

## **URBAN CITIZENS' HEALTH CARE: HEALTH CARE IN UK AND IRELAND IN THE FIRST HALF OF THE XIX<sup>TH</sup> CENTURY**

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The author examines the health problems of cities in Britain and Ireland in the first half of the XIX century. Historical-genetic and comparative research expands modern ideas about the main orientations of social reforms, the health of cities and the rise of public health in Britain. The emergence of the new state government systems, the growth of social costs and the rise of public health and health of cities in Britain and Ireland became the basis of social policy, officially proclaimed by Queen Victoria in Parliament in 1844.

Keywords: urban health, social policy, Edwin Chadwick, United Kingdom, Ireland

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Health care in the cities of the United Kingdom of Great Britain and Ireland is an unexplored problem in the national historiography, part of the debate on the origins of health care and urban sanitation reforms [1]. Part of the researchers rightly divided the urban sanitation reforms into the period before and after E. Chadwick [2]. An analysis of the role of the medical profession in the creation of the new administration and the health of the nation was part of the research. Most of these studies have been carried out only in one part of the United Kingdom or another, not comprehensively analyzing urban health in Britain and Ireland. The issue, being an interdisciplinary research area, a part of the history of medicine, foreign history and urbanism, has not been studied as part of the history of the United Kingdom, taking into account the unified dynamics, regularities and peculiarities of these processes in the first half of the nineteenth century.

The Unity of Ireland Acts of 1800, enacted during the reign of King George III, regulated the creation of the United Kingdom of Great Britain and Ireland, marking a new stage in the history of the unified state. The parliament, in the years following Ireland's accession to the kingdom, noted the chaos of local government in the new part of the kingdom and the inaction in the health care of the cities. It was noted that the streets of Dublin, unlike London, were dark and dirty. In comparing the amenities of England and Ireland, the deputies noted the example of the metropolis in this matter. [3] A lawyer of education and progressive reformer of Great Britain E. Chadwick raised the problem of incompetence, lack of sanitary-technical norms of building houses, financing of scientific research in the field of urban health. At the same time he insisted on the change of the system of training of specialists necessary for sanitary-technical reforms, recognition of surgeon diplomas, obtained at King's College and universities of Ireland, Scotland, London for the work of sanitary doctors, and insufficiency of this education for the work of pharmacists. [4].

In the pages of the Edinburgh Review in 1845, the task of creating a new pharmacopoeia for Great Britain and London was set. The journal emphasized the contribution of the medical faculty of the University of Edinburgh, Dublin College in the development of medicine and pharmacy [5].

In the opinion of A. Dicey, the first 30 years of the nineteenth century were a period of "legislative dormancy" in British history. However, in the era of urbanization the country entered a period of continuous social reform and urban health. Parliament approved Acts of the United Kingdom concerning hospital construction, psychiatric hospitals, problems of pauperism, and urban health. A substantial package of laws was passed to establish hospitals during the Napoleonic Wars, as well as in Ireland [6].

In public health reports, Dublin, Manchester, Leeds, Liverpool, Bradford, Glasgow, and London appeared as centers of social problems. The question was about the need to prevent epidemics, river and air pollution, food and drug counterfeiting, overcrowding, crime, drunkenness, use of drugs; the introduction of sanitation and building codes, licensing, inspection, ministry of health; improvements in gas and water supply, burials, ventilation, construction, drainage, lighting, heating; compulsory windows, public parks, minimum size of living rooms, street cleaning and cleaning. The public figures stated the relationship between the growth of the Cities, the physical and moral state of the population. All these factors underlined the negative consequences of urbanization, the need for new ideas of social development, scientific and legislative approach to solve the social and health problems of cities.

The issue of mortality, especially in Ireland, and the vestiges of religious registration carried out by various denominations were raised in the British Parliament. These problems were raised by Lords J. Bentick, J. Manners and J. Russell, Mr. Lebocher [7]. The fragmented religious system did not reflect the real picture of the mortality rate in this part of the kingdom, differing from that of medical officers. In contrast to the religious system, the establishment of a state statistical system from 1800 was a new and progressive means of dealing with the social and health problems of the United Kingdom's cities. The statistical research, acquiring scientific character, reflected the demographic and medico-social consequences of urbanization. They indicated cities where social and health reforms were needed as a priority: Liverpool, Manchester, Glasgow, Bristol, Dublin, Leeds, Birmingham, Sheffield, London.

Efforts to solve local social problems began in Ireland after the adoption of the Union. In 1828 a law was passed on the illumination of the cities of Ireland. Although it was permissive, as in England, 65 towns in Ireland obeyed it. In addition, a series of laws followed, conditioning the establishment of local hospitals, the prevention of epidemics, and the paving of roads in Ireland. The "Act for the Regulation of Municipal Corporations of Ireland, 1840" was the law after a similar act of Scotland, England and Wales, replacing the management of 68 inefficient city corporations. The reform affected initially 10 cities (Belfast, Cork, Dublin, Limerick, etc.), which became governed by elected mayors and aldermen. The corporations of the remaining 58 cities were abolished. Only towns with populations over 3,000 could petition to regain "city" status. City commissions became known as "municipal commissions. In Ireland, the 76 towns that did not enjoy the status of a municipality, under the Better Towns Act of Ireland 1854, were able to elect Town Commissions, and were given the power of public health in towns and cities. [8].

The royal commission on health of large cities and densely populated areas, appointed by Parliament in May 1843, worked until February 1845. E. Chadwick, becoming one of the experts involved, organized the management of the investigation, selection of witnesses, the processing of medical and statistical reports, formulated a list of necessary reforms. The commission included Dr. N. Arnott, chemist L. Playfair, drainage specialist J. Smith, Professor Owen, young engineer R. Stephenson. Secretary of the Interior J. Graham appointed the Scottish Duke of Buccleuch as chairman of the commission. In attendance was Lord Lincoln, who had headed the "Commission on Forests, Game Grounds, Land Revenue, Public Works, and Buildings" in the R. Peel government. The commission was better funded, had a well-chosen staff, and concentrated its work in the 50 industrial towns with the highest mortality rates. In the reports, it was proposed to classify the largest cities of the kingdom according to the need for sanitary measures, and it was proved that the negligence of management in the commissions and magistrates of the main cities had reached its extreme limits. Endemic diseases in the filthy quarters of the great cities. The middle and upper classes, occupying special parts of the city, did not care to clean the quarters of the poor and emigrants. The commission stressed the confidence that the report on Manchester's sanitary situation would apply to other cities where the population was employed in the textile, woollen industry (Leeds). The findings of the Commission stressed the high death rate, the causes of unsanitary conditions, which depended on ventilation, sewage disposal, and poor living conditions. This was characteristic of Dublin, Glasgow, Liverpool,

Leeds, Manchester, Birmingham, Bradford, and London. The mortality and disease rates differed in different parts of the city. The annual death rate in Whitechapel was twice as high as in Hackney, Camberwell, and the St. George area. The commission stressed the need for legislative action, offering several practical recommendations: "The Crown should be given the power to supervise the application of sanitary regulations in large cities and densely populated areas. The local authorities should be given greater administrative powers and their competence should be extended in many cases. The paper proved the importance of the regulation of construction, the observance of the necessary space, ventilation, and the improvement of these issues should be concentrated in the hands of a single authority in each locality. These questions should be concentrated in each locality in the hands of a single body. This requires the appointment of local boards of health, of inspectors, and the granting of coercive powers by central authority over neglected local authorities. In the House of Lords, Lord Normanby, stressing the slowness of the government in dealing with social problems, said that this document was nothing new compared with the report of E. Chadwick of 1842. [9]

An urban health bill sparked a debate in Parliament. The president of the Urban Health Association, Bucklatch, questioned the timing of the government's promises. In the House of Lords, Lord Normanby questioned the need to extend the geographical measure of urban health legislation to Ireland. Responding to Lord Normanby's inquiry, Bucklatch noted that after receiving the report of the Cities Health Commission, much of the time was spent studying some 400 bills relating to various cities. The project will soon be presented to both houses of parliament, he assured those present. As for extending the measures to Ireland, he sees no reason why the government measures could not be extended to Ireland and Scotland. [10].

Though Ireland and Scotland were part of the United Kingdom, they were not supposed to be included in the scope of the new law. Reynolds MP therefore wondered publicly why Scotland and Ireland were excluded from the Public Health Act of 1848, which also did not apply to London. [11].

The reformers pressed for increased funding for health care in Britain's cities, including the corresponding expenditures in Scotland and Ireland. In the era of urbanization, funding for social and health problems in Scotland and Ireland gradually increased. The parliament financed the work of the home for orphans and incurables in Dublin and the opening of eight state hospitals in Ireland. As a significant result of the social reforms of the first half of the 19th century, Queen Victoria proclaimed on 1 February 1844, at the opening of the parliamentary session, that "Public Policy" was "a matter of importance for the welfare of all classes" and cities the kingdom. It was emphasized that in the future, measures to improve urban health, "the social conditions of Ireland," having become part of the work of the government of the United Kingdom, would continue [12].

In this way, in the era of urbanization, the health of cities determined the formation of social policy in the United Kingdom of Great Britain and Ireland. While in the early nineteenth century the local everyday problems of the cities of Ireland were often long neglected at the national level, after its accession to the kingdom they were raised at the level of the British Parliament, reflected in a number of new laws. However, the health laws of the cities of Britain, Scotland and Ireland, London and the City of London were not passed at the same time, often permissive and not binding. Urbanization also raised the question of the need for a social policy for the whole of the United Kingdom. E. Chadwick played a significant role in passing social laws on public health in cities, raising the problem of incompetence, lack of sanitary standards of construction, financing of scientific research of public health in cities, changing the system of training specialists. During the first 30 years of the nineteenth century, Britain's history was not a period of "legislative dormancy," as the country entered a period of continuous social reform and urban health by approving acts of the United Kingdom on the construction of hospitals and clinics in the era of urbanization. A significant package of laws was passed to establish hospitals during the Napoleonic Wars, as well as in Ireland. The remnants of the religious registration of the population, its fragmented system not reflecting the mortality rate of the kingdom population, different from the data of medical

officers, led to the formation of the state statistical system, which since 1800 was a new progressive means of health care in the cities of the United Kingdom. The statistical studies, acquiring a scientific character, reflected the demographic and medico-social consequences of urbanization. Statistical studies by physicians pointed to cities in England, Wales, Scotland, and Ireland where social reforms and urban health care were a priority. The era of urbanization in the United Kingdom saw a gradual increase in social spending and health care funding for Britain's cities, including related spending in Scotland and Ireland.

## LITTERATURE

1. The comparative analysis of social reforms in Russia and Great Britain in the first half of the XIX century / M.A. Gutieva, E.K. Sklyarova // Humanities and socio-economic sciences. 2015. №1; Sklyarova, E.K. Comparative aspects of the problem of preventing medical and social problems in Great Britain and Russia / E.K. Sklyarova, V.N. Makarova, O.V. Gerasimova // Humanitarian and Socio-Economic Sciences. 2014. № 6.
2. Sklyarova E.K. Edwin Chadwick - The Creator of Public Health System. A gift to Russia or Great Britain? / E.K. Sklyarova, T.A. Kotova. Rostov n/D, 2010; Hennock E.P. Urban Sanitary Reform: a Generation before Chadwick // Economic History Review. 1957. Vol. X.
3. Hansard's Parliamentary Debates. 1-st Series. 1805. Vol. V; Ibid. 1806. Vol VI.
4. Mr. Chadwick and Surveyors // The Builder. 1843. Vol.1. 3 June.
5. The Edinburgh Review. CLXIII. 1845.
6. The Edinburgh Review. P. 78; Chelsea and Greenwich Hospitals Act, 1815 // 55 Geo. 3; Chelsea Hospital Act, 1812 // 52 Geo. 3; Chelsea Hospital Act, 1815 // 55 Geo. 3; Chelsea Hospital Act, 1824 // 5 Geo. 4; Contagious Diseases (Ireland) Act, 1819 // 59 Geo. 3; County Lunatic Asylums (England) Act, 1828 // 9 Geo. 4; Greenwich Hospital Livings in Northumberland Act, 1820 // 1 Geo. 4; Sheffield Improvement Act, 1818 // 58 Geo. 3.
7. Makarova V.N. The Victorian urbanization and the problem of mortality and Public health in Great Britain / V.N. Makarova, E.K. Sklyarova, V.T. Chubarian // Humanities and socio-economic sciences. 2014. No. 2; Hansard's Parliamentary Debates. 3rd Series. 1847. Vol. 91.
8. Debates in Parliament. Series 1. 1806. Vol. 6; The Lighting of Towns (Ireland) Act, 1828 // 9 Geo. IV; Dublin Hospital Act for foundlings, 1820 // 1 Geo. 4; The Fever Hospitals (Ireland) Act, 1822 // 3 Geo. IV; Dublin Street Act, 1825 // 6 Geo. 4; An Act for the Regulation of Municipal corporations in Ireland, 1840 // 3 & 4 Vict. (Ireland) Act 1854 // 17 & 18 Vict.
9. Builder. 1844. Apr. 20. Vol. 2.
10. Sanitary Regulations // Stroitel. 1845. Vol. 3. Apr. 12.
11. Hansard's Parliamentary Debates. 3rd series. 1848. Vol. XCVI.
12. Hansard's Parliamentary Debates. 1st series. 1813. Vol. XXVII; 2nd Series. 1831. Vol. VI; 3rd Series. 1847. Vol. XCIII; 3rd series. 1851. Vol. 118; 3rd series. 1844. Vol. LXXII.

## REFERENCES

1. Gutieva, M.A. Comparative analysis of social reforms in Russia and Great Britain in the first half of the XIX century / M.A. Gutieva, E.K. Sklyarova // Humanities and Socio-Economic Sciences. 2015. №1; Sklyarova E.K. Comparative aspects of prevention of medical and social UK and Russia / E.K. Sklyarova, V.N. Makarova, O.V. Gerasimov // Humanitarian and Socio-Economic Sciences. 2014. № 6.
2. Sklyarova, E.K. Edwin Chadwick - Creator of Public Health / E.K. Sklyarova // Labour Medicine and Industrial Ecology health care. Gift for Russia or Great Britain? / E.K. Sklyarova, T.A. Kotova. Rostov-on-Don, 2010; Hennock E.P. Urban sanitation reform: generation Before Chadwick // Review of Economic History. 1957. Vol. X.
3. Hansard's Parliamentary Debates. Series 1. 1805. Vol. V; Ibid. 1806. Vol. VI.
4. Mr. Chadwick and the Surveyors // The Builder. 1843. Vol. 1. 3 June.
5. The Edinburgh Review. CLXIII. 1845.
6. Dicey A. V. Op. cit. P. 78; Chelsea and Greenwich Hospitals Act, 1815 // 55 Geo. 3; Chelsea Hospital Act, 1812 // 52 Geo. 3; Chelsea Hospital Act, 1815. // 55 Geo. 3; Chelsea Hospital Act, 1824 // 5 Geo. 4; Contagious Diseases (Ireland) Act, 1819 // 59 Geo. 3; County Lunatic Asylums (England) Act, 1828 // 9 Geo. 4; Greenwich Hospital Act in Northumberland, 1820 // 1 Geo. 4; Sheffield Improvement Act, 1818 // 58 Geo. 3.
7. Makarov V.N. Victorian urbanization and the problem of mortality and Public Health in Great Britain / V.N. Makarov, E.K. Sklyarova, V.T. Chubarian // The Humanities and Socio-Economic Sciences. Humanities and Socio-Economic Sciences. 2014. no. 2; Hansard's. Parliamentary Debates. 3-series. 1847. Vol. 91.
8. Hansard's Parliamentary Debates. 1st series. 1806. Vol. 6; The Lighting of Towns (Ireland) Act, 1828 // 9 Geo. IV; The Dublin Hospital Act for foundlings, 1820 // 1 Geo. 4; The Fever Hospitals Act (Ireland), 1822 // 3 Geo. IV; Dublin Streets Act, 1825 // 6 Geo. 4; An Act for the Regulation of Municipal corporations in Ireland, 1840 // 3 & 4 Vict. (Ireland) Act 1854 // 17 & 18 Vict.
9. The Builder. 1844. Apr. 20. Vol. 2.
10. Sanitary Regulations // Stroitel. 1845. Vol. 3. 12 Apr.
11. Hansard's Parliamentary Debates. 3rd series. 1848. Volume XCVI.
12. Hansard's Parliamentary Debates. 1st Series. 1813. Vol. XXVII; 2nd Series. 1831. Vol. VI; 3rd series. 1847. Vol. XCIII; 3rd series. 1851. Vol. 118; 3rd series. 1844. Vol. LXXII.