



## **Wellcome Film Project**

### **The Evolution of Community Medicine: Part 2 – The Fall of Edwin Chadwick**

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**Produced by John Winn and Paul Wilks.**

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**<Opening titles>**

**<Chave, seated, to camera>**

At the end of my last talk, we had reached the year 1848 and the passing of the first Public Health Act. This had created the General Board of Health, allowed the setting up of local boards and empowered those local boards to appoint Medical Officers of Health if they wished. But in this respect, the provisions of the act had already been anticipated in two places for it was on January 1<sup>st</sup>, 1847, that the Medical Officer of Health first saw the light of day and he first came into being in Liverpool. The corporation of Liverpool had obtained parliamentary sanction through a private act to allow them to appoint a Medical Officer of Health. And they immediately used their newly won power to bring him to birth in the person of William Henry Duncan.

**<Chave narrates over still photograph of Duncan>**

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Duncan was a local physician with a profound concern for the sanitary problems of his town – and they were legion, for at that time Liverpool was the most unhealthy town in the country. It had an annual death rate of 36 per 1000 persons which was higher than any other place in the Kingdom. If anywhere needed a Medical Officer of Health at that time, it was Liverpool.

### <Chave to camera>

But Duncan was unlucky; immediately after taking up his post, Liverpool was overwhelmed with a massive epidemic of typhus. This had been caused by a huge influx of starving Irish peasants who were escaping from the potato famine that had struck their country.

### <Chave narrates over illustration of numerous people sleeping, crammed into one room>

Something like 8,000 of these unfortunate, luckless, Irish people forced their way into every nook and cranny of the already overcrowded town, forced their way into the houses, the cellars, the attics, the public lodging houses where at times there were as many as forty people sleeping on the floor in a single room.

### <Chave to camera>

The epidemic of typhus was quite massive, and at the end of that year, no less than 1 in 14 of the inhabitants of Liverpool had died of disease. It was the most fatal year in the annals of Liverpool and it was the first year that Liverpool had had a Medical Officer of Health. No sooner had the typhus died away than cholera broke out in the town and carried off another 5,000 victims. At times when that epidemic was at its peak, 500 people were dying in a week, and mass burials in open pits were resorted to as in the days of the plague.

After the ending of those two great epidemics, there was a return to something like normality, if one can use that term for such a place as Liverpool then was. Duncan

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then turned his attention to the appalling housing conditions that prevailed in his town and he gave special attention to the cellars.

### <Chave narrates over illustration of people in habiting a cellar>

Now cellars had been banned by law for use as habitations long before this, but Duncan found that no less than 30,000 people were living in these underground unlit, unventilated quarters. He launched a massive programme of clearance of the cellars, and in 3 years he reduced that number from 30,000 to under 5,000; no small achievement.

### <Chave to camera>

In the seventeen years in which Duncan held office in Liverpool, he brought about substantial improvements in the health of the town. By the time he died, and he died in office, Liverpool was a much better place for its people to live in.

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But Duncan was more important for what he was than for what he did. He was the first man in.

### <Chave narrates over still photograph of Simon>

Far more important in the long run was to be the appointment of John Simon as the first Medical Officer of Health of the City of London. And his appointment was also made under a private act.

But, let's deal with his name first. You must be wondering how it is that I'm calling a man whose name is quite obviously Simon <pronounces *Sīmun*> Simon <pronounces *Simōn*>. Well, we call him Simon <*Simōn*> because he called himself Simon <*Simōn*>. He was three parts French and he had anglicised the French

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surname Simon to Simon <Simōn>. So, wherever he is remembered, and he is well remembered still to this day, he is remembered as Simon <Simōn>.

Simon's appointment was important because he was to secure for the new office of Medical Officer of Health, the seal of public approval, of acceptability, which could never have been done by Chadwick. He set a high standard of informed and impartial comment on all matters affecting the public health, which was authoritative and could not be gainsaid. His reports to the city fathers, couched in the rich, flowing language of the educated Victorian gentleman he was, were published verbatim in the columns of The Times newspaper and read right across the country.

### <Chave to camera>

Let's just allow ourselves the luxury of hearing a little of his writings, and I have here his first annual report to the city commissioners and he begins in this way:

Gentlemen, during the 52 weeks dating from October 1<sup>st</sup> 1848, there died of the population of the City of London 3,703 persons. The rate of mortality estimated from these data for a population of a 125,000 would be about the proportion of 30 deaths to every 1000 living persons.

Now, you notice he starts off with statistics. Simon was a great respecter; he had a great respect for statistics, for accurate statistics, for up-to-date statistics, one might even say for up-to-the-minute statistics, because he made a private arrangement with the Registrar General so that every Monday afternoon, the vital statistics of the City of London for the previous week should be on his desk. Now, it's from initiatives such as this that our modern information systems, with our computers and all the rest, were to grow.

So then, he has found that the death rate in the City of London was 30 per 1000. And then he goes on to show that this is twice as high as it was in more salubrious areas such as Sydenham and Dulwich. So then, he says <Chave reads from book>:

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Starting then from our Registrar's returns, I invite you to enquire with me how it has come to pass that within the City of London, there have died in the last year twice as many persons as it seems necessary that there should die. And whence has arisen the apparent anomaly that here in the very focus of civilisation, where the resources of curative medicine are greatest and all the appliances of charitable relief most effectual, still not withstanding these advantages, there has passed away irrevocably during the year so undue a proportion of human life?

He has put the question: why did so many people die in the City of London that year? And then he gives the answer for he takes his readers on a sanitary tour of the backstreets of the City of London, dealing with each aspect of sanitary matters in their turn. Let me just read a few quotations; he begins with house drainage. He says:

It requires little medical knowledge to understand that animals will scarcely thrive in an atmosphere of their own decomposing excrements, yet such strictly and literally speaking is the air which a very large proportion of the inhabitants of the city are condemned to breathe.

Then he turns to water supply. In the City of London, he says:

The supply of water is but a fraction of what it should be.

### <Chave continues narration over illustration of people in a narrow street>

Thousands of the population have no supply of it to the houses where they dwell. For their possession of this first necessity of life, such persons wholly depend on their power of attending at some fixed hour of the day, pail in hand beside the nearest standpipe, where with their neighbours they wait their turn, sometimes not without a struggle during the tedious dribbling of a single small pipe.



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### <Chave to camera>

Then we come to intramural burial. He says:

There are, indeed, few of the older burial grounds of the City where the soil does not rise many feet above its original level, testifying to the large amount of animal matter which rots beneath the surface. The vaults beneath the churches are in many instances similarly overloaded with materials of putrefaction, and the atmosphere, which should be kept pure and without admixture for the living, is hourly tainted with the fetid emanations of the dead.

Pretty strong stuff, isn't it? Then he turns to housing and devotes a good deal of attention to housing. Just a few small quotations:

### <Chave narrates over illustrations of people in a narrow street>

I have to report that there are houses and localities within the city which are irremediably bad, places which the uninterrupted presence of epidemic disease has stamped as absolutely unfit for human habitation. The inhabitants of open streets can hardly conceive the complicated turnings, the narrow inlets, the close parallels of houses and the high barriers to light and air, which are the common characteristics of our courts and alleys and which give an additional anxiousness even to their cesspools and to their filth.

### <Chave to camera>

And so he goes on. He sets out in detail a programme that he recommends should be carried out over the ensuing years. And then he finishes with his final peroration and he says this:

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Gentlemen, the history of the City of London is full of great examples of public service. It records many a generous struggle for the country and for the constitution. It records a noble patronage of arts and letters. It records imperial magnificence and Christian liberality, but never within the scope of its annals has the Corporation had so grand an opportunity as now for the achievement of an unlimited good. Because of the City's illustrious history and because of its vast wealth and power, which have enabled it so often to undertake the largest measures of public utility and patriotism, therefore it is that the expectations of the country may well be fixed on the City of London in regard of this, the distinguishing movement of modern times, the movement to improve the social condition and to prolong the lives of the poor.

It was in language as such as this that Simon addressed not only the City of London but the country.

But now, let's leave Simon and return to the General Board of Health. This was set up in 1848, shortly after the passing of the act, and at the outset the Board consisted of three persons. There was Lord Morpeth, a minister representing the government. He was a busy man with a busy government department to administer. The second member was Viscount Ashley, afterwards as the Earl of Shaftesbury to be well known for his humanitarian work on behalf of children. He was the unpaid member and attended when he could. But the third member was the whole-time paid member and that was Edwin Chadwick. And Chadwick was there all the time; he acted for the Board, indeed, he was the Board.

Chadwick set to work at once to pursue his programme of sanitary reform and advance with great energy and determination. He persuaded, he cajoled, he bullied the local areas into appointing Boards of Health, and when they did this, they had his inspectors down on their backs enforcing his sanitary programmes. And in quite a short time, Edwin Chadwick made himself the most hated man in the country. He antagonised every section of the community; he antagonised local interest by his flagrant, his blatant use of centralising powers at a time when centralism was as hated a word in Victorian England as was communism in the United States in the

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McCarthy era. He antagonised rate payers because wherever his inspectors arrived with their sanitary programmes, up went the rates for these programmes were expensive. And if there is one thing that rate payers don't like doing, it's paying rates.

He antagonised the doctors. Chadwick had very little time for doctors, and if you examine the sanitary idea, you don't really need doctors – you need engineers. But, he even succeeded in antagonising the engineers by the partiality he showed to those who would do his bidding as against those who wanted to maintain some professional independence.

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But above all that, he antagonised The Times newspaper. Now, The Times was not a reactionary journal; it had supported the Public Health Act and it was a friend and ally of John Simon, but The Times came to hate Edwin Chadwick. On one occasion, the editor wrote: 'We would rather take our chance with the cholera than be bullied into health by Mr Chadwick.' Now, all this hostility, all this antagonism that Chadwick had arose came down on his shoulders in 1853 when the time came to renew the life of the Board, which, as I mentioned earlier, had been set up for five years in the first instance.

The government introduced a short bill into the Commons to extend the life of the Board by another five years, but the Commons threw it out. It defeated the government on the issue, the Board of Health was dissolved and Chadwick was dismissed. Our first essay, this first attempt, to set up a central department of government with responsibility for the public health was broken on the personality of the man who had conceived it.

Chadwick was the essential bureaucrat, a man of immense energy and considerable administrative ability, a man who loathed inefficiency and waste to the bottom of his being. It wasn't that Chadwick didn't suffer fools gladly; Chadwick didn't suffer fools at all. And to Chadwick, they had surrounded him with fools. 'Why won't they do as I



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say?’ he would bellow because he knew better than they all. He was a bully, he was insensitive, he was intolerant, and so he lost.

Active to the end of his long life, he was never again to be entrusted with any public office. Active but always on the side lines. And so he lost. And yet he didn’t lose because the sanitary idea, of which he was the author, remained the inspiration and the driving force behind the English Public Health Movement until the end of the century.

And at the personal level, he didn’t lose because when he was compulsorily retired, he was awarded a pension, a golden handshake, of a thousand pounds a year – no small sum in those days. And he lived to enjoy his pension for thirty-six years [...]

### <Chave narrates over still photograph of Chadwick>

[...] and there are very few people who do that. And then again he didn’t lose because he lived on; he lived long. He outlived all his enemies, his critics and his detractors. And so it was that at the age of eighty-nine, his name appeared on the Honours List and he was awarded the knighthood that he had earned so many years before. And in the following year, at the age of ninety, he died.

Chadwick’s contribution to the public health, to the public good, to the greater good of the greatest number, was surpassed by no one in his generation, and yet we must remember that all that good was achieved on the basis of a false hypothesis [...]

### <Chave to camera>

[...] for as we were to learn later, disease is not caused by foul air but by other agents, the existence of which was not suspected by Chadwick when he was writing his great report in 1842. So much then for Edwin Chadwick.

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Now, we must return to the General Board of Health in 1853. The first Board was abolished in that year. Immediately after, the government created a second Board of Health, a mere shadow of its predecessor, devoid of all its centralising powers. This was done simply as a holding operation, just to keep something going while the government decided what they would do next. But they made one very important decision at that time and that was that there should be a full-time medical officer at the Board as there had not been in Chadwick's day. Now, there was one candidate who stood out above all others for that post and that was John Simon. And John Simon accepted the office of Medical Officer to the General Board of Health. And so he moved from the local stage in the City of London to the national stage at the Board of Health.

That second Board had its life extended annually for five years. And then the government decided they would just quietly let it drop. The whole thing had been a bad dream, a nightmare, best forgotten. Let's forget it. Let's drop it. But, on the representation of the Prince Consort, this was not done. Prince Albert recommended to the government that the powers and duties of the Board of Health should be transferred to the Privy Council. Now, the Privy Council is the ancient body which under the sovereign is ultimately responsible for the safety of the Realm. It had been the Privy Council which in the later Middle Ages had promulgated the quarantine regulations to attempt to prevent the importation of plague into the country, and later, when in 1831 cholera invaded this country for the first time, it was the Privy Council who appointed a temporary Board of Health to advise the government on whatever action was possible to meet the threat of this epidemic.

So, there was a precedent, you see, and the English like a precedent. If you've done it before, you can do it again. And so in 1858, the powers and duties of the General Board of Health were transferred to the Privy Council and there a medical department, a small medical department, was set up under Simon. I said a small department because at the outset it consisted simply of Simon and a secretary. At that moment Simon was the sole representative at government level of public health. Public health hung by a thread at that moment. It wasn't considered that Simon would have very much to do. This elegant, young doctor would sit in his elegant

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office in Richmond Terrace in Whitehall overlooking Gwydyr House, the scene of Chadwick's downfall, and await the threat of an epidemic when he would advise the government on what they should do about it.

But Simon didn't see himself in that role at all, rather he saw himself as medical adviser to government and people. He assumed the role, though without the title, of chief medical officer. He saw as his aim the setting up a national public health service, and it was to that end he was to bend his efforts with what success we shall see later on. But, meanwhile, he used the very limited resources that he had to employ the services of the best medical scientists of the day to investigate the problems of disease in the homes of the people, in their workplaces, in the general environment. He made studies of their nutrition. In all of this, Simon was building up a fund of scientifically based knowledge that could be applied once there was a public health service to make use of it.

There is one action that Simon took at this time that does call for a special mention and that was concerned with the reform of local government in London. Local government in London was a complete mess, a complete mess. There were some 300 committees, commissions, boards and bodies exercising various functions over the then built-up area of London. The situation was such a muddle that London had had to be excluded from the Municipal Corporations Act which had been passed in 1835. Twenty years later the government decided they must grasp the nettle and tackle reform within the area of London. All these boards and bodies were abolished and London was divided into 48 districts or vestries, and every one of these districts or vestries was required to appoint a Medical Officer of Health. And this was on the advice of Simon who had seen that if sanitary reform were to be carried out in London, it must be spearheaded at the local level by a Medical Officer.

Forty-eight posts were advertised and quickly filled. Almost straight away, these 48 Medical Officers, seeing themselves facing a common task, came together and formed themselves into a little association. They called it the Association of Metropolitan Medical Officers of Health and they elected Simon as their chairman. That little association was in time to become the Society of Medical Officers of



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Health, which for a century was the collective voice of public health officers, and that society is now the Society of Community Medicine.

And so we see there is a continuing link between the scientific society of today and that little band of Medical Officers which came together under Simon so long ago. These forty-eight men immediately set to work with great enthusiasm to cleanse the Augean stables which were the backstreets of the environs of London, basing their programme on that which Simon had carried out in the city and with what success.

In 1857 The Lancet reported on their work that *<Chave reads from book>*:

In a very modest computation, the number of sanitary nuisances which have been either reformed or altogether removed in the Metropolitan area during the past year amounts to upwards of 15,000.

No small achievement. And later in the same year, The Lancet devoted an editorial to the work of the Metropolitan Medical Officers. I quote:

Traps have been laid to catch all kinds of stench and snares set to abate every form of nuisance. Offensive slaughterhouses have been removed and ruinous tenements healthily rebuilt. The milk has been robbed of a portion of its water, and the children in the alleys more plentifully supplied. Dustmen have been reluctantly obliged to remove refuse and agonised manufacturers compelled to consume their own smoke.

An eloquent testimony to the work of these pioneer Medical Officers of Health in London in the middle of the nineteenth century.

**<End credits>**

*<In addition to those listed at beginning of transcription>*

**Our thanks to the GLC Archive Department**