The Evolution of Community Medicine, Part One: The Rise of the Public Health Movement

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<**Opening titles**>

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

The evolution of community medicine is the title that I have given to this short series of talks in which I'm going to trace the rise of the Public Health Movement in Britain and then go on to describe its developments in its evolution into community medicine as we know it today.

So then, the rise of the Public Health Movement, where to begin? I want to take as my starting point the moment in our history when our national institutions began to take on the form, the character, by which we know them today, and if I had to define

that point in our history it would be the year 1832, the year of the passing of the Great Reform Act.

England had emerged from the Napoleonic wars, victorious abroad, but only to face serious social, political and economic problems at home. These problems arose, in part, from the effect of the long wars with France which had continued with but little interruption for about 25 years, but they arose more particularly from the dislocations brought about by the rapid advances in industrial technology based on the harnessing of steam power.

<**Chave over black-and-white illustration of 19th century factory floor, then an urban panorama, then back to camera**>

This had created the factory system and the unplanned urbanisation that went along with it. England paid for its increased industrial production with the social costs of an unplanned and unsanitary environment. Most of our national institutions had remained unchanged for centuries and were quite unfitted to deal with the new situation; there was need for reform, there was demand for reform, indeed there was clamour for reform and reform, when it came, began at the seat of political power, namely with parliament.

The Great Reform Act swept away the so-called rotten boroughs, the pocket boroughs, the parliamentary constituencies which had been held in the control of the wealthy and the great land owners for many years past; it distributed parliamentary seats in relation to the distribution of the population, thus enfranchising the new industrial towns, and it extended the new parliamentary vote to the urban middle class.

Three years later, the Municipal Corporations Act did for local government what the Great Reform Act had done for central government. It swept away the local oligarchies, the self-perpetuating caucuses, that had held control in the municipalities since the middle ages and distributed the vote to all rate payers. This was going to be important later on because it was these authorities that were to be charged with

the task of sanitary administration later on and were to become the employers of medical officers of health. But between these two enactments there came another, much more nearly concerned with our special interest, and this was the Poor Law Amendment Act of 1834, which reformed the system of administration of relief to the needy.

Now, as I've mentioned, as you see, it was an amendment act, it amended a previous enactment and what was that? It was the Great Elizabethan Poor Law of 1601. Now, I don't want to go back too far in our history, it's not germane to our purpose, suffice to say that the Tudor period, which spanned the whole of the 16th century, was itself a period which saw very considerable social and economic distress. It saw the disbandment of the private armies of the barons, creating some unemployment; it saw the dissolution of the monasteries, creating still more unemployment through the dismissal of the armies of monastic servants; it saw considerable enclosure of common lands, thus dispossessing many peasant farmers; it was a time of, to quote a phrase, 'raging inflation', with debasement of the currency and all this tolled very hard on the poor. And so the roads, the highways, were thronged with hordes of the destitute, the dispossessed, seeking succour, sustenance and shelter wherever they could find it.

<**Chave over black-and-white illustration of a crowd of poor people obtaining food**>

"Hark, hark, the dogs to bark, the beggars are coming to town" is a nursery rhyme that our children sing to this day, which derived from that period.

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<**Chave to camera**>

The Tudor governments tried various expedients to deal with the problem of poverty and they all failed, and at length, the problem was dealt with comprehensively in the

Great Elizabethan Poor Law of 1601 which was to lay down certain principles which were to last until our own day.

The Elizabethan Poor Law made the parish responsible for its own poor but for no other. Strangers could be whipped from the crossroads after a night in the stocks for their pains and often were, but the parish had to look after its own. And for this purpose, local overseers of the poor were appointed: they included the local justices, the church wardens and others and they were empowered to levy a poor rate on the occupancy of land and this was used for the support of the needy in the parish. It provided support and help for the aged poor, the impotent, it put orphan boys into apprentices and it empowered the parish to build what was called a House of Correction, later to be know as the workhouse, where a regime of hard work on short commons was expected to produce a more industrious frame of mind in the work-shy.

Now, this was the old Elizabethan Poor Law. By the time we get to the 19th century, to our period, the old system was creaking at the joints. For one thing, the unit of administration, the parish, was too small. There were 15,000 parishes in England and Wales, each one of them very much a law unto itself, so benefits varied in different parts of the country. I don't suppose many of them were over-generous but some might have been more generous than others. Then, right across the south of England, there was spreading like wildfire a system known as Speenhamland, Speenhamland. Now, Speenhamland was a little hamlet in Berkshire where, in 1795, the local justices had ruled that poor relief could be tied to the cost of living, more specifically to the price of bread. When the price of the loaf went up, so poor relief had to rise also. But not only poor relief, the wages of the lowest paid were also to be supplemented out of the poor rate. Now, almost certainly here the intention was wholly humanitarian but in the event its effect, like so many of our good intentions, was to be entirely pernicious. For, there was now no longer any incentive on the part of the employers of labour to raise wages as prices rose, but rather to keep them down, knowing they would be supplemented out of the poor rate. So the honest farm worker at the end of his 6 days of toil would collect his miserable pittance of a wage from his master's bailiff and then he would go along to the relieving officer to obtain

his supplement out of the poor rate. He had been made into a pauper. The effect of Speenhamland was to subsidise the employers and to pauperise the workers. Moreover, it imposed a heavy burden on the poor rate itself. It was obvious that the system had got out of hand, it needed reform.

In 1832, the government set up a royal commission to review the whole system; it reported 2 years later and its recommendations were embodied in the Poor Law Amendment Act of 1834, which created what came to be called the New Poor Law, the New Poor Law. Now, the New Poor Law ruled that there should be one standard scale of benefit right across the country, so no more local variations. The unit of administration was now not the parish but the union of parishes; parishes were combined together into unions and this reduced the number of administrative units from 15,000 to just over 600.

In each union, the rate payers would elect a body called the Board of Guardians of the Poor who were responsible for administering the scheme at a local level. A Poor Law Commission was set up in London to supervise the whole system and the Commission sent inspectors around the country to see that the local boards, the local guardians, were keeping to the rules. And the rules? The rules, in principle, were very simple. There was to be no more outdoor relief for the able-bodied, no more supplementing wages out of the poor rate. Speenhamland was abolished in 1834 and it was only brought back in 1974 and we have it today only we don't call it Speenhamland, we call it the Family Income Supplement under which workers on low wages have those wages supplemented out of central funds, and that's pure Speenhamland, history repeats itself, we just change the labels.

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But to return to 1834. An unemployed man could now no longer obtain benefit outside the workhouse. He had to take his family into the workhouse where husband would be separated from wife to prevent them bringing more pauper children into the world. And for the workhouse there was laid down the workhouse test, or the test for

eligibility as it was called, which ruled that the workhouse was to be the hardest taskmaster and the lowest paymaster of all.

<**Chave over black-and-white illustration of woman being dragged into the workhouse, a portrait of Edwin Chadwick, a portrait of Jeremy Bentham, occasionally to camera in between**>

It was a harsh system, it was a cruel system, it was based on the Victorian philosophy of sturdy independence and self-help. For it was believed that if a man really wanted work, if he looked hard enough, he could find it. Implicit in the New Poor Law was the belief that men could be driven to work through hunger and that was the New Poor Law and the man who was appointed to administer it was none other than Edwin Chadwick. And Edwin Chadwick was to be the author and founder of the Public Health Movement as we shall see.

Now, I want to tell you something about Edwin Chadwick. Edwin Chadwick was born in 1800 and he trained in the Law, but before being called to the bar, he came under the influence of Jeremy Bentham. Jeremy Bentham was the aging philosopher and reformer, the proponent of what was called the Utilitarian Philosophy: “of what use is it?” he would challenge all our institutions, and his test of the use, the usefulness of the utility of any social institution was the extent to which it would promote the greatest happiness of the greatest number. And Jeremy Bentham claimed, argued, that we should put this criterion up against all our plans, our programmes, our proposals, we should always ask of any plan to what extent, if this is implemented, will it promote the greater good of the greatest number. If it will so promote then this is a social good and therefore should command support. But if it would promote the greater good of a minority, as against that of the greatest number, then this is a social evil and thereby stands condemned. And as we trace the history of the English Public Health Movement we shall see running right through it a thread of Benthamism and the link between the old philosopher and the Public Health Movement was to be Edwin Chadwick.

Edwin Chadwick absorbed the spirit of Bentham into his bones. He became secretary to the old man and was with him when he died in 1832, and it was his association with Bentham that persuaded him to abandon his original intention of pursuing what would probably have been a very lucrative career in the law and instead to tread the hard and thorny path of the reformer. He sought a position in the government service, became an Assistant Commissioner in the royal commission that was then examining the Poor Law and in the event he was responsible for most of its major recommendations and for drafting its report.

<**Chave to camera**>

Now, you may say, how could Chadwick reconcile the greatest happiness of the greatest number with the harsh provisions of the Poor Law? Well, his argument went this way: so long as wages were supplemented out of the Poor Law there could be no advance and no happiness for the greatest number. If wages ceased to be supplemented out of the Poor Law then employers would have to raise wage rates and the honest working man would get an honest wage for his honest working toil and he would cease to be the pauper that Speenhamland had made him and so the greater good of the greatest number would be served. But meanwhile the new system had to be brought into action and when the act was passed, Chadwick was appointed as secretary to the Poor Law Commission in London. In that position he soon became aware of the close connection that exists between poverty and disease. He saw how disease would strike down the wage earner, bringing him to an early grave, thus throwing his widow, his orphans and his dependents on the Poor Law. What a waste this was, said Chadwick, what a waste. But it was preventable waste because if you could prevent the one you could prevent the other – prevent the disease and you will prevent the drain on the Poor Law. And that was the germ of the idea that was to blossom into the Public Health Movement. English public health began as a problem of the Poor Law.

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Now, Chadwick was a lawyer, he always wanted the evidence to produce, to support his case, and so he persuaded the Poor Law commissioners to allow him to employ 3 doctors to investigate the fevers, the diseases, that were prevalent in the poorer parts of East London.

<**Chave over black-and-white illustration of impoverished London streets, of medical officers of the Poor Law seated at a table and a scene inside a working class home, to camera in between**>

And the reports that they produced showed the appalling conditions under which these poor people were compelled to live. And their reports made a profound impression on Parliament, as a result of which, again, on Chadwick's own bidding, the Poor Law Commission was asked to carry out a similar enquiry that would cover the whole country.

Chadwick carried out this enquiry by himself and it took him 3 years. He sent his inspectors to every part of the country to take evidence from the medical officers of the Poor Law from local officials, from the people themselves and these reports, these massive reports, came back to him and he sat in Gwydyr House in Whitehall reading them, digesting them, brooding over them through long days and nights. And in the end, in 1842, he produced his report. His report, entitled 'A Report on the Sanitary Condition of the Labouring Population of Great Britain', we would call it today a report on the health of the working class. It was a fully documented and damning indictment of the conditions in which working people were condemned to live and die in the industrial towns and many of the rural areas of Britain.

<**Chave, seated, reads from Chadwick's 1842 'A Report on the Sanitary Condition of the Labouring Population of Great Britain', then to camera**>

Let me just take 2 quotations from his report. He said here that: 'the annual loss of life from filth and bad ventilation are greater than the loss from death or wounds in any war in which the country has ever been engaged.' And later on that: 'these adverse circumstances tend to produce an adult population short-lived, improvident,

reckless and intemperate and with habitual avidity for sexual gratification. That these habits lead to the abandonment of all the conveniences and decencies of life and especially lead to the over-crowding of their homes which is destructive to the morality as well as to the health of large classes of the population.'

In propounding the problem, Chadwick then went on to propound his remedy which was known then and is still known as his Sanitary Idea, Chadwick's Sanitary Idea which was to inspire, to infuse, the Public Health Movement in England for the next 50 years. And if we examine the Sanitary Idea, we shall see that it exists of 3 parts.

<**Chave over series of black-and-white illustrations of impoverished streets and houses, an early drainage system, then to camera**>

First, the theory of causation. Disease, he said, is due to foul air, foul air arising from the putrefaction, the decomposition, of organic matter and waste. Now he didn't think this up for himself, this was a view called The Theory of the Miasma that was widely held by the medical profession of his day and also by the general public. Disease, the fevers, are due to foul air, and indeed, his own investigations might well be said to have proved the theory because it was in the most over-crowded unsewered, unventilated quarters that the fevers reached their peak. So that was the first part. Fever, disease, due to foul air. The second was his remedy and his remedy was, in principle, very simple for it consisted of a drainage system, a drainage system backed by a supply of running water to flush away the filth and the disease-causing odours associated with it. The basis of Chadwick's drainage system was the glazed earthenware pipe, which had just then been invented by the potters, and Chadwick was able to show that a network of these little pipes would effectively drain a whole area and do so much more effectively than the square sewers of disposal which had attempted to do this, carry out this function in the past. So that was the second part of the Sanitary Idea. And the third was the method of implementing these reforms. Chadwick proposed that in every district there should be set up a local Board of Health charged with the task of sanitary improvement and advance, but Chadwick had very little faith in local initiative, especially where local money had to be spent, rather in local inertia. And so he proposed that a central Board of Health should be

set up in London which would send inspectors around the country to see that the local boards were doing their job. So you see, Chadwick was proposing a structure, a system, for a national Public Health Service whose structure paralleled exactly that of the Poor Law that he was then administering and of which he was the principal author.

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<**Chave, seated, reads from Chadwick's 1842 'A Report on the Sanitary Condition of the Labouring Population of Great Britain', then to camera**>

And it was while writing his report that Chadwick wrote the following paragraph that was to be important for many, many years to come. For he said that: 'for the prevention of disease, it would be good economy to appoint a district medical officer, independent of private practice, and with the securities of special qualifications and responsibility to initiate sanitary measures and ensure the execution of the law.' And that was the moment of conception of the Medical Officer of Health, the MOH. There had been a cadre of doctors in the government service, in the public service, before this time, namely the Medical Officers of the Poor Law, but their task had been mainly concerned with treatment. The task of the new men was to be essentially with prevention and, as Chadwick had said, it would be good economy to have him – economy because it would be sense in the sound ordering in the national system of public health and because it promised to be cost effective, in our terms, through the prevention of disease and the drain on the Poor Law.

Well, those were Chadwick's main proposals. Chadwick's report was a best-seller, no less than 10,000 copies were printed and sold; it was read and discussed right across the land from the high to the low, from the House of Lords to the working clubs of the industrial north, and, as a result, the government had to take action.

Now, Robert Peel and his government did not think they could take action on the basis of a report produced by one man and that man a civil servant! So they did what governments frequently do in such circumstances, they appointed an enquiry of their

own. They set up a Royal Commission on the Health of Towns, under the Duke of Buccleuch, which was charged with the task of repeating Chadwick's own investigation which it did and, not surprisingly, came to the same conclusion. Not surprisingly because Chadwick marshalled their witnesses, precognised them, as he put it, before they gave their evidence and he drafted their final report and their recommendations.

And so it was that in the year 1848, on the basis of the report of the Royal Commission, and with cholera in the land acting as a spur to public health action, as it always did, that the first Public Health Act in our history went onto the statute book. It was a milestone.

The first Public Health Act was a watered down version of Chadwick's own proposals in that it was permissive rather than compulsory in character as Chadwick would have had it. It appointed a general Board of Health, but gave it a life of only 5 years in the first instance, during which time it was to be on trial. It didn't compel the appointment of local Boards of Health, it allowed local Boards of Health to be appointed anywhere where the people wanted one. That is, on a petition signed by 10% of the rate payers. If 10% of the rate payers signed a petition they could have a Board of Health, but the general board was empowered to require the setting up of a local board wherever the annual death rate exceeded 23 per 1000 persons, which it did in many parts of the country at that time and that was a very high death rate. And thirdly, the Public Health Act did not compel medical boards to appoint a Medical Officer of Health, it allowed them to do so if they wished and, in this respect, the provisions of the act had already been anticipated in 2 places – namely in Liverpool and in London, and it is to that that we shall turn in our next talk.

<**End credits**>