, 651, p.109

⁷¹ Reid II, p.125

when the smells were less apparent.⁷² If, as was argued earlier in the chapter, typhus, rather than typhoid was a more significant killer, particularly in the 1840s, and given that typhus was associated with the winter months, then Alison's observations would seem well founded. Haslewood and Mordey also argued that the elimination of bad smells was ineffective in controlling disease and expressed concern that by concentrating on the use of chlorine to achieve this, other problems could arise. Based upon their experiences of a severe scarlatina epidemic in Sunderland during the autumn and winter of 1830, they argued that the disease had raged even where chlorine had been used "profusely". Indeed they felt disinfectant could prove positively harmful in that if its use eliminated the bad smells, it might lead to less incentive to create good ventilation, which for them was the key preventative measure.⁷³

It would be wrong, however, to assume that Chadwick, Reid and others, were only interested in eliminating bad smells *per se*. Chadwick was interested in purifying the environment in which people lived, so that all sources of miasma should be utterly removed and the atmosphere left clean as well as wholesome to the smell.⁷⁴ Therefore, although miasmatisms misunderstood the nature and cause of disease, their preoccupation with smell did produce an environment more conducive to the public's health.

The dilemma facing orthodox medicine, from the cholera epidemics of 1831 onwards, was to explain how it was that there seemed to be evidence both supporting and refuting both theories. *Punch* mocked the tendency of the medical profession to draw conclusions about contagion and miasmas on the basis of single examples, and suggested that doctors were of little use because they knew just as much about epidemics as everybody else, which was not very much.⁷⁵ Yet given the underlying theories about the nature of disease discussed

⁷² Alison, pp.1, 2, 9, 11

⁷³ Haslewood and Mordey, pp. 139-140

⁷⁴ Chadwick, *Report*, p.422

⁷⁵ They cite the hypothetical cases of "Mr Squills", who believed that measles was contagious because he knew of a school where it was prevalent, from which one child took it home to her siblings who had previously been healthy. In contrast, they record how "Mr MacPhun" recollected a case in Scotland where one person in a district had been effected and everybody else had escaped. "Punch's Medico-Chirurgical Society" and "The 'Profession' and the Prevalent Epidemic, A letter from Punch to the Public", *Punch*, 17 (1849), pp.80, 105

in this chapter, and all the conflicting evidence available, it is not surprising that there was so much confusion. This is illustrated by the fact that even though quarantine regulations had been dismissed by miasmatists during the 1831-2 cholera epidemic, one of the measures taken against typhus in 1847 was the government's decision to instruct the Liverpool authorities to designate two former quarantine ships as "lazaretto" or hospital ships. What is more, health precautions adopted during the typhus epidemic and impending cholera visitation of 1847 included precautions that had long been favoured by Cullenians, namely the opening of windows to air rooms.⁷⁶

The most significant difference between contagionists and miasmatists as far as public health was concerned was the different emphasis they placed on two major planks of public health reform. The miasmatists concentrated on eliminating nasty smells and purifying the environment in which people lived through sewerage and drainage schemes and by introducing abundant water supplies. The contagionists concentrated on problems arising out of overcrowded and ill-ventilated housing and promoted building regulations and the inspection and control of common lodging houses.

Despite this different emphasis, there was general acceptance that a range of "predisposing causes" could make an attack likely.⁷⁷ These included diet, activity, rest, excretory habits, personality, and lifestyle as well as hygiene, water quality, sunlight and ventilation. All these factors originated from a commonly held belief about man's health, derived from classical tradition. This was associated with the goddess Hygieia and posited the idea that health could be achieved by a rational way of life.⁷⁸ Therefore one of the preoccupations of orthodox medicine and sanitarianism alike was to identify and improve those conditions which put people at risk. This was reflected in the way that both national and local authorities, in addition to encouraging cleanliness and

⁷⁶ Hansard, Third series, XC (1847), 526; "Rules concerning Typhus Fever and Cholera", *GO*, 20 Nov, 1847, p.2C.

⁷⁷ For example the GBH were convinced that the same preventative measures were applicable to all epidemics. *Report by the General Board of Health on the Measures adopted for the execution of the Nuisances Removal and Diseases Prevention Act and the Public Health Act up to July 1849*, (London, 1849), p.7

⁷⁸ McKeown, *The Modern Rise of Population*, p.162. Hamlin, p.92.

ventilation,⁷⁹ also stressed the importance of poverty and intemperance as determining factors,⁸⁰ though not quite in the way that they would today.⁸¹ This is illustrated by the fact that surgeons reporting cholera deaths in Newcastle in 1831-2 commented on the moral, physical and economic conditions of many of the victims in their efforts to understand predisposing causes.⁸²

This consensus about predisposing causes was underpinned by medical theory based on the classical Greek humoral theory of Galen and Hippocrates, in which health was a state of balance. The clinical response to disease was therefore concerned with maintaining or restoring a notional idea of a physical *status quo*, achieved largely by blood-letting, or the use of emetics and laxatives. However, during the eighteenth century leading British authorities, who accepted William Cullen's explanation of disease, believed that specific diseases such as 'typhus' were not due to local inflammations that required bleeding, but were of a much more all-pervasive character. By the 1780s, Cullen's disciples were generally agreed that 'typhus' was a constitutional disease for which malnutrition and anxiety were predisposing causes. Thus, for those who accepted the death model, there was no mystery as to why years of high corn prices were usually years of fever.⁸³

In the 1830s Kay believed that anything which depressed the "physical energies" predisposed people to contagious disease. These included imperfect nutrition, exposure to cold and damp, physical exhaustion, stress and ill-health, as well as the insanitary and ill-ventilated environmental conditions and intemperance already noted. Thus we have a convergence of both sanitarian and death models, which supports Pickstone's plea that we need to be aware of both.⁸⁴

⁷⁹ For example, "Local Intelligence", *SH*, 12 Nov, 1831, p.2B

⁸⁰ Extract from a letter from J M Penman of the Infirmary, Sunderland to *The Times*, dated November 15, 1831, reproduced in *SH*, 26 Nov, 1831, p.2C. Penman records that "The disease is principally confined to the abodes of wretchedness and dissipation, where it appears to be almost universally fatal."

⁸¹ Today there would be greater emphasis on the chemical effects of alcohol on the body and the impact poor diet has on health, particularly in relation to heart and circulatory diseases. In the nineteenth century the concern with alcohol was related to moral issues and poverty was often blamed, not always unfairly, on intemperance.

⁸² Registry of Persons who have died of Cholera....1832

⁸³ Pickstone, p.130. This was why Dr Alison campaigned for statutory poor relief in Scotland.

⁸⁴ Kay, pp.27-28; Pickstone, p.127

Because of this acceptance of such wide-ranging predisposing causes, it can appear that there was greater consensus about disease causation than there actually was. Differences arose over the relative significance of individual factors with some putting the emphasis on individual lifestyle whilst others concentrated on environmental factors.

This multi-causal approach to disease had its disadvantages when it came to reforming a single factor, such as water. When John Snow produced his work *On the mode of the Communication of Cholera* (1849), which linked cholera with water supply, his theory was dismissed as simplistic and illusory.⁸⁵ Snow acknowledged this difficulty and accepted the possibility that cholera could be transmitted a short distance through the air:

...for the organic part of the fæces, when dry, might be wafted as a fine dust, in the same way as the spores of cryptogamic plants, or the germs of animalcules, and entering the mouth, might be swallowed. In this manner, open sewers, as their contents are continually becoming dry on the sides, might be a means of conveying the cholera, independently of their mixing with water used for drinking.⁸⁶

The idea of animalcules floating in the water gave rise to a certain amount of imaginative humour. For example *Punch*, which generally supported attempts to improve London's water, produced a wonderful caricature of Snow's water-borne "creatures", some of which were drawn to look like London aldermen and common councilmen, as can be seen from the illustration on the next page.⁸⁷

However many people were very dismissive of the germ theory of disease, including Florence Nightingale. In 1867 she likened the disease-germ "fetish" to "the witchcraft-fetish" of the middle ages, dismissing both as products of superstitious minds. She argued that the germ hypothesis was in direct "variance in its results with ascertained sanitary experience" and asserted that to adopt it as

⁸⁵ A B Granville to *The Times*, 28 September, 1849, p.5D; "Review of Snow, On the Mode of Communication of Cholera", *Lancet*, 1849, II, p.318; Hamlin, endnote 32, p.123

⁸⁶ John Snow, *On the Mode of Communication of Cholera*, (London, 1849), p.27

⁸⁷ *Punch*, 18, (1850), p.188. The figure in the middle, sitting on the tail of a worm, seems to have a passing resemblance to Edwin Chadwick!

THE WONDERS OF A LONDON WATER DROP.

The freshest fruits of microscopical research are the wonders which have been revealed in a drop of London water through the Molecular Magnifier, illuminated by the Intellectual Electric Light. For the ability to behold these astounding marvels, a certain preparation is necessary, bearing, superficially considered, some resemblance to Mesmerism. The person intended to be the Beer is placed on a seat. Any competent individual then takes him in hand, and explains to him the composition of water, showing him how the pure fluid differs from

the liquid constituting the Thames, and from that which exists in the metropolitan wells, when the former has received the contents of the sewers, and the latter the ooziings of intramural graveyards. Some delicate subjects, even of the male sex, cannot endure this process, it affecting them with faintness and nausea.

Having been subjected to the above preliminaries, most people are in a sufficient state of enlightenment to discover, by the aid of the Molecular Magnifier, the curiosities contained in



A DROP OF LONDON WATER.

The drop to be magnified is taken from a mixture of the common well-water of London with that supplied by the various Companies. Mr. HASKELL, it is already known, has enabled philosophers to discriminate between these waters, by the verminous and other peculiarities which he has demonstrated in each particular form of beverage. The Molecular Magnifier differs from all other microscopes, in displaying the ultimate constitution of objects; a spectacle not only defying the naked eye, but all vision which is not in a measure psychical.

And wondrous indeed is the scene disclosed within the sphere of a little drop of water—of that water which Londoners drink, swallowing daily, myriads and myriads of worlds, whole universes instinct with life, or life in death! It transcends all that has hitherto been deemed

astounding. America herself will confess that it stumps the revelations of ANDREW JACKSON DAVIS.

Creators—who shall name them? things in human shape—in all appearance London citizens—aldermen, deputies, common councillors,—are seen disporting in the liquid dirt as in their native element. Behold them, fiercely hustling each other in competition for atomic garbage. What pushing, poking, fighting, kicking, scrambling! There goes an unfortunate wretch (ast as if for dear life, with a book-nosed homunculus—evidently a genuine water-bailiff—darting after him. Here a cheap sloop-seller has caught a smaller individual of the same species by the head, and is trying to bolt him. There again, as plainly as possible, you see a funeral procession with an undertaker at the head

a basis of legislation was to declare that all the public and local acts for improving the public health had been founded on error.⁸⁸

Although the contagionist and miasmatic theories appear to be distinct, there was considerable overlap between them and in fact the majority of ordinary medical men probably held a position that was a compromise between the two, or what Rosen called "limited or contingent contagionism". They admitted that infectious diseases were due to contagia, either specific or non-specific in nature, but they assumed that these could not act except in conjunction with other elements, such as atmospheric, environmental and social factors.⁸⁹ Moreover, as Murchison acknowledged, both parties based their observations on different diseases.⁹⁰ The real difficulty was that in the absence of an accurate understanding of disease causation, there were many examples of cases where the facts did not fit the prevailing theories.⁹¹ This served to undermine public confidence, but more importantly for health reform, prompted a certain amount of cynicism.

⁸⁸ Sir J Clark Jervoise, Bart, *Infection*, with Remarks by Miss Nightingale, first published anonymously in 1867, 2nd edn, (London, 1882), pp. 62-63

⁸⁹ Rosen, *A History of Public Health*, p.264. This certainly appears to have been the case in the three towns. See for example the questions and answers given during the Commission of Enquiry into the Cholera Epidemic on Tyneside, Hume *et al*, pp.1ff

⁹⁰ Murchison, *On the Causes of Continued Fevers*, p.1

⁹¹ See for example Reid III, p.169

3: SANITARY¹ CONDITIONS IN NEWCASTLE, GATESHEAD AND SUNDERLAND DURING THE 1840S AND 1850S

Urban conditions in mid-nineteenth century Britain are synonymous with filthy, overcrowded tenements and courts and the reign of "King Dirt".² The impressions we have are to some extent the ones created by social novelists such as Mrs Gaskell and Charles Dickens, who have left behind haunting images of a nightmare world, reinforced by documentary accounts of Manchester, such as those given by Dr Kay in 1832.³ However, as J A Banks suggests, it would be quite misleading to assume, as pessimists in the standard of living debate have been wont to do, that conditions were inferior to those of earlier periods or that the towns of mid-nineteenth century Britain were worse than the rural areas.⁴ Unhygienic practices take on a new dimension, though, when the people involved consist of many thousands rather than a few hundred or less. Nevertheless, the reactions of Gaskell, Dickens and Kay, and some of the Sanitary Inspectors of the 1840s and 1850s, were perhaps also partly due to their own very different expectations and experiences. In addition, social novelists, reformers and sanitary inspectors were looking for evidence to support their case that improvements were needed, so were inevitably drawn to the worst examples. That is not to say that they were not right to draw the attention of the prosperous and powerful to these conditions, but one needs to beware of over-emphasising the novelty of the

¹ Both the words "sanitary" and "sanatory" were used by nineteenth century reformers. For example Chadwick included, in the title of his *Report*, the phrase "the Sanitary Conditions", whereas Dr Reid used the word *Sanatory* in the title of his *Report*. The word "sanatory" is derived from the Latin *sanare*, meaning "to heal, to cure" and was first used in 1832, reflecting the more ambitious hopes invested in the Sanitary Movement, whereas the more commonly used adjective "sanitary" derived from the Latin word *sanitas*, meaning "health", which had rather more modest overtones. A Susan Williams, *The Rich Man and the Diseased poor in Early Victorian Literature*, (Basingstoke and London, 1984), p.29

² Editorial, *SN*, 23 July, 1853, p.4C

³ Elizabeth Gaskell, *North and South*, (1848) and *Mary Barton*, (1854-5); Charles Dickens, *The Old Curiosity Shop*, (1840-41), and *Hard Times*, (1854); James Phillips Kay, *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture in Manchester*, (1832), new impression with foreword by E L Burney, (Manchester, 1969)

⁴ A Banks, "The Contagion of Numbers, pp.105-122, in H J Dyos and M Wolff, *The Victorian City: Images and Realities*, 2 vols, I, (London and Boston, 1973). p.107. See for example Mckenzie's description of 18th century Newcastle. E Mackenzie, *A Descriptive and Historical Account of the Town and county of Newcastle upon Tyne including the Borough of Gateshead*, vol I, (Newcastle, 1827), p.176. See also H E Armstrong, *Sketch of the Sanitary History of Newcastle upon Tyne*, read at the Congress of the Sanitary Institute, 27 September, 1882, p.9

conditions themselves.⁵ Indeed, one of the key reasons why sanitary conditions acquired such notoriety in the 1840s was not so much a measure of their originality, but more because of the correlation that was made by Farr and Chadwick between high mortality and morbidity rates on the one hand and poor relief on the other, as discussed in Chapter 2. As Rosen commented, dirt, disease and destitution and the demand for a reduction in the poor rates, provided the roots from which the sanitary reform movement sprang.⁶ What is more, the very diseases that were being particularly highlighted were those which were most remediable.⁷

The Health of Towns Commissioners in the early 1840s were interested in a variety of aspects of sanitation and public health. These included drainage, sewerage, paving and cleansing; water supply and the availability of baths and wash-houses for the poor. They investigated the condition of common lodging houses; the state of buildings and existing regulations to control encroachments, overcrowding and fire risks. They also examined ventilation and daylight in streets, houses and public places and the availability of public parks; smoke pollution; the location and control of slaughter-houses and the overall state of health of a town's inhabitants.⁸ Although interments were not directly a part of the Commissioners' Inquiry, overcrowded cemeteries gave rise to complaints, particularly in Sunderland and South Shields.⁹ Although Reid's report covers all the different aspects listed above, there is only sufficient space briefly to describe

⁵ Taylor has argued that slums were not a new phenomenon in nineteenth century Liverpool, having already developed during the eighteenth century as the population began to rise. I C Taylor, "The Court and Cellar Dwelling: the Eighteenth Century Origin of the Liverpool Slum", *Trans. Historic Soc. Lancs and Cheshire*, CXIII (1970), 67-90, p.69

⁶ George Rosen, *A History of Public Health*, (1958), expanded edition with Introduction by Elizabeth Fee and Biographical Essay and new Bibliography by Edward T Morman, (Baltimore and London, 1993), p.184

⁷ B I Coleman, (ed), *The idea of the city in nineteenth-century Britain*, (London, 1973), p.56

⁸ *Proceedings of the Council of the Borough of Newcastle upon Tyne [hereafter NCP] for 1843-44*, pp.x-xi

⁹ D B Reid, *Report on the Sanatory Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts*, Part II - "General Report on the Towns visited in the Northern Districts", PP (1845) XVIII, 368, [hereafter Reid II], pp.128-141. The real problem was that bodies were not properly buried, and decomposing bodies gave rise to unpleasant liquids that seeped from the graves and contaminated neighbouring wells and other water sources. In addition, the smells generated from these graveyards could be appalling.

and discuss those that were most closely implicated in incidences of typhus, typhoid and consumption. To this end, there follows some discussion under a number of headings: paving, cleansing, drainage and sewerage; water supply and public baths and wash-houses; ventilation and natural light; housing; and nuisances.

Paving, Cleansing, Drainage and Sewerage

Although these four aspects of environmental health are very different, and were the responsibility of a variety of bodies and individuals in the three towns, nevertheless Reid lumped them all together in his Report. They all have particular relevance to any discussion about typhoid and other gastro-intestinal diseases associated with contaminated food and water. As will be seen in more detail in Chapter 4, all the towns had local acts in force by the early nineteenth century that allowed rates to be raised to pay for road paving and maintenance. Reid commented, however, that for many of the streets in the towns he visited there were no proper regulations for paving and drainage. Although in 1843 the leading thoroughfares were paved, many of the streets, including those that were relatively new, were far from clean and the courts and alleys were in a particularly poor state because of the lack of paving. Street paving, however, did not guarantee improvement, as is illustrated by Dr Elliott's report to Reid, concerning a 300 yard long stretch of old buildings called the Island. He described this as "excessively dirty" because of the "foetid streams" which were discharged from numerous lanes adjoining it.¹⁰ In Sunderland, only a small number of streets were uneven and unpaved, although some of the paving in courts and alleys was in need of repair. Yet conditions were filthy. Where streets lacked pavements, rain made "the road impassable, and the cast-out refuse, sodden in the mud, [became] more noxious than before". Such roads presented health hazards in several ways: by becoming breeding grounds for bacteria and flies that contaminated food and by making it very difficult for people to keep their homes

¹⁰ Reid II, p.128; Reid, *Report*, Part III - "Local Reports, with Explanatory Remarks", *PP* (1845) XVIII, 461, [hereafter Reid III], p.176; Dr Elliott, chairman of the Sub-committee on Mortality, for Gateshead, reporting to Dr Reid, Reid III, p.175

clean.¹¹ Yet for the miasmatists the main problem was the obnoxious smells that such roads produced.

Conditions were similar in Gateshead and Sunderland in 1849 when Rawlinson found that many of the streets and roads were unpaved and neglected, despite some efforts in Sunderland, at least, to effect improvements.¹² Things continued to remain bad in Newcastle as well. In 1854, the Cholera Commissioners reported that whereas the insanitary conditions in the older parts of the town had resulted from “the cumulative results of gradual, and therefore, imperceptible, changes”, those in the newer districts had arisen from “the deliberate intentions of the builders” who had left them unsewered, undrained, unpaved and unchannelled.¹³ Indeed, because there was no excuse for such failures in the newer districts, there appears to have been greater indignation on the part of Government Inspectors and Commissioners.¹⁴

Provision for refuse collection in the three towns was inadequate, both in extent and execution. Reid described the problems arising from the lack of adequate “dustbins”¹⁵ and the nuisance and disease risks that accompanied attempts to accumulate refuse for the purpose of selling it to neighbouring farmers. For the sake of a small reward, nightsoil, ashes and filth were allowed to accumulate all year, encouraged both by landlords and farmers. In consequence between 20 to

¹¹ Reid III, pp.193-194; Reid II, pp.129. Kay believed that an intimate connection existed between the cleanliness of the street and the cleanliness of the home and person. This would have partly been due to the amount of filth being tramped into dwellings but might also have had a psychological impact in creating a greater tolerance to dirt. Kay, p.29

¹² Robert Rawlinson, *Report to the General Board of Health on a Preliminary Inquiry into the Sewerage, Drainage, and Supply of Water, and the Sanitary Condition of the Inhabitants of the Borough of Gateshead*, (London, 1850), p.61; Rawlinson, *Report to the General Board of Health as a Preliminary Inquiry into the Sewerage, Drainage, Supply of Water, and the Sanitary Condition of the Borough of Sunderland*, (London, 1851), p.85; Report from the surveyors for the repair of the highways and of the inspectors for lighting the townships of Monkwearmouth and Monkwearmouth Shore, 11 Dec, 1849, Rawlinson, *Report to the GBH..Sunderland*, p.47

¹³ *Report of the Commissioners appointed to inquire into the Causes which have led to, or have aggravated the Late Outbreak of Cholera in the Towns of Newcastle-upon-Tyne, Gateshead, and Tynemouth*, (London, 1854), signed by Joseph Burnely Hume, John Simon and John Frederick Bateman, 15 July, 1854 [hereafter Hume *et al*], *PP* (1854) XXXV, 92, p.x

¹⁴ See for example the comments made by Mr Lee, Superintending Inspector of Health to the GBH, Sept 1853, recorded in Hume *et al*, p.x

¹⁵ This is not an anachronism but is the word used by Reid

50 tons of refuse could be allowed to collect in private courts - "all in a state of putrefactive fermentation".¹⁶ Rawlinson did not specifically inspect the problem of midden heaps and refuse collection but did, in passing, report that in Sunderland there were many middens "crowded upon dwelling-houses and even under sleeping rooms". Unfortunately there was no other means of disposing of household refuse, as some Gateshead medical men acknowledged.¹⁷

These middensteads not only produced offensive smells, they were also breeding grounds for bacteria, flies and rats and therefore implicated in both intestinal diseases and typhus. Liquid waste of a most unpleasant and insanitary nature would seep into surrounding buildings, causing house bricks, timber and floors to become perpetually damp, thereby aggravating respiratory diseases, and contaminating the atmosphere, food and household contents with foul smells and harmful bacteria. Such liquid waste not only resulted from middensteads but also from the lack of sewerage and drainage.¹⁸

Although urban sewers and drains carried more than human waste products, nevertheless it is with this that we are principally concerned particularly in the context of gastro-intestinal diseases. There were two aspects to this: the provision of adequate lavatory facilities and the effective means of removing human waste from habitations. With regard to the first, there was an overall lack of both public and private facilities, particularly in the working class districts.¹⁹ This meant that human waste was thrown out into the streets or heaped up against the back doors or walls of dwellings, adding to the general contamination of food and atmosphere described above. Pipewellgate in Gateshead was regarded by some as the worst district of all, with only three privies for a

¹⁶ Reid II, pp.129-130

¹⁷ Rawlinson, *Report to the GBH...Sunderland*, p.86; Drs Jollie, Dixon and Barkus, and Messrs Bennett, Pearse, and Robinson, surgeons, "Report on the Sanitary condition of the Inhabitants of Gateshead", 27 Nov, 1847, reprinted in Rawlinson, *Report to the GBH...Gateshead*, p.26; "Argus" to the Editor, Letter VI, *SH*, 9 Nov, 1849, p.5E-F

¹⁸Hume *et al*, p.ix; Drs Jollie *et al*, Rawlinson, p.25

¹⁹ Reid II, p.129

population of 2040, though in 1853, 90% of the population of Sandgate (4,600 people) had access to only one public privy.¹⁹ However, given the fact that privies were infrequently cleansed and emptied, those that did exist did not altogether provide a public benefit!

With regard to the second aspect of sewerage and drainage, there were sewers and drains in all three towns in 1843, but there were variations in their extent but ~~also~~ ^{both} and construction. Sunderland's Drainage sub-committee provided Reid with a particularly full report, including details from Mr Drysdale, the borough surveyor, concerning the lengths of sewers and drains and their dimensions and construction. The older ones were brick-built with flat, flagged bottoms, but some of the newer ones were oval shaped.²⁰ This would have pleased Chadwick, who, in his *Report* (1842), approvingly recorded the views of a Metropolitan civil engineer, Mr Roe, who argued that sewers or drains with semicircular bottoms occasioned half the amount of deposit compared with those with flat bottoms. The General Board of Health, who collected information concerning the most efficient size and construction of mains and sewers, substantiated these views in the late 1840s and early 1850s. They concluded that tubular pipes, laid out with sufficient incline and made of "proper...material", could be kept clean more economically and efficiently than the old brick-built large sewers. They also reasoned that a constant water supply would prevent the build up of dangerous and offensive sewer gases yet without requiring any additional water than had been used intermittently in the past. What is more, the curve-sided sewers cost "one-fourth less than those in general use".²¹

In Bishopwearmouth, in 1843, there were 5105 yards of sewers or drains ranging in size from 5 ft x 3 ft with stone side walls, brick arches and flagged bottoms to 1½ ft x 1ft, built with stone and flagged at the bottom. In the parish of

¹⁹ Reid III, p.175; Hume *et al*

²⁰ "Report of the Drainage Sub-committee", Reid III, p.195

²¹ Edwin Chadwick, *Report on the Sanitary condition of the Labouring Population of Great Britain*, (1842), edited with an Introduction by M W Flinn, (Edinburgh, 1965), pp.127-8; General Board of Health, *Minutes of Information Collected with Reference to Works for the Removal of Soil Water or Drainage of Dwelling Houses and Public Edifices and for the Sewerage and Cleansing of the Sites of Towns*, July 1852, (London, 1852), pp.3-5, 141-142.

Sunderland there were 7233 running yards of paved streets lanes and alleys in which there were 2054 running yards of main and branch drains.²² Yet despite Drysdale's obvious expertise and energy, it was acknowledged that these were insufficient.²³ In addition, what regulations that did exist for "under drainage" were considered defective.²⁴ Just a few years later the *Sunderland Herald* complained about the poor state of the existing sewerage system. They remarked that the drains were constructed on the principle of being "capacious for containing the germ of disease and death" and went on to describe the findings of Mr Simpson of Edinburgh that greater efficiency could be achieved with smaller diameter pipes kept permanently full of water.²⁵ How exasperating it must have been for Mr Drysdale to have had his own efforts so summarily dismissed as if the idea of smaller pipes had not occurred to him. Sunderland's Drainage Sub-committee in 1844 acknowledged that what sewers there were, were never cleansed, because there existed no means to do so. Although the sewers and drains were considered to have sufficient descent to prevent the build-up of deposits, there was no system of trapping. However grates were cleansed by a public employee for £5 per year.²⁶

In Newcastle, although improvements had begun, with many new sewers having been made in the preceding eight years, Reid noted that there was still much to do. He listed 32 streets in the town that had no drains or sewers despite their occupants paying rates for such facilities. The sub-committee responsible for reporting on sewerage and drainage blamed part of the problem on the lack of existing regulations. Sewers and pavements in the principal streets were maintained by the Corporation but builders of new streets were able to make such drains and sewers as they deemed sufficient at the lowest possible cost. Although the Corporation sometimes took over their maintenance, they were usually defective and expensive to repair. Yet far more streets had sewers and branch drains in Newcastle than in Gateshead, where there was only one sewer that had

²² "Report of the Drainage Sub-committee", Reid III, pp.194

²³ Reid III, p.190

²⁴ "Report of the Drainage Sub-committee", Reid III, pp.193

²⁵ Editorial, *SH*, 26 Nov, 1847, p.4C-D

²⁶ "Report of the Drainage Sub-committee", Reid III, pp.193

been “systematically constructed” and this was of about 100 yards long, 6 feet high and 4 feet wide.²⁷ As Rawlinson was to observe some years later, this was far too large, being both more expensive and less efficient than one of smaller dimension.²⁸ Dr Elliot reported to Reid that the other sewers in Gateshead, extending to no more than 1000 yards in total, were, on average, about 2 feet square, without taps, and never cleaned. There were some small drains running from private property but these emptied into “the surface kennels” at the sides of the street.²⁹ Yet artificial stone sewerage pipes were being used by individuals on Tyneside by the late 1840s. Mr W B Wilkinson of Newcastle had made extensive use of them in a big development for Messrs Bainbridge & Muschamp, drapers, which the *Gateshead Observer* approvingly recorded, noting their advantages over the old brick built tunnels.³⁰ Some of the difficulties facing towns like Gateshead and Sunderland, who were wishing to introduce a better sewerage system, will be explored in more detail in Chapter 8.

One of the health-hazards arising from early and mid-nineteenth century sewerage systems, as already noted, was the risk of explosions. Another was the increased pollution of the town’s water supplies as increasing amounts of untreated sewage were carried into the nearest rivers. It is perhaps no coincidence that the worst cholera epidemic in Newcastle was the one that occurred in the late summer of 1853, when 1004 people died in the four parishes.³¹ This figure was 63.34% higher³² than the number of deaths in the 1831-2 epidemic, at a time when the population had only risen by 26.53%.³³ After the disease had already taken hold, it was discovered that the Whittle Dean Water Company had, since July, been

²⁷ Reid III, pp.157-158, 175-176; “Summaries of Reports from Health of Towns Sub-Committees in Newcastle”, *NWC*, 13 Jan, 1844, p.3A

²⁸ Rawlinson, *Report to the GBH... Gateshead*, p.29

²⁹ “Report from the Sub-committee on Mortality”, Reid III, p.176

³⁰ “Mr Wilkinson’s Drains”, *GO*, 21 Oct, 1848, p.3B

³¹ The total number of deaths for Newcastle was 1522: 1403 people died from cholera and 119 from diarrhoea. However, in order to draw a direct comparison with the 1831/2 epidemic, only the deaths for All Saints, St John’s, St Andrew’s and St Nicholas’s have been given. *NCP for 1852-3*, p.lxi.

³² This is based on the figure of 348 deaths given in “Registry of Persons who have died of Cholera at Newcastle upon Tyne from Oct 25 1831 to March 11 1832, TWAS Srp Ac PA 1049.

³³ *Census of Great Britain, 1851 - Population Tables, 1: Number of Inhabitants in the Years 1801, 1811, 1821, 1831, 1841 and 1851*, II (1852-3) Division X: Northern Counties, p.22

providing their customers in both Newcastle and Gateshead with “very imperfectly filtered” water from the River Tyne and River Pont because their filtering apparatus was out of order. Yet the river was the main repository of all the sewers and drains of both towns, and as Grainger reported to the General Board of Health, the disease had been “exacerbated by this most improper procedure.”³⁴

We take the water disposal of human waste for granted, and assume that this, together with its treatment and purification, is the only safe and sensible way to deal with it. Certainly this was the view of Chadwick, although he did not consider the need for purification, and supposed that it was sufficient to merely transport the waste in pipes to the surrounding countryside where it could be put directly onto the fields as liquid manure.³⁵ Yet as soon as human excreta is mixed with water, natural decay is hindered, noxious smells intensify and persist, and pollution of the main rivers takes place on a greater scale. All of these things happened in the middle of the nineteenth century as the number of imperfectly constructed sewers increased and purification procedures remained inadequate. As Flinn comments the sanitary conditions of the mid-nineteenth century were temporarily intensified through the adoption of a sewerage system which was in the long-term to be “the most life-saving invention of all time”.³⁶

However, just because we have come to accept the water disposal of sewerage as normal, does not mean to say that that was the most logical and effective way of dealing with human waste. An alternative method is to leave the waste products to dry and decompose, as has happened for centuries in all parts of the world. Any natural process of decay is hampered by the English climate and this was exacerbated by urban overcrowding and the overabundance of such products. Clearly, as the sanitary reports testify, accumulations of human dung in middens,

³⁴ Grainger to Taylor, GBH, 16 Sept, 1853, PRO MH13/232. The *Newcastle Journal* reported that the supply from the River Pont gave up after only a few days, until reptiles and eels were flowing through people’s pipes. “The Sanitary State of Newcastle”, *NJ*, 24 Sept, 1853, p.5A-C

³⁵ Chadwick, *Report*, pp.121-2, 424

³⁶ Flinn, Introduction to A P Stewart and E Jenkins, *The Medical and Legal Aspects of Sanitary Reform*, (1866, 1867), reprint of 2nd edn, edited by M W Flinn, (Leicester, 1969), pp.8-9

privies and ashpits were causing too much of a health hazard to be left to nature to take its course. However, a perfectly legitimate alternative line of approach would have been to have found some way of speeding up this natural process through chemical or mechanical means.

There is evidence to suggest that some thought was given to the way that chemicals might have been used to deal with the decomposition of human waste products, and to render it harmless and odourless whilst the process of decomposition was taking place. An early nineteenth century chemist, James Johnston, described the benefits that were to be derived from the use of disinfectants in destroying, as opposed to simply disguising smells. He commented:

This distinction is not without its practical importance. Water, soil, and other absorbents, may remove and retain noxious substances so long as cold or wet weather continues; but let heat and drought return, and forthwith from water and soil they steam up again more or less unchanged. Hence those reeking miasms which spread mortal fever and chattering ague over entire provinces. The disinfectant decomposes and destroys the evil compound, so that no change of circumstances can bring it into activity again.³⁷

Thus, he argued, it was not simply the smell that was destroyed by the disinfectant, but the “poison” as well. He explained how disinfectants, such as chloride of lime, worked chemically:

They either decompose, or they combine with the noxious substances, and produce new compounds, which, if not always void of smell, are comparatively harmless in their action upon the human body.³⁸

Johnston himself gives a clue as to why this solution was not adopted more extensively than it was - the cost. Another reason, in connection with its use as a cleansing agent, is to be found in the way that it was deemed to interfere with other methods of smell control considered vital to health, namely ventilation. Dr Richard Bright, a Physician at Guy’s Hospital in London in explaining why they did not make much use of Chlorine or Chloride of Lime on the hospital wards wrote:

³⁷ James F W Johnston, *The Chemistry of Common Life*, vol II, revised edn, updated by G H Lewis, (Edinburgh and London, 1859), p.300

³⁸ Johnston, p.301, 306

I should have recourse to these substances ... if I saw that the circumstances were such that these means could be employed without injuring the health of the patient and the attendants,...or what I should still more dread exciting such a confidence as would interfere with the free employment of ventilation. The fact is that in [sic] such room fumigations are to a certain degree opposed to ventilation, as the free use of the one prevents for a time at least, the employment of the other.³⁹

In addition Chloride of Lime, when used excessively, was known to be harmful to “lungs and digestion”.⁴⁰

An alternative means of detoxifying human waste was through mechanical means. One such device was an earth closet, invented by Moule in 1860, which consisted of a wooden seat over a bucket and with a hopper behind, filled with fine dry earth, charcoal or ashes, which was dispensed into the bucket at the pull of a handle. By this means the contents of the bucket were supposedly rendered sterile and inoffensive quite quickly. The secret lay in ensuring that the earth was properly dry before use, and to achieve this, special stoves were used to dry it beforehand.⁴¹ The problem was that the bucket still needed to be emptied regularly, and the accumulated contents carted away, which was expensive, and ran into the same sorts of difficulties already experienced with the older forms of ash closets and privies.⁴²

Given the problems encountered in both chemical and mechanical solutions to the problem of human waste disposal it is perhaps not surprising that our ancestors believed that water disposal was the answer. As we have already seen, part of the

³⁹ Dr Richard Bright to Dr Seymour, Board of Health, 19 July, 1831, Board of Health Minutes, 21 July, 1831, p.121, PRO PC101/1. See also Haslewood and Mordey's comments on disinfection in Chapter 2, p.75

⁴⁰ W Reid Clanny, *Hyperanthrax; or the Cholera of Sunderland*, (London, 1832), p.50

⁴¹ Lawrence Wright, *Clean and Decent, the Fascinating History of the Bathroom and the Water Closet, and of Sundry Habits, Fashions and Accessories of the Toilet, principally in Great Britain, France, and America*, first published 1960, (London, 1971), p.208

⁴² A modern solution to the problem which does not appear to have been considered at the time, and which avoids regular emptying and provides an 'eco-friendly' alternative to the chemical loo, has recently been produced by Sunderland University's Community Environmental Education Developments (CEED), which is a lavatory that does not damage the environment. It consists of two compartments, one used for a year and then sealed and left until the compost is rendered harmless, whilst the other comes into commission. The compost is then safe for use as a fertiliser. *Sunderland Echo*, 28 Feb, 1995, p.12. The real secret with this system is that it

solution depended upon well-constructed pipes but a regular and adequate water supply was another prerequisite. In addition, as will be demonstrated below, one of the main concerns was with ensuring that the water itself was “pure”.

Water supply and Public Baths and Wash-houses

Table 3.1 below shows that all three towns, in particular Gateshead, had inadequate water supplies. Reid found it also to be of indifferent quality and too expensive for the poor to afford.⁴³ The number of houses supplied with water by pipes provided by local water companies in the three towns were as follows:⁴⁴

Town	Total Number of Houses	Houses supplied with water	Water Company	Percentage of houses with water supplies
Newcastle	15,000 ⁴⁵	1,350	Newcastle Joint Stock Water Company	9
Gateshead	3,297	110	Newcastle Joint Stock Water Company	3.34
Sunderland	6,086 ⁴⁶	670	Sunderland Joint Stock Water Company	11 ⁴⁷

Table 3.1: Showing the percentage of houses supplied with water in Newcastle, Gateshead and Sunderland, c.1843

Both joint stock water companies imposed annual charges on customers based upon the value of property. In Newcastle and Gateshead, these charges ranged from 18s to 30s for an ordinary supply exclusive of horses, carriages and closets, whereas in Sunderland the charges ranged from 10s to 30s per annum.⁴⁸ Yet

relies on the anaerobic bacterial action in the airtight compartment out of commission, making it a natural, cheap and safe system.

⁴³ Reid II, p.131; Reid III, pp.176, 195-6

⁴⁴ Report from Commissioners, vol 5, *Second Report of Commissioners of Inquiry into the State of Large Towns and Populous Districts*, PP (1845) XVIII, 1, p.112; Reid II, p.132

⁴⁵ This is the figure given by the Commissioners, and covers the whole of the Borough, and not just the four ancient parishes that have formed the focus of much of this work.

⁴⁶ Both the Commissioners, in their *Report*, p.112, and Reid, II, p.132 give the figure as 6,086; however the 1841 Census gives the figure as 6,786. *Abstract of Answers and Returns under the Population Act, 3 & 4 Vict. c.99 (1841 Census)*, pp. 81, 84 and 87

⁴⁷ If the Census figure of 6,786 is to be taken as the accurate figure, then the percentage of houses with water supplies is 9.87%, which although appreciably lower, still demonstrates that Sunderland was slightly better serviced than Newcastle.

⁴⁸ Reid II, p.132; Reid III, p.197. The Sunderland Joint Stock Water Company supplied the town on the south side of the River Wear. Inhabitants of Monkwearmouth Shore drew their water from a well owned by Sir Hedworth Williamson; Monkwearmouth was supplied from two privately owned wells. Reid III, p.198

even those households that received water direct to their homes did not have constant water, though the Sunderland Water Sub-committee believed their supplies sufficient. The water was turned on for twelve hours a day, five days a week and for sixteen hours on Saturdays.⁴⁹

The majority of the inhabitants in the three towns had to draw their water from the "pants" or standpipes provided either by the Corporation, or by the Water Companies, who charged a farthing for one or two skeels (one skeel was about five gallons).⁵⁰ In Newcastle there were only 20 public pants owned by the Corporation and 32 Company-owned pants selling water; in Gateshead there were six Company-owned standpipes and on the south side of the River Wear only, there were 29 pants selling water to those without domestic supplies. Given the numbers of people having to make use of these pants, in addition to the cost, time and physical effort involved in acquiring water, it is hardly surprising that many of the homes and persons of the labouring classes were not particularly clean.⁵¹

Private wells were the sole source of water for the inhabitants of Monkwearmouth and Monkwearmouth Shore and for many people in Gateshead and Newcastle. The other sources of water came from rain butts and rivers.⁵² All usual water sources were susceptible to running dry during periods of drought, and this caused the water companies to use emergency sources with often fatal results. Reference has already been made to the serious consequences of drawing water from the River Tyne during the drought of 1853, just before, and during the cholera epidemic.⁵³ There had also been a water shortage during the months before Newcastle's first cholera epidemic in 1831-2, when the three reservoirs, which were then the town's main source of water, dried up. This led to water being pumped from the river and distributed in carts, which may have contributed

⁴⁹ Reid III, p.197

⁵⁰ Newcastle Joint Stock Water Company charged ¼d per skeel. Reid II, p.132; Sunderland Joint Stock Water Company had begun to charge ¼d for two skeels at some of their standpipes. Reid III, p.197

⁵¹ Reid II, p.132; Reid III, pp.176, 197. For an example of the effort involved, see Anon, "Condition of the Poor", Letter V, *NC*, 10 May, 1850, p.4A-B

⁵² Reid II, p.132; Reid III, p.176, 195

⁵³ See pp.89-90

to the increase in diarrhoea cases during the following months, even if not directly to the cholera outbreak.⁵⁴

Both Newcastle/Gateshead and Sunderland saw improvements very soon after Dr Reid's inquiry, with the establishment of two new water companies: the Whittle Dean Water Company, established in 1845 to serve Newcastle and Gateshead,⁵⁵ and the Sunderland and South Shields Water Company, established in 1846.⁵⁶ Although, by 1850, the Whittle Dene Company claimed that they were supplying a "constant and abundant" supply at the rate of 1s 3d or 1s 9d per quarter to 13,260 families, Greenhow, a local surgeon, denied this, claiming that water was withheld from those unable to pay for it and by 1866 the water was considered both "bad" and "dear". In 1850 there were still 4,455 families in tenements without water, for whom the Company disclaimed responsibility. It blamed private landlords who refused to become answerable for the water-rates, thereby depriving their tenants of such a "beneficial influence" on their health.⁵⁷

The Sunderland Water Company appears to have been partially successful, at least, in meeting the needs of its customers. Certainly one of the reasons why Sutherland believed that Sunderland had experienced relatively few cholera cases during the 1848 epidemic, despite the appalling sanitary conditions that existed, was because of the improved water supply that had been available in the area before the epidemic had appeared. The number of houses in Sunderland, supplied with water in 1850, was 4027, a considerable increase from the 670 noted in 1843

⁵⁴ S Middlebrook, *Newcastle upon Tyne, Its Growth and Achievement* (Newcastle, 1950), p.202

⁵⁵ 8 & 9 Vict.c.71, *An Act for supplying the Borough and County of Newcastle upon Tyne and the Borough of Gateshead in the County of Durham and the Neighbourhood thereof, with water from Whittle Dean in the Parish of Ovingham, and other Places in Northumberland and Durham*, (30 June, 1845); Rawlinson, *Report to the GBH... Gateshead*, p.39; R W Rennison, *Water to Tyneside, A History of the Newcastle and Gateshead Water Company*, (Gateshead, 1979), p.341

⁵⁶ Under a local act for the "better supplying with water the town and borough of Sunderland and the neighbourhood thereof...", 9 Vict. c.36, cited in Rawlinson, *Report to the GBH... Sunderland*, p.21

⁵⁷ Richard Lambert to Rawlinson, May 1850, included in Rawlinson, *Report... Gateshead*, p.40. Greenhow, T M, *Cholera from the East. A Letter addressed to James Hodgson, Esq, Mayor of Newcastle-upon-Tyne*, (Newcastle, 1852), p.8. See also Stewart and Jenkins, *The Medical and Legal Aspects of Sanitary Reform*, pp.62-65

by Reid. This trend appears to have continued because Stewart's informant in 1866 reported that the water supply was "Ample and excellent in quality."⁵⁹ Rawlinson does not give details of the quarterly charges to tenement occupiers but does note that in comparison to Newcastle, Durham and elsewhere, Sunderland had the lowest charges. The annual water rates ranged from 5s for property with an annual value of £5. In contrast, the Whittle Dene Company introduced their scale of rates at 7s for houses with an annual rent of up to £7.⁶⁰ However, both Companies had considerably reduced the charges made by their predecessors.

When initially established, the Whittle Dean Company expressed their intention to relieve customers of some of the capital expenditure involved in water provision. In supplying water to self-contained houses, the Water Company paid for the laying of branch pipes which communicated with the main pipe, up to the wall of the property. The landlord or tenant had to pay for the cost of all other pipework and for interior fittings. In the case of tenemented property, the Company paid for all capital expenses, including interior fittings because it involved only one tap in some convenient place that was common to the whole building. In Sunderland, the Company provided each house with a service-pipe and a tap, for which they charged 5s. Any additional piping that was required was supplied at cost price. However the Company did pay capital costs in the worst localities, but then collected 1d per week from each family.⁶¹

In addition to the availability of water, sanitarians were preoccupied with the quality. Reid described Sunderland's water as "pure and good" but some of the Newcastle's was "miry" and rain water, he noted, was "loaded with soot".⁶² Sunderland's water continued to be excellent under the new water company,

⁵⁹ *Report of the General Board of Health on the Epidemic Cholera of 1848 and 1849, Appendix A* by Dr Sutherland, *PP* (1850) XXI, 185, p.123; Stewart, p.67

⁶⁰ Rawlinson, *Report to the GBH...Sunderland*, p.62; Rawlinson, *Report to the GBH... Gateshead*, p.40

⁶¹ Rawlinson, *Report to the GBH...Gateshead*, p.39; Rawlinson, *Report...on Sunderland*, pp.62-3

⁶² Reid II, p.133

which drew water from wells.⁶² The Whittle Dean Water Company intended to improve their water quality by obtaining it from Whittle Burn, 12½ miles from Newcastle, “far beyond the contamination of a populous town”, and to replace the old works which took water from the Tyne and the Town Moor. The new works opened in November 1848, and it was optimistically believed that this would provide abundant supplies, even during the driest part of the year.⁶³ Yet at the Cholera Inquiry in 1854, a number of witnesses testified to the dubious quality of the water, particularly during the summer of 1853, because, as already noted, the Company were forced to draw water from the River Tyne.⁶⁴

Although Reid was interested in the look of the water from various sources, he was also interested in the mineral content. For example he described Newcastle’s water that was drawn from Carr’s Hill as “soft” river water, whereas that from private wells was “hard”.⁶⁵ These statements reflect something of a contemporary debate that Chadwick was largely responsible for.⁶⁶ In his *Report*, Chadwick suggests that although water containing animal matter was “the most feared”, it was less frequently “injurious” than the clear spring water which was impregnated with mineral substances. It would appear that this concern about hard water was echoed by a number of the respondents who supplied Chadwick with evidence. One example illustrates this: Dr W B Ross of Tain claimed that the town was not properly supplied with water because it was very hard, “and unfit for most domestic purposes”.⁶⁷ Earlier in the century the chemist, James Johnston, regarded hard water as beneficial to health in that it removed “acid matters from the stomach, and thus act[ed] as a grateful medicine to the system”. In consequence, he argued that abandoning the use of hard water would actually injure health.⁶⁸ Yet Lyon Playfair informed his audience at a lecture at the Museum of Practical Geology that hard water caused disease and all manner of

⁶² Rawlinson, *Report to the GBH...Sunderland*, p.6

⁶³ Rawlinson, *Report to the GBH...Gateshead*, p.39

⁶⁴ See for example Hume *et al*, *Cholera Inquiry*, pp.8, 184, 483-4

⁶⁵ Reid II, p.132

⁶⁶ C Hamlin, *A Science of Impurity, Water Analysis in Nineteenth Century Britain*, (Bristol, 1990), p.108

⁶⁷ Chadwick, *Report*, pp.139, 148

⁶⁸ Johnston, *The Chemistry of Common Life*, p.379

industrial problems, and justified his argument by claiming that animals instinctively choose soft water over hard.⁶⁹

Yet Chadwick's objection to hard water was not on directly medical grounds at all, but because it increased "domestical harshness" and was deemed unsuitable for removing urban filth in that it wasted soap.⁷⁰ This was a view echoed later in the century by Dr Edmund J Mills, Professor of Technical Chemistry in Glasgow, who noted that with hard water, a portion of soap was always destroyed before a lather could be produced.⁷¹ Given the cost of soap before the abolition of the soap tax in 1853, when at its highest the duty equalled the cost of manufacture, it is not surprising that reformers objected to hard water.⁷²

The problem of hard water and the effect it has on soap is highlighted in the Sunderland local report on Water. They noted the local practice of washing clothes in urine, as a substitute for soap or other alkaline material, and recorded the following testimony given by a working class woman:

The urine is kept in stone bottles till very strong, and then is added to the soap-suds employed for washing. Less soap suffices when such an addition is made, and the entire composition is considered much more cleansing in the case of woollen clothing...and all woollen goods...and in every case where the impurity to be removed is of an oily or greasy nature, than mere soap and water.⁷³

The sub-Committee commented that this was a "round-about and filthy mode" of obtaining carbonate of ammonia to increase the alkali content in cleansing materials, and that, in addition, it was not particularly "wholesome" for the poor to keep such "excrementitious matter to putrify within their dwellings". They hoped that with the "great reduction in the price of soap" this custom would be

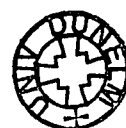
⁶⁹ L Playfair, *The Builder*, 9 (1851), p.765

⁷⁰ Chadwick in Reports from Commissioners, vol 4: *Nuisances Removal; Quarantine*, signed by Carlisle, Edwin Chadwick and T Southwood Smith, *PP* (1849) XXXIV, 1, pp.68, 70; Hamlin, p.108.

⁷¹ Edmund J Mills, *Water Supply and Sewage: Short Notes for Non-Technical Readers*, (London, 1889), p.16

⁷² F B Smith, *The People's Health, 1830-1910*, (London, 1979), p.218; Frank Atkinson, *Victorian Britain: the North East*, (London, 1989), p.41. Soap tax in 1847 was 1½d per 1lb. *GO*, 20 Nov, 1847, p.2F

⁷³ Reid III, p.196



abolished and that if housewives required “volatile alkali”, they should use carbonate of ammonia instead.⁷⁴

However not everybody ignored the presence of organic matter in water as a source of contamination. Dr Hassall, reporting to the Medical Council of the General Board of Health in 1854, argued that vegetable and animal matter provided a source of nitrogen, which he regarded as the real culprit. He asserted that the presence of organic matter in water, “especially living animalcules”, were to be regarded as proof of impurity. However he ridiculed the idea that the human body, and everything that was consumed, abounded “with minute living and parasitical production”, declaring this to be “a vulgar error” that was “as disgusting as it [was] erroneous”.⁷⁵ This all appears rather contradictory, particularly as Hassall does not go on to describe the ill-effects of nitrogen, as opposed to the “animalcules”, but he was adopting a well-established chemical approach to disease. The idea that minute living organisms could be responsible for disease, which Hassall rejected so vehemently, was the very suggestion being proposed at the same time by John Snow, as a result of his epidemiological studies on cholera.⁷⁶ Although Hassall appears to have underestimated the harmful effects of poor personal hygiene, the issue was not ignored by others.

Among the problems particularly highlighted by Sunderland’s Water sub-committee was the lack of “cleanly habits on the part of the people”.⁷⁷ Middle-class sanitarians and medical men remarked upon the stench that overwhelmed them as they visited their homes, yet public washing facilities in the three towns in 1843 were either totally inadequate or non-existent. Newcastle had a public baths

⁷⁴ Reid III, p.197

⁷⁵ Dr Hassall, “Report on the Microscopical Examination of different Waters (principally those used in the Metropolis during the Cholera Epidemic of 1854”, No VIII, pp.216-283 in General Board of Health Medical Council, *Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854*, (London, 1855), pp.217-218

⁷⁶ John Snow, *On the Mode of Communication of Cholera*, (London, 1849), p.6; Charles-Edward A Winslow, *The Conquest of Epidemic Disease, A Chapter in the History of Ideas*, (1943) (Winsconsin, 1980), pp.274-279

⁷⁷ Reid III, p.191

which, according to Reid, failed to meet the needs of the poor because their cost was beyond their “ordinary resources”, and there were no public baths or wash houses in Gateshead or Sunderland. Yet in the North-East towns, due to the cheapness of coal, the numerous steam engines that were available and all the waste steam that was produced, Reid felt that there was ample opportunity for erecting and running baths and wash-houses fairly cheaply.⁷⁸ Under the Public Baths and Wash-houses Act, 1846, municipal boroughs were allowed to establish public washing facilities, paid for out of the borough fund or through a separate rate.⁷⁹ Seven years after the passing of the Act, “Pro Bono Publico”, writing to the *Gateshead Observer*, claimed that the reason why this was such an important sanitary measure was because it enabled everyone to “begin with himself”. He believed that anyone who had attended the Baths would no longer be happy with a dirty house, filthy street or polluted air but would instead become firm advocates for sanitary reform.⁸⁰

Newcastle Corporation opened public baths and wash-houses in New Road in September 1848 and charged prices intended to be affordable to the labouring classes. A warm bath was to cost 2d whilst a plunge bath and the hourly use of wash tub and boiler, including drying, was to be 1d.⁸¹ Initially few made use of the wash-house because of the lack of “poss-sticks” but the management responded quickly to public demand and after their introduction there was a rapid increase in users. Yet some perspective is needed. Only 1,341 customers used the wash-house between September, 1848 and January, 1849, an average of little more than 335 people per month. Given that many of these people perhaps used the facilities more than once, it demonstrates how relatively few people benefited from them. Nevertheless Sunderland’s Baths and Washhouses Committee⁸² were clearly impressed with the success of the Newcastle baths, claiming that it had

⁷⁸ Reid II, p.133; Reid III, pp.126, 196

⁷⁹ 9 & 10 Vict c.74, sections 1 and 4, in “Report of the Committee on the Erection of Public Baths and Wash-houses”, Council Meeting, 30 Sept, 1846, Sunderland Council Minute Book [hereafter SCM] I, pp.450-1

⁸⁰ “Pro Bono Publico” to the Editor, *GO*, 13 May, 1854, p.7A-B

⁸¹ Council Meeting, 23 Aug, 1848, *NCP for 1847-48*, p.171

⁸² The Committee was first appointed in Sept 1846 to carry 9 & 10 Vict c.74 into effect. Council Meeting, 2 Sept, 1846, SCM 1, p.447

quickly risen in “the estimation of the people of Newcastle”, and was making sufficient income to cover running costs.⁸³

By 1850 Gateshead and Sunderland were still without washing or bathing facilities and the labouring classes had to wash their clothes in their confined and crowded rooms, hanging them out to dry in the street, or in dwelling houses where they contributed to the damp atmosphere.⁸⁴ Yet this situation was not entirely due to inaction on the part of the local Councils. More than a year after being appointed, Sunderland’s Baths and Wash-houses Committee reported the difficulties they were having in negotiating the purchase of a suitable site.⁸⁵ After further delays occasioned by the failure to secure a site, time taken to draw up specifications and receive estimates, and to actually build the baths, they were finally completed in January 1852.⁸⁶ Gateshead did not open their first Public Baths and Laundries until 1854.⁸⁷ Yet as with Newcastle, the availability of new facilities did not bring about immediate or extensive changes in practice.

Ventilation and Natural Light

Reid devoted a fair proportion of his Report to the importance of ventilation, including consideration of the quality of the external air and the quantity of circulating air. He acknowledged that sometimes the external air could be so loaded with disease-producing “emanations” that it was preferable to “suffer a certain amount of deterioration of the atmosphere from within” by reduced ventilation, rather than allow such external air to enter. However rather surprisingly, given the substance of the rest of his Report, he considered such

⁸³ “Report of the Town Improvement Committee”, Council Meeting, 23 Aug, 1848, *NCP for 1847-48*, pp.171-2; Extract from the *Newcastle Courant*, 26 Jan, 1849, reproduced in *NCP for 1848-49*, p.xi; “Report on the Baths and Washhouses in Newcastle”, Rawlinson, *Report to the GBH... Sunderland*, pp.64-66

⁸⁴ Dr Jollie *et al*, Rawlinson, *Report to the GBH... Gateshead*, p.26; Rawlinson, *Report to the GBH... Sunderland*, p.66; Hume *et al*, p.122

⁸⁵ “Report of the Baths and Wash-houses Committee”, Council Meeting, 17 Nov, 1847, SCM 1, p.595

⁸⁶ “Report of the Baths and Wash-houses Committee”, Council Meeting, 14 Jan, 1852, SCM 2, p.349

⁸⁷ *GO*, 13 May, 1854, p.3E-F; p.7A-B

situations to be rare and argued that generally it was far better to have ventilation, even though the external air needed improving.⁸⁸

Despite the concerns expressed by various medical authorities about the health hazards associated with ill-ventilated dwellings, as discussed in Chapter 2, Reid seems to have been unconcerned about the quality of the internal air within overcrowded housing.⁸⁹ Yet Southwood Smith had demonstrated the dangerous consequences to health from breathing stagnant and poisoned air continuously for seven or eight hours. He claimed that he had known “two or three cases of typhus produced nightly, for a fortnight together, in a room of this description, by sleeping in it for a single night”.⁹⁰ As was made clear in Chapter 2, typhus is a vector transmitted disease and therefore it was not the presence of foul air, but rather of fleas and body lice, that was responsible for these typhus cases. Yet the fact that someone as eminent as Southwood Smith was making a connection between ventilation and typhus helps to explain why reformers concentrated their attentions on such measures, particularly as it was considerably easier and cheaper to open up some extra windows than it was to lay an effective drainage system.

With regard to the quantity of air circulating, Reid commented on the limited ventilation that he had observed in the dwellings he had visited in the “different classes of society” beyond those usually available through doors, windows, and fireplaces. Problems were exacerbated in overcrowded places, particularly where a fire sucked in all available fresh air, leaving little to circulate in the room generally. Where there were attempts to create ventilation for the removal of “vitiating air” there was still, generally, no provision made for securing the admission of fresh air. Reid advocated the introduction of two channels in every room - one for ingress of fresh air, and one for egress of vitiating air - thus producing a controlled and constant environment.⁹¹

⁸⁸ Reid II, p.136

⁸⁹ T Southwood Smith, MD, *Epidemics considered in relation to their Common Nature and to Climate and Civilization*, in two lectures delivered at the Philosophical Institution, Edinburgh, Nov, 1855, (Edinburgh, 1856), p.14

⁹⁰ Smith, p.15

⁹¹ Reid II, pp.136-140

The real problem was that many houses had totally inadequate windows, particularly as a result of the window tax. Even though this tax was not as high as it had been during the Napoleonic Wars, it was still up to 9s on every window above ten, which particularly affected the larger tenemented property. Proprietors were responsible for the tax but if they were unable to recoup the sum from their tenants, many of whom were paying rents of little more than 50s to 60s per annum, then a cheap solution was to block many of them up.⁹² Even where ignorance was not “fenced round with selfishness”⁹³ on the part of landlords, the poor themselves were responsible for reducing ventilation still further. As Rawlinson rather sarcastically claimed, “the only industry shown [by the poor] is to block out fresh air, to secure heat...”,⁹⁴ a factor of great importance amongst underfed, ill-clothed people with limited fuel supplies for heating. This practice highlights something of the cultural divide that existed between the interests and expectations of the labouring poor on the one hand and sanitary reformers on the other.⁹⁵ It also gives some idea of the problems facing the latter in persuading the former to take any responsibility for their own health. As Rawlinson acknowledged, the poor could not be blamed for their ignorance and neglect of sanitary laws given their limited powers and resources. He commented that:

A living body is warmer than a naked wall or bare floor, and hence overcrowding is considered a desirable thing. They feel and appreciate the warmth, but do not see the subtle poison, and, in fact, the carbonic acid deadens the senses, and induces oblivious repose.⁹⁶

⁹² Mr George Richardson of Newcastle, reporting to Dr Reid. Reid II, p.134

⁹³ Robert Rawlinson, “On House-Accommodation: Its Social Bearing, Individually and Nationally”, (pp.99-119) reprinted from the *Journal of the Society of Arts*, 5 Feb, 1858, *Lectures, Reports, Letters, and Papers on Sanitary Questions*, (London, 1876), p.101

⁹⁴ Rawlinson, (1858) pp.102-3

⁹⁵ Stedman Jones, in the context of the development of working class culture in late 19th century London and Keith Wrightson, in the context of 16th and 17th century English society are just two recent historians who have addressed these issues of complex social realignments in the light of changing socio-economic and political circumstances. G Stedman Jones, “Working-Class Culture and Working-Class Politics in London, 1870-1900: Notes on the Remaking of a Working Class”, (pp.179-238) in *Languages of Class, Studies in English Working Class History 1832-1982*, (Cambridge, 1983), pp.182-3; Keith Wrightson, *English Society 1580-1680*, (London, Melbourne, etc, 1982, pp.222-228

⁹⁶ Rawlinson, p.103. In many ways Rawlinson is demonstrating some of the inconsistencies that many people expressed concerning the transmission of diseases. On the one hand he is referring to the miasmatisists’ concern for noxious poisons, whilst at the other, hinting at the dangers of contagion.

Reid was also concerned about the lack of ventilation in narrow streets and enclosed courts and provided diagrams at the end of his *Report* to illustrate how stale and noxious air got trapped within them, even on a windy day.⁹⁷ This problem gave rise to one of the complaints made by the Newcastle Subcommittee responsible for reporting on Building and Ventilating concerning the absence of regulation regarding the formation and width of streets.⁹⁸

The Sunderland sub-committee were critical of the lack of windows, because of the window tax and therefore recommended its abolition on houses let into tenements. This they hoped would encourage additional windows to be put in which would benefit the public at large. They noted the unwholesome nature of the air that prevailed in many private houses because of the lack of ventilation but regarded the lodging houses as being even worse. Reid applauded their attitude to ventilation generally and commented that:

A stronger and more vivid appreciation appears to me to prevail in Sunderland as to the importance of due ventilation than in many other towns I have visited...⁹⁹

Although free access of sunlight was also important to health, Reid does not appear to have concerned himself with this problem, yet, in addition to the reduction in ventilation, blocked up windows kept out what light there was, which was often very little anyway. Rawlinson described many of the rooms in the crowded narrow lanes of Sunderland as "being dark at noonday".¹⁰⁰ This is obviously a feature of crowded narrow streets, but it may well be that light was further obliterated from houses at the bottom of the hill by those that rose above them. Given that tubercle bacilli do not thrive in sunlight, the absence of natural light in many of the homes of the poorer classes served to encourage the transmission of this disease. Yet, perhaps the reason why Reid was far less concerned with the absence of sunlight was because of the ignorance that existed

⁹⁷ Reid II, p.128

⁹⁸ Reid III, p.166

⁹⁹ Reid III, p.202

¹⁰⁰ Rawlinson, *Report to the GBH...Sunderland*, p.23

about the cause and transmission of tuberculosis as well as the significance of sunlight as a source of vitamin D.¹⁰¹

Housing

Much of the comments that came under the heading of “Dwelling Houses” in Reid’s report reiterated points he made more fully elsewhere concerning sewerage, drainage, middensteads, lavatory provision and ventilation. However, he confirmed that there was considerable overcrowding in all three towns, particularly in the older districts, as has already been discussed in Chapter 1, and highlights some of the moral implications involved. Apart from lacking basic amenities, much of the housing was pitifully dilapidated.¹⁰² For example, dwellings in the Irish district of Mount Pleasant, Newcastle, had broken floors, ceilings, roofs and doors and were cold, rat and maggot infested, dark and dirty. Yet for these the tenants were being charged about 1s 8d a week per room.¹⁰³ Given these conditions, occupants who did make an effort to keep their homes clean were fighting against immense odds. For the rest, it is perhaps unsurprising that they were too demoralized to try.

Private landlords were notoriously bad at considering the needs of their tenants but in Newcastle, the worst landlord of all was the Corporation, particularly in Sandgate. They had been buying up property ever since 1837 in order to carry out extensive re-developments of the area but these were put in abeyance and within five or six years the condition of these tenements was worse than privately owned ones nearby. This had induced a poor law medical officer, Mr Newton, to write a number of letters to a local newspaper claiming that they were unfit for human habitation and ought to be condemned.¹⁰⁴ By 1854 they produced an annual rental of £60,000 out of a total borough rental of £300,000 yet, until the 1853 Improvement Act, they were exempted from rates. In addition there were

¹⁰¹ Proof of the existence of vitamin D came from work done in America and England between 1918 to 1922. This helped establish the cause of rickets. George Rosen, *A History of Public Health*, (1958) Expanded Edition with Introduction by Elizabeth Fee, Biographical Essay and New Bibliography by Edward T Morman, (Baltimore and London, 1993), p.159

¹⁰² Reid II, p.134

¹⁰³ Anon, “Condition of the Poor”, Letter V, *NC*, 10 May, 1850, p.4A-B

¹⁰⁴ Hume *et al*, p.xi

individual property owners on the Council.¹⁰⁵ Although Gateshead and Sunderland Corporations were not property owners there was still room for conflicting interests in that a number of councillors were themselves landlords of tenement buildings. For example Alderman James Allison in Sunderland¹⁰⁶ and Gateshead councillors and aldermen Joseph Price, John Lister and James and William Hymers, who owned between 15 and 63 rooms each.¹⁰⁷

Builders were often culpable as well and Reid noted the variation in standards regarding the purpose-built workers' dwellings. For example the houses built by Mr Sopwith in Newcastle were designed with care to meet the needs of the occupants but there were other new houses that were every bit as bad as the worst dwellings observed in the oldest and most crowded parts of the town. In consequence, Reid believed that there was a need for public authorities to have greater powers regarding building regulations.¹⁰⁸ Although, the Newcastle Building and Ventilating Sub-committee agreed that laws were needed to restrain the worst abuses of speculative builders,¹⁰⁹ little had been done to remedy the situation by 1853. Poor conditions in the newer parts of Newcastle had arisen from "the deliberate intentions of the builders" and "hundreds" of newly built tenements in one part of Westgate were considered uninhabitable.¹¹⁰ The Building and Ventilating Sub-committee also complained about the absence of building regulations related to the width and formation of streets.¹¹¹ Badly arranged streets and closed up lanes and courts, reduced ventilation and sunlight and were harder to drain and cleanse because of the lack of access to carts and fire engines.¹¹² In Gateshead cellar dwellings had increased among the newer housing and reckless house builders had built new dwellings on refuse dumps and

¹⁰⁵ Hume *et al*, p.xi

¹⁰⁶ Council Meeting, 28 July, 1858, SCM 4, p.131

¹⁰⁷ Council Meetings, 16 Oct, 1839, 6 Feb, 1840, Gateshead Council Minute Book [hereafter GCM], pp.196-198; 251

¹⁰⁸ Reid II, p.134

¹⁰⁹ Reid III, p.170

¹¹⁰ Hume *et al*, pp.x, xiii

¹¹¹ Reid III, p.166

¹¹² Occasionally fire engines were used to hose down dirty streets, particularly when an epidemic was imminent.

provided inadequate drainage so that as the refuse became wet, noxious vapours were engendered.¹¹³

One aspect of squalid housing that caused concern was damp. Chadwick recorded Dr Richardson's comment that "Diseases of the most serious character, such as pulmonary consumption and rheumatism, are induced by air rendered impure by damp". He went on to describe how a newly married woman in a well furnished London suburban houses had quickly succumbed to consumption as a result of the dampness of the building: "...its walls were reeking from moisture, and the mirrors were obscured with condensed vapour."¹¹⁴ From the description given this was obviously a woman in reasonably comfortable financial circumstances - how much worse must the experience of the labouring classes have been. The anonymous author of the *Newcastle Chronicle* Letters describes how many of the ground floor rooms in Sandgate were damp because the houses were embedded into the side of the clay hill. The floors of these rooms were generally composed of earth or paved with rough stones.¹¹⁵ Added to this were all the problems created by poor drainage, sewerage and refuse collection already described.

However, the worst dwellings were the common lodging houses which Reid described as "the nurseries of disease of a malignant character".¹¹⁶ Although available, ostensibly for one or two nights' stay, many of these were used by whole families for months on end, in the absence of other accommodation.¹¹⁷ They were characterized by overcrowding, bad air and poor ventilation, all of which threatened health. Conditions were particularly bad during times of depression and at harvest time when the town's population temporarily increased.¹¹⁸ In 1843, all three towns had considerable numbers of these lodging

¹¹³ Hume *et al*, p.xxxiv

¹¹⁴ Dr Richardson, *Diseases of Modern Life*, quoted by Sir Edwin Chadwick, *The General History of Principles of Sanitation*, Introductory Address of the Sanitary Institute of Great Britain, 8 Oct, 1889, (London, 1889)

¹¹⁵ Anon, "Condition of the Poor", Letter III, *NC*, 26 April, 1850, p.4A-B

¹¹⁶ Reid II, p.135

¹¹⁷ John Burnett, *A Social History of Housing 1815-1985*, 2nd edn, (London, 1986), pp.61-62

¹¹⁸ Reid II, p.135; Reid III, p.203

houses, although Sunderland's tended to be dry and well warmed because coal was "very cheap" and coal owners donated fuel to the poor during the winter months.¹²⁰ By 1850, conditions were little better. In Sunderland, common lodging houses for "tramps and beggars" were "numerous", particularly in the densely populated parts of the parish of Sunderland. It was not uncommon for seven to share a bed and that in the largest-sized room, about 18 feet by 14 feet, there could be as many as six beds, and upwards to 16 people in all. Rawlinson noted that even criminals in their cells had a greater cubic allowance of breathing space than common lodging house inmates.¹²¹ Gateshead had 26 common lodging houses, 17 of which were kept by Irishmen/women. Mr Schorey, reporting on the state of them to Rawlinson, commented that many of the 74 rooms were little better than hovels and could contain as many as 15 to 20 individuals in rooms little more than 14 feet square. These, as noted in Chapter 1, became particularly overcrowded at harvest time.¹²² Clearly poor housing conditions had implications for public health. Whilst families were confined to one-roomed dwellings and lodgers were crowded together in single bedrooms, not only were diseases such as consumption and typhus likely to flourish, but intestinal diseases were quickly spread, given the absence of basic sanitary provision, or the means to properly cook and clean.

Although the health hazards of these lodging houses is self-evident, Reid also described them as "a moral pestilence in their present form".¹²³ Numerous government reports, social surveys and newspaper articles referred to the sexual promiscuity that existed in overcrowded lodging houses and tenement dwellings. Doubtless concern was well-grounded, particularly where individuals were the unwilling victims of sexual acts. In consequence, some of the measures adopted, such as the Common Lodging Houses Act, 1851, were perhaps inspired more by moral outrage than because of any coherent policy of disease control.

¹²⁰ Reid III, p.202

¹²¹ Rawlinson, *Report to the GBH.. Sunderland*, pp.83-4

¹²² Report of Mr Schorey on existing Lodging-houses in Gateshead, Rawlinson, *Report to the GBH... Gateshead*, p.60; Anon, "Condition of the Poor", Letter III, *NC*, 26 April 1850, p.4A-B

¹²³ Reid II, p.135

Nuisances

As Flinn points out, the word “nuisance” is a vague term used to describe anything that gave rise to a health hazard.¹²³ Most of the nuisances that Reid describes were those arising from “defective sewerage, drainage, and cleansing”, which he covers in detail elsewhere in his Report, and which have already been discussed. However under this heading he concentrates on the nuisances that arose from private slaughter-houses in crowded districts, smoke pollution and the damaging effects of acrid fumes caused by particular manufacturing processes, such as the production of Prussian blue, which entailed burning horse flesh and bones and boiling blood.¹²⁴ In all, the key feature of a “nuisance” was that it caused unpleasant smells, which in turn, according to the miasmatisists, gave rise to disease. Although people were also concerned that smoke pollution damaged vegetation and corroded metals, etc, once again it was the foul smells rather than the smoke as such that was the main target of reformers. Those “nuisances” arising out of smoke pollution were not directly responsible for the three diseases that this work is concerned with. However they perhaps exacerbated the symptoms of pulmonary tuberculosis and had an indirect affect in discouraging people to open what windows they did have.

Urban slaughterhouses were not, perhaps, directly linked with typhoid, typhus and consumption, although the putrefying mounds of animal waste encouraged flies, which helped to carry diseases like typhoid, and perhaps also encouraged rats, whose fleas were implicated in typhus. In addition to the unpleasant effects of the slaughter-houses themselves, neighbouring streets were fouled by the animals being driven through, making the streets even filthier than they would otherwise have been.

Although little space is being devoted to smoke pollution and slaughter houses, as they do not form part of the main focus of this work, they were often the subject of complaints, petitions and council debates. As industrial towns, Newcastle, Gateshead and Sunderland all suffered from industrial pollution, combined with

¹²³ M W Flinn, Introduction to Stewart and Jenkins, p.14

the smoke of domestic fires, and complaints about slaughterhouses were made in each of the towns.¹²⁵ Perhaps, however, these very obvious problems distracted ordinary people from the far more significant health hazards caused by inadequate drainage, sewerage and water supplies.

This chapter has evaluated some of the sanitary conditions that prevailed during the 1840s and early 1850s, with particular reference to those conditions that are most closely implicated in the presence of typhus, typhoid and pulmonary tuberculosis. It is evident that not only were the conditions bad, but they were recognized as such by at least some people. The next chapter describes the local authorities that were responsible for dealing with these problems.

¹²⁴ Reid III, p.142

¹²⁵ See for example, Dr Cargill's complaint to Dr Reid about a slaughter-house in the most fashionable part of Newcastle, close to Grey Street, Reid, II, p.141; and Rawlinson's observations about the state of slaughter-houses in Sunderland, Rawlinson, p.82

4: LOCAL POLITICS, MUNICIPAL GOVERNMENT AND LOCAL IMPROVEMENT ACTS 1835-1851

The first half of the 1830s was a time of great political upheaval and activity in the three towns, with Newcastle's Corporation undergoing reform in 1835 and Gateshead and Sunderland acquiring parliamentary representation in 1832 and municipal status three years later.¹ For Gateshead and Sunderland there followed a period of conflict between the old freemen of the boroughs and the newly elected corporations. Much of the dispute centred around property that had belonged to the freemen and stallingers of the ancient corporations, but for which the councils were claiming public ownership. By the mid-1840s these disputes had been settled and local government in these towns began to focus on other concerns, including public health.²

Later in the chapter there will be a discussion of the powers that the local authorities in the three towns had regarding public health matters, though there will not be an evaluation of the effectiveness with which they used these powers until Chapter 7. First however, the political structure of the three towns, as expressed in both parliamentary and municipal elections, will be sketched very briefly before considering the historical background to and membership of the three Corporations. To understand and explain some of the differences between them it will be necessary to explore the variations in socio-economic make-up of the local government bodies, in particular the three Corporations.

¹ *Report of the Investigation into the Affairs of the Municipal Corporation of Newcastle-upon-Tyne before His Majesty's Commissioners, Commencing October 30, and ending November 7, 1833*, (Newcastle, 1834); *Commissioners: Municipal Boundaries, Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Newcastle*, (nd); *Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Gateshead*, (nd); *Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of Sunderland*, (1836)

² W H Brockett, *Collections Relating to Gateshead*, (Brockett Papers), 6(I), 1835, particularly pp.235ff; *Gateshead Council Meetings*, 25 March, 4 April and 9 May, 1836, 28 April, 1837, *Gateshead Council Minute Book [hereafter GCM]* 1; 2 April and 10 Sept, 1845, GCM 4; William Brookie, *Sunderland Notables: Natives, Residents, and Visitors*, (Sunderland, 1894), p.155; Michael Cook, "The last days of the unreformed Corporation of Newcastle upon Tyne", *Archaeologia Aeliana*, XXXIX Fourth Series, (1961), 207-228; Frank Rogers, *Gateshead, An Early Victorian Boom Town*, (Wallsend, 1974), pp.12-15; John Pearson, "Local Government 1810-1851, pp.81-90 in Geoffrey E Milburn and Stuart T Miller (eds), *Sunderland River, Town and People, A History from the 1780s*, (Sunderland, 1988), pp.84-5; Tom Corfe, "Local

Following parliamentary reform in 1832, all three towns had moderate liberal majorities, though both Newcastle and Sunderland tended to have a Liberal/Tory split between their two seats.³ It would be unwise, however, to assume that these party labels represented the true political ideology of the three towns either at parliamentary or local government level.⁴ This was not unusual for one of the features of the period was the lack of violent opposition between different schools of thought and it was not uncommon for people to combine old Toryism with ideas derived from Benthamite liberalism, which led at times to illogical convictions.⁵ Indeed there was a desire on the part of some of the electorate of Newcastle that councillors should not be swayed by party politics but by the best interests of the community. In this the real hope was expressed that the Whigs and Radicals should be “*conservative* towards all...in the old system that was beneficial to the community”, and that “every conservative [would] endeavour effectually to reform every abuse.”⁶

Although in Gateshead there was a genuine political division between the moderate and radical Liberals, breaking out into a bitter contest in the 1852 election, Parliamentary elections were often dominated by local questions. For example in Sunderland, in the 1830s and the 1840s, party allegiances were based upon support for, or opposition to, the new Docks schemes up until about 1848.

Government and Reform in Sunderland, 1835-1851”, an undated and unpublished paper , pp.1-2, 5

³ Norman McCord, “Gateshead Politics in the Age of Reform”, *Northern History*, IV, (1969), 167-183, pp.169-171; Rogers, pp.11-12; Peter Cadogan, *Early Radical Newcastle*, (Consett, 1975), p.38; C H Hunter Blair, “Members of Parliament for Northumberland and Newcastle upon Tyne 1559-1831”, *Society of Antiquaries of Newcastle upon Tyne; Archaeologia Aeliana*, 4th series, XXIII, (1945), 102-155, p.103. In Sunderland, between 1832-1858 there were four years only (1832 and 1842-44) when both seats were represented by a Liberal, according to “Boaz”, “Can Col. Fife-Cookson be returned for Sunderland?”, *The Wearmouth Magazine: A Monthly Local Review*, 1, May 1882 (pp.33-40), pp.35-6.; “Modus”, “Can Col Fife-Cookson be returned for Sunderland? (reply to “Boaz”)”, *The Wearmouth Magazine*, 2, June 1882, (pp.67-71), pp.67-69.

⁴ Cadogan, p.21, “Modus”, pp.67-69

⁵ A V Dicey, *Lectures on the Relation Between Law & Public Opinion in England during the Nineteenth Century*, 2nd edn, 1924 reprint, (London, 1914), p.36

⁶ Comments in “Publico”’s Address to the Editor of the *Newcastle Courant* on the Municipal Elections, Meeting of 31 December, 1835, *Proceedings of the Council of the Borough of Newcastle upon Tyne* [hereafter *NCP*] for 1836, p.2

As a result, the Tory, Lord Londonderry and the Radical Liberal, Lord Durham, found themselves on the same side in backing the more viable South Docks scheme in opposition to the Liberal local landowner, Sir Hedworth Williamson, who wanted to establish new docks on his land in Monkwearmouth on the north bank of the River Wear.⁷

Apart from the Docks issue, Nossiter suggests that there was in fact a social divide in Sunderland's political allegiances with the "shipowners" backing Lord Londonderry and his protégés and the commercial middle classes supporting Lord Durham and his Radical heir, Lord Howick, although there were clearly a variety of political views expressed in each socio-economic group.⁸ Yet even this is misleading because the shipowners of Sunderland consisted of a great many individuals, many of whom were hardly wealthy magnates.⁹ However, as in Gateshead, perhaps the bitterest rivalry was between the Whigs and Radicals within the Liberal party and this was largely based on social class. The Whigs were, in the main, drawn from the upper and professional ranks whereas the Radicals were largely drawn from the middle classes, and particularly from among the shopkeepers and tradesmen of the town. This appears to confirm Koditschek's analysis of middle class developments in Bradford: that the evolving relations of Whig and Tory, Chartist and Liberal, were primarily by-products of different visions of Bradford life rather than to do with national politics.¹⁰

Throughout much of our period, working-class politics was still at an early stage of development. Although there had been some organized trade disputes earlier

⁷ McCord, (1969), p.173; "Boaz", p.38; Brockie, pp.156-157; Alan Heesom, "Parliamentary Politics 1830 to the 1860s", pp.91-104 in Milburn and Miller (eds), *op cit*, pp.94-97

⁸ T Nossiter, "Dock Politics and Unholy Alliance, 1832-52", pp.78-88 in Helen G Bowling, (ed), *Some Chapters on the History of Sunderland*, (Sunderland, 1969), p.86

⁹ See Appendix VII

¹⁰ Nossiter, pp.80-81, 86; K Wilson, "Leaders of the Sunderland Chartists", *Sunderland Antiquarian Society*, XXXII (1989) unpaginated; T Koditschek, *Class Formation and Urban Industrial Society: Bradford, 1750-1850*, (Cambridge, 1990), pp.517ff. Neil MacMaster makes a similar point in connection with Norwich over local conflict regarding the enclosure of Mousehold Heath for a public park. N MacMaster, "The Battle of Mousehold Heath 1857-1884: 'Popular Politics' and the Victorian Public Park", *Past and Present*, 127 (May 1990), 117-154, p.139. See also Jonathan Barry, "The Making of the Middle Class?", *Past and Present*, 145 (1994), 194-208, p.196.

in the century,¹¹ McCord claims there was little real cohesion or similarity among the trade groups in the North-East generally. Instead, there was a degree of sectional division between workers in different places, different trades and skills, and of different racial origins. As such, they presented little threat to the existing social and political order, despite the poor social conditions that prevailed.¹² Todd appears to dispute this, arguing that there was a well-developed class-consciousness amongst the North-East industrial communities. This was perhaps truer of the mining villages outside the three towns than in the towns themselves,¹³ though in Sunderland there was a well-organized association of shipwrights. A group of local men established a Court of Arbitration to resolve disputes between shipwrights and masters. This included among its chairmen the surgeon, William Mordey; an ex-Chartist town councillor, James Williams; and William Knott, a local blacksmith.¹⁴

Although Chartism was active on Tyneside, and to a lesser extent, on Wearside, in the period 1838-1842 and again in 1848,¹⁵ once middle-class support withdrew the working people of Tyneside had no clear political voice.¹⁶ One of the reasons that Rowe gives for this was the lack of appeal to working men of political theory when there were practical problems to be addressed.¹⁷ As Wearmouth claimed, it was the squalid poverty of the working classes and not the “philosophic Radicalism of men like William Lovett and Francis Place” which drove the working classes to support the Charter. For them the real demand was

¹¹ For example the Keelmen’s Strike, 1822 and the Miners’ Strikes of 1810 and 1831. Peter Winter, David Milne, *et al*, *Northern Heritage: Newcastle Upon Tyne*, (Newcastle, 1989), p.110; D J Rowe, “The Decline of the Tyneside Keelmen in the Nineteenth Century”, *Northern History* 4, (1969), 111-13; Cadogan, pp.61-64

¹² N McCord, “Some aspects of North-East England in the Nineteenth Century”, *Northern History*, 2, (1972), 73-88, pp.81, 84.

¹³ Nigel Todd, *The Militant Democracy: Joseph Cowen and Victorian Radicalism*, (Whitley Bay, 1991), pp.31-32

¹⁴ “How Sunderland is getting Along”, *Northern Tribune*, 1, (1854), 101-103, pp.102-103

¹⁵ Brockie, pp.269-273; Middlebrook, p.179-180; J T Ward, *Chartism*, (New York, 1973), pp.102, 138; K Wilson, “Leaders of the Sunderland Chartists”, *Sunderland Antiquarian Society*, XXXII (1989), unpaginated

¹⁶ Cadogan, p.21

¹⁷ D J Rowe, “Tyneside Chartism” in N McCord (ed), *Essays in Tyneside Labour History*, (Newcastle, 1977), p.82

economic relief, increased wages and solutions to unemployment, which did not really form part of the agenda of the leaders.¹⁸ Chartism was primarily a political movement that subscribed to the belief that all the social and economic woes of the time were a direct result of the existing state legislative and executive system. Thus they assumed that by extending the franchise and ending the monopoly of political power, the people would cease to be victims of corruption and social reforms would inevitably follow. Although some of the Chartist leaders appeared to promote social as well as political improvement, much of the former seemed to focus on moral and intellectual improvement, reflecting the middle-class preoccupations of the Chartist hierarchy. They failed to address, in anything but rhetorical terms, the very real social deprivation experienced by the masses. This is illustrated by their hostility towards the Anti-Corn Law League which helped to increase class division between former Chartist sympathisers. Given all this, it is perhaps not surprising that so much of their support melted away.¹⁹

Even in Sunderland, where the Radical vote was higher than it was in Gateshead or Newcastle in 1845 there was limited opportunity for direct working-class involvement given the limitations of the franchise. In 1835 the proportion of houses valued at £10 or more amounted to less than 7% in Newcastle, 6% in Sunderland and 4% in Gateshead.²⁰ Yet the experience obtained through Chartism, and particularly the leadership, administrative and oratorical skills gained by many, perhaps helped to shape attitudes and aspirations and left an important legacy. This affected some groups of working people on into the next few decades, as they agitated for social reforms including public health improvements. Some, for example, continued to play an active part in Radical politics, including Joseph Cowen, junior. Some of them went on to become

¹⁸ Robert F Wearmouth, *Some Working Class Movements of the Nineteenth Century*, (London, 1948), pp.89-90

¹⁹ G Stedman Jones, *Languages of Class: Studies in English Working Class History 1832-1982*, (Cambridge, London, New York, etc, 1983), p.16; Ward, pp. 133, 141, 151-154;. See also Todd, pp.31-32

²⁰ *Report upon the Proposed Municipal Boundary...of Gateshead*, ss.8-9; *Report upon the Proposed Municipal Boundary of...Newcastle-upon-Tyne*, ss.8-9; *Report upon the Proposed Municipal Boundary and Division into Wards of the Borough of...Sunderland*, ss.8-9; Heesom, p.102. Houses valued at £10 or more was the qualification for enfranchisement under the

members of their local councils such as James Williams, Dr Gammage and Joshua Wilson of Sunderland. Some women, too, had participated in Female Charter Associations and it is unlikely that after the collapse of the movement they did not continue to find alternative outlets to advance their concerns, such as through local Land Schemes.²¹

Thus, when discussing local politics in the three towns during this era, it inevitably means upper and middle class politics, though of course the latter embraced the whole spectrum of social groups ranging from professional men and large manufacturers to small shopkeepers, publicans and tradesmen. That is not to say that the working classes, and women, who also lacked a political voice, did not have some impact on the development of public health reform. Some of the views of the upper levels of the working class were articulated through organizations, such as the Working Men's Sanitary Associations, as will be seen in Chapter 10. However, because of their lack of direct involvement in the workings of local government and their limited impact on the decision-making process, the disenfranchised will not be discussed further in this chapter.

In terms of local politics, the alliance between Radical middle-class and working-class politics in the 1830s gave way to liberal middle-class oligarchies that managed very well without popular support and which frustrated the ambitions of more radical reformers. Brett suggests that part of this process occurred because the working classes came to feel an increasing awareness of economic inequality and alienation whilst the middle-class former Radicals came to fear the threats to law and order posed by the physical-force wing of the Chartist movement. McCord notes that these middle-class oligarchies possessed, for the most part, considerable local patriotism and that they worked hard for the interests of their towns, "however narrowly they may often have conceived those interests." In

Parliamentary Reform Act, 1832. The actual percentages were Newcastle - 6.47%, Sunderland - 5.49 % and Gateshead - 3.81 %.

²¹ Todd, pp.32-33; Rowe, p.82; Wilson, unpaginated. For example James Williams, after his time in prison for his Chartist activities, became a councillor and alderman and an active sanitary reformer. W Brockie, *Sunderland Notables, Natives, Residents, and Visitors*, (Sunderland, 1894), pp.269-273; Wilson

addition, he comments elsewhere that although such men were generally aware of what was happening in a wider political context they were far from being “mere agents” of either a national party or a central government. This is reflected in a comment made by Dr Robinson in the *Newcastle Chronicle* in 1850 in which he advanced the idea that town councils should operate in harmony with “the self-governing spirit of our race”.²²

As will be seen later, the oligarchic nature of the three town councils is certainly evident in the way that there was considerable overlap between council membership and involvement in other local administrative bodies, such as boards of guardians, street commissioners and local magistracy.²³ However, McCord’s portrait suggests a uniformity about North-East local politics which is misleading, because although the three town councils all had Liberal majorities, the complexion of the individual corporations were subtly different from one another. Given that the government of the three towns was in the hands of small oligarchies, these subtle differences perhaps provide a clue as to why the three towns adopted different administrative and ideological approaches to public health reform. This is something that E P Hennock intimates by highlighting two main features that characterized local government in the nineteenth century. The first was the effect of local initiative upon parliamentary legislation for much of the nineteenth century and particularly with regard to local acts. The second was that in the absence of any real control or supervision from central authorities, the impact of either negligence or efficiency on the part of local bodies was likely to

²² George Robinson, “Condition of the Poor”, Letter I, *NC*, 31 May, 1850, p.4A-C; P D Brett, “John Fife and Tyneside Radicalism in the Eighteen-Thirties: The Struggle for Progressive Compromise”, *Northern History*, XXXIII, (1988), 184-217, p.217; McCord (1972), p.80; McCord (1969), p.182

²³ For example, 6 out of the 16 Sunderland Borough Magistrates in 1844 were also members of the Council, and 10 of them were Commissioners of the River Wear. *William’s Commercial Directory*, (1844), pp.109-110. Some of the members of the Bishopwearmouth Highway Board were also members of the Council, eg Robert and William French and James Hills. *William’s Commercial Directory*, p.109, Report of the Monthly meeting of the Bishopwearmouth Highway Board, *SH*, 30 June, 1848, p.5B. Nine of the guardians elected for Gateshead Poor Law Union in April 1848 were members of the Council including Brockett, B J Procktor and Joseph Robson. List of Corporation, 1847-8 and Notice listing results of the Election of Guardians, April 1848, Brockett Papers, 9(II), pp.501, 679

have more far-reaching consequences than they do today.²⁴ Therefore to understand some of the differences that might have existed it is worth sketching the historical background of the three boroughs and highlighting some of the individuals involved in local political life.

Sunderland

The municipal borough of Sunderland, established in 1835, was divided into seven wards. With six councillors and two aldermen for each, the Council was made up of 56 men.²⁵ The five old townships had been managed under different local acts, as will be described in more detail later, and the administrative bodies responsible for their enforcement continued to function alongside the newly established town council, thus creating confusion, expense and inefficiency. Support for incorporation in 1835 had not been unanimous, nor did support or opposition “correspond with party political allegiances”.²⁶ Andrew White who led the municipal campaign, and became the unanimously elected Mayor on New Year’s Day, 1836, was a moderate Liberal, whilst one of his erstwhile supporters, who was to play an active part in local politics for decades, Alderman Thomas Reed, junior, was a Tory.²⁷ However, it would be far too simplistic to regard the supporters of reform as being merely members of the middle classes who sought to wrest power from the social élite who controlled the administrative life of the town through vestries, commissions and quarterly sessions. Rather, what united them was perhaps a desire to see the principle of representative government established even if they were not to agree on policy.²⁸

Opponents to incorporation included those who were anxious that this would lead to even heavier expenses on the part of the already encumbered rate-payers. They also included some of the larger ratepayers who, under the terms of the Municipal Corporations Act, lost their plural votes and thus lost some of their

²⁴ E P Hennock, *Fit and Proper Persons, Ideal and Reality in Nineteenth-Century Urban Government*, (London, 1973), pp.4, 6

²⁵ List of Councillors and Aldermen, Sunderland Council Minute Book [hereafter SCM] 1, pp.1-2, 4

²⁶ Pearson, “Local Government 1810-1851”, p.84

²⁷ Brockie, pp.155-6

²⁸ Cf Hennock’s comments concerning Birmingham. Hennock, pp.18-19

influence.²⁹ However, the greatest opposition came from the local Improvement Commissioners, those “well-entrenched authorities” who, in the absence of a borough status, had exercised power locally, and were reluctant to give way to “a centralising corporation”. It was not until the passing of the Borough of Sunderland Act of 1851 that Sunderland truly achieved “reform” because up until that time, power and responsibilities continued to be shared between the elected Corporation and the self-selected local Commissioners.³⁰

The hostility between these two groups is reflected in the heated disputes between the Corporation and the Local Boards of Commissioners over public health matters, as will be discussed more fully later. The Corporation represented the interests and attitudes of the ‘shopocracy’ and the Commissioners represented the landed and property interests, though membership of the two bodies was not so neatly divided. During the 1840s there were gentlemen on the Council such as Sir Hedworth Williamson, William Ord, Joseph Simpson, John Crozier and Barnabas Sharp, whilst some of the leading members of the ‘shopocracy’, such as Andrew White and Richard Spoor, were hardly simple shopkeepers. White was the son of “one of the most eminent merchants and shipowners in the port” and was himself an owner of ironworks, coal mines and many ships and was engaged in mercantile pursuits generally. In addition, he was a Member of Parliament for the Borough from 1837-1841. Spoor, although a draper in 1835, married an heiress and lived as a gentleman in Whitburn.³¹ What is more, there were members of the Corporation, such as Reed, Spoor, William Nicholson, John Gordon Black, and even William Mordey, who were also Commissioners.³² In reality, both sides

²⁹ Pearson, p.84

³⁰ Corfe, “Local Government and Reform in Sunderland, 1835-1851”, p.1

³¹ Lists of Councillors elected in Council Elections in 1842, 1844, 1845, 1846 and 1847, SCM I, pp.272, 324, 369, 467, 577; W Parson and W White, *History of Newcastle, Durham and Northumberland*, 1, (Newcastle, 1827), pp.349-354; Pigot & Co, *National Commercial Directory*, (London, 1834), 193; R Vint & Carr, *Directory of the Borough of Sunderland, etc.*, (Sunderland, 1844), p.185; Brockie, pp.155-159; Corfe, p.1

³² Robert Rawlinson, *Report to the General Board of Health as a Preliminary Inquiry to the Sewerage, Drainage, Supply of Water, and the Sanitary Condition of the Borough of Sunderland*, (London, 1851), pp.9-10; “List of a representative number of Commissioners acting in 1835”, The Corder Manuscripts, 36(4): Sunderland Parish, Sundries, pp.57-58; (Corder gives no original source and I have been unable to obtain an original list of Commissioners of the period); Corfe, p.1. William Mordey was the surgeon who was one of the key players in local

were essentially made up of middle-class men, though what landed interest there was in this dispute over power and control over the administrative machinery of the town sided with the Commissioners.

The other major opposition to incorporation came from the Freemen and Stallingers of the Parish of Sunderland who claimed greatest antiquity and were sometimes described as an 'ancient corporation'. However, they did not claim any authority over the inhabitants of the town. Their sole function was to administer the Town Moor on behalf of the population though, since the early eighteenth century, this self-perpetuating body of thirty men had made use of much of the Town Moor for private and public buildings, which brought them into dispute with the townsmen.³³ Yet this group was not made up of some wealthy elite - nearly 70% were shopkeepers.³⁴ In addition three of the Freemen and Stallingers were members of the first Town Council in 1835/6, two of whom were aldermen.³⁵

Despite all these local factions, Sunderland would appear to have been essentially a Liberal town that at times embraced a certain degree of Radicalism. Although there were Conservatives like Joseph John Wright, Christopher Bramwell and John Ritson on the Council, during the 1844 municipal elections the Liberal party had their position strengthened. This pleased the *Sunderland Herald*, which felt that this represented "the public sentiment and feelings of the borough, which is decidedly Liberal".³⁶ Yet there was no clear-cut party division between Liberals on the one hand and Conservatives on the other, and increasingly by the 1840s and 1850s there was a growing tension within the Liberal party between Whigs and Radicals, with the former tending to join forces with the Conservatives. They were united by a common social life centred around balls, dinners, hunts and

sanitary reform, as will be discussed in Chapter 9. He was also a member of the Bishopwearmouth Commissioners.

³³ Corfe, p.2; Pearson, p.83

³⁴ Based on names listed in July 1827 - out of 25 men (there were 5 vacancies at the time) 17 were shopkeepers. Parson and White, pp.331-332, 349-368

³⁵ William Kirk, Richard Spoor (aldermen) and Jeremiah Sowerby. Parson and White, pp.331-332; SCM I, pp.1-2, 4

³⁶ Report of 1844 Municipal Elections, *SH*, Nov 8, 1844, p.7D

quarter sessions, whilst the Radicals, who were largely drawn from the middle classes,³⁷ were more closely associated with urban affairs. Thus, as Nossiter suggests, the tension amongst the Liberals was essentially a social one. He points out that as the two sides polarized, so they began to define their enemy, stigmatising each other as on the one hand, “representative of property and privilege”, and on the other as a “jumped up shopocracy”.³⁸

Newcastle

As described in Chapter 1, the municipal boundaries established in 1835 were co-extensive with the parliamentary boundaries that had been drawn up in 1832. These boundaries had extended beyond the ancient borough consisting of the four parishes and included the five former independent townships detailed in Chapter 1. After the passing of the Municipal Reform Act, Newcastle Corporation acquired responsibility for the administration of the townships but did not immediately obtain the powers under their own separate local acts. The borough was divided into eight wards, each having six councillors and two aldermen, except for Westgate and Jesmond, which only had three councillors and one alderman each. Thus the total number of Council members was identical to that of Sunderland, despite having a larger population.³⁹ The ancient town and borough of Newcastle had had a long-established corporation before 1835. Its function had been to control the corporate funds and property; appoint all officers and servants where elections were not required by the town’s ancient charter; make bye-laws; act as conservators of the River Tyne, assisted by a river jury; act as trustees; confer freedom of the town and disenfranchise freemen when offences had been committed.⁴⁰ Because of the continuity that existed between the old corporation and the new, there were no disputes in the four ancient parishes over borough property, as there were in Gateshead and Sunderland. However, there

³⁷ This applies only to the enfranchised Radicals

³⁸ Nossiter, pp.86-87. See also Corfe, p.1

³⁹ In the first year of reform the Council did not have its full compliment of members because they chose to interpret the Municipal Reform Act in such a way that they did not hold an additional election to replace those councillors elected as aldermen. Council Meetings, 1 Jan, 1836, p.5; 9 Nov, 1836, pp. 1,7, *NCP for 1836*

⁴⁰ *Report of the Investigation ... of Newcastle*, pp.7, 32

was considerable discontent in the town both before and after 1835 over a number of issues.

Prior to reform, and particularly during the decade or so before 1835, there were recurring conflicts between burgesses and the corporation over such matters as rights over the Town Moor, river tolls and trade privileges. This conflict was indicative of the self-selective and oligarchic nature of the unreformed corporation and the fact that they were acting beyond the control of “the main mass of the inhabitants”. The Common Council was, up until the 1820s, largely packed by family groups.⁴¹ On the eve of Municipal Reform this was still causing concern, together with the exclusive nature of mayoral elections, as was revealed to the Commissioners investigating the Municipal Corporation. Even some members of the Corporation were critical. John Cookson, commented that the present system might have been appropriate two hundred years earlier, but needed to be altered in the light of population growth and the growing importance of the town.⁴² He believed that the election of men to the Common Council should be undertaken by *all* the “respectable” inhabitants,⁴³ which was a valid point given that by 1831 there were 6000 freemen belonging to Newcastle, but only the 12 mysteries and the 15 bye-trades could send representatives to elect the new mayor.⁴⁴ What is more, many of the burgesses, who had gained their freedom by virtue of having completed a trade apprenticeship, would not have been

⁴¹ F J C Hearnshaw, *The Story of the English Town: Newcastle upon Tyne*, (London, 1924), pp.143-4; Cook, “The Last Days of the Unreformed Corporation of Newcastle upon Tyne”, p.213

⁴² Things had come to a head during the disputed mayoral election of 1832. See *Report of the Investigation...of the Municipal Corporation of Newcastle*, p.35; John Sykes, *Local Records; or Historical Register of Remarkable Events which have occurred in Northumberland and Durham, Newcastle upon Tyne and Berwick upon Tweed, from the earliest period of authentic record to the present time: with biographical notices of deceased persons of talent, eccentricity and longevity*, 2 vols, II, (Newcastle, 1833), p.398. However this packing with family groups was not unique to Newcastle. See for example W G L Gilbert, “Rye Reformed”, *Rye Museum Publications*, 2 (nd).

⁴³ *Report of the Investigation... of Newcastle*, pp.36-7. My italics.

⁴⁴ Thomas Oliver, *A New Picture of Newcastle upon Tyne, Gateshead and Environs, Presenting a Luminous Guide to a Stranger on all Subjects Connected with General Information, Business, or Amusement*, (Newcastle, 1831), p.32. Oliver placed the freemen under four distinct classes: those attached to the twelve mysteries; those who belonged to the fifteen bye-trades, those who were “identified with the eight additional companies”; and those who did not belong to any of the “fraternities”. There were two representatives for each of the twelve mysteries; one representative for each of the fifteen bye-trades.

considered “respectable”. Conversely, there were others in the town who had made money out of expanding trade and industry who were not freemen, and who felt that their interests were not being protected by the Common Council. This included the management of the River Tyne, which was considered by the shipping and mercantile community to have been woefully inadequate; and the imposition of tolls that were undermining the coal industry’s ability to trade competitively, particularly against their rivals on Wearside.⁴⁵

However, it would be wrong to assume that as a result of municipal reform there was a clean sweep of personnel on the Council. Out of the 42 men elected for the eight wards in the first reformed council, ten had been members in the final year of the unreformed Corporation. Although Pittites, such as Archibald Reed, Henry Cramlington and Aubone Surtees, did not bother to stand, some opponents to reform, such as John Lionel Hood, mayor in the 1834-5 administration, were elected to the first reformed Corporation. In addition, John Clayton retained his office as Town Clerk despite having been a “moving spirit of the old order” and Reformers and Radicals such as Emerson Charnley, Dr Thomas Headlam and John Fife were part of the old corporation in its final years. Therefore the changes that took place in 1835 should not be exaggerated. Nor did municipal reform mean that there was a significant conceptual change in the role and function of local government. Nevertheless, 1835 saw the victory of the Whigs and the defeat of the Tories, which was highlighted by the failure of the Conservative Hood to be elected alderman and the very small support he received in the mayoral election at the beginning of 1836 against Alderman C J Bigge.⁴⁶ However, the Tories continued to be active in the town, as their ongoing hold over one of the parliamentary seats testifies.

⁴⁵ *Report of the Investigation of ... Newcastle*, pp.42-49; 103-115

⁴⁶ Election of Town Councillors, 26 Dec, 1835 and Election of Mayor, etc, 1 Jan, 1836, *NCP for 1836*, (Newcastle, 1837), pp.1-2; Cadogan, *Early Radical Newcastle*, pp.109, 136-138, Appendix II; M Calcott, “The Challenge of Cholera: the last Epidemic at Newcastle upon Tyne”, *Northern History*, XX, (1984), 167-186, p.168; Richard Welford, *Men of Mark ‘Twixt Tyne and Tweed*, III, (London, 1895), pp. 569-570; *NCP for 1836*, p.2. Hood only polled 8 votes whereas Bigge achieved “a very large majority”, possibly as much as 39 if all 42 councillors and aldermen were present.

If people expected to see the last of “jobbery” with the establishment of a reformed corporation it would appear that they were to be disappointed. In a municipal election handbill, “A Voter” castigated the friends of William Armstrong who had proposed him as a candidate for Jesmond Ward on the grounds that Armstrong was not an inhabitant, ratepayer or property owner in the township, nor had he been selected by the ratepayers. More significantly, “A Voter” complained that Armstrong was the nominee of Alderman Armorer Donkin,

...who wishes to have another Vote in the Council, where he has already too many for such a practised Jobber as he is. That he is supported by Alderman Addison Langhorn Potter, of St Nicholas’ Ward! and Mr Justice Nichol, of no Ward at all! Mr Cook, of Byker Township, the assessor! and Mr Joseph Sewell, Alderman Donkin’s Partner! The Lot, including Alderman Donkin, making a nice little almost Family Little-go, desirous to rule this Ward and all Liberals!⁴⁷

The case against Armstrong ends with the comment that “by being one of a Connection or Knot” he was just like all those who had been criticized in the unreformed Corporation because he offered himself on political grounds. This, as has already been noted at the beginning of the chapter, was what some of the electorate disliked. In contrast the author of the handbill claimed that one of the merits of Matthew Anderson was that he was closely identified with the interests of the port and was not offering himself on political grounds. Over a decade later there continued to be the feeling that there were a number of “jobbers” on the council, such as Milvain in Westgate Ward, who were more interested in serving their own self-interests.⁴⁸

However, it was not just the “old guard” who were unhappy with the changes that took place as a result of the Municipal Reform Act. Many of the freemen who had retained their franchise in the 1832 Parliamentary Reform Act were disenfranchised from municipal elections.⁴⁹ Something of their discontent is

⁴⁷ Municipal Election handbill on behalf of Matthew Anderson, Esq, by “A Voter” in Jesmond Ward, 29th Oct, 1836, Wilson Collection, 5(III), Item 1261

⁴⁸ *Ibid*, Series of handbills relating to the municipal elections in 1850, Wilson Collection, 12, Items 62-89

⁴⁹ The 1832 Parliamentary Reform Act allowed pre-1832 franchise holders to retain their rights during their life time, as long as they lived within 7 miles of the borough in which they wished to vote. Out of approximately 2,000 freemen entitled to vote for the borough in 1833, only 365

illustrated by an anonymous handbill produced in December 1835. Its author complained that despite being a free burgess he was disqualified from voting because of the new resident householder qualification.⁵⁰ In contrast, the number of non-freemen who were paying the poor rate in 1832 was considerably greater, so although the electorate was increased slightly, it was the middle classes who benefited at the expense of a section of the working classes.⁵¹

A change occurred as a result of the Small Tenements Rating Act, 1850, which was adopted in Newcastle. The electorate increased markedly, upsetting the municipal *status quo*, and new men were elected, much to the consternation of the older members. This was to give rise to a variety of disputes both inside and outside the Council with newcomers accusing the Corporation of mismanagement and secrecy and the old guard accusing the newcomers of corruption in elections and disorderly behaviour in the council chamber.⁵²

Gateshead

The Borough of Gateshead was divided into three wards, with 18 councillors and 6 aldermen. As described in Chapter 1 the municipal borough of Gateshead, created in 1835, consisted principally of the parish of Gateshead, which included Gateshead Fell, plus a small part of Heworth Chapelry. The Municipal Reform Act did not bring together a number of self-governing districts in the way that it did in Sunderland and Newcastle, but rather saw the evolution of rather older institutions that had been responsible for administrative and legal affairs, namely

of them, residing in the four ancient parishes, were £10 householders, and only 466 paid poor rates, thus demonstrating something of the socio-economic position of many of them. *Report of the Investigation of... Newcastle*, pp.8, 17-20; Eric J Evans, *The Forging of the Modern State, Early Industrial Britain, 1783-1870*, (Harlow, 1983), p.378

⁵⁰ Handbill signed by "a Free Burgess", 19 Dec, 1835, Wilson Collection, 5(1), Item 1115. In 1837-38 there were 1810 freemen entitled to vote in parliamentary elections who were excluded from municipal elections. *Register of the Names of Persons Entitled to Vote for the Borough of Newcastle upon Tyne for the year 1837-38*, (Newcastle, 1837)

⁵¹ There were 3,653 people paying the poor rate in the four parishes who were not freemen and there were 2,811 non-freemen in the four parishes who were £10 householders in 1833, who would have qualified for enfranchisement in 1835. *Report of the Investigation of... Newcastle*, pp.17-20. However the actual number of inhabitant householders for the four ancient parishes and five townships was 2,317. *NCP for 1836*, p.8

⁵² Report on the Select Committee of the House of Lords into the Workings of the Small Tenements Act in 1850, reproduced in *NCP for 1858-9*, pp.xxxvi-xli; Hennock, *Fit and Proper Persons*, p.11

the manor, parish and episcopal borough. Of these three, perhaps the civil parish was the most important, particularly in the administration of poor relief, the parish constabulary and the local highways. Change had already taken place in the second and third decades of the nineteenth century with the establishment of the Street Act Commissioners in 1814 and the Select Vestry in 1821, which replaced the ancient vestry of the self-co-opting 'four and twenty'. Although the Street Act Commissioners were also self-selecting, the members of the Select Vestry had to be elected, thus establishing the principle of ratepayer democracy.⁵³

Initially, there had been considerable support for incorporation amongst Gateshead's burgesses, particularly as a result of their long-term exasperation with Newcastle Corporation over navigational rights on the Tyne and their liberty to erect quays on the south bank of the river. With the acquisition of a parliamentary seat in 1832, it was considered appropriate that the town should have total administrative independence from Newcastle, particularly in the light of the town's growing population and economic importance.⁵⁴ As was the case in Sunderland, there had been resistance to municipal incorporation from a minority of the Gateshead electorate. Fifty-four individuals, who were Boroughholders and Freemen of the town, had attempted to thwart efforts to transfer not only powers but also property and monies to the newly established council. They claimed that as they had had no administrative responsibilities before reform, and as the property they held was private property, they had no obligation to hand it over to the town.⁵⁵ Unlike the Sunderland Freemen and Stallingers, the Gateshead Boroughholders and Freemen included larger manufacturers, such as

⁵³ Council Meeting, 31 Dec, 1835, GCM I, pp.1, 3; *Report upon the Proposed Municipal Boundary... of Gateshead*, ss.1, 3; Rogers, *Gateshead*, pp.7-8. The 'four and twenty', along with the Rector of St Mary's parish church and the four wardens formed the ancient select vestry, which became the effective unit of local government from the late seventeenth century onwards

⁵⁴ Rawlinson, *Report to the General Board of Health on a Preliminary Inquiry into the Sewerage, Drainage, and Supply of Water, and the Sanitary Condition of the Inhabitants of the Borough of Gateshead*, (London, 1850), p.7; Rogers, p.1

⁵⁵ They petitioned Parliament to amend that part of the Municipal Reform Bill, by which the rents and profits of borough property could be put towards the expenses of the Corporation. William Henry Brockett, *An Exposure of the Attempt of Fifty-Four Individuals, to Hoodwink the House of Lords and deprive the people of Gateshead of that Corporate Property, that control of which is given to them by the Municipal Reform Bill*, (Gateshead, 1835), p.3 in Brockett Papers, 6(I), pp.235-260

William Hymers, and professional men, such as solicitors Thomas Swinburne and William Kenmir, some of whom were to become members and officers of the Corporation during the following decade.⁵⁶

There was considerable overlap between the council and other administrative bodies in the town, most notably the Poor Law Board of Guardians, where faction-mongering gave rise to the unusual phenomenon of contested elections for nominees for the Gateshead parish. The contested Guardian election of 1850 was to impinge on the mayoral election shortly afterwards with Robson, backed by those who had been ousted from the Board being elected on the mayor's casting vote. He was succeeded the following year by Charles Pearson, the nominee of the successful 'parish party' in the Guardians' dispute. Pearson was a local builder whose clashes with the new Surveyor, William Hall, will be discussed in Chapter 8.⁵⁷ The ex Radical Liberal, William Henry Brockett, and his 'tail' were the most powerful group at this time. They had influence over Council and Guardian elections and the appointment of key officials, including William Kell, the first Town Clerk, and William Rowntree, the first Clerk to the Guardians. However, it would be inaccurate to regard Brockett as a small town 'boss' for, as Manders argues, he was not invincible as the elections of 1843 and 1850 were to demonstrate.⁵⁸ Rogers notes that three-quarters of the mayors between 1835-56 were neutral or hostile towards him over the Boroughholders issue and the conflict over the Guardian's right to appoint their own officers.⁵⁹

* * * * *

⁵⁶ Brockett, (1835), p.26; Brockett Papers, 6(II), p.183; Rogers, pp.5, 11-12. Hymers was elected onto the first Council in January 1836, to fill a vacancy following the election of aldermen. He became mayor in 1840-1. Council Meeting, 13 Jan, 1836, GCM I, p.11. William Kenmir became a Councillor in 1838-9, Brockett Papers, 8(I), p.151

⁵⁷ F W Rogers, "Mayoral Elections and the Status of the Mayoralty in Early Victorian Gateshead (1835-1856)", *BGDLHS*, I, 2, (June, 1969), 16-36, pp.30-32

⁵⁸ Brockett Papers, 8(I), p.43; 9(II), p.679; 10(I), p.209; F W D Manders, "The Administration of the Poor Law in the Gateshead Union, 1836-1930", unpublished M.Lit thesis, University of Newcastle, 1980, pp.7-9, 26

⁵⁹ Rogers, p.19

Although all three towns had Liberal majorities during our period, as has been discussed they had different histories and were dominated by men with different interests. This latter difference may well have been the result of the social background of council members. The socio-economic structure of the three Corporations in 1836 is illustrated in the following charts .

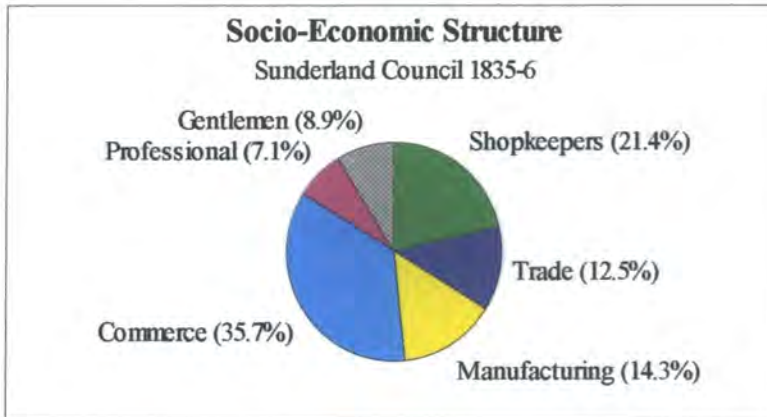


Chart 4.1: Showing the socio-economic structure of Sunderland Town Council in 1836⁶⁰

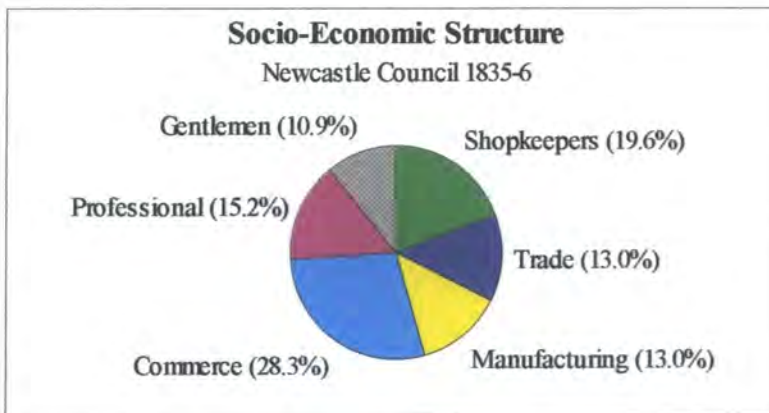


Chart 4.2: Showing the socio-economic structure of Newcastle Town Council in 1836⁶¹

⁶⁰ See Appendix VIII(A)

⁶¹ See Appendix VIII(B)

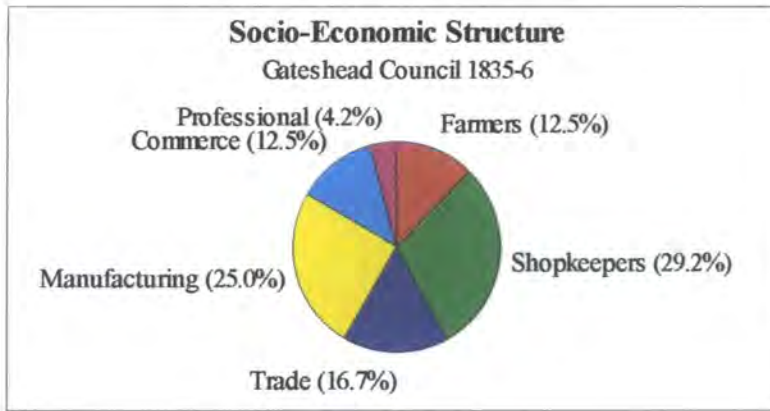


Chart 4.3: Showing the socio-economic structure of Gateshead Town Council in 1836⁶²

The most obvious difference between the socio-economic structure of Gateshead and the other two towns is the number of farmers on the Council, reflecting the rural nature of much of the borough. Here the best represented socio-economic groups were shopkeepers and manufacturers, making just over 54% of the total Council membership. Men involved in trade and commerce were also fairly well represented but there was only one professional man and no members of the gentry at all. Admittedly William Hymers, the leader of the Boroughholders faction on the council from 1835/6, was listed as a gentleman in the voting paper for Gatehead Union in 1852 but was described as an ironfounder in an official notice listing newly elected councillors in 1836.⁶³ Furthermore, there were some substantial manufacturers, most notably ironfounders George Hawks and George Crawshay, who employed 400 men at their works in 1831 and over 2,000 by the 1850s, David Haggie, junior, part of the Haggie family of rope manufacturers; Joseph Price, whose glassworks employed 280 men and John Abbot, whose ironworks employed 190 men in the early 1830s. In addition, at least one of the farmers, Joseph Robson, was a man of substance.⁶⁴ Yet in the main they were

⁶² See Appendix VIII(C)

⁶³ Voting Paper for Gateshead Union, p.1852, Brockett Papers, 10(1), p.209; Official notice giving list of Councillors elected in place of newly appointed Aldermen, undated but evidently in January 1836, Brockett Papers, 6(II), p.184. See also Rogers, p.14

⁶⁴ List of nominees for Union Guardians, 1838, Brockett Papers, 8(I), p.43; Rogers, pp.5-6, 14-15, Appendix. George Hawks came from a well-established manufacturing family that had first emerged in the mid 18th century. Hawk's uncle, from whom he inherited the business, had been knighted by the Prince Regent in 1817. Alan Reed, "Some Notable Members of the Hawks Family", *BGDLHS*, I, 6, (July, 1971), 94-95, pp.94-5

shopkeepers or masters of small manufacturing concerns, reflecting something of the rather less prosperous nature of the town as a whole, compared to both Newcastle and Sunderland. This is evident in the relatively small proportion of houses valued at £10 or more in 1835, and the fact that only 74 men were qualified to stand for office.⁶⁵

The single biggest group in both Newcastle and Sunderland were commercial men though in the former they were largely merchants,⁶⁶ together with a coal owner and two bankers, whereas the latter were largely ship owners who included men of little real wealth.⁶⁷ This suggests that Corporation members from the commercial class in Newcastle represented a wealthier and possibly more influential group than those in Sunderland. This is certainly true of men like John Brandling, a coal owner from a long established and wealthy family, and Charles John Bigge a banker and coal owner, who failed to win the Liberal seat in the by-election of 1836.⁶⁸

Shopkeepers were also well represented in Sunderland and Newcastle, forming the second largest group in both Corporations. The real difference between Sunderland and Newcastle lies in the fact that whereas manufacturing industries were also very well represented in Sunderland, in Newcastle, professional men and members of the gentry, together, made up more than one quarter of the Corporation. The combined ratio of gentlemen and professionals on the Sunderland Council was rather less than this, amounting to about one-seventh of

⁶⁵ List of Burgesses who are qualified to be Councillors in respect of being rated, December 1835. Brockett Papers, 6(I), p.360. See also p.115 above.

⁶⁶ Eight out of thirteen - see Appendix VIII(A)

⁶⁷ From A List of Ships Insured in the Sunderland Assurance Associations, 5th August, 1841 Thomas Walker is listed as having sole ownership of four and part ownership of three ships with a total value of £14,150 and William Nicholson owned four ships valued at £11,950. At the other end of the spectrum John Sanderson Howe is listed as having a one-third share, along with his wife who had another one-third share of one ship valued at £1,450. Henry Morton, Philip Laing and Martin Moore are not specifically mentioned by name and it could be that they belonged to one of the syndicates: the Wear Shipping Company with eleven vessels, or the smaller Borough Shipping Company with only three.

⁶⁸ Cadogan, *Early Radical Newcastle*, pp.70, 113, 127. William Fordyce includes C J Bigge among the list of respectable merchants and bankers of whom Northumberland had a right to be proud. "Account of the Public Meeting on the French Revolution", Guildhall, Newcastle. *The Age* (a London newspaper), 7th September, 1830, reprinted by William Fordyce, quoted by Cadogan, p.70

the total members. Yet it was in the relative proportions of professional men rather than gentlemen that the real difference lay. The significantly higher number of professional men on the Newcastle Council, particularly those involved in the legal profession, is perhaps a reflection of Newcastle's long established status as a regional and commercial centre as well as an industrial and mercantile town. Thirteen years later, at the time when variations between the Corporations are significant regarding public health reform, the picture is somewhat different, as is illustrated in the following tables.

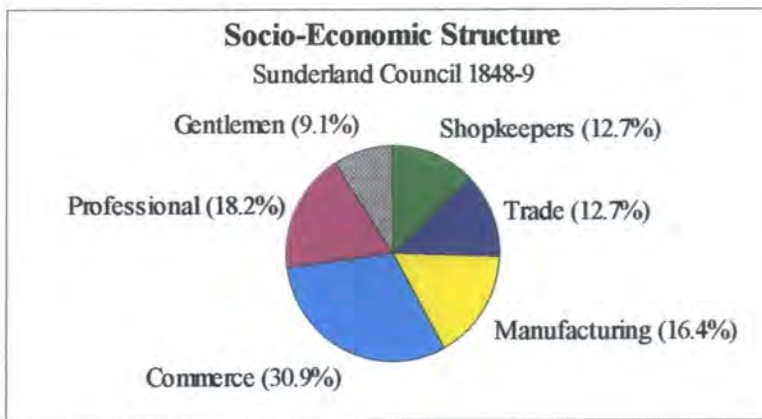


Chart 4.4: Showing the socio-economic structure of Sunderland Town Council in 1849 ⁶⁹

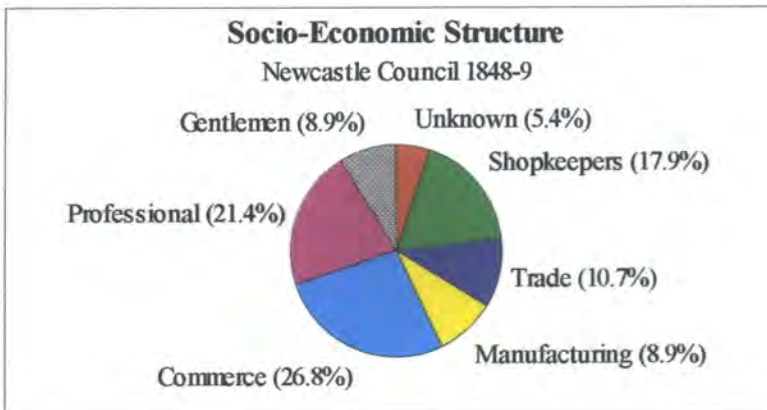


Chart 4.5: Showing the socio-economic structure of Newcastle Town Council in 1849 ⁷⁰

⁶⁹ See Appendix IX(A)

⁷⁰ See Appendix IX(B)

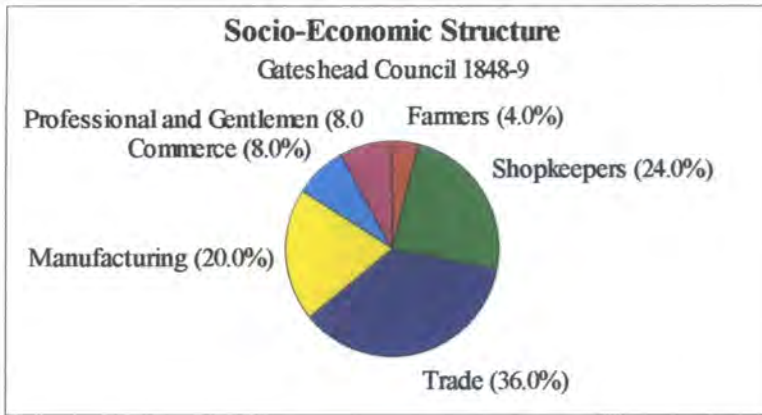


Chart 4.6: Showing the socio-economic structure of Gateshead Town Council in 1849⁷¹

The key change in Sunderland Council by 1849 is that the number of shopkeepers had nearly halved and the number of professional men had more than tripled in number. Although there was an increase in the number of professional men in Newcastle it was rather less than double the 1836 figure, but there remained a high proportion of legal men with all but two being solicitors, attorneys and barristers. The other two were the medical men who had been members of the Corporation since before it was reformed and were among the first group of aldermen: Dr Headlam and the surgeon, Sir John Fife. In contrast the professional men on the Sunderland Council represented a broader professional base. In addition to the two surgeons and one physician, four solicitors and one attorney, there was an architect and a surveyor of shipping. Given the number of Newcastle Councillors whose occupation is uncertain⁷² it is inappropriate to comment on the other occupational groups, apart from suggesting that these had all declined slightly in relative terms.⁷³ It is just worth noting that Newcastle Council had a higher number of shopkeepers than Sunderland, which is a slightly surprising discovery given the history and wealth of Newcastle Corporation and the immaturity of the Wearside borough.

⁷¹ See Appendix IX(C). For clarity's sake, the one professional man and the one gentleman have been added together to form one slice of the chart.

⁷² See Appendix IX(C)

⁷³ In absolute terms all the figures were higher in 1849 than in 1836, apart from the group of manufacturers. This was because during the first year after Municipal Reform the Corporation had made no allowances for the reduction in councillors on the election of Alderman and so

The most important differences between the Gateshead Councils of 1836 and 1849 is in the drop in the number of farmers; the marked increase in the number of tradesmen and the relative drop in the numbers of shopkeepers, manufacturers and commercial men. There remained just one professional man, though this was not the same person as had served in 1836. Then it had been the surgeon, Robert Davis whereas in 1849 it was Ralph Coulthard, an engineer. The one gentleman listed in the 1848-9 Council was James Hymers who in 1836 had been recorded as an ironfounder, so was not a member of the gentry by birth.

In many ways the Gateshead Council was made up of the sorts of men that Chadwick and other Centralists were to criticize so vehemently, as will be discussed in chapter 5. It is interesting to note, given the subject of this thesis, the absence of a medical man and only one mayor, throughout our period, was a University graduate.⁷⁴ Yet as will be seen later, this actual group of men were unanimously in favour of adopting the Public Health Act. In contrast, Newcastle Corporation, with its higher proportion of wealthier ratepayers and its greater number of educated men, might have been expected to have favoured public health reform more readily. The fact that this was not the case, as will be discussed later, clearly demands an explanation, which will be attempted in Chapter 7. Perhaps the biggest surprise arising out of this analysis of socio-economic structures of the three councils is the fact that Sunderland was so dissimilar to Gateshead, despite what might have been expected, and that by 1849 was made up of some men of real substance. This perhaps reflects the growing importance of Sunderland as a commercial and manufacturing as well as a shipping centre. It also demonstrates the commitment shown by professional men to local affairs.

* * * * *

functioned with fewer men than were allowed under the Municipal Reform Act. Gateshead and Sunderland, in contrast, held further elections to replace the newly elected aldermen.

⁷⁴ Namely Crawshay in 1856. Rogers, p.18

Having considered the historical, political and socio-economic differences between the three towns it remains to describe the different agencies which had responsibility for sanitary and housing improvements in the individual towns prior to the adoption of the Public Health Act, 1848 in Gateshead, the Borough of Sunderland Act, 1851 and the Newcastle-upon-Tyne Improvement Act, 1853.⁷⁵ The Municipal Corporation Reform Act (5 & 6 Will IV, c.76) had made provision for councils to take on responsibilities for lighting and watching, including those previously borne by local commissioners under local acts. Indeed, as far as watching was concerned, this was a requirement of the Municipal Corporation Act, for the Whig government of 1835 was particularly concerned with law and order issues. However, the Act was not drafted with the intention of extending the powers of the new councils to undertake town improvements, despite provision allowing councils to make bye-laws to repress nuisances.⁷⁶

Prior to 1835 most of the responsibility for watching, lighting, paving and street improvements was devolved upon local improvement commissioners, established under local acts during the eighteenth and early nineteenth centuries and who, according to the Webbs, provided the “starting-point of the great modern development of town government”. The Webbs rather enthusiastically claimed that these Improvement Commissioners dealt with matters of daily life that affected every household:

...they set going public services of an altogether novel kind; they introduced a new regulation of individual enterprise and personal behaviour; above all, they levied on every householder new and extra taxation constantly increasing in amount.⁷⁷

Perhaps the Webbs were correct in considering the improvement commissioners as “the progenitors of nearly all the activities of our present municipalities” rather

⁷⁵ 11 & 12 Vict. c.63, 15 & 15 Vict.c.67, *An Act for the better Improvement and Regulation of the Borough of Sunderland in the County of Durham, and for other Purposes*; 16 & 17 Vict. c.182, *An Act for the more effectual improvement of the borough of Newcastle-upon-Tyne*

⁷⁶ 5 & 6 Will. IV, c.76, ss.76, 84, 90; John Prest, *Liberty and the Locality, Parliament, Permissive Legislation, and Ratepayers' Democracies in the Nineteenth Century*, (Oxford, 1990), p.18

⁷⁷ S and B Webb, *English Local Government Vol 4: Statutory Authorities for Special Purposes*, first published 1922; Reprinted with a new Introduction by B Keith-Lucas, (London, 1963), p.253

than the old corporations. However it is questionable how far they really “introduced a new regulation of individual enterprise and personal behaviour” and, as will be seen, some local acts actually prevented the constant increase in taxation, given that maximum rates were enshrined in some of the acts themselves.⁷⁸ Yet as the Webbs acknowledge, the intentions of the various local acts under which these improvement commissioners operated were not specifically designed to tackle public health issue. Indeed the Webbs suggest that unless we understand the limits of their functions, as conceived by contemporaries, we will fail to understand their efforts.⁷⁹ For example, even measures introduced to tackle paving were not regarded as works of sanitation but for the greater comfort and convenience of those passing along the street and, presumably, to benefit trade.

One of the problems with making any sweeping generalizations about local public health administration is the great variety of practices that existed from town to town. Even within Newcastle, Gateshead and Sunderland, there were a range of bodies responsible for different aspects of public health, and there were a variety of local acts in force under which the three towns were administered. All three towns had had local town improvement bills enacted during the late eighteenth and early nineteenth centuries, which initially at least, had vested powers for improvement in the hands of local commissioners, though in Newcastle these were the ancient Corporation.⁸⁰ Although there was no change in Newcastle’s ancient parishes in 1835, problems arose for the reformed borough through the acquisition of responsibility for the five surrounding townships over which they had no jurisdiction under the existing local act. They began to remedy the situation shortly after reform with the introduction of the 1837 Local Improvement Act (1 Vict. c.72), with further measures in 1841, 1846 and 1850, as will be discussed more fully in chapter 7.⁸¹

⁷⁸ For example 54 Geo III, c.109, Gateshead’s local act which will be discussed below.

⁷⁹ Webb and Webb, pp.253, 274

⁸⁰ Newcastle: 3 Geo III, c.55; 52 Geo II, c.76; Gateshead 54 Geo III; Sunderland: 50 Geo III, c.25; 7 Geo IV, c.120

⁸¹ “The Newcastle-upon-Tyne Improvement Act, 1841” (5 Vict. c.71); “The Newcastle-upon-Tyne Improvement Act, 1846” (9 & 10 Vict. c.121) and “The Newcastle-upon-Tyne Improvement Act, 1850”, (13 & 14 Vict. c.77)

The Municipal Reform Act had allowed powers and responsibilities under local acts to be transferred from local commissioners to the newly established municipal corporations, but this was on condition that the local commissioners agreed.⁸² This was the case in Gateshead where powers were transferred to the Corporation and executed through their Watch and Encroachment Committees.⁸³ Sunderland's commissioners, however, were not so accommodating, which was to give rise to considerable local dispute.⁸⁴

The real problem for Sunderland in the period from 1835 to 1851 was the fact that each of the townships came under the jurisdiction of different authorities. Bishopwearmouth and Bishopwearmouth Panns had a local act for lighting and watching, (50 Geo III, c.25) which also covered the cleansing, paving and regulation of footpaths and the removal and prevention of nuisances and encroachments therein. Another local act (50 Geo III, c.27) provided for the paving, lighting, watching and cleansing of Sunderland in addition to regulations concerning the Market and other improvements. Much of this Sunderland Improvement Act was superseded by 7 Geo IV, c.120, which was for paving, watching, cleansing and improving the town.⁸⁵ In addition, there was the 1846 Act (9 Vict, c.36) for improving water supplies.⁸⁶ Monkwearmouth and Monkwearmouth Shore had no local acts in force but were governed by inspectors for lighting and also had a highway board,⁸⁷ consisting of twenty members who were all appointed under the General Lighting Act⁸⁸ and Highway Act.⁸⁹

⁸² 5 & 6 Will. IV, c.76, s.75

⁸³ Council Meeting, 12 December, 1838, GCM 1, p.68

⁸⁴ See for example Rawlinson, *Report to the GBH...Sunderland*, pp.15-16; "Editorial" concerning Sunderland Improvement Bills, *SH*, 19 March, 1847, p.4E; Report by the Mayor, Mr Alderman Moore on a meeting with the Secretary of State for the Home Department, sir George Grey, Council Meeting, 9 December, 1846, SCM 1, p.488

⁸⁵ Preamble, The Borough of Sunderland Act, 1851, 14 & 15 Vict, c.67

⁸⁶ Rawlinson, p.21

⁸⁷ Rawlinson, p.20

⁸⁸ 3 & 4 Will IV, c.90, The Borough of Sunderland Act, 1851, s.57

⁸⁹ 5 & 6 Will IV, c.50, Reports of the Sunderland and Bishopwearmouth Commissioners, pp.37-40 in Rawlinson, p.40

As will be seen in Chapter 7, this superabundance of local bodies led to confusion, inaction and unnecessary expense. Not only were the commissioners unwilling to hand over powers to the Corporation in 1836, they wasted a considerable portion of ratepayers' money attempting to thwart the Council's efforts to improve water and gas supplies in the town.⁹⁰ In addition, they appear to have been unable to co-operate with one another.⁹¹ This stimulated the Council to promote measures that would effectively place all powers and responsibilities in their own hands, which they finally achieved in 1851.⁹²

In all three towns there were a number of weaknesses arising out of the various local acts, concerning rating restrictions and anomalies. When Dr Reid conducted his inquiry in 1843-4, he found in Gateshead that the rates raised under the local act (54 Geo III, c.55), were "inadequate" to cover the cost of lighting and repairing footpaths and that there was no provision for the expenses of drainage and sewerage. Gateshead's local act also allowed exemptions from payment of rates to portions of property, which caused hostility.⁹³

In Newcastle before 1837 there were differences between the ancient parishes and the five townships in that the Corporation's income from rents and tolls theoretically covered all improvement costs in the four parishes, whilst the

⁹⁰ For example the local commissioners were criticized by Messrs Rawlinson and Hoskins when they carried out a survey of Sunderland in 1847. They considered that the Paving and Lighting Commissioners had shamefully neglected to carry out their duties and had been very ready to spend money in order to protect their own private interests when the Corporation had attempted to improve local gas and water supplies; but considered them niggardly in their management of lighting and street cleansing. *SH*, 19 March, 1847, pp.4E, 5A

⁹¹ For example when the Bishopwearmouth Paving and Lighting Board attempted to appoint a joint sub-committee with the Highway Board to discuss street watering, the latter declined in a most "uncourteous" manner, despite the fact that it was understood by the former that it was really the duty of the Highway Board to carry this function out. *SH*, 11 Aug, 1848, p.5B. The newspaper report of the next meeting of the Bishopwearmouth Highway Board makes no mention of this plan by the Paving and Lighting Board. *SH*, 25 Aug, 1848, p.5A.

⁹² It was also this kind of situation that Chadwick highlighted in his *Report*, to demonstrate the inefficiencies arising out of a superabundance of separate groups involved in public works. Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, (1842), edited with an Introduction by M W Flinn, (Edinburgh, 1965), pp.379-80

⁹³ Dr D B Reid, *Report on the Sanitary Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts*, Part III – "Local Reports with Explanatory Remarks", *PP* (1845) XVIII, 461, pp.175-6; Kell to Hobhouse, Health of Towns Commission, 12 December, 1846, PRO MH13/77

inhabitants of the townships were charged rates for highway repairs by the Highway Boards.⁹⁴ However the three Newcastle Improvement Acts passed between 1837 and 1846 ironed out some of these differences and all inhabitants were charged rates for Paving and Lighting from 1837.⁹⁵ What was considered unjust was the practice of rating townships individually for poor relief.⁹⁶

Perhaps the greatest confusion and the most deeply resented anomalies existed in Sunderland, where each of the townships had different modes of rating.⁹⁷ As the Town Clerk complained to the two local members of parliament, under the Bishopwearmouth Paving and Lighting Act, occupiers of glass houses, docks and limekilns within the township were subject to a lower rate than other property owners.⁹⁸ In addition many owners of new houses which had been built since the passing of the Bishopwearmouth Act, and which stood beyond the jurisdiction of the act within the township, had resisted payment of paving and lighting rates despite benefiting from such amenities.⁹⁹ In Sunderland Parish there were no exemptions for any type of property but the parish contributed less to the borough rates than any other township as a result of poverty. Only about £8000 worth of property in the parish was rated, and this fell on a comparatively small number of tradesmen in the High Street. In contrast, a large portion of tenemented property, paying between 10-20% interest, was paying no rates at all, despite the fact that such interest entitled it to be assessed. James Williams was particularly incensed

⁹⁴ In practice the custom had developed whereby the Corporation laid the curbstone and the first flag, whilst property owners laid the inner flags, but as there was no statutory power to enforce householders to complete the flagging required, pavements were inevitably left in a poor state. *Report of the Investigation...of the Municipal Corporation of Newcastle*, p.77.

⁹⁵ 1 Vict. c.72, s.33

⁹⁶ G Robinson, "Condition of the Poor", Letter III, *NC*, 14 June, 1850, p.4A-B

⁹⁷ William Snowball, Town Clerk, provided Rawlinson with "Modes of Rating Property", 20 December, 1849, Robert Rawlinson, *Report to the General Board of Health on a Preliminary Inquiry into the Sewerage, Drainage, and Supply of Water, and the Sanitary Condition of the Borough of Sunderland*, (London, 1851), pp.12-13; Chris Taylor, Clerk to the Bishopwearmouth Commissioners, "Reports of the Sunderland and Bishopwearmouth Commissioners", Rawlinson, pp.38-39.

⁹⁸ Copy Letter from Thomas Brunton, Town Clerk, to Sir Hedworth Williamson, Bart, MP and George Hudson, Esq., MP, Health of Towns Bill as it affects the Borough of Sunderland, *SH*, 19 May, 1848, p.7C; Table of Rates per pound levied in the Municipal Borough of Sunderland, 1848, Rawlinson, p.13

⁹⁹ Charles Taylor, Clerk to the Bishopwearmouth Commissioners, "Report of the Sunderland and Bishopwearmouth Commissioners", Rawlinson, p.39

by this anomaly because, if the landlords had been charged rates, the income received would have contributed to improvements that would have made the tenements more habitable.¹⁰⁰ Although the Sunderland Commissioners were able to raise 2s 6d in the pound for paving and lighting, because of the number of non-payers they were struggling to fulfil their responsibilities properly. As a result of these differences the Council wished to adopt “one general and uniform system of rating for the whole borough” because of the injustice of this inequitable system. Indeed, it was because of these anomalies, and the fact that section 88 of the Public Health Act, 1848 did not allow for their removal, that Sunderland went to the expense of obtaining their own local act in 1851.¹⁰¹

One other local body that played a role in public health, particularly before the adoption of the Public Health Act, was the Board of Guardians. Chadwick believed that guardians were socially and educationally superior to town councillors.¹⁰² In reality, there was often considerable overlap in the personnel who served on both bodies in the three towns under consideration. As can be seen from Appendices IX(A-C), fourteen members of the Sunderland Council, five members of the Newcastle Council and nine members of the Gateshead Council were among the guardians elected for 1849. In addition other Council members, who were magistrates, served as guardians in their *ex officio* roles.¹⁰³

Chadwick also believed that because guardians were socially superior they were better disposed to housing improvements than slum landlords whom, he assumed, dominated town councils. Yet as has already been seen, it would be erroneous to believe that the councils necessarily had a socially inferior membership or that they were dominated by major owners of slum property. This was certainly not

¹⁰⁰ Report of the Sunderland Watch Committee, *SH*, 14 Sept, 1849, p.5C-D; “Argus” to the Editor, Letter VI, *SH*, 9 Nov, 1849, p.5E-F

¹⁰¹ Brunton to Williamson and Hudson; Rawlinson, pp.11, 38. At the time of Rawlinson’s Inquiry, 596 houses were paying no rates at all and “many” of the tenements were paying very little. Rawlinson, pp.12-13

¹⁰² Edwin Chadwick, *On the Evils of Disunity in Central and Local Administration especially with relation to the Metropolis and also on the New Centralisation for the People together with Improvements in Codification and in Legislative Procedure*, (London, 1885), p.120

¹⁰³ F W D Manders, “The Administration of the Poor Law in the Gateshead Union, 1836-1930”, M.Litt thesis, University of Newcastle, 1980, pp.7-9

the case in Newcastle, although the Corporation itself was a major owner of the worst housing in the town, which is quite another matter.¹⁰⁴

One of the difficulties created by the New Poor Law was the inefficiency that arose when multiple authorities within a Union had overlapping responsibilities. This was the case in Gateshead and Sunderland where many of the districts within the Unions were outside the municipal boundaries so did not come under the municipal authorities. In Newcastle Union, where there was much more of a common constituency, the problems were slightly different. Dr Robinson described the Newcastle Board of Guardians as assuming something of the appearance of a rival representative body to the council. Given the more limited degree of overlap in personnel between the two bodies, compared to those of Sunderland and Gateshead, this was perhaps not so surprising, particularly as they were elected by the same ratepayers. This rivalry was enhanced by the fact that the guardians were answerable to a central body in London, the Poor Law Board, whereas the corporation strove for local independence.¹⁰⁵

The Poor Law Unions had responsibilities for a number of things that touch on public health. They employed medical officers and inspectors of nuisance, who were generally the best informed as to the real state of affairs in the slums and tended to be the first to know when there was an epidemic. It was therefore understandable that Poor Law Unions, rather than municipal corporations, were given responsibility for implementing emergency measures, such as the Removal of Nuisances Acts, at times of epidemic in districts where there was no local board of health. This gave scope for confusion over powers and responsibilities between the two bodies as happened during the 1848 cholera epidemic in Sunderland. A board of health had been formed consisting of all 65 Guardians and 56 Council members, making it too big for effective and informed action to be taken. Yet when the Council sought advice on whether they could form a board of health without all the guardians as well, they were told that there was no

¹⁰⁴ Chadwick, p.120

¹⁰⁵ Report of the Gateshead Board of Guardians – 10 Oct, 1848, *GO*, 14 Oct, 1848, p.2B; Robinson, “Condition of the Poor”, Letter III, *NC*, 14 June, 1850, p.4A-B

provision under the Nuisances Act to allow them to exercise powers entrusted to the Guardians.¹⁰⁶ What is more, under the Nuisances Removal Act, 1846, the General Board had no power to prosecute Guardians who neglected or violated its orders or regulations.¹⁰⁷

Similar problems existed in Newcastle. At the beginning of the 1853 cholera epidemic the *Newcastle Journal* judged that the Guardians were unworthy to be entrusted with the Nuisances Removal Act because of their failure to appoint sufficiently able inspectors, though they did not consider the Corporation any better.¹⁰⁸ In Gateshead, however, there was an obvious willingness for the Council and Guardians to co-operate during the epidemic, which was not surprising given the degree to which the two bodies were made up of the same people. Together they formed a Health Committee which enlisted help from local clergy, ministers of religion, medical practitioners and lay officers of the church, to take responsibility for each district in order to carry out the aims and provisions of the Nuisances Removal and Diseases Prevention Act, 1848.¹⁰⁹

Yet there were also frustrations for Guardians as well. Although, during epidemics, they had sole powers and responsibilities to deal with the crisis, funds were limited and they were not responsible for underlying problems such as inadequate sewerage, drainage, and paving. There was, therefore, considerable scope for mutual recrimination when things went wrong with both guardians and town councils blaming one another, and the local commissioners, for negligence.¹¹⁰ For example at a Watch Committee meeting in 1849, John Candlish blamed the Sunderland Board of Guardians for the current state of the town because they, and not the Town Council, had all the powers for cleansing. He argued that if they had not discontinued the board of health that had been

¹⁰⁶ Brown and Mordey to Chadwick, 11 and 12 Oct, 1848; Brown and Mordey to Austin, 19 Oct, 1848; Snowball to GBH, 2 Aug, 1849, PRO MH13/177

¹⁰⁷ *Report by the General Board of Health on the Measures adopted for the execution of the Nuisances Removal and Diseases Prevention Act and the Public Health Act up to July 1849*, (July, 1849), p.27

¹⁰⁸ "The Sanitary State of Newcastle", *NJ*, 24 Sept, 1853, p.5A-C

¹⁰⁹ Report of the Gateshead Board of Guardians Meeting – 10 Oct, 1848, *GO*, 14 Oct, p.2B

¹¹⁰ Robinson, "Condition of the Poor", Letter III

established during the cholera epidemic of 1848, much could have been done in getting things cleaned up. In response, William French, who was also a guardian, argued that they had re-appointed inspectors of nuisances with instructions to remove nuisances and limewash infected places. As these inspectors had powers to summon offenders, the guardians expected them to fulfil their duty, but he felt they could do nothing more. Candlish acknowledged their lack of powers and funds to deal with drainage and paving, which at this stage came under the local commissioners.¹¹¹ “Argus” also blamed the Sunderland Guardians for the state of the town in 1849 and criticized them for not really taking responsibility for the failure of their inspectors to carry out their duties properly. He claimed that when disease resulted, the Board was “too proud to ask for aid” and “too thin-skinned to bear reproof”.¹¹²

It appears that Newcastle, Sunderland and Gateshead were all quite different from one another in terms of socio-economic status, powers and responsibilities. Although they faced similar public health problems the contexts in which they functioned were quite distinct. Gateshead and Newcastle Corporations both had greater powers and responsibilities prior to the adoption of the Public Health Act, 1848, or its equivalent, than Sunderland Corporation which struggled against the activity of the local commissioners. Yet Gateshead was hampered by a serious lack of funds. Despite having Liberal majorities each imbued different ideological and political opinions with Sunderland, in particular, embracing a greater degree of Radicalism than the other two. This was reflected by the presence of ex-Chartists on the Council.¹¹³ The lack of well-educated men on Gateshead Council was to have consequences when it came to tackling major problems such as the lack of sewerage, as will be seen in Chapter 8. Conversely, the presence of well-educated men on Sunderland Council, and particularly those with scientific interests and training, was to prove advantageous, as again will be seen in Chapter 8. Before moving on to an evaluation of their attempts at improvement and their

¹¹¹ Report of the Watch Committee, *SH*, 14 Sept, 1849, p.5C-D

¹¹² “Argus” to the Editor, Letter I, *SH*, 21 Sept, 1849, p.5E-F

¹¹³ Not only James Williams but also William Mordey took an active part in a Chartist meeting addressed by Joseph Hume in 1848, *SH*, 26 May, 1848, p.7B-E

responses to the Public Health Act, 1848, there will be a discussion in the next chapter about some general cultural attitudes of the period.

5: MID-VICTORIAN CULTURAL ATTITUDES AND THE WAYS IN WHICH THESE ARE REFLECTED IN MIDDLE-CLASS RESPONSES TO PUBLIC HEALTH ISSUES

One of the weaknesses of historical materialism is that it emphasises the importance of society, and particularly of demographic and economic changes, in shaping human behaviour at the expense of human agency.¹ In rejection of an essentially positivist approach, some sociologists have suggested that human action also has meaning and that people do not simply react to situations in predictable ways as would be the case in, say, reflex actions. Instead man can act upon his environment in terms of the meanings he gives to the situation involved. However for Max Weber and his disciples it is important, first, to have insight and understanding of the state of mind of the actors concerned before attempting to explain their actions. That is not to say that Weber rejected the significance of material forces, but he was interested in the rational motives that underlay human action and emphasised the importance of the role of ideas and beliefs in shaping social life.²

Lawrence Stone echoed some of these notions in his well-known defence of narrative in history, in which he argued that

... the culture of the group, and even the will of the individual, are potentially at least as important causal agents of change as the impersonal forces of material output and demographic growth.³

¹Michael Haralambos and Martin Holborn, *Sociology: Themes and Perspectives*, 4th edn (London, 1995), p.18

²Haralambos and Holborn, pp.15-16; 815-16; 889-890; Hans-Ulrich Wehler, "What is the 'History of Society'?", *Hist. Historiographie*, 18, (1990), 5-17, pp.15-16. At the end of *The Protestant Ethic*, Weber makes it quite clear that he was not aiming "to substitute for a one-sided materialistic an equally one-sided spiritualistic causal interpretation of culture and of history." Max Weber, *The Protestant Ethic and the Spirit of Capitalism*, (1904-5), Translated by Talcott Parsons, with a Foreword by R H Tawney, (London, 1930), p.183. What is more, in *Economy and Society*, although he argued that there were other determinants to class structure than economic ones, he nevertheless does not deny the significance of materialistic factors in social stratification. Ken Morrison, *Marx, Durkheim, Weber, Formations of Modern Social Thought*, (London, Thousand Oaks and New Delhi, 1995), p.233. See also de Ste Croix's discussion about Weber, compared to Marx in G E M de Ste. Croix, *Class Struggle in the Ancient Greek World from the Archaic Age to the Arab Conquests*, (London, 1981) pp.86-88

³Lawrence Stone, "The Revival of Narrative: Reflections on a New Old History", *Past and Present*, 85, (Nov, 1979), 3-24, p.9

However the sort of intellectual history that developed from Weberian theory, and indeed from Collingwood, overlooks the significance of subconscious values and beliefs that help to shape a society's attitudes. This problem has been somewhat addressed by the development, in France, of *l'histoire des mentalités*. Roger Chartier comments that the notion of *mentalités* takes as its object "neither ideas nor the socio-economic foundations of societies".⁴ Instead, he presents two definitions of what *l'histoire des mentalités* does mean:

The mentality of any one historical individual, however important, is precisely what the individual shares with other men of his time

And:

The history of mentalities operates at the level of the everyday automatism of behaviour. Its object is that which escapes historical individuals because it reveals the impersonal content of their thought.⁵

Chartier suggests that the relationship between "consciousness and thought" which is embodied in the notion of *mentalités* is posed in a new way, but one that comes close to the approach of sociologists in a Durkheimian tradition:

...placing the accent on the schemata or contents of thought which, although they are expressed in the style of the individual, are in fact the internalized conditionings that escape conscious knowledge and cause a group or a society to share a system of representations and a system of values without the need to make them explicit.⁶

This implies that people share common attitudes and assumptions that are so deeply embedded in their conditioning and integration as members of a particular society that there is no need to articulate them or explain them for the benefit of others. In the light of this, it could well be argued that the voice of the few may very well represent the attitudes and beliefs of the many. More importantly, there is a need to dig beneath openly expressed thoughts and beliefs to try and identify the sub-conscious symbols and meanings that formed the mental and emotional worlds of people in the past.

⁴Roger Chartier, *Cultural History, between Practices and Representations*, Translated by Lydia G Cochrane, first published in Britain in 1988, (Cambridge, 1993), p.27

⁵Chartier, p.27.

⁶Chartier, p.28

There is no real difficulty for historians in discovering the conscious beliefs and ideas of the past, particularly of the literate and powerful groups in society, but it is much harder to discern subconscious assumptions because too frequently they are not even recognized by the people themselves. Yet one clue can be obtained from the use of language, although even this can be problematic. Gareth Stedman Jones highlights the problems associated with the interplay between experience and “consciousness” and the part that language plays. He asks, in effect: does language arise out of experience and finally give rise to consciousness, or does language itself help to give rise to new thoughts, ideas and expectations?⁷ Although he was writing in the context of working class politicization, and particularly Chartism, nevertheless this raises questions about the middle classes⁸ too.

There are a number of catchwords and phrases associated with the emerging middle classes in the nineteenth century. In the light of Stedman Jones’ comments, it is perhaps useful to reflect on how far these catchphrases arose from underlying beliefs and attitudes that developed as a result of urbanization, industrialization and capitalism; and how far they themselves shaped majority views and attitudes which in turn helped to create a homogenous middle class embracing varied socio-economic groups. This is not the purpose of this thesis. Yet these ideas suggest that in order to understand the culture and language of the middle classes it is important, first, to consider the meaning given to some of these catchwords and phrases. It is also necessary to discover ways in which these meanings were evident in some of the actions and expressed views of individuals and groups within the three towns. Because these cultural attitudes were inspired by the middle classes, and in order to link these directly with public health issues, this chapter will link some of these catchwords and phrases to a

⁷Gareth Stedman Jones, *Languages of Class: Studies in English Working Class History 1832-1982*, (Cambridge, London, New York, etc, 1983), pp.22-24

⁸ In using the term “middle classes” contemporary usage is being adopted. See for example “Condition of the Poor”, Letter VII, *NC*, 24 May, 1850, p.4A-B; Edwin Chadwick, *On the Evils of Disunity in Central and Local Administration especially with relation to the Metropolis and also on the New Centralisation for the People together with Improvements in Codification and in Legislative Procedure*, (London, 1885), pp.77, 95, 120. See also Harold Perkin, *The Origins*

more general discussion about different aspects of middle class attitudes to sanitary matters.

Economy

When the early Victorians talked about ‘economy’ they were actually combining a number of concepts: value for money, thrift, good domestic management and protection of private property. The urban middle classes who derived their incomes from profits and who only survived commercially through cut-throat competition were, not surprisingly, anxious about unnecessary expenditure. This was particularly true for those whose socio-economic status was tenuous. They needed to be convinced that they were getting something worthwhile for their money and given the extent to which the ‘experts’ disagreed over subjects like sewer construction and the causes of disease,⁹ they had no guarantees that their money would be well spent or that the very expensive capital schemes involved would actually work.

Ratepayers had legitimate grounds for complaint in Newcastle where considerable sums had been spent on sewers in the upper parts of the town, but which were not of ideal construction, as will be seen in Chapter 8. Even where the main sewers were adequate, the lack of branch drains linking into the system rendered it ineffective. What is more, when ratepayers were public-spirited they were often penalized. For example an anonymous Gateshead ratepayer decried the fact that property owners who provided privies and ashpits for their tenants had to pay for the removal of their contents at 5s a time whereas owners whose properties were without such conveniences were faced with no such charge. Instead the occupiers could put out their refuse for the scavengers and it was collected free of charge.¹⁰

of Modern English Society 1780-1880, (London and Toronto, 1969), pp.218-219; J Barry, “The Making of the Middle Class?”, *Past and Present*, 145, (1994), 194-208, p.208

⁹See for example the section on miasmatists and contagionists in Chapter 2 and Finer’s discussion of the conflict that existed between the Institute of Civil Engineers and the Board of Health in S E Finer, *Life and Times of Sir Edwin Chadwick*, (London, 1952), Book 10, Chapter II.

¹⁰Letter from “A Ratepayer” to the Editor, *GO* 21 Oct, 1848, p.2E

However, underlying the purely financial considerations were moral judgments about 'thrift'. Although this quality was first embraced by the middle classes it was adopted by the 'respectable' working classes as the century wore on.¹¹ Thrift was one aspect of 'self-help' (a theme which will be picked up in the next section) and had its roots in evangelical pietism, individualism and political economy. However at a psychological level it perhaps reflected something of the fears of poverty and destitution that were experienced by those whose economic status was precarious in the face of trade depressions and impersonal market forces. Such fears were possibly all the more intense for those living in an environment stripped of the community support systems that, to some extent, had existed in rural and industrial villages.¹²

Thrift was particularly associated with good domestic management,¹³ and connections were made between uneconomical habits and dissipation, which together were linked with uncleanliness.¹⁴ In 1848 the Unitarian periodical, *The Inquirer*, published a series of articles on what the working classes could do to ameliorate their own conditions. These emphasised the significance of the moral and religious character of wives in the potential welfare of the family,¹⁵ implying that virtuous women were likely to be better housekeepers. Three years later, a correspondent to *The Builder* argued that much of the misery faced by the

¹¹For example, one working class correspondent to *The Builder* in 1849 claimed that by careful management of his income, and following lessons he had learned about "economy" from his parents, he was able to keep himself, his wife and their five children on £1 10s per week whilst in employment. From this he was able to save about 5s a week towards periods of unemployment and a further 5s a week towards sickness or old age. Even with these deductions he claimed that he had sufficient funds to maintain a healthy and happy lifestyle. Letter from "A Working Man, Formerly an 'Old Mason'" to the Editor, *The Builder*, VII, 324, 21 April, 1849, p.185. See also Joan Perkin, *Women and Marriage in Nineteenth-Century England*, (London, 1989), pp.120-121

¹²See for example Wrightson's discussion about credit in rural communities in the 17th and 18th centuries, as reflected in probate records. Keith Wrightson, *English Society 1580-1680*, (London, Melbourne, etc, 1982), p.52

¹³Sir Arthur Newsholme and Margaret E Scott, *Domestic Economy: comprising the Laws of Health in their Application to Home Life and Work*, (London, 1902), p.1

¹⁴James Phillips Kay, *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture in Manchester*, (1832), New Impression with Foreword by E L Burney, (Manchester, 1969), p.29; P Gaskell, *Artisans and Machinery: The Moral and Physical Condition of the Manufacturing Population Considered with Reference to Mechanical Substitutes for Human Labour*, (1836), reprinted (London, 1966), pp.122, 128

¹⁵"What Can Be Done by the Working-Classes", *The Inquirer*, 326, 30 Sept, 1848, p.626

working classes was caused by “the ignorance and untidiness of the working man’s wife”. However he was not willing to go as far as a previous correspondent who had blamed all working-class wives for the misery in which such families lived, acknowledging instead that for many the lack of decent accommodation and appropriate facilities were also a factor.¹⁶

Protection of private property formed another aspect of ‘economy’. Belief in property rights was a survival from an earlier age and was the foundation of the whole social system in the new industrial society. Asa Briggs argues that whenever Victorian legislation tampered with the rights of private property “it was always contentious and difficult to implement.”¹⁷ This point is well illustrated by a complaint made by a Mr Hale at the City of London Court of Sewers. He condemned the fact that powers had been given to the Commissioners of Sewers to invade private property, and argued that a man’s house could no longer be called his castle. Such a complaint gave rise to the following derisory remark by *Punch*:

The kind of castle of which MR HALE appears to be the champion might, if fortified, present an illustration of the saying, “A forty-eight pounder at the door of a pig-sty.”¹⁸

Chief among the protectionists, perhaps, at least as far as public health was concerned, were the speculative builders and the tenement landlords of the “worst-conditioned tenements”, many of whom had only a short-term interest in their premises. As a result they could gain no advantage from improvements made, even if they were able to recover a portion of the increased rates from their tenants. Given that many such landlords were already charging exorbitant rents of up to 1s 8d per week in Newcastle for one room, they would have had difficulty extracting any more.¹⁹ Charles Kingsley, not unfairly, portrays this

¹⁶“Felix”, “Fitting the Poor for their Dwellings”, *The Builder* IX, 458, 15 Nov, 1851, p.726

¹⁷Asa Briggs, *Victorian Cities*, (1963), (Harmondsworth, 1968), p.21

¹⁸“Strongholds of Filth and Pestilence”, *Punch*, 18, (1850), p.153

¹⁹Reports from Commissioners, Vol 4: *Nuisances Removal; Quarantine*, signed by Carlisle, Edwin Chadwick and T Southwood Smith, PP (1849) XXXIV, 1, p.67; *Report by the General Board of Health on the Measures adopted for the execution of the Nuisances Removal and Diseases Prevention Act and the Public Health Act up to July 1849*, (London, 1849), pp.54-55; *Report of the Commissioners appointed to inquire into the Causes which have led to, or have aggravated the Late Outbreak of Cholera in the Towns of Newcastle-upon-Tyne, Gateshead,*

breed of landlord in the character of the neighbourhood bully, Mr Trebooze, who complained that his cottages cost him more in rates than they yielded in rent. When told that cholera was likely to arrive before Michaelmas, he declared:

Pity I can't clear 'em out before Michaelmas. Else I'd have ejected the lot, and pulled the houses down!

It was suggested to him that he might like to do something, in the meantime, towards cleansing his properties to which he retorted: "Let 'em cleanse themselves! Soap's cheap enough with your....free trade, ain't it?"²⁰

There were influential people in the three towns who, in 1842, accepted the need for a Building Act to control the abuses that existed.²¹ Yet one Newcastle magistrate acknowledged that "too tight an Act" might be regarded as "uncalled-for interference with private property, speculation, and emolument". He argued that this was especially true because, for a time, the cheaper tenement accommodation that did not come under the new regulations, would "compete powerfully" with the new and costlier housing. His solution was that the necessary legislation should be introduced gradually, giving the public time to appreciate its benefits.²²

Given all these strands it is not surprising, therefore, that 'economy' was a frequently used catchword in newspapers, anti-sanitary reform rhetoric and most especially, in local election handbills from the earliest days of the reformed corporations.²³ After all, the middle classes generally, and the smaller ratepayers in particular, were notorious for criticizing moves to improve the sanitary

and Tynemouth, signed by Joseph Burnely Hume, John Simon and John Frederick Bateman, 15 July, 1854, *PP* XXXV (1854), 92, [hereafter Hume *et al*] p.xi; Anon, "Condition of the Poor", Letter II, *NC*, 19 April, 1850, p.4A-B; Letter V, 10 May, 1850, p.6A-B and Letter VI, 17 May, 1850, p.4A-B

²⁰ Charles Kingsley, *Two Years Ago*, (1857), (London and New York, 1889), Chapter XIV, pp.203, 219

²¹ For example, Robert Plummer of Newcastle, Alderman Reed of Sunderland and Mr Cowen, chairman of Gateshead Poor Law Union. *Local Reports on the Sanitary Condition of the Labouring Population of England*, 26, Sir John Walsham, Third Report on the State of the Dwellings of the Labouring Classes in Cumberland, Durham, Northumberland and Westmoreland, to the Poor Law Board, 10 June, 1840, *PP* (1842) (HL) XXVII, 430, pp.430-433

²² Walsham, p.431

²³ See for example, Wilson Collection, 5(I), Items 1135 and 1145

conditions of their town which would entail rate increases.²⁴ As the *Gateshead Observer* commented in 1849, “the dread of ‘rates’...extinguishes all dread of cholera or its consequences”.²⁵ Yet in January 1836, the radical, John Fife, had argued that “the inhabitants of Newcastle had a right to expect the exercise of more economy than had been practised under the old system” and suggested that if the new Corporation disappointed these expectations they would be betraying their constituents.²⁶ This is indicative of the direction in which the Council was moving: becoming more concerned about their future election prospects than they were in promoting measures that served the interests of the whole community, and not just of parts of the electorate. It also serves to confirm the accuracy of the belief held by both contemporary critics of *laissez-faire* local government and individualism, as well as historians of nineteenth century administration and social policy, that the self-interest of local politicians and ratepayers obstructed social reforms. However, as McCord suggests, this preoccupation with economy was not confined to a “greedy and selfish minority ensconced in power”, refusing to respond to the social needs of the great majority of the nation, but rather, this was something that was expressed by all levels of society. McCord points out that even in radical propaganda, there were more frequently complaints made against waste and extravagance than there were against government failure to tackle major social problems.²⁷

Sanitary reformers themselves were not immune to the question of economy, and went to great lengths to demonstrate the economic, as well as the social and

²⁴A S Wohl, *Endangered Lives, Public Health in Victorian Britain*, (London, 1983), pp.167-168; and Finer, pp.434-435. Chadwick opposed the clause in the Public Health Act, which required a petition of one-tenth of ratepayers before the General Board could intervene, on the grounds that a few big manufacturers could use their influence with the ratepayers to effectively prevent any application. He argued that there would be ready support for inaction from all the small tradesmen who were lodging-house keepers, owners of the worst class of housing or creators of nuisances in the course of their trades, because they would object to the introduction of inspections and controls under the Act. Chadwick to Lord Morpeth, 21 July, 1848, and Chadwick to Lord Lansdowne, 13 July, 1848, Chadwick mss, London University, quoted in Finer, p.324

²⁵ Report of a Meeting of the Gateshead Board of Guardians, *GO*, 3 Feb, 1849, p.3A

²⁶Council Election of Mayor, 1 Jan, 1836, *Proceedings and Reports of the Town Council of the Borough of Newcastle upon Tyne [hereafter NCP] for 1836*, p.5

²⁷Norman McCord, “Some Limitations of the Age of Reform”, pp.187-201 in H Hearder and H R Loyn, (eds), *British Government and Administration, Studies present to S B Chrimes*, (Cardiff, 1974), p.191

moral, virtues of their schemes.²⁸ One of the stated objects of the Newcastle and Gateshead Sanitary Association [NGSA] was to correct any misconceptions there were as to the expense of sanitary measures and to remove “groundless apprehensions” on the part of the inhabitants as to the interference of sanitary measures with their “existing pecuniary interests”.²⁹ One of the strengths of the Public Health Act, as far as the Association’s Honorary Secretary, Dr George Robinson, was concerned, was that it ensured that the money raised under its provisions would be “economically and judiciously expended”. He also believed that individual ratepayers would be protected from excessive expense unless they personally benefited directly from such expenditure.³⁰ Yet despite the efforts made by sanitarians, ratepayers remained unconvinced, as is illustrated by the failure of the NGSA to persuade a sufficient number of Newcastle ratepayers to sign the petition for the adoption of the Public Health Act in 1848. The ratepayers argued that to do so was tantamount to petitioning to be taxed.³¹ Similarly in 1853, 504 rated inhabitants signed a petition urging the mayor to call a public meeting to consider the best means of reducing the municipal and parochial rates.³²

Although economy was something that concerned all three towns, it could be argued that it was particularly important in Gateshead, given that it was a less prosperous town than Newcastle and Sunderland. This is reflected by the occupations of men elected to the Council, as was discussed in the last chapter, and also by the fact that even by 1852-3, only 816 people out of a population of

²⁸See for example Rt Hon W Cowper, MP, “Address on Public Health”, delivered at Bradford, Nov 14, 1859 and reprinted from *The Transactions of the National Association for the Promotion of Social Science, 1859*, (London, 1860)

²⁹*First Annual Report of the Newcastle & Gateshead Sanitary Association*, (Newcastle, 1848), p.4

³⁰Dr George Robinson, “Condition of the Poor”; Second Series, Letter I, *NC*, 31 May, 1850, p.4A-C. See also The Public Health Act, 1848 (11 & 12 Vict. c.63) s. 86, which deals with the Special District Rate and the last part of s.89 which allows parts of districts to be separately assessed.

³¹Carleton Baynes to Edwin Chadwick, GBH, 12 Oct, 1848, PRO MH13/232; William Kell, Town Clerk of Gateshead to Henry Austin, Secretary to GBH, 16 Oct, 1848, PRO MH/13/77

³²Public notice addressed to the Mayor and signed by 504 rated inhabitants, undated, but with the handwritten date of 12 Aug, 1853 added at the bottom, Brockett Papers 10(II), p.559

27,000 were municipal voters.³³ Yet in reality it appears that Gateshead Corporation were not as concerned with economy as their counterparts over the Tyne. For example, when, during a discussion to increase the street-rate, Councillor Cook moved to have it reduced instead, he found no supporters. Indeed, Brockett took this opportunity to condemn this attempt to reduce the rate as “ill-judged economy”.³⁴

Yet ratepayers were not simply against paying increased rates *per se*, as was made clear at a ratepayers meeting in Newcastle in April 1849. On this occasion they opposed the Council’s plans to borrow more money to carry out the extension of Grainger Street to the new Central Station. This was not just because the Council already had enough debt, but because, if rates were to be increased, it was felt that they should be used to improve the sewerage, paving and flagging of existing streets or in forming new streets that would directly benefit the trade of the town.³⁵ Exasperation was also expressed by ratepayers who claimed that they were not getting the improvements they believed they were entitled to. For example, owners and occupiers in Claremont Place, Newcastle, who had been forced to carry out footpath repairs at their own expense, sought a contribution to the costs from the Corporation on the grounds that as ratepayers they had already contributed to the cost of such repairs.³⁶

Both the above examples illustrate cases where the ratepayers concerned stood to gain something personally if their appeals were accepted. It could be argued that when it came to sanitary and housing improvements that would help the labouring

³³Frank Rogers, *Gateshead, An Early Victorian Boom Town*, (Wallsend, 1974), p.19. The meagreness of the electorate spurred some to propose that property in Gateshead should be rated at rack-rent rather than at three-fifths of the value to enfranchise more inhabitants under the Municipal Reform Act. Brockett Papers, 6(I), p.149

³⁴The meeting had been considering a proposal to increase the street rate to 9d in the pound. Mr Cook moved an amendment to reduce it to 6d, on the basis of the existing burdens of ratepayers. Report of Gateshead Council Meeting, 16 Sept, 1846, *Local Collections, or Records of Remarkable Events Connected with the Borough of Gateshead, 1846*, (Gateshead, 1846), p.63

³⁵*NCP for 1848-49*, p.xiv

³⁶Mss Petition from owners of property in Claremont Place to the Town Improvement Committee, 14 Nov, 1842, TWAS 374/1/38

classes, they might perhaps have been less enthusiastic. However, it would be simplistic to assume that all ratepayers, and particularly the small shopkeepers who were proportionately the hardest hit,³⁷ were opposed to sanitary reform simply because of personal greed and a selfish disregard for the poor. The *Sunderland Herald*, a pro-sanitary reforming newspaper, acknowledged that the ratepayers of Sunderland were already under an “intolerably heavy” burden.³⁸ This had been exacerbated by the legal expenses incurred by the local improvement commissioners in attempting to thwart the introduction of local acts proposed by the Corporation during the 1840s.³⁹ The ratepayers of Gateshead had been similarly affected by the dispute over borough property between the Corporation and the Borough-holders and Freemen.⁴⁰ What is more, severe local trade slumps had had a marked impact on property owners whose rent income went down, thus squeezing some ratepayers still further.⁴¹ Faced with impending financial difficulties, as many people were, it is not surprising that they were opposed to additional taxes.

In addition to ratepayers’ grievances over the actual level of rates levied and the rating anomalies discussed in Chapter 4, concern was expressed over financial mismanagement, which is one aspect of the ‘value for money’ criterion. Sunderland Corporation’s decision, in 1853, to levy an additional rate of 8d in the pound on Sunderland district,⁴² aroused complaints from ratepayers,⁴³ despite the

³⁷One substantial property owner acknowledged that it was the small shopkeepers, etc. of Gateshead who were paying the greater bulk of the rates and wondered how they coped. Joseph Abbott to President, GBH, 4 July, 1857, PRO MH13/77. In Newcastle, long-serving Councillor George Bargate, a tanner, argued against a motion to increase the watch rates in May, 1851, because tradesmen and manufacturers were “so greatly depressed”. Council Meeting, 7 May, 1851, *NCP for 1850-51*, p.67. See also Appendices VIII(B) and IX(B) for details about Bargate.

³⁸Editorial: “The Public Health Bill”, *SH*, 11 Aug, 1848, p.4E

³⁹Editorial, *SH*, 19 March, 1847, p.4E

⁴⁰Ratepayer” to Brockett, 21 November, 1835, p.275 in Brockett Papers 6(I), pp.275-278

⁴¹In 1844 Thomas Burn, Clerk to the Sunderland Overseers, in trying to persuade the Poor Law Commissioners to reduce poor rates, reported reductions in rents in Bishopwearmouth from £50 to as low as £30 per annum. However, under 6 & 7 Will IV c.96, rates were charged on what rents could reasonably be expected to be rather than what was actually obtained, leaving landlords faced with a heavy tax burden. Thomas Burn to PLC, 25 Sept, 1844; PLC to Burn, 30 Sept, 1844, PRO MH12/3269

⁴²This was to offset an expected debt of just under £756

⁴³John Hutchinson to GBH, 27 July, 1853; GBH to Hutchinson, 28 July, 1853, PRO MH13/77. [Both these letters appear in the file of correspondence between Gateshead and the GBH rather

fact that they were already being charged rates well below those of other districts in the borough. This additional rate meant that Sunderland district's improvement rates were still 2d in the pound lower than those for Bishopwearmouth East and 10d lower than those for Monkwearmouth.⁴⁴ Nevertheless men, both inside and outside the Council, objected to the additional rate on grounds of illegality.⁴⁵ John Hutchinson of Bishopwearmouth claimed that this move on the part of the Council had given rise to general dissatisfaction amongst ratepayers who had demanded to see the books - a request that had been denied.⁴⁶

Two years later Dr Robinson, despite being a pro-reformer, challenged Newcastle Council's Finance Committee's recommendation that the rates for watching, lighting, paving, watering and sewerage should be increased.⁴⁷ He argued that unlike modern unendowed Corporations such as those of Sunderland, Newcastle possessed large private reserves from coal dues and property rents with which to service any debts already incurred. Yet, not only were most of the ratepaying public kept in ignorance of the true financial position of the town, so too were many members of the Town Council. Robinson claimed that probably no more than six men had the data required to calculate the true position.⁴⁸ This assertion was confirmed by Alderman Dunn who refused to support any increase in watch rates until an investigation into the annual expenditure and the general financial state of the Corporation had been produced so that they might know their real financial position. He particularly questioned what had become of a considerable sum of money that had arisen out of the sale and enfranchisement of property as well as the money they had borrowed under the Town Improvement Act.⁴⁹

than that of Sunderland.] See also a report of a special meeting of the Sunderland Council, *SN*, 21 May, 1853, p.5C

⁴⁴*SN*, 21 May, p.5C

⁴⁵Hutchinson to GBH, 27 July, 1853; Alderman Thomas Wilson in report of special meeting, *SN*, 21 May, p.5C

⁴⁶Hutchinson to GBH

⁴⁷Given that in recent years the expenditure under these heads had been reduced (see discussion below), it was perhaps surprising that Robinson should object. However, it was the source of income, rather than the planned expenditure, which was the object of his complaint.

⁴⁸Letter from George Robinson to the Editor, 14 Nov, 1855, *NC*, 16 Nov, 1855, p.5B

⁴⁹Council Meeting, 7 May, 1851, *NCP for 1850-51*, pp.67-8.

Some of the electorate were equally critical of the Corporation's financial mismanagement. In 1850, "An Elector" of Westgate Ward wrote an electoral notice to Messrs Milvain and Pattinson, urging them to support a general revision of the Corporate Expenditures,

...with an express view to relieving the Burgesses of ALL Municipal Rates; a relief which, if the immense Revenues of the Corporation were properly managed, is quite practicable.⁵⁰

Three months later "A Burgess" complained about what he considered the misuse of public funds by the Corporation, because they had put £1000 per annum aside for the Mayor's entertaining expenses.⁵¹

Some members of the Corporation had a history of financial mismanagement in their own lives, having been declared insolvent on more than one occasion,⁵² so it is perhaps not surprising that there was a lack of confidence in the Council's competence to oversee the municipal finances. More insidious was the degree to which the Finance Committee of the Council appears to have functioned as a rather secretive body. The Chairman of the Committee, newspaper owner James Hodgson, was not always diligent in presenting financial reports on time, claiming on one occasion that it was "no easy matter" to go through their financial affairs.⁵³ Given that Hodgson (a man opposed to unnecessary expense) chaired the committee for 25 years, it is not surprising that Newcastle Corporation were so slow to adopt reforming measures. In this he appears to have been aided and abetted by the Town Improvement Committee who took care to keep their expenditure as close to their budget as possible, despite the fact that they had costly responsibilities. In some years their funds were actually reduced. For example in 1851 they received only 18.54% of the total proposed expenditure for the ensuing year to cover paving, lighting, watering and sewerage.⁵⁴

⁵⁰Electoral notice from "An elector" of Westgate Ward, to Messrs Milvain and Pattinson", 23 Sept, 1850, Wilson Collection, 12, Item 59

⁵¹"A Burgess", "Mayor's Dinner", 12 Dec, 1850, Wilson Collection, 12, Item 72

⁵²"A Fly Sheet exhibiting the Selfish and Wasteful expenditure of Corporate Funds! The Mayoralty, with its £1000 a year bait, going a begging", signed by "No Jobber", 8 Nov, 1850, Wilson Collection, 12, Item 89

⁵³Council Meeting, 7 May, 1851, *NCP for 1851-52*, p.67

⁵⁴Council Meetings, 30 Oct, 1850, *NCP for 1849-50*, pp.224-225; 227 and 22 Oct, 1851, *NCP for 1851-2*, pp.163-164; Richard Welford, *Men of Mark 'Twixt Tyne and Tweed*, 3 vols, II,

Another concern, peculiar to Sunderland out the three towns, related to the costs to the ratepayers in maintaining “the multitude of governments which prey upon our resources” as one correspondent to the *Sunderland Herald* complained. “ABC” suggested that no other town had to contend with so many different local bodies, such as the Sunderland Street Commission, the Bishopwearmouth Street Commission and the Bishopwearmouth Highway Board. What is more, not only did Sunderland have a Municipal Corporation, it also had “an ‘Ancient’ Corporation”⁵⁵ to maintain. Six of these bodies had salaried officials, which in his opinion were five too many, and all had to be supported by the ratepayers. He argued that by merging all these bodies and concentrating local powers and duties into the hands of the Town Council the expense would be saved in a single year “and much greater efficiency would be attained.”⁵⁶

It would be quite wrong, however, to suppose that the ratepayers were universally opposed to corporate expenditure on sanitary measures. A number of smaller ratepayers, including shopkeepers and small tradesmen, petitioned Newcastle Corporation for a common sewer to be built in Newgate Street, and others petitioned for one in the Cloth Market.⁵⁷ In addition, there were many individuals in the three towns who, despite being ratepayers themselves, believed that increased rates were necessary to ensure social savings. Reid found that all the Sunderland sub-committees, reporting to him in 1843, considered that “proper remedial measures” would amply compensate for any additional rates needed to carry out improvements. Fifteen years later, John Cail, a landlord in Gateshead, complained to the General Board about the lack of drainage provision that was causing his house to be “unhealthy and unfit to live in” resulting in the

(London, 1895), pp.548, 553. Out of a total proposed expenditure for 1851-2 of £34,787, a budget of £12,250 was set for watching, lighting, paving, watering and sewerage. Watching accounted for about £5,800 of this sum, leaving a balance of £6,540. Annual Report of the Finance Committee, Council Meeting, 22 Oct, 1851, *NCP for 1850-51*, pp.164-5

⁵⁵This refers to the Freemen and Stallingers

⁵⁶Letter from “ABC” to the Editor, *SH*, 15 Sept, 1848, p.5E

⁵⁷Petition of proprietors and occupiers of property in Newgate Street to the Corporation, March 1837, TWAS 374/1/2. Occupations of some of the named memorialists taken from M A Richardson. *Directory*, (Newcastle, 1838); Petition from owners and occupiers of property in the Cloth Market, 15 Oct, 1838, TWAS 374/1/6

present tenant giving notice that he intended to quit. Cail had, for some years, “tried in vain” to induce the local board’s surveyor to drain his property although he was quite willing to pay his share of the expense. Therefore emphasis on ‘economy’ was not simply an excuse to justify self-interest and neglect of the needs of the labouring classes. Although there were those who did just that, there were many others for whom ‘economy’ involved a complex range of motives and concerns based on rational grounds.⁵⁸

Self-Help

When Samuel Smiles published his classic treatise on *Self-Help* in 1859 he was not promoting anything new, for many of his ideas were commonly expressed well before then. Nevertheless his book does provide a good starting point to consider what the underlying attitudes to self-help were. He regarded the spirit of self-help as the root of all genuine growth in the individual and that if it was exhibited in the lives of the many it would provide “the true source of national vigour and strength”. In other words self-help promoted both personal advancement and national progress, which Smiles described as “the sum of individual industry, energy, and uprightness” just as “national decay” was linked to “individual idleness, selfishness, and vice.” Thus self-help was not necessarily a manifesto for selfishness but was regarded as a means by which the individual could make his contribution to the nation at large.⁵⁹

Smiles also emphasised the importance of self-respect, a sentiment he believed was at the root of all virtues: “cleanliness, sobriety, chastity, morality, and religion.” This, he argued, began in the home, where appropriate domestic training was necessary to form the next generation. In this he was echoing the ideas mentioned in the previous section about domestic management, but he was

⁵⁸D B Reid, *Report on the Sanatory Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts*, Part III – “Local Reports, with Explanatory Remarks”, [hereafter Reid III], *PP* (1845) XVIII, 461, p.190; John Cail to GBH, 2 Feb, 1858, PRO MH13/77

⁵⁹Samuel Smiles, *Self-Help, with Illustrations of Character and Conduct*, (London, 1859), pp.1-2; E L Woodward, “1851 and the Visibility of Progress”, 53-62, in BBC Third Programme

also describing the rationale on which the middle-class domestic idea was based. In other words, the role of the middle-class wife and mother was to be the preserver of all moral virtues. As he declared:

The Home is the crystal of society; and from that source, be it pure or tainted, issue the habits, principles, and maxims, which govern public as well as private life.

Yet he did not support education *per se*. Indeed, he believed that knowledge, unless wisely directed, could make a bad man dangerous. He was also wary of misapplied philanthropy because he felt that charitable giving discouraged thrift amongst the working classes.⁶⁰

Well before *Self-Help* appeared, many people, who concerned themselves directly with public health matters, believed that it was the responsibility of the poor to do something to help themselves. In the Sanitary Reports of the 1840s,⁶¹ as well as in statistical data,⁶² there was considerable emphasis on the immorality, indolence and drunkenness of many of the victims of disease, which led men like John Halcro of Sunderland to become active advocates of temperance.⁶³ Throughout the three towns there were individuals expressing similar attitudes towards the poor. For example, Alderman Reed of Sunderland reported that in the parish of Sunderland the dwellings of the poor were “the nurseries of fever” because of their antipathy to “habits of cleanliness”. Mr Wilson, relieving officer of Newcastle suggested that the quality of tenements available to the labourers on similar wages depended upon the prudence of the individuals concerned, thereby

published series of broadcast talks, *Ideas and Beliefs of the Victorians, an historic reevaluation of the Victorian Age*, (London, 1949), p.59

⁶⁰ Smiles, pp.1, 256, 260, 293-294

⁶¹For example, Edwin Chadwick, *Report on the Sanatory Condition of the Labouring Population of Great Britain*, (1842); Health of Towns' Commissioners Report of 1845; Reid, *Report*, Part II – “General Report on the Towns visited in the Northern District” [hereafter Reid II], *PP* (1845) XVIII, 368, p.127; Reid III, p.191

⁶²For example the Registry of Persons who died of Cholera at Newcastle from October 25 1831 to March 11 1832, TWAS Srp Ac PA1049

⁶³William Brockie, *Sunderland's Notables: Natives, Residents, and Visitors*, (Sunderland, 1894), p.296

implying that intemperance or profligacy were the sole reasons why some labourers were living in inferior accommodation.⁶⁴

Although Chadwick was forced to revise his initial prejudice that all recipients of poor law relief were in some way deliberately indigent, nevertheless, he felt that there was much that the poor could do to help themselves by changing their behaviour. As he states in the conclusion of his *Report*

...the promotion of civic, household, and personal cleanliness, are necessary to the improvement of the moral condition of the population; for that sound morality and refinement in manners and health are not long found co-existent with filthy habits amongst any class of the community.⁶⁵

It was not just the middle classes who accepted the importance of self-help: the number of working-class men who feature as success-stories in *Self-Help* are testimony to the value placed on this ideal. Golby and Purdue make the distinction between a collective help posited by working-class radicals such as Chartists and Owenites and the individualistic self-improvement pursued by liberal radicals. Nevertheless they comment that even working-class radicalism stressed self-improvement and accentuated the gulf that existed between “the respectable and reasoning working man and his venal contemporary” whilst rational recreationalists considered that voluntary organisations provided a vehicle for individual self-improvement.⁶⁶

The problem is that there was apparently little real agreement about what circumstances were really beyond the control of the working people, never mind the unemployed. Exponents of “self-help”, such as Smiles, could point to numerous cases of successful men in Victorian England who had overcome disadvantages of birth and education through self-help, hard work, and careful financial management. Local examples include Thomas Dixon (1831-1880), a Sunderland cork-cutter who became a collector and supporter of the arts; and

⁶⁴Walsham, *Third Report*, p.432 and *Second Report on the State of the Dwellings of the Labouring Classes...* to PLB, 15 May, 1840, *PP* (1842) (HL) XXVII 416, p.426

⁶⁵Chadwick, *Report*, pp.424-5

⁶⁶J M Golby and A W Purdue, *The Civilisation of the Crowd, Popular Culture in England 1750-1900*, (London, 1984), p.94. See also Briggs, *Victorian Cities*, p.19 for examples of working-class self-help.

Alderman Thomas Wilson of Gateshead, the son of poor parents, who began his working life down the mines.⁶⁷ When it came to public health, therefore, the emphasis was placed, by many, on personal responsibility. For example, Robert Plummer, a Newcastle magistrate, saw no reason why the urban working classes should not be able to pay an additional increase in their rents to cover the cost of improvements that might be introduced under a Building Act, considering their wages to be quite sufficient. Furthermore, a Newcastle sub-committee, reporting to Reid, argued that whilst many places were in a bad state, for external reasons, they had been made much worse by the “poverty, ignorance, vicious habits and neglect” of the residents.⁶⁸

On the other hand, there were those who placed all the blame on the part of the authorities. “A Working Man”, writing about conditions in Southwick⁶⁹ in 1848, challenged assumptions that their fever epidemic was due to the lack of cleanliness on the part of the working classes themselves. He argued that he could name three different families who were fatally struck, who were “three of the cleanliest families in the place”. For “A Working Man” the problems were due to lack of adequate privy provision, the totally inadequate drainage and lack of regular collections of filth. In addition, he reported that the streets were left unrepaired and no measures were being taken to control the keeping of livestock and the dumping of rubbish.⁷⁰

Yet there were those who took a more balanced view of the situation. For example, Dr Robinson made the distinction between those factors that arose from external causes over which people had no control, and those factors that were

⁶⁷Dixon encouraged artists and corresponded with some of the great men of his day including Ruskin and Carlyle. G. Milburn, “Thomas Dixon of Sunderland”, *Sunderland Antiquarian Society*, XXIX, (1984), 5-45, pp.5-6, 11, 19-20, 26-27; *Obituary Notices of Thomas Wilson Esq.*, (Gateshead, 1858)

⁶⁸Walsham, Third Report, p.431; Report of the Morality Committee, cited in Summary of Reports from Health of Towns Sub-Committees in Newcastle, *NWC*, 13 Jan, 1844, p.3B. Plummer states that the usual rent for a room in and around Newcastle was about £3 p.a. rising to a maximum of £4, or about 1s 2d per week. Average wages for ordinary labourers were between 15s to 40s per week, the bulk earning about 21s.

⁶⁹A township just outside Sunderland municipal borough boundaries but within the parliamentary boundaries.

⁷⁰*SH*, 7 April, 1848, p.2A

dependent upon their own “mental and moral state”. He also argued that there were three main agencies that could improve the condition of the poor: general government; local governing bodies; and private individuals acting singly or in voluntary associations, or as religious communities. Similar views had been expressed a few years earlier by a member of the Newcastle and Gateshead Working Men’s Sanitary Association, who, commenting on the current typhus epidemic, blamed both individuals and local bodies. He listed a number of measures that the local council had failed to take but argued that any epidemic could only be blamed on “our laziness”. He challenged landlords to cleanse their properties; tenants to keep them pure; and the police to be vigilant in scrutinizing the sanitary state of certain district; but he also urged the local authorities to lend their willing support “to uproot our various municipal evils.”⁷¹

The Sunderland sub-committee, reporting to Reid on the general condition of the borough, also blamed both individual and community failures for the comparative unhealthiness of the worst parts of the borough. They listed four main causes: overcrowded housing both in terms of building arrangements and occupation; lack of “cleanly habits on the part of the people”; inadequate drainage; and smoke pollution. Sunderland’s sub-committee on Water recognized that deficiencies in water supply and unavailability of cheap public baths and washhouses were having a detrimental effect; and the sub-committee on Public Walks acknowledged that where inhabitants had access to the Town Moor to dry their washed clothes, they did make use of it.”⁷²

There were those who accepted that part of the problem lay in a lack of knowledge and understanding amongst the working classes as to the precise nature and cause of disease and the impact that insanitary conditions had on their health. After its launch in 1858, the London-based Ladies Association for the Diffusion of Sanitary Knowledge provided domestic sanitary information in the form of simple tracts and public lectures. Moreover, one of the stated aims of the

⁷¹Robinson, “Condition of the Poor”, Letter I; Letter from a member of the Newcastle and Gateshead Working Men’s Health Association, *GO*, 20 Nov, 1847, p.4E

⁷²Reid III, pp. 191, 195-196, 204

NGSA was to educate the working classes in causes of disease that arose from their own lifestyles. Yet, as some of the examples in the previous two paragraphs demonstrate, if the facilities were not made available, the poor were unlikely to be able to do very much to help themselves on their own limited resources.⁷³

At the same time that the middle-classes were demanding that the poor should take greater responsibility for their own welfare, local authorities were also being asked by central government to exercise greater self-help on behalf of their communities to improve social conditions. It was when they did not exercise the powers they had, and failed to fulfil their responsibilities, that Centralists such as Chadwick began to seek ways to impose these responsibilities upon them.

“Laissez-faire” versus State Intervention

One of the conundrums facing historians is that during the time when the political ideology of *laissez-faire* and individualism was reaching its height,⁷⁴ *The Times* could record that “Session after session we are amplifying the province of the legislature and asserting its moral prerogatives”.⁷⁵ In the context of public health reform this was a valid comment for throughout the period covered by this thesis there were a range of government enactments related to public health issues.⁷⁶ Yet, as already discussed in the Introduction, this dichotomy between state intervention and *laissez-faire* was more apparent than real, though that did not stop both supporters and opponents of *laissez-faire* perceiving things in a dichotomous way. In 1843 Carlyle argued that the nation could no longer live under the system of “individual Mammonism, and Government by *Laissez-faire*”, and that not only had state interference begun but it had to be “extensively” extended in order to improve the health conditions of the masses, regardless of

⁷³Reid II, p.127; “Ladies Sanitary Association”, *The Builder*, XXIII, 1148, 4 Feb, 1865, p.79 and 1171, 15 July, 1865, p.501; F B Smith, *The People's Health 1830-1910*, (London, 1979), p.218; *SH*, 3 Dec, 1847, p.3B

⁷⁴This has been discussed more fully already, in the Introduction, pp.12-13

⁷⁵*The Times*, 4 May, 1847, p.5E. This was an article on the Ten Hours Bill.

⁷⁶For example the Baths and Wash-houses Act, 1846, the Public Health Act, 1848, the Common Lodging Houses Acts of 1851 and 1853 and the Nuisance Removal Acts of 1846, 1848 and 1855.

vested interests.⁷⁷ The General Board of Health made a similar point eleven years later, when they suggested that unless “express obligations” were enforced, sanitary improvements were “rarely carried into operation.”⁷⁸ On the other hand, opponents of state intervention assumed that the General Board was interfering unduly and unnecessarily in local administration and had too many powers. This the Board refuted, claiming that the more general complaint was that they did not have enough power to provide that assistance which local boards were seeking.⁷⁹

Unwary historians can fall into the trap of accepting this dichotomous view uncritically, particularly when it is used to make judgements about the way the General Board was perceived by contemporaries. To avoid this it is necessary to understand the underlying ideology of *laissez-faire*. This political philosophy, first espoused by Adam Smith and developed by Jeremy Bentham and James Mill, idealized the concept of society as a collection of individuals pursuing their own self-interest in competition with each other, but that this pursuit of self-interest would lead, through the fixed laws of economy, to the greater good of all. As Smith’s heirs began to apply his ideas to the social and economic realities of their day, they explored the role of government in protecting the rights of individuals to pursue their own self-interest. Whereas Smith had thought in terms of a real community of interests flowing naturally from the collective pursuit of individual welfare, Bentham acknowledged that at times the state would need to intervene to ensure that harmony existed artificially where it was not happening naturally. James Mill, in likening the political system to the economic one, believed that the role of government was to provide the necessary checks to what he considered to be political monopoly so that public welfare might be protected from the efforts of the powerful to serve only their own interests. Essentially, however, the

⁷⁷ Thomas Carlyle, *Past and Present*, (1843), (London, 1905), pp.345, 353-354

⁷⁸ *Report by the General Board of Health on the Measures adopted for the execution of the Nuisances Removal and Diseases Prevention Act and the Public Health Act up to July 1849*, (London, 1849), pp.8-9

⁷⁹ *Report of the General Board of Health on the Administration of the Public Health Act and the Nuisances Removal and Diseases Prevention Acts from 1848-1854*, (London, 1854), PP (1854) XXXV, 1, p.43

function of government was a negative one - the ideal government being the one that legislated least.⁸⁰

In the next generation, John Stuart Mill described the sharp dichotomy of views that existed concerning the functions of government. On the one hand were “impatient reformers”, who thought it was easier to get control of the government than to win the hearts and minds of the public, so tended “to stretch the province of government beyond due bounds”. On the other, there were those who regarded all government interference as detrimental to the public good. Therefore even well-meaning efforts to bring about improvement through compulsory regulation was to be resisted at all costs. Mill echoed the same negative views about the function of government as had been expressed by his father, encapsulating his ideas in his famous statement: “*Laissez-faire*, in short, should be the general practice: every departure from it, unless required by some great good, is a certain evil.” In reality, however, he admitted that there were a considerable number of exceptions that required state intervention. These included education, factory conditions, and poverty.⁸¹

The danger is in assuming that state intervention necessarily meant some form of interference or control from central government. During our period local authorities were also extending their powers and responsibilities through a variety of local acts and so just as there was anxiety expressed about the erosion of individual liberty by central government, so too, local authorities had their powers challenged.⁸² On the other hand, just as central government were also being asked to alleviate some of the social problems of the age and exert themselves to

⁸⁰ Alan Ryan, “Two Concepts of Politics and Democracy: James and John Stuart Mill”, pp.220-247 in Jack Lively and Andrew Reeve, (eds), *Modern Political Theory from Hobbes to Marx: key debates*, (London and New York, 1991), pp.224-229; Derek Fraser, *The Evolution of the British Welfare State*, 2nd edn (Basingstoke, 1989), pp.100-102, 111; Trevor May, *An Economic and Social History of Britain 1760-1970*, (London, 1987), pp.39, 115-116

⁸¹ James Stuart Mill, *Principles of Political Economy, Book V*, (1845), edited with an Introduction by Donald Winch, (Harmondsworth, 1970), pp.145, 315-345. See also W H Greenleaf, *The British Political Tradition, Vol II: The Ideological Heritage*, (London, 1983), pp.112-113

⁸² See for example the comment made about Sunderland’s “centralising corporation in Chapter 4, p.122

protect the liberties and safety of the people, so too, local authorities came under increasing pressure to act for the protection and welfare of their citizens. In addition, just as the intentions of social reformers at a national level were being frustrated by the limited powers and non-enforcement of social legislation, so too were critics of local government exasperated by the lack of apparent willingness on the part of some town councils to execute the powers they had acquired under their local acts. Thus, the tension between state intervention and *laissez-faire* needs to be understood at both national and local level. It was quite possible for individuals to hold apparently contradictory views in rejecting state intervention when exercised by the General Board and yet be demanding that the local authorities should abandon *laissez-faire* ideology for the sake of the working people.⁸³

One of the underlying issues in this conflict between state intervention and *laissez-faire* at the national level was who should exercise the powers and responsibilities for bringing about sanitary change. Edwin Chadwick considered that the reformed town councils were no better equipped to deal with public health problems than the old corporations and improvement commissioners had been, or continued to be. Part of the reason for this, as far as he was concerned, was due to the potential for mismanagement on the part of property owners who, as members of local bodies, protected their own self-interests at the expense of the community as a whole.⁸⁴ As discussed in the Introduction, Chadwick's main contention was that effective administration required professional men as administrators, surveyors and civil engineers.⁸⁵ It was this professionalism, advocated by so called "Centralists" such as Chadwick, which provoked the hostility of J Toulmin Smith, founder of the Anti-Centralization Union.⁸⁶ Smith believed that by advancing the role of the professional the rest of the community was becoming increasingly uninformed and apathetic, and that on the one hand

⁸³ See for example the case of William Newton in Chapter 9

⁸⁴ Edwin Chadwick, *On the Evils of Disunity in Central and Local Administration*, p.77

⁸⁵ Chadwick, *Evils*, pp.14, 72-77. Though he was critical of the protective institutionalisation of some of these bodies, such as the Chartered Institute of Surveyors, who proved a thorn in his flesh. See Finer, pp.439ff

⁸⁶ Flinn, Introduction to Stewart and Jenkins, p.11

“cliqueism” was advanced whilst on the other, men were losing any sense of real concern for the welfare of their fellow citizens.⁸⁷

Thus the main dispute was not simply over whether London or the individual towns should dictate policy but whether amateurs or professionals should have most power. Smith, in opposing “Centralism” as a system of “Functionarism and Bureaucratic control” was doing so on the basis that he disliked what was considered to be the “*arbitrary discretion*” practised by bodies such as the General Board of Health at the expense of the Parliamentary system of law.⁸⁸ Yet Chadwick, despite what his critics might believe, was not trying to take all power and responsibility into the hands of a central body. Instead he wished to see an efficient and effective partnership operating between a central body which could provide expert advice, and well-managed local organizations who would execute a common policy in a manner that excluded self-interest. This was a vision shared by Thomas Beggs, Secretary of the Metropolitan Sanitary Association, who believed that a central board could offer valuable advice, encouragement and support to towns and districts. Nevertheless, he was adamant that the government should not interfere where the people and their local representatives could do the work better themselves. Chadwick hoped that this partnership would produce a broadly-based social legislation which was more efficient and less expensive than piecemeal local acts could achieve. The problem arose when local authorities were unwilling or unable to carry out the reforms necessary, either through their own lack of commitment or their own lack of powers in the face of obdurate citizens. As Beggs remarked, a Health of Towns Bill would only be

⁸⁷J Toulmin Smith, *Local Self-Government Un-Mystified. A Vindication of Common Sense, Human Nature, and Practical Improvement. Against the Manifesto of Centralism*, A lecture given at the Social Science Association, 1857, (London, 1857), pp.28-9. The “Official Manifesto” which Smith was responding to in this lecture was put forward in the shape of a Paper read before the Association for the Promotion of Social Science on 15 Oct, 1857 by the Secretary of the Board of Health, with the sanction of the President and Principal Officers of the Board. Smith, p.1. Toulmin Smith attempted to elicit the support of local councils in opposing centralization, and wrote to Corporations urging them to restore the principles of local self-government in the face of the “insidious means” used by the GBH to obtain “unlimited influence and power” on what he believed to be specious grounds. Although Toulmin Smith’s letter was read to the Newcastle Council, who instructed the Town Clerk to contact the Anti-centralization Society for further details, the issue receives no further mention in the Minutes. Council Meeting, 26 June, 1850, *NCP for 1849-50*, pp.145-146

⁸⁸ Smith, pp.2-3, 20

effective if people were enlightened in sanitary matters and prepared to do their share in the work of improvement.⁸⁹ Chadwick believed that the partnership he envisaged would provide the impetus for improvement based on properly researched data - what MacDonagh describes as the “exposure of a social evil”.⁹⁰ Thus there is also an element in which the tension between amateur and professional could impinge on local administration as well, as the opinions of town surveyors, engineers and some medical men came into conflict with local town councillors and ratepayers.

In addition to Chadwick’s distinction between professional *versus* amateur, there arose a feeling that sanitary reform, generated by the centre, was being undermined by self-interested local authorities. For example, the sanitary reformer, Dr A P Stewart, in reviewing the history of the public health movement over the preceding decades argued, in 1866, that one of the main reasons why all the Sanitary Acts had failed in great measure was because many local authorities had evaded their responsibilities to their local inhabitants on the basis that the laws were permissive rather than imperative. He considered that all the best intentions of Parliament were being thwarted by “the sluggishness and prejudice of niggardly and self-complacent ‘bumbledom’ both in town and country.” This was a view shared by other reformers, and sections of the press. For example, Edward Jenkins believed that government had been obstructed on all sides and sanitary legislation impeded by “the stupidity or neglect of local authorities”.⁹¹ In 1848, *Punch* parodied the anti-centralizing lobby with three cautionary tales, the third of which is particularly pertinent to this work, in that it describes the insanitary conditions in which cholera thrived. The story goes on:

And wise men who saw this, said “Let us not spread the table for Cholera amongst us. Let us drain, and cleanse, and sweep, and whitewash.” But the

⁸⁹ Chadwick, *Evils*, pp.78-79; Report of Thomas Beggs’ address to a Public Meeting on the Ten Hours Bill in Gateshead, *GO*, 19 Feb, 1848, p1A and p.4D-F; Finer, pp.432-433. Finer also notes that Chadwick expected the new system would be more democratic as a result of the greater degree of public involvement and open debate which the petition and inquiry process would entail

⁹⁰ Oliver MacDonagh, “The Nineteenth-Century Revolution in Government: A Reappraisal”, *The Historical Journal*, I, I (1958), 52-67, p.58

⁹¹ A P Stewart, “The Medical Aspects of Sanitary Reform”, pp.1-79 in Stewart and Jenkins, pp.8-9; Edward Jenkins, “The Legal Aspects of Sanitary Reform”, pp.80-96 in Stewart and Jenkins, pp.80-1

people, who did not see it, grumbled at this, and would not set hand to the work. And certain wiseacres stood by and said, "Nay, we know a spell to keep off Cholera;" and they spelled their spell, and it was, to repeat many times over "Self-Government, Self-Government, Self-Government!" And Cholera chuckled when he heard the spell - for he knew those wiseacres of old.⁹²

Condemnation of local bodies generally, and municipal corporations in particular, seems to have been shared by some historians. For example, MacDonagh describes the resistance to reform in fairly similar, albeit less specific terms to Stewart and Jenkins. He suggests that as soon as public sentiment, conditioned by the growing humanitarianism of the era, acknowledged the need to legislate a particular "evil" out of existence there were those, whose interests were endangered, who brought their political influence into action. Through various forces of inertia, they caused a compromise to be reached that emasculated the legislation, as originally intended. He spreads the responsibility for such inertia much more widely than Chadwick but he, like Chadwick, identified 'economy' as one of the most significant reasons for resistance to change. Yet as MacDonagh points out, the original intention of reforming legislation during the mid-nineteenth century was to make government less costly and to get value for money from the people employed to carry out public works and administration.⁹³

Underlying the views of Chadwick and other Centralists, and of historians like MacDonagh, is the assumption that a centralized administrative state inevitably leads to greater objectivity and efficiency. Local individualism - the argument that people on the spot were better equipped to manage the specific problems facing their own community; and the reaction against uniformity which informed local resistance to centralization, perhaps find echoes in current demands for devolution and regionalisation, and anxieties about the growing politicization of the European Union. The tension between these two opposing trends at the local level will be considered more fully in Chapter 7.

⁹²"Self-Government", *Punch* 15, (1848), p.78

⁹³ MacDonagh, pp.58, 62, 64

“Cleanliness next to Godliness”

The cultural anthropologist, Mary Douglas, has done a considerable amount of work on symbolic aspects of dirt and purity and argues that dirt is matter which is out of place. This, she suggests, implies two conditions: “a set of ordered relations and a contravention of that order.” She goes on to state:

Dirt...is never a unique, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements. This idea of dirt takes us straight into the field of symbolism and promises a link-up with more obviously symbolic systems of purity.⁹⁴

In other words “dirt” takes on certain qualities depending upon its location. Thus dirty shoes placed on the floor are unproblematic but once placed on a table become intolerable. Part of the reason for this, according to Douglas’ thesis, is that by putting shoes on the table our ordered world becomes disrupted - shoes *belong* on the floor. Of course we can rationalize our concern by talking in terms of “good” and “bad” hygienic practices but Douglas suggests it goes deeper than this. There is often a moral judgement involved in deciding when some form of matter becomes ‘dirty’ and this ties in with Douglas’ comment about “the systematic ordering and classification of matter.”

In a study of Victorian health, such a notion raises questions, and possibly provides some answers, to concerns about filth. After all, the sort of squalor that began to be unacceptable to middle class Victorians had been an integral part of urban life since ancient times. The middenheaps outside dwelling houses, which had long been an accepted feature of both rural and urban life, and were still regarded as an important source of income to the labouring classes,⁹⁵ were suddenly being described as serious nuisances and great “evils” by members of the middle classes. As Humphrey House has pointed out, “In *Pickwick* a bad smell was a bad smell; in *Our Mutual Friend* it is a problem.”⁹⁶ Commentators were

⁹⁴Mary Douglas, *Purity and Danger, An Analysis of the Concepts of Pollution and Taboo*, (1966), (London, Boston etc, 1984), p.35

⁹⁵Reid, p.133

⁹⁶Humphrey House, *The Dickens World*, (1941), 2nd edn, (London, 1942), p.135; Francis M Jones, “The Aesthetic of the Nineteenth-Century Industrial Town”, pp.171-182 in H J Dyos (ed), *The Study of Urban History*, (London, 1968), p.173

increasingly linking moral as well as physical degeneration with filth.⁹⁷ Chapter 2 suggests materialist and intellectual reasons for the new horror towards dirt in that it fitted in to the miasmatic explanation of disease. However, perhaps at a deeper, unconscious level, dirt took on a new meaning in the light of a growing sense of social dislocation, middle-class anxieties about the masses, scientific man's need to control the environment, or some other sense of threat to the social *status quo*. Just as individuals experiencing high degrees of stress can become obsessively tidy, so too, perhaps, traumatised early Victorian middle-class society exhibited similar tendencies at a community level.

Linked in with dirt is smell and Alain Corbin, discussing nineteenth-century France, has demonstrated that there is a cultural aspect to foul odours as well. He argues that before then the emphasis had been on biological smells of putrefaction in public institutions such as hospitals and prisons but that a new curiosity impelled observers "to track down the odors of poverty in the very dens of the poor." This development, he argues, resulted from a growing awareness of social differentiation which provided an incentive to refine "analysis of smells". A person's social status was reflected by their personal odour: the well-to-do individual could distinguish himself from the "putrid masses" by the fact that he did not emit bad smells. The masses, on the other hand, smelt like "death" and "sin", thereby justifying the treatment meted out against them. The "fetidity" of the poor was regarded as both a health risk and a threat to social order through disruption, disobedience and even rebellion. From these ideas developed a public health policy that symbolically linked disinfection with submission. As Corbin comments, "When stench declined, violence was blunted."⁹⁸

Yet in addition to the new horrors of smell related to social as well as biological insecurity amongst the middle classes, Corbin's work suggests a deeper psychological aspect to this new intolerance. As the bourgeoisie protected

⁹⁷See for example *The Builder* VIII, 390, 27 July, 1850, p.349; Editorial, *NC*, 27 Sept, 1850, p.4B.

⁹⁸Alain Corbin, *The Foul and the Fragrant, Odor and the French Social Imagination*, (Leamington Spa, Hamburg and New York, 1986), pp.142-144, 157

themselves from the masses both physically, through social zoning and the formation of the private sphere, and medically through deodorization, they projected onto the masses the ‘bad’ aspects of themselves by creating a stereotypical image of the poor as foetid animals crouched in their dens surrounded by dung. At the same time that they were seeking to gain greater social control over them, they were also creating the myth that the poor were essentially distinct from themselves, indeed almost a sub-human species.⁹⁹ Assumptions were made that the working classes did not even share their olfactory delicacy. The apparent proclivity of the labouring classes for “disreputable odours” was considered “an index of the propensity for all else that was disreputable”.¹⁰⁰ Yet in stressing biological differences, the upper classes overlooked the social reasons why the poor were malodorous. This accounts in part for some of the attitudes towards them and their dwellings discussed in the next chapter.

It is certainly true that in England there were those who portrayed the working classes as almost a race apart. The Health of Towns Commissioners found that generally members of the middle classes believed that the poor were incapable of appreciating the “advantages and comfort [of regular water supplies] either for personal or domestic cleanliness”.¹⁰¹ George Gissing, in *New Grub Street*, expressed something of this view some half a century later when he described the social divide that existed between the classes in respect to personal cleanliness, regardless of financial circumstances. With reference to his character Amy, a middle-class woman who had been living in greatly reduced circumstances due to her literary husband’s inability to get his work published, Gissing writes:

No, no; cleanliness is a costly thing, and a troublesome thing when appliances and means have to be improvised...She knew how subtly one’s self respect can be undermined by sordid conditions. The difference between the life of well-to-do educated people and that of the uneducated poor is not greater in visible details than in the minutæ of privacy, and Amy must have submitted to an extraordinary

⁹⁹Corbin, pp.144, 150

¹⁰⁰ Constance Classen, *Worlds of Sense: exploring the senses in history and across cultures*, (London and New York, 1993), pp.1-3, 80-83

¹⁰¹*Second Report of Commissioners of Inquiry into the State of Large Towns and Populous Districts, 14 vols; 5: Session 4 February - 9 August, 1845, PP (1845) XVIII, 1, p.46*

change before it would have been possible for her to live at ease in the circumstances which satisfy a decent working-class woman.¹⁰²

In other words, Gissing claimed that however hard pressed the circumstances, a gentlewoman would always go to extreme lengths to maintain the basic standards of cleanliness acceptable to her class. Yet Gissing was not unaware of the sacrifices involved, both financially and in terms of “wearisome exertion”.¹⁰³ In contrast the working classes were deemed to be oblivious to the risks involved from insanitary conditions. We will be considering the stereotypical images projected onto the working classes in the North-East and the attitudes of the working classes themselves concerning dirt and cleanliness in the next chapter.

The moral dimension to cleanliness gave rise to the view, for some, that the most effective way of improving the health of the population was not by removing material filth first but by concentrating on the removal of “moral filth”.¹⁰⁴ This informed the activities of the temperance movement, educational reformers and religious people.

* * * * *

There is insufficient room to consider some of the other catchwords and phrases of the period such as “respectability”, “domesticity” and the idea of “the city”, but the above gives some indication of how these could embrace subconscious symbols and meanings as well as the conscious ideas. We turn now to a general assessment of the attitudes of the middle classes in the three towns to public health reform. Although the above explorations have been based on evidence from sources that make such views explicit, it is being argued that these beliefs

¹⁰²George Gissing, *New Grub Street*, (1891), with Introduction and Notes by Bernard Bergonzi, (London, 1968), p.79

¹⁰³*Ibid*

¹⁰⁴ “Asiatic Cholera – a few Candid Remarks”, signed by J Crozier, 20 Oct, 1848, Wilson Collection, 12, Item 51

and attitudes were shared, in varying degrees, by the mass of the middle classes who took them for granted.

Ignorance and complacency were evident throughout the 1840s and early 1850s despite various Commissions and Inquiries. Although the middle classes were growing anxious about the social and moral implications of the slums as well as the threat they posed to their own health, yet ‘economy’, ‘self-help’ and ‘*laissez faire*’ exercised powerful cross-currents so that reformers tended to remain in the minority. “Argus” noted the difficulties there were in rousing public concern and suggested that if an “Anti-Dirt League” had arisen with a Cobden or a Bright to act as an advocate of public health reform then perhaps something might have been done. As it was, organizations such as the Sunderland Sanitary Association had great difficulty in raising funds,¹⁰⁵ though there is a considerable difference between general apathy and outright hostility.

It would also be misleading to suggest that apart from a few sanitarians such as Kell, Brockett and Hall in Gateshead, Robinson and Newton in Newcastle, and Brown, Mordey and Williams in Sunderland, there was no interest expressed in sanitary affairs at all.¹⁰⁶ The difficulty lies in establishing just how many members of the middle classes were either active, or at least sympathetic, supporters of reform. More detailed discussion of the attitudes of particular professional and interest groups will be considered in the following chapters. Here we are concerned with the middle classes *en masse*, ranging from wealthy capitalists and professional men to small tradesmen and shopkeepers.

¹⁰⁵ “Argus” to the Editor, Letter IV, *SH*, 19 Oct, 1849, p.5C-D

¹⁰⁶ William Kell was Town Clerk of Gateshead from 1835-1854; William Henry Brockett, merchant, was an Alderman of Gateshead Corporation; William Hall was Town Surveyor from 1851-1855; Dr George Robinson was Secretary of the NGSA and member of the Council from 1854; William Newton was a Poor Law medical officer for All Saints Parish and member of the Newcastle Town Council from 1851; Dr Joseph Brown was an Alderman of Sunderland from 1844 and a Vice President of the SSA; William Mordey, surgeon, was a councillor on Sunderland Council from 1844, a member of the SSA committee and chairman of the Sunderland Water Company; James Williams was an ex-Chartist who joined Sunderland Council in 1849 and helped Mordey promote the local gas and water companies.

When the Newcastle and Gateshead Sanitary Association introduced a petition in Newcastle to obtain the Public Health Act they only persuaded 130 of the requisite number of 1200 ratepayers to sign. This suggests that there was little interest and support for sanitary reform, particularly in the form of a public act. The fact that Gateshead applied for the Public Health Act might indicate that the majority of the town's middle-class was more socially concerned than their counterparts across the Tyne. Yet we actually have no way of knowing whether or not they would have reacted just as negatively if put to the test for, as it was, the Gateshead ratepayers were given no opportunity to express their true opinions. Instead, the Council unanimously decided to apply, themselves, for the Act to be adopted on the basis of excessive mortality rates. A few years later the Cholera Commissioners discovered that Gateshead's local board was generally in advance of public opinion in the borough and the views and wishes of the ratepayers generally. This rather suggests that there might have been some difficulty in getting the necessary 10% to sign a petition.¹⁰⁷ Although in Sunderland the Council also pressed for a public inquiry, they gave their electorate an opportunity to express their views but there was no real opposition from any quarter.¹⁰⁸

Once the Public Health Act, or its equivalent, was introduced into the three towns, underlying attitudes can be determined by a number of things, some of which will be explored in later chapters. One indication is the degree of co-operation or opposition shown towards local sewerage schemes. This will be discussed further in Chapter 8 but it would seem that Sunderland's property owners were generally willing to pay for branch lines into the main sewers, unlike the people of Gateshead and Newcastle. Other indications involve individual and community responses to the local authorities' sanitary activities in other areas such as nuisance removal and housing regulation. These responses emerge through their petitions, letters to the General Board and the local newspapers and

¹⁰⁷Council Meeting, 14 Sept, 1848, GMC 5, pp.488-489; Kell to Austin, 10 Nov, 1848; PRO MH13/77; Hume *et al*, p.xxxix

¹⁰⁸ Notice of a Council Resolution, *SH*, 6 Oct, 1848, p.1E

their voting behaviour, some of which will be touched on in later chapters and assessed further in the Conclusion.

This chapter has highlighted some of the main cultural attitudes that helped shape the beliefs, policies and responses of middle class Victorians. Many of these same attitudes were shared by the upper levels of the working classes and those working people who, for religious or political reasons, endorsed these views. The way these cultural attitudes shaped working-class responses to public health problems will be among the things explored in the next chapter.

6: WORKING-CLASS ATTITUDES TO PUBLIC HEALTH REFORM

From the outset it is important to stress that there were as many socio-economic groupings within the working classes as there were amongst the middle classes. Thomas Wright identified three main groups: “the educated working man”, who was the typical “intelligent artisan” who had educated himself through using mechanics’ institutes, free libraries and reading-rooms; the “stock intelligent artisan” who had common sense and a level of shrewdness, but who had no interest in self-improvement; and finally “Mr Lowe’s working man”, the poorer sections of the working classes. Wright claimed that “ignorance and drunkenness” prevailed “to a marked extent” amongst this third group and that there was often little to choose between their life style and behaviour and that of “the roughs”. James Simpson from Edinburgh identified two main groups of working men: mechanics and those he described as being “*above labour*”. He too, like Wright, seemed to regard the mass of the poor as falling outside the mainstream working classes. For General William Booth of the Salvation Army these were the submerged tenth, the “denizens in Darkest England”, who themselves could be subdivided into three groups: the “honest Poor”; those who lived by “Vice” and those who lived by “Crime”. Yet, as Wright made clear, it was very easy for “an intelligent artisan”, like himself, to experience unemployment or other misfortune and to become one of the labouring poor.¹ Therefore no social category was fixed.

Given the wide diversity of the working- and under-classes, the experience of say, a skilled shipyard worker and his family, was likely to be very different to that of a vagrant or a hawker and his family. As Stedman Jones comments, the world of

¹[Thomas Wright] “The Journeyman Engineer”, *The Great Unwashed*, (1868), Reprint of Economic Classics, (New York, 1970), pp. 6-9; 13-14; 22-24; James Simpson gave two lectures on the “Bath and Sanitary Movement” and on the improvement of the condition of the working classes generally, both in Newcastle and Sunderland in April 1845. “Condition of the Working Classes”, *SH*, 2 April, 1845, p.3B; “Lectures by J Simpson Esq”, *SH*, 9 April, 1845, p.2C; William Booth, *In Darkest England and the Way Out*, (1890) 6th edn edited with an Introduction by Erik Wickberg, (London, 1970), pp. 18; 23-24. Thomas Wright became a trumper when he lost his job as an engineer. Wright, p.126

what was, essentially, a pre-industrial unskilled poor “was in spirit quite distant both from that of the artisan and from that of the nascent industrial proletariat”.² Whilst heeding Geoffrey Best’s warning about the actual timing of urban social zoning,³ one thing that does appear to have been happening during the nineteenth century was a growing segregation, not only between the major classes but also amongst the various strata of the working classes themselves, including the poor. The most obvious way in which this happened was through spatial separation, both between the middle and working classes, on the one hand, and amongst the working classes and the poor, on the other.⁴ This social zoning was most marked in London but Booth’s “Darkest England” and Godwin’s impassable “town swamps” existed in provincial and manufacturing towns as well.⁵ Even in 1831, Newcastle showed evidence of a degree of social zoning as Charts 1:2 and 1:3, in Chapter 1, demonstrate. There is a marked difference between the parishes of St Andrew’s and All Saints, with the highest proportion of the town’s labourers living in All Saints and the highest proportion of the towns capitalists, bankers, professional and educated men, together with their servants, living in St Andrew’s parish. The most socially segregated area of all was Sandgate, which was a self-contained district into which the better off had no cause to enter as it was no longer a route into the town.⁶ Social zoning had also begun to take place in what became the municipal borough of Sunderland, by 1831. There was a higher proportion of labourers in Sunderland Parish than capitalists, bankers and professional and educated men, whereas the latter group was more numerous than

² G Stedman Jones, *Outcast London, A Study in the Relationship between Classes in Victorian Society*, (Oxford, 1971), p.341

³ He notes that social commentators had been deploring what they regarded as a new tendency towards social segregation into separate residential areas. He argues that it is not easy to judge whether they were accurately observing a new tendency or simply beholding an established pattern with “newly anxious eyes.” Geoffrey Best, *Mid-Victorian Britain 1851-75*, (London, 1971), p.17.

⁴ Daunton rightly notes the danger of concentrating on residential zoning and highlights the significance of changing use of space *within* working-class districts. This was perhaps more a feature of the later nineteenth century as people made the transition from communal living in multi-occupancy tenements to the private, self-contained Sunderland cottages and Tyneside flats. M J Daunton, “Public Place and Private Space, The Victorian City and the Working-Class Household”, pp.212-233 in D Fraser and A Sutcliffe, (eds), *The Pursuit of Urban History*, (London, 1983), p.213

⁵ George Godwin, *Town Swamps and Social Bridges*, (1859), reprinted with Introduction by Antony D King, (Leicester, 1972), p.1

⁶ Anon, “Condition of the Poor”, Letter III, *NC*, 26 April, 1850, p.4A-B

the former, in the township of Bishopwearmouth. In addition the number of servants in Bishopwearmouth was significantly higher than in Sunderland.⁷

Yet it is important not to overestimate the extent to which social zoning had actually occurred by the middle of the nineteenth century. The anonymous author of the *Newcastle Chronicle* letters on the "Condition of the Poor" claimed that Sandgate was unique in Newcastle in its self-contained nature. It is evident from the breakdown of occupational groups in the four parishes in Newcastle and the parish and townships of Sunderland that no parish was socially homogeneous, even though individual streets in St Andrew's parish or in Bishopwearmouth Township might have been more exclusively inhabited by a narrower range of social groups.⁸ Yet even when the classes lived fairly close to one another, as they did in the three North-East towns at mid-century, social segregation could still exist. As Booth was to observe some decades after our period, when social-zoning was perhaps more advanced, the "Submerged Tenth" was "beyond the reach of the nine-tenths in the midst of whom they live, and around whose homes they rot and die".⁹ This meant that many middle-class people just did not realize the extent of the problem lurking in the back lanes and courts within yards of their own homes.¹⁰ Even some of the officers of the state, charged with the care of the streets were not always as well informed as they should have been.¹¹ Yet given the popular hostility that existed towards the police at this time, and the other

⁷ See Appendix III. This point about social zoning in Sunderland is reinforced by the fact that rather more of the better class housing was to be found in Bishopwearmouth than in Sunderland Parish. Robert Rawlinson, *Report to the General Board of Health as a Preliminary Inquiry into the Sewerage, Drainage, Supply of Water, and the Sanitary Condition of the Borough of Sunderland*, (London, 1851), p.23

⁸ See Appendix V

⁹ Booth, p.23

¹⁰ Anon, "Condition of the Poor", Letter III; D B Reid, *Report on the Sanatory Condition of Newcastle, Gateshead, North Shields, Sunderland, Durham and Carlisle, with Remarks on some Points connected with the Health of the Inhabitants in the adjacent Mining Districts, Part II – "General Report on the Towns visited in the Northern Districts"*, PP (1845) XVIII, 368, [hereafter Reid II], p.124

¹¹ Frederick Engels, *Condition of the Working Class in England in 1844*, (1845), new edn with a Preface written by Engels in 1892, translated by Florence Kelley Wishnewetsky, (London, 1892), p.55

pressures they were under, it is perhaps unsurprising that they were reluctant to enter into these foetid and inhospitable backwaters.¹²

This ignorance gave rise to a sort of morbid fascination among some members of the middle-classes, as they came to regard the poor as a race apart. Yet there was no shortage of social inquiries highlighting the nature of the problem. In addition to the investigations carried out by the Health of Towns Association and the local sub-committees in an effort to gain greater knowledge of the conditions that existed, local reformers contributed first-hand accounts of the slums to local newspapers.¹³ Nationally, there were those, like Dr Kay, who described the plight of the urban labouring classes and the poor, so that ignorance could not long be used as an excuse for inaction. Kay recognized, however, that for many, the miseries of the “mighty wildernesses of building” in the large cities was seen as being beyond the reach of “sanative interference”, even though he wished to see the united exertions of individual members of society to overcome the apathy and paralysis which existed.¹⁴

Despite all the government reports and specialist treatises on the subject, it is probable that they were read by a relatively small number of people, so ignorance continued. However, one medium that had, perhaps, a greater impact, was fiction. Dickens’ major novel that deals with public health, *Bleak House*, was written between the cholera epidemics of 1848/9 and 1853/4. In this he highlights the risks faced by the middle and upper classes in their continuing to ignore the filth of the slums. A major thread running through the novel is the way in which disease engendered in the slum, “Tom-all-Alone’s”, is transmitted, via the young

¹² See for example Robert D Storch, “The Policeman as Domestic Missionary: Urban Discipline and Popular Culture in Northern England, 1850-80”, first published in *Journal of Social History*, 9 (1976), 481-509, reproduced in R J Morris and Richard Rodger, (eds), *The Victorian City, A Reader in British Urban History 1820-1914*, (London and New York, 1993), 281-306. Reid, II, p.124

¹³ Most notably, in the three towns, was the series of letters on the “Condition of the Poor” for the *Newcastle Chronicle* in 1850 - seven written by an anonymous author between 12 April and 24 May, and six written by Dr Robinson from 31 May to 5 July.

¹⁴ James Phillips Kay, *The Moral & Physical Condition of the Working Classes employed in the Cotton Manufacture in Manchester*, (1832), new impression with Foreword by E L Burney, (Manchester, 1969), pp.11-12

crossing sweeper Jo, to the middle-class Esther and the aristocratic Lady Dedlock. Something of the poisonous effects of the slums and their threat to the rest of society is given in his description of “Tom-all-Alone’s”, where

... these ruined shelters have bred a crowd of foul existence that crawls in and out of gaps in walls and boards; and coils itself to sleep, in maggot numbers, where the rain drips in; and comes and goes, fetching and carrying fever, sowing... evil in its every footprint...¹⁵

Gaskell, too, gives some sense of the dangers to be found in the slums in her account of the typhus epidemic in *Ruth*, already mentioned in Chapter 2. She recalls that

... there came creeping, creeping, in hidden, slimy courses, the terrible fever like the blaze of a fire which had long smouldered, [it] burst forth in many places at once – not merely among the loose-living and vicious, but among the decently poor – nay, even among the well-to-do and respectable.¹⁶

Briggs suggests that the mysteriousness of the lifestyle of the urban masses attracted middle-class readers to the social novels of Gaskell and Dickens because they provided answers to the sort of questions which men like Thomas Carlyle were asking. As Briggs rather facetiously observes, “Englishmen have always preferred to take doses of sociology in the form of fiction.”¹⁷ Yet it could be argued that in many ways these novelists, and particularly Dickens, were merely writing about the world of the urban masses in terms that their middle-class readers already suspected. House argues that in fact Dickens was imbued with a dread of the supposed bestiality and savagery of the urban poor *en masse* and that he followed, rather than led, public opinion.¹⁸

The segregation that existed between the different strata of the working classes and the poor was partly determined by employment patterns and the rent/wage nexus, but also by immigrant settlement patterns, hence the emergence of, for

¹⁵ Charles Dickens, *Bleak House*, (1852-3), (London and New York, nd), Chapter 16, p.259

¹⁶ Elizabeth Gaskell, *Ruth*, (1853), *The World’s Classics*, edited with an Introduction by Alan Shelston, (Oxford and New York, 1985), Chapter 23, p.424

¹⁷ Asa Briggs, *Victorian Cities*, (1963), reprint of 1969 edn, (London, New York, etc, 1990), p.99

¹⁸ Humphrey House, *The Dickens World*, (1941), 2nd edn, (London, 1942), pp. 179-180, 183. House cites Dickens’ description of the crowd of industrial workers in *The Old Curiosity Shop*, chapter 45 as an example of Dickens’ attitude to the urban masses.

example, Irish pockets, such as the one that developed in Mount Pleasant, Newcastle.¹⁹ Stedman Jones suggests that the social separation that existed between artisans and the unskilled poor was not only caused by social exclusiveness but also by the poverty of the latter, their hours of work, physical exhaustion and lack of education.²⁰ This meant that the poor had less opportunity, perhaps, to pursue self-improving measures, but this group were probably less aware, anyway, of the possibilities for social change. Dennis claims that this sort of segregation caused less comment and concern amongst middle-class commentators than the perceived threat to social order implicit in the diminishing direct social contact between themselves and the masses.²¹ It nevertheless had consequences in that it helped to further undermine the possibility of any sense of common struggle for social reform. This of course had political implications as Marx himself observed.²² He dismissed the “*lumpenproletariat*” as having little potential for taking collective action, and were therefore largely irrelevant to the sort of class conflict he foresaw. This was no doubt in part because they were too preoccupied with sheer survival.²³

In addition to acknowledging that social stratification existed, it is important to remember the diversity of personality that is found in any group. A social worker or health visitor today would be able to describe the range of lifestyles and domestic aptitudes and attitudes experienced and reflected in different homes amongst people on similar incomes regulated by state benefits. The reality is, whatever the environmental conditions, people can and do make choices about how much time should be devoted to cooking, cleaning, childcare and so on. As Thomas Wright argued, whatever “sanatory or architectural” improvements were to be found in the homes of artisans on similar incomes:

¹⁹ Anon, “Condition of the Poor”, Letter V, *NC*, 10 May, 1850, p.4A-B

²⁰ Stedman Jones, *Outcast London*, p.341

²¹ Richard Dennis, *English Industrial Cities in the Nineteenth Century*, (Cambridge, 1984), p.49

²² Marx made the distinction between the *proletariat*, whom he believed would be the authors of his predicted socialist revolution, and the *lumpenproletariat*, whom he portrayed, in less than flattering terms, as “The ‘dangerous class’, the social scum, that passively rotting mass thrown off by the lowest layers of the old society...”. Karl Marx, “Manifesto of the Communist Party”, *Selected Works in One Volume: Karl Marx and Frederick Engels*, (London and New York, 1991), pp.43-45

...one will be a veritable “little palace” in point of comfort, while another will be a domestic slough of despond.²⁴

This takes us back to the discussion on “self-help” and “economy” in the last chapter, and in particular the comments made on domestic economy and the role of the working man’s wife. Without going over old ground, it is worth considering what middle-class observers thought about working-class attitudes towards their living conditions.

Dr Reid believed that there was a general lack of concern shown to accumulations of refuse in the towns which he had visited.²⁵ More than a decade later, Hume *et al*, reporting on the 1853 cholera epidemic in Newcastle, stated that there was a belief in the town that the unwholesomeness of the poorer housing was due to “the wilful filthiness of habits and *perverse love of dirt* exhibited by the inhabitants”.²⁶ Their own observations were that this indifference appeared to prevail to a considerable extent in and around Newcastle, even among the “middling and better classes”. However they do go on to acknowledge that it was unreasonable to expect anything else from the poor given the “excessive destitution of proper domestic conveniences.” They recognized that perpetual accumulations of filth around the habitations of the poor were due to a lack of “proper accommodation”, and declared that it would be:

...most unwarrantable to conclude that even the very lowest classes in the town would not, if they could, be clean, seeing that as yet they have never had a chance of being so, nor ever possessed the means for preserving even the barest decency.²⁷

²³ Michael Haralambos and Martin Holborn, *Sociology: Themes and Perspectives*, 4th edn (London, 1995), p.90

²⁴ [Wright], p.31

²⁵ Reid II, p.124

²⁶ My italics. *Report of the Commissioners appointed to inquire into the Causes which have led to, or have aggravated the Late Outbreak of cholera in the Towns of Newcastle-upon-Tyne, Gateshead and Tynemouth*, (London, 1854), signed by Joseph Burnely Hume, John Simon and John Frederick Bateman, 15 July, 1854, *PP* (1854) XXXV, 92, [hereafter Hume *et al*], p.xix. Alderman Reed of Sunderland, reporting to Walsham in 1842, had also noted an antipathy on the part of “too many of the labouring classes” to hygienic habits. *Report on the Sanitary Condition of the Labouring Population; Local Reports on the Sanitary Condition of the Labouring Population of England, in consequence of an Inquiry directed to be made by the Poor Law Commissioners*, Report 26: Sir John Walsham, Third Report on the State of the Dwellings of the Labouring Classes in Cumberland, Durham, Northumberland and Westmoreland, to Poor Law Board, 10 June, 1840, *PP* (1842) (HL) XXVII, 430, p.432

²⁷ Hume *et al*, p.xix

One Newcastle sub-committee reported to Reid that they were convinced that the “evils” of the slums was due to “poverty, ignorance, vicious habits and neglect.” They knew of some “light”, “neat and comfortable” apartments among the “unwholesome chambers” in the Sandgate, Quay side and Close”, thus suggesting that the worst class of habitation was made such not by the tenement but by the tenant. They go on to argue:

Place them in an airy habitation, they will turn it into a noisesome hovel. If they have drains, they will allow them to become obstructed; if free ventilation, they will close it up; if the clearest sunshine, they will shut it out by negligence and filth.²⁸

The Health of Towns Commissioners in fact had found that the general impression that the poor were incapable of appreciating the advantages of cleanliness was not a true picture of “the feelings and wants” of the working classes themselves. Despite that, they believed that the existing obstacles to the maintenance of domestic and personal hygiene gave rise to carelessness on their part. This, in turn, rapidly lowered “both the moral and physical condition of a whole population.”²⁹ The use of the phrase “carelessness on their part” is an interesting one, because in the end, regardless of all the mitigating circumstances, the Health of Towns Commissioners were indeed attributing blame to the poor themselves. To some extent they were right. Clearly the poor were not responsible for aspects of their environment which were outside their control. Nor were they always responsible for all the circumstances under which they lived: employment, health and strength of family members, the sex and status of the chief wage earner, operative support networks, and so on. Nevertheless, within the limited range of choices available to them, some opted to practice domestic skills that helped to diminish the effect of insanitary conditions, whilst others exacerbated the problems by their own negligence or vandalism.

²⁸ Reid, Part III – “Local Reports, with Explanatory Remarks”, *PP* (1845) XVIII, 461; [hereafter Reid III], p. 169

²⁹ *Reports from Commissioners*, vol 5: *Second Report into the State of Large Towns and Populous Districts*, *PP* (1845) XVIII, 1, p.46

Joe Wilson, a Tyneside songwriter gives a glimpse of this in a song entitled “The Row Upon the Stairs”. The first two verses highlight the disputes that could erupt between women over whose responsibility it was to keep common passages and staircases clean. It also demonstrates something of the different attitudes towards cleanliness that could be found in one small community:

Says Mistress Bell te Mistress Todd
 “Ye’d better clean the stairs!
 Ye’ve missed yor turn for monny a week,
 The neybor’s a’ did theirs!”
 Says Mistress Todd to Mistress Bell,
 “Aw tell ye Mistress Bell,
 Ye’d better mind yor awn affairs,
 An’ clean the stairs yorsel.”

Says Mistress Todd - “when it suits me
 Te think that it’s me turn,
 Ye’ve a vast o’cheek to order me,
 Thor’s not a wummin born
 That keep’s a cleaner hoose than me,
 An’ mark ye, Mistress Bell,
 Ef ye’d oney de the syem as me,
 Ye’d gan an clean - yorsel!”³⁰

The point is also illustrated by the anonymous author of *Newcastle Chronicle* letters on the “Condition of the Poor” in 1850. Despite the lack of adequate drainage and water supplies he had still found “many clean houses” in the Quayside district although he acknowledged that this was the result of “such labour and care as very few people of that class will bestow upon their dwellings”.³¹ This reality was also found to be true at the end of the century by Rowntree in York, who discovered that hygiene was not necessarily directly related to income.³² Chinn, with reference to members of the working classes slightly later in the century, makes the distinction between what he describes as the ‘cultural’ urban poor and those members of the working classes who were

³⁰ There are five more verses with the women trading all sorts of insults about their private lives and behaviour. Allan & R Allan (eds), *Joe Wilson’s Tyneside Songs, and Drolleries*, (Newcastle and South Shields, nd), p.27

³¹ Anon, “Condition of the Poor”, Letter III

³² B S Rowntree, *Poverty: A Study of Town Life*, (1901), reprint of 1922 edn, (New York, 1971), pp.48-51, 53-54

temporarily impoverished but nevertheless remained, in cultural terms, members of the upper working class. Men like Thomas Wright in fact. Chinn suggests that the “emphatic social separation of the ‘cultural’ urban poor from mainstream working-class life was exhibited in numerous ways” and this could have included attitudes towards cleanliness. Given that the upper echelons of the working classes, the so-called “aristocracy of labour”, were embracing some middle-class values by the 1850s, perhaps the examples of cleanliness, recorded by social commentators, refer to people who had temporarily fallen into poverty but still retained the cultural values of the “respectable” working classes.³³ In addition, housing shortages in Newcastle forced artisans to live in accommodation normally reserved for the poor, as was noted in Chapter 1.

In Chapter 3 it was noted that there was a cultural divide in the interests and expectations of the different classes regarding ventilation.³⁴ Dr Charlton gives us another insight into the attitudes of the labouring classes to fresh air in his account of the scarlatina epidemic of 1847. He commented that there was a commonly held opinion among the “lower classes”, which originated before the days of Sydenham, that “the morbid matter” believed to exist in the bodies of all those suffering from “exanthematous” diseases such as scarlatina, must be “*brought out* by every possible contrivance.” It was for this reason that the rooms of the sick were tightly shut up against all fresh air to encourage higher body temperatures.³⁵

Yet, however well-meaning, middle-class commentators, who had their own particular values, were inclined to assume that these cultural norms were appropriate and desirable for all classes. Therefore, when they assessed the cleanliness and lifestyle of the working-class families they visited they were judging them by their own standards and failing to take account of what

³³ Carl Chinn, *They worked all their lives: Women of the urban poor in England, 1880-1939*, (Manchester and New York, 1988), p.4; Joan Perkin, *Women and Marriage in Nineteenth-Century England*, (London, 1989), pp.115,120-121; 131, 140-141

³⁴ See p.106

³⁵ Edward Charlton, *An Account of the Late Epidemic of Scarlatina in Newcastle and its neighbourhood*, (Newcastle, 1847), p.26

expectations the labouring classes had themselves. One working-class correspondent to *The Builder* complained:

From the time of Franklin...one particular style has been adopted towards us - a style that we especially dislike. Philanthropists and economists come into our habitations, ransack and take an inventory of the contents of our cupboards,...in short, study our habits as they would wild animals - and then publish a little truth sometimes, but always a great deal of error about us.

He goes on to argue that however well-intentioned their philanthropy, it would always fail because they sought to eradicate an effect and leave the cause “to germinate afresh”.³⁶ Antony Trollope, several decades later, understood something of this resentment towards middle-class intruders into working class homes. In *The Vicar of Bullhampton* (1870), when a country squire, Mr Gilmore, was inquiring about a particular clergyman, Mr Marrable, Gilmore was told by a waiter that the people liked Marrable because:

...he never interfered with them. ‘He don’t go poking his nose into people’s ‘ouses like some of ‘em...’³⁷

Given that there was an element of choice involved in personal and domestic cleanliness, despite the difficulties and inadequate facilities, perhaps the choices taken by the poor themselves says something about their underlying attitudes towards hygiene, which perhaps differed from those of the middle-classes for whom moral associations were attached. For example Mayhew notes an extract from the Poor Law Report on Vagrancy in which it was argued that the “vast majority of tramps” had “a great aversion to being washed and cleaned.”³⁸ Perhaps their experience of being washed was associated with humiliation, rough handling, cold water and coarse soap. Yet it could be that they attached cultural meanings to personal hygiene which were just as powerful as those held by the middle classes?³⁹ For example, they may have considered stripping to wash indecent and hazardous to health. Scott suggests, in relation to public baths, that

³⁶ “Beowulf, Ye Carpenter”, “Elevation of the Working Classes”, *The Builder*, 328, 19 May 1849, p.232.

³⁷ Antony Trollope, *The Vicar of Bullhampton*, (1870), edited with an Introduction by David Skilton, (Oxford, 1988), pp.203-204

³⁸ Henry Mayhew, *The Morning Chronicle Survey of Labour and the Poor: The Metropolitan Districts vol 3*, Letters XXVII-XL (1850), (Horsham, 1981), p.69

³⁹ This is proffered as a suggestion and is not based on any evidence.

only the very poorest took advantage of them because they were looked upon as coming within the same category as workhouses – though it is difficult to prove whether this was actually the case.⁴⁰

Although there is no shortage of evidence concerning the conditions facing the urban poor and how members of the middle classes viewed them, it is much more difficult to find evidence about working-class attitudes, particularly from among those who endured the worst conditions of all. Peter Gaskell considered that evidence from operatives about how they viewed their own conditions was unreliable anyway because when groups of workers were consulted, individuals were likely to give opposite answers to their comrades. Thus, he claimed, only accounts from middle-class observers were likely to be accurate. Yet as a surgeon he must have been familiar with the fact that members of one group (for example the medical profession) could hold differing opinions and still expect to have their views taken seriously.⁴¹

We get some glimpses of how the working classes felt about their conditions from the pages of Parliamentary Reports, journalistic investigations and the writings of social reformers, but these do not come to us “pure” in that they have been selected and imbued with meaning by their authors. We cannot, from these sources, hear the voice of the poor themselves, although clearly these glimpses provide some clues. There is direct evidence from ordinary people but much of it, both written and oral, comes from a later period when there was greater settlement and continuity and when the people concerned were more likely to have been town-bred.⁴² This was not so true of the mid-nineteenth century when

⁴⁰ George Ryley Scott, *The Story of Baths and Bathing*, (London, 1939), p.158

⁴¹ P Gaskell, *Artisans and Machinery: The Moral and Physical Condition of the Manufacturing Population Considered with Reference to Mechanical Substitutes for Human Labour*, (1836), reprint (London, 1966), pp.viii-ix

⁴² Such as Rowntree, *Poverty: A Study of Town Life*; Margery Spring Rice, *Working-Class Wives: The Classic Account of Women's Lives in the 1930s: Their Health and Conditions*, (1939), 2nd edn, with Foreword by Cecil Robertson and Introduction by Barbara Wootton, (London, 1981); William Bell, *The Road to Jericho*, with an Introduction by Sid Chaplin and paintings by the Ashington Group, (North Shields, 1980); Lady Bell, *At the Works, A study of a manufacturing town*, (1907), reproduced with Introduction by Angela V John, (London, 1985); Margaret Llewelyn Davies, (ed), *Life As We Have Known It, by Co-operative Working Women*, (1931) with an Introductory Letter by Virginia Woolf, reproduced with an Introduction by Anna

people were having to adjust to changes in labour conditions, working hours and gender roles as well as discovering that long-practised methods of human waste disposal were untenable in a crowded urban environment. Nevertheless, as will be seen, some of these sources can give us insight into some aspects of working-class life of an earlier period. Yet even this sort of evidence is not wholly reliable. For example some of it was gathered by women's groups in the early part of this century for their own particular purposes.⁴³ Some of it was retrospective, with informants remembering childhood experiences and in so doing perhaps viewed their past through the standards and expectations of their present, unconsciously judging conditions that at the time they and their parents had taken for granted.⁴⁴ Nevertheless by making use of a diversity of sources, the attempt is being made to try to discover something of the attitudes of the working classes themselves towards their living conditions and public health reform.

According to Stedman Jones, the artisan class had a strong sense of belonging to a social group that had a history behind them of struggle for long-term goals such as "reason" and "democracy". It was this group that, together with small businessmen and shopkeepers formed the *petit bourgeoisie* and had been most actively involved, alongside the wealthier urban middle class, in parliamentary reform in the 1820s and early 1830s.⁴⁵ They were also the working class group most likely to have taken advantage of adult educational opportunities, and to be involved in religious dissent and radical working-class political movements. Many of them embraced Victorian middle class "virtues" such as self-help, sobriety and hard work because these values served them well: socially, economically and politically. Yet in the 1850s the radical monthly *Northern Tribune* felt that most of the 1500 working-class electors in Newcastle,⁴⁶ were corrupt and linked with the Whigs. It also believed that the trades unions were more interested in

Davin, (London, 1977); "Dorfy", *I Remember*, an illustrated and printed manuscript, (Ashington, 1976)

⁴³ For example Davies; Lady Bell; Rice

⁴⁴ For example Bell; Dorfy

⁴⁵ Stedman Jones, *Outcast London*, p.342; Geoffrey Crossick, "Urban Society and the Petty Bourgeoisie in Nineteenth-Century Britain", pp.307-326 in Fraser and Sutcliffe, (eds), *The Pursuit of Urban History*, pp.310-311

⁴⁶ These were generally freemen.

negotiating piecemeal wage increases and shorter working hours than in broad-based militant action to achieve political and social reform. In an article entitled "The pitmen of the North" Martin Jude asked "why are the Working Classes so apathetic?" He claimed that it was

...solely because they know not - or care not to use - the power which they possess in united action to put an end to the many grievances and proscriptions under which they groan."⁴⁷

This view of the working classes was not entirely fair. Robert Warden, a mechanic at Messrs Stephenson's manufactory, acknowledged that there were some cases of apathy towards cleanliness but claimed that generally, working people were interested in keeping their homes clean and were interested in sanitary reform.⁴⁸ This is borne out by the fact that there were artisans on Tyneside who became involved in the Sanitary Reform Movement as members of the Working Men's Association. One such has already been mentioned in the discussion on self-help in Chapter 5. He made it quite clear that the sights and smells of Gateshead were just as offensive to artisans like himself as they were to the middle classes and complained that the Gateshead Council had done nothing to clean up an open drain.⁴⁹

In contrast, the urban poor lacked any political tradition, except to perhaps swell the ranks of "the mob" at times of crisis.⁵⁰ Whereas the middling ranks of the working classes, such as the miners and keelmen of the North-East, united within their occupational groups to challenge employers in trade disputes,⁵¹ casual labourers, unskilled workers and the destitute were perhaps too busy competing with one another for housing, work and charitable relief to have any sense of common purpose. Yet it was the labouring poor who suffered most acutely from

⁴⁷ Martin Jude, "The Pitmen of the North, *The Northern Tribune*, 1, I, (Newcastle, 1854), 134-136, p.134. See also Susan Scott, "The Northern Tribune: A North-East Radical Magazine", *North-East Labour History*, 19 (1985), 9-17, pp.10-12

⁴⁸ Hume, *et al*, pp.432-434. He was also chairman of the Central Union of Newcastle's benefit societies and secretary of Newcastle and Gateshead's Working Man's Sanitary Association for some time.

⁴⁹ Letter from a member of the Newcastle and Gateshead Working Men's Health Association, *Gateshead Observer*, 20 Nov, 1847, p.4E.

⁵⁰ Stedman Jones, pp.342-343

⁵¹ As for example the Keelmen's Strike of 1822 and the Miners' Strikes of 1810 and 1831.

the insanitary conditions that have been described earlier in this work but who were the least involved in agitation for social reform, tending instead to be apathetic or even resentful towards those who attempted to improve matters.⁵² For example, just before the beginning of our period, during the 1831 cholera epidemic in Sunderland, some families of victims became violently opposed to attempts made to remove patients to the Fever Hospital. This was a result of the panic that arose out of the activities of the Resurrectionists and the suspicion attached to the medical profession because of *post mortems*.⁵³ It is true that there were times when the poor were very co-operative with efforts to alleviate their situation, and particularly during cholera epidemics.⁵⁴ Grainger reported to the General Board of Health that the visitors who carried out a house-to-house enquiry during the 1853 outbreak had been well received by the poor and had been assured that they would be assisted in any preventative measures. Yet when efforts were made to relocate the poor from their disease-ridden slums during the epidemic by providing tents on the Town Moor, the authorities were unable to persuade them to move. Yet given the general ignorance about the actual cause of the disease and also the distance there was from the Moor to their familiar environment and places of work, it is perhaps unsurprising that there should have been such reluctance to leave their homes.⁵⁵ Thus there was a feeling that those who tried to enforce unpopular measures would fail, as was the case in Gateshead where a bye-law was issued to gain powers under section 60 of the Public Health Act, 1848 to compel owners or occupiers to cleanse, whitewash or purify their dwellings. By 1854 no medical officer had ever been appointed so there was no one to ensure that this bye-law was enforced, so it had remained “almost entirely neglected”.⁵⁶

⁵² C H Hume, “The Public Health Movement”, pp.183-200 in J T Ward (ed), *Popular Movements c.1830-1850*, (London, Bombay, Calcutta, Madras etc, 1970), p.183

⁵³ W Haslewood and W Mordey, *History and Medical Treatment of Cholera as it appeared in Sunderland in 1831*, (London, 1832), p.137; Items concerning “Burking” and “Report of a General Meeting of the Board of Health in the town held on Tuesday 21 November”, *SH*, 26 Nov, 1831, pp.3B, 4B

⁵⁴ See for example “The Cholera Morbus”, *SH*, 12 Nov, 1831, p.4B

⁵⁵ Grainger to Taylor, 16 Sept, 1853, PRO MH13/232; Editorial, *NC*, 30 Sept, 1853, p.4B

⁵⁶ Hume *et al*, p.xxxiv

Having discussed some of the questions that need to be borne in mind when considering the available evidence, let us turn now to some of the relevant sources to discover what the general attitude was among the working classes towards the sanitary conditions they had to endure. One cultural source that could be illuminating to discover the views of ordinary people, are the Tyneside songs. From a collection edited by George Allan in 1871 there seems to have been very little apparent concern about sanitary problems. The River Tyne was often mentioned with reverence and affection. Although it is described as the “Coaly Tyne” in a number of songs, there is no indication whether this described the colour or the smell of the river itself, or whether it was a reference to the all-important trade that depended upon it.⁵⁷ From Mackenzie’s description of North Shore in the 1820s it would seem that he considered the river front to be a healthy and pleasant place to live. Clearly the river was sufficiently unpolluted for salmon to run, even in 1833, when Fordyce mentions a record catch of between four and five hundred in June that year. Yet given the list of manufactures that were based along the banks of the river in 1833 it is very hard to believe that there was not some pollution of the river by 1830.⁵⁸ Perhaps the most significant evidence that can be gleaned from Allan’s collection is of a negative kind, and that is the total absence of songs relating to disease, including the cholera epidemics of the 1830s, 1840s and 1850s, or of housing conditions.

The author of the Letters on the Conditions of the Poor of Newcastle held a number of public meetings to discover the views of sections of the working class, particularly of the mechanics. He described these as well attended but they had not really fulfilled his objectives as they became “debating clubs” rather than a

⁵⁷ For example the last of the six “Lays of the Tyne Exile” entitled “The Exile’s Return” sung by J P Robson, and printed in *Bards of the Tyne* (1849), in Thomas and George Allan, *Allan’s Illustrated Edition of Tyneside Songs and Readings, with lives, portraits, and autographs of the writers, and notes on the songs*, (1872), rev edn, (Newcastle, 1891), pp.348-9. Also “Coaly Tyne”, written during the trial of Queen Caroline in 1820, in Allan, pp.348-9.

⁵⁸ E Mackenzie, *A Descriptive and Historical Account of the Town and County of Newcastle upon Tyne including the Borough of Gateshead, vol I*, (Newcastle, 1827), pp.185-186; T Fordyce, *Local Records or Historical Register of Remarkable Events, which have occurred in Northumberland and Durham, 1833-1866* (Newcastle, 1866) pp.5-6; *Report of the Investigation into the Affairs of the Municipal Corporation of Newcastle-upon-Tyne before His Majesty’s Commissioners, Commencing October 30, and ending November 7, 1833*, (Newcastle, 1834), p.121

forum for the author's fact-finding. Inevitably the author was confronted with wildly divergent views on many subjects but one thing in which there seemed to be general agreement was that something had to be done, even if they could not agree as to how this should be achieved. This impression is reinforced by the comment made by Robert Warden to the Cholera Commissioners, mentioned earlier. He claimed that he had heard frequent complaints from working men about the inconveniences to which they were subjected by midden heaps and of the difficulty in getting their ashpits cleaned. What is more, they, like members of the middle classes, had objected to the quality of the Whittle Dene Water during the epidemic.⁵⁹

The problem for working people was that there was sometimes a conflict of interest in the attempts made by reformers to challenge the *status quo*. This was something that Reid highlights in situations where potential witnesses for the prosecution in nuisance cases against manufacturers were unwilling to testify because their livelihood depended upon the very manufactory that was affecting their health.⁶⁰ Although this thesis is not directly concerned with industrial pollution, nevertheless this was one cause of public distress that was tolerated by the working classes for economic reasons. A handbill produced by the Working Men of South Shields in 1839 requested people to sign a petition declaring their "entire Disapproval of the injudicious Threat held out for abolishing the Workings of the Alkali and other Manufactories of the Borough". They expressed their surprise that "any Individual of South Shields should attempt so wanton an Injury to the Interests of the Working Classes." Yet these men claimed that they were not in the employ of Messrs Cookson and Co, against whom the threatened closure was aimed.⁶¹

There was a belief that on the whole those worst affected by the insanitary conditions of the slums were the least likely to complain. The General Board of

⁵⁹ Hume, *et al*, pp.434, 436-437

⁶⁰ Reid II, p.142

⁶¹ Handbills by "The Working Men of South Shields", 26 January, and by the Members of the South Shields Branch of the NPU, 28 January, 1839, Wilson Collection, 7, Items 1494, 1496

Health assumed that this was because they had “sunk too low” to be aware of their condition, and appeared unaware of the effects of filth and disease on their children’s health.⁶² This touches on the underlying assumptions towards dirt and odour discussed in the last chapter, and demonstrates the degree to which the working classes were being seen as, in some way, a race apart by even those who were sympathetic to their plight. Nevertheless to suggest, as some members of the middle classes did, that labourers were unaware of the appalling conditions in which they lived is inaccurate, and was not an opinion held by everyone. Reid himself describes complaints about pollution from tanneries and a Prussian-blue manufactory in Newcastle, which came from six employees of Messrs Clark, Plumme and Co, flax-spinning mill-owners. Four out of the six men blamed health problems in their families directly on environmental pollution, open sewers carrying tannery outpourings and damp housing. Two of the wives had suffered from typhus and one had the apparent symptoms of pulmonary tuberculosis.⁶³ Reid had also received complaints from a wide cross-section of the community in Gateshead. One poor woman from Berner’s Close, William Street had complained about the lack of sewerage; the dampness of the houses, with water oozing through the walls so that beds could not be placed against them; and the fact that there was “much illness” from fever in the house where she lived.⁶⁴

The General Board of Health, reporting in 1848 on the measures adopted in the face of the 1848-9 cholera epidemic, suggested that the inhabitants of the ill-drained and filthy districts visited by the Inspectors had complained bitterly to them about their conditions and urged that something should be done about them.

The Report comments:

The extensive manifestations of a sense of their condition by the poorest classes, has afforded important promise of the successes of the new works contemplated by the legislature. Had those classes evinced a spirit of resistance to measures of

⁶²*Report of the General Board of Health on the Administration of the Public Health Act and the Nuisances Removal and Diseases Prevention Acts from 1848-1854, PP (1854) XXXV, 1, p.36*

⁶³ Reid II, p.143

⁶⁴ Reid III, p.175

improvement, had they shown a preference for dirt, or an indifference to works of cleansing, their introduction might have been much more difficult...⁶⁵

They go on to acknowledge that there were objections to the new rates and many pleaded poverty, which was hardly surprising. Yet they claimed that once the people had been informed of the real nature of the changes being contemplated, and asked whether they would be willing to pay the necessary rates to accomplish such ends, “there was a fair and generally very hearty expression of good will to do so.”⁶⁶

A few years later, despite the Board’s claim, noted above, that the worst affected had sunk too low to be conscious of their plight, they reported, with some surprise that recently some working men and “[s]ometimes, indeed, women”! had complained to their inspector about their housing conditions and the lack of water (or the abundance of it in cellar and ground floor apartments).⁶⁷ Thus it seems that a sizeable portion of the country’s working classes had at least given the impression to the General Board that they would welcome reform and be willing to contribute to any costs involved but first they had to be properly informed.

Another indication of how the working classes viewed these things is to be found in a report on “The Labour League” from the National United Trade Association Report, reprinted in the *Sunderland Herald*. In this the suggestion was made that Sanitary Regulations was a topic that the Central Committee looked upon “as peculiarly a working-man’s question”, particularly given the evidence from the Registrar General’s Annual Reports that the working classes had a shorter average life than the other two classes. The report goes on to note that people who depended on their health for their livelihoods were “killed off by ‘preventable causes of disease’, twice as fast as the middle classes, and three times as fast as the upper classes.” Typhus and the other “plagues”, which perennially haunted

⁶⁵ *Report by the General Board of Health on the Measures adopted for the execution of the Nuisances Removal and Diseases Prevention Act and the Public Health Act up to July 1849*, (London, 1849), p.49

⁶⁶ *Report by the GBH ... 1849*, p.49

⁶⁷ *Report... on the Administration of the Public Health Act... 1848-1854*, p.36

“the ill-lighted, ill-drained, damp, dark, noisesome[sic] dwellings of the poor”, were having an appalling effect not only on working men but also on their widows and orphans. Therefore sanitary reform was seen as “one of the special objects of the Labour League.”⁶⁸

Although expressing the concerns of the working classes, this perhaps still does not give convincing proof as to what an ordinary working man felt. One such was William Knott, a blacksmith living at 30 Hedworth Street, Sunderland. He wrote to Rawlinson to complain about the insanitary conditions and the lack of lighting that existed in his neighbourhood. He reported that during the 1848-9 cholera epidemic, complaints had been made to the mayor, William Ord, Esq, about a midden in Moorgate Street, following the death of a number of inhabitants of the disease. Although these complaints had been attended to, once “the cholera had disappeared the midden reappeared” and he, himself, was able to testify as to the offensive substances lying there, “emitting...a corresponding effluvium”. Knott goes on to argue that there was “abundant evidence of an unquestionable nature” as to the need for sanitary reform. He suggested that the state of the Town Moor alone provided a sufficient case “for legislative interference”. If such interference was not forthcoming he warned that

...we, the working classes, must indeed despair of seeing the provisions of that most benevolent measure, the Health of Towns Bill, ever brought into operation amongst us.”⁶⁹

In assessing the value of Knott’s evidence as illustrative of a working-class view, it would be possible to dismiss it on the grounds that this was an articulate letter from a man who was clearly educated. This impression is reinforced by the fact that he was described as a “highly esteemed” foreman of a blacksmith’s and a man who had “cultivated his own intellectual abilities” during his leisure hours and had expended “practical energy” on disseminating knowledge amongst his own

⁶⁸ *SH*, 9 June, 1848, p.7E

⁶⁹ William Knott to Robert Rawlinson, Dec 1849 in Rawlinson, *Report to the GBH ... Sunderland*, pp.45-6; Enumerators’ tables, Census 1851, Hedworth Street, Bishopwearmouth. TWAS MF15

own class.⁷⁰ By 1857 he was an outdoor manager for the Sunderland Water Company and was living in a much more salubrious neighbourhood in Richmond Street in Monkwearmouth Shore, in a district that was just beginning to be built up, though he did not qualify to be an elector. What is more, at the time of writing to Rawlinson, he lived in Bishopwearmouth, which ostensibly at least, was spared the worst of the insanitary conditions prevailing in the town. Perhaps, therefore, Knott was not inured to the sights and smells that some of the other inhabitants of Sunderland may have grown used to, and so had his sensibilities heightened. However, on further investigation, Knott may well have been more regularly exposed to the unpleasant conditions he complained of.⁷¹

The 1851 Census records that Knott was a Gateshead-born blacksmith aged 35 with a 34-year old wife and four sons under 10. There was another family living in the same house consisting of a mariner and his wife and three children together with his 65-year old father-in-law and a 23-year old female lodger. Hedworth Street itself was only 30 feet wide,⁷² which although not the narrowest recorded in Bishopwearmouth, was on the narrow side. When the Council began to impose minimum restrictions on widths for new streets after the passing of the Borough of Sunderland Act, 1851 they restricted streets of not less than 30 feet to one storey cottages. If Knott had lived in a single storey property, then it would have been exceptionally overcrowded. More likely, this was at least a two-storey house, making the street gloomy and ill-ventilated.⁷³

Hedworth Street was just over the parish boundary between Sunderland and Bishopwearmouth and was in the more densely crowded district of the latter township. This part of Bishopwearmouth has been cleared and rebuilt since the

⁷⁰ Knott headed a small deputation of subscribers to an address from 350 working men, which was presented to William Mordey, following the surgeon's serious accident that had recently occurred. The comments about Knott were included in the article. "Presentation to Mr Wm Mordey", *SH*, 2 March, 1849, p.8C

⁷¹ *Ward's Directory, 1857-8*, (Sunderland, 1858), p.174; *Register of Electors*, (Sunderland, 1856), p.56

⁷² Table of Length and Width of Streets, with Length of Drains; showing the great deficiency of Drainage, drawn up by Messrs Meik and Drysdale, Rawlinson., p.99

⁷³ Enumerators' tables, Census 1851, Hedworth Street, Bishopwearmouth; Snowball to Sir B Hall, Bart, MP, GBH, 20 Feb, 1855, PRO MH13/177

1950s and 1960s, so it is impossible to tell precisely what kind of a street Hedworth Street was. However, according to a survey drawn up by Messrs Meik and Drysdale, the Borough Surveyors, there were no sewers in Hedworth Street. Furthermore, among the nuisance cases that were brought before a police court in October, 1846, under the powers of the Nuisances Removal Act, one appertained to Hedworth Street. The case related to “a stagnant surface drain at the West back part of Hedworth Street”. Based on all this evidence, it would seem that Knott was able to provide convincing personal testimony to the conditions that prevailed around him.⁷⁴

Another very different piece of evidence comes from a working class correspondent to the *Gateshead Observer*. Although he applauded the “honest intentions and endeavours” of the authorities and others, he nevertheless believed that a great deal of the cause of sickness was due to the authorities themselves, through their own lack of thought. He claimed:

Fever and pestilence (I might in some instances say famine) lurk in our lanes and alleys, and besiege the poor in their miserable abodes, and polute [sic] the pure breath of heaven...

Despite that, he was unaware of a public depôt in the whole borough.⁷⁵

As has been made clear earlier, evidence of working-class attitudes to insanitary conditions and public health reform is difficult to obtain. Nevertheless, from the evidence examined in this chapter, it is clear that some members of the working-classes, at least, were deeply concerned about the state of affairs. Although it would seem likely that much of this concern came from the upper echelons of the working classes, there were people among the poor who were neither ignorant of, nor unmoved by, their plight, as has been demonstrated. However, there was limited direct political action undertaken by the labouring classes to bring about change during the period we are concerned with. Where views were expressed, much of the onus for change was placed upon the local authorities to provide public depôts for household waste, and to regularly cleanse open drains,

⁷⁴ Rawlinson, p.99; *SH*, 16 Oct, 1846, p.7E; 2 Oct, 1846, p.7E

⁷⁵ “A Gateshead and a General Observer” to the Editor, *GO*, 29 Jan, 1848, p.4E

cesspools and the narrow lanes and courts along with the public thoroughfares. What the local authorities themselves thought about this is one of the questions that will be considered in the next chapter.

