

Fighting for public health: Dr Duncan and his adversaries, 1847–1863

Paul Laxton

The career of William Henry Duncan offers important connections between the history of health and the history of the city. Indeed, his work was more sharply focused on the correlation between the new form of urban environment and public health than that of almost any other Victorian health reformer. His practical view of public health was applied to, and learned from, the neighbourhoods, streets and courts of Liverpool, where his reputation began and ended. 'The men in authority – in London', he once wrote to the medical officer for Barnsley, 'are theorists, and don't look at the practical or practicable side of the question.'¹ However, to describe and assess the issues, ideologies and individuals that shaped Duncan's period of office as Britain's first full-time medical officer of health, we need to discard the pervading heroic mythology of an enlightened man doing battle with stubborn ignorance and self-interest. Such Whiggism does disservice to medical history, urban history and W.H. Duncan.

Duncan as idol

Duncan has been idolised by the public health professionals, his reputation carefully guarded as the founding father of Liverpool's heroic struggle against the agents of ill health. The most eloquent statement of his public virtues came from the pen of the unrivalled leader among Victorian municipal medical officers, Sir John Simon.² It would be wrong to say that his reputation was invented, but it has certainly been given a vigorous spin. The recent (1997)

¹ Liverpool Record Office (hereafter LivRO) MOH letter books 3, f. 116. Duncan to Thomas Saddler, 3 October 1860.

² J. Simon, *English Sanitary Institutions* (London, 1897) 2nd edn, pp. 246–8.

150th anniversary of Duncan's appointment is a perfect embodiment of what Jacyna has described in the case of John Hunter: for public health to gain the public recognition it undoubtedly needs, it must have an appropriate, packageable past.³ It needs a mythology. Demythologising heroes need not necessarily be a negative exercise. The case of Florence Nightingale is well known: a heroine for the greater part of her life, whose status as a national icon was largely of her own devising. Yet if she emerges from F.B. Smith's literary autopsy as far from the virtuous illuminator, she now seems a great deal more interesting and no longer beyond the historians' sights.⁴ More recently, and with closer relevance to Duncan, Christopher Hamlin's masterly assessment of Edwin Chadwick's role in the creation of the concept of public health challenges the largely unexamined picture of the great architect of sanitary progress. The simple picture of a man beleaguered by vested interests in his fight against obvious problems with clear technical and environmental solutions, misses the political complexity of the issues, but also fails to recognise Chadwick's political cunning based on his own understanding of those complexities.⁵ Hamlin draws explicit lessons for modern public health policy: since public health has been a matter of choices, whose past as well as present must be vigorously debated, it will not do for the professionals to draw on an uncontested and tidy past. 'More than in other institutions, driven by the whims of markets or politics, professionals rely for their senses of identity and mission on history. These thorny issues were surely settled definitively at some time in the past, professionals assure themselves; we are thankful we need not undergo the exhausting process of reinventing or rejustifying ourselves'.⁶

It is common enough for reputations to be made only after the death of the subject, but Duncan is interesting partly because he had little public reputation in his lifetime, partly because of the sort of people who *did* regard him highly in his lifetime, and partly for the *reasons* they did. There was no great public funeral (compare James Newlands, the Borough Engineer, who in 1871 received a ceremonious public burial in the Necropolis), death notices in the general and professional press were muted and matter-of-fact, his salary, staff and general status in the corporation were in all respects modest, and his only local memorial is a wall plaque from St Jude's church, Hardwick Street, now displayed in the Liverpool Medical Institution.⁷

³ L.S. Jacyna 'Images of John Hunter in the nineteenth century', *History of Science*, 21 (1983), 85–108. I am grateful to Dr Helen Power for drawing my attention to this paper.

⁴ F.B. Smith, *Florence Nightingale: Reputation and Power* (London, 1982).

⁵ C. Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain 1800–1854* (Cambridge, 1998).

⁶ *Ibid.*, p. 340.

⁷ In 1859 when Duncan was paid £750 per annum, the Town Clerk was paid £2,500, Newlands and three other officers £1,000, Thomas Duncan, the Water Engineer, £800, and

It would be interesting to unravel the history of Duncan's reputation, but that is not the main theme of this chapter. It is, however, important to observe that heroes generally need enemies. Routing the opposition is an essential part of being a heroic figure – part of the panegyric; and if the obstacles are human rather than elemental, so much the better. This is the all too familiar 'microbes and men' approach.⁸

Who were the architects of this image, with all its hyperbole? Why has Duncan's name been evoked and used without the slightest inclination on the part of its users to evaluate the man and his work? These questions are beyond the scope of this chapter, but they are an important part of its context. One possible reason why Duncan was far from idolised in his own lifetime was that he found himself (in some cases placed himself) in conflict with too many parties. A public health officer has no obvious body of supporters.

Duncan's career in summary

Born in Liverpool into a well-connected family of merchants in 1805 (nine months before his famous uncle Dr James Currie died), Duncan was educated by another uncle, a Scottish Presbyterian minister in Dumfriesshire, and trained as a physician in Edinburgh, receiving his MD in 1829. After spending some time in France, he set up in practice in Liverpool, served in the hospitals (as physician and lecturer) and voluntary dispensaries, gained something of a reputation in the cholera epidemic of 1832, published his first paper (a statistical study) in 1833, and became secretary to various medical and learned bodies as well as the Liverpool Health of Towns Association. Either on his own volition or by invitation he provided evidence for parliamentary enquiries in 1833, 1836, 1840, 1842 and 1844, in all cases on questions of the relationship between, on the one hand, housing and social conditions and, on the other, the health of the people. Thus, in his thirties he developed a considerable expertise in researching that topic, assembling statistical data, and presenting it in person or in print in trenchant and effective ways. Following his remarkable paper of 1843, *On the physical causes of the high rate of mortality in Liverpool*, which is reproduced with only minor editorial cuts in the first report of the Commission on Large Towns and Populous Districts in 1844, Duncan was the established expert on public health in 'the most unhealthy

W.T. McGowen, Chief Assistant to the Town Clerk, £600. *A Return ... of the names, occupations, and salaries of all the officers, clerks, and servants in the employ, or paid by, the Corporation of Liverpool ... on the 31st December, 1859, 1864, and 1869 ...* (Liverpool, 1870).

⁸ R. Reid, *Microbes and Men* (London, 1974).

town in England' as he called it, and his reputation began to spread abroad.⁹ He was a workaholic, an indefatigable assembler of data, obsessive in establishing its correctness, and possessed a sense of rectitude over procedures, clarity of communication and, not least, his own reputation. His social life was probably very limited (there being very little time left between adding up, writing letters, inspecting insanitary property, listening to councillors and travelling to London on parliamentary business); his sense of humour was of the sarcastic magisterial variety not well appreciated by those many people in public life to whom irony, even in modest doses, is threatening.

In 1846 Duncan was appointed to the new post of Medical Officer of Health for the Borough of Liverpool (population about 340,000) and began his duties on 1 January 1847, in the middle of the worst social and mortality crisis in Liverpool's history, an exogenous 'event'. The arrival of 300,000 destitute Irish and the typhus many brought with them, marked him and his office in significant ways. He survived that, and the cholera of 1849, to establish a small but effective section of the Health Department, which monitored the health of the town and provided advice and authority to those charged with improving it. Through the 1850s he perfected his system of collecting mortality data, published his annual reports, reported weekly to the Health Committee, extended his operations especially into the regulation of lodging houses, kept up his correspondence locally and with public health officials in other places, had two children, and increasingly suffered himself from periods of illness. He died in office in May 1863 at Elgin in the north of Scotland. His career had fallen neatly into two; sixteen years as a hospital doctor, physician in practice, and campaigner; sixteen years as a municipal medical officer. His young widow Catherine presented many of his books and papers to the Health Department. The letter of acknowledgement from his successor, the Irish physician William Trench, was fulsome in a way that suggests that William Henry's beatification was already under way.¹⁰

⁹ W.H. Duncan, *On the physical causes of the high rate of mortality in Liverpool* (Liverpool, 1843). Originally delivered as three lectures to the Liverpool Literary and Philosophical Society in February and March 1843. So venomous were relations in the society that, according to the Reverend Abraham Hume, Duncan 'prepared, corrected, paid for, and in most instances forwarded, i.e., addressed and sent his own paper': A. Hume, *Facts and documents illustrating both the public and private history of the Literary and Philosophical Society of Liverpool* (Liverpool, 1847), p. 6.

¹⁰ William Stewart Trench, MD LRCS (c. 1809–77) Medical officer of health 1863–77 in succession to Duncan. Born in Jamaica and married there in the late 1830s. Graduated MD in Edinburgh in 1831, two years after Duncan, and lived close to him in Rodney Street in the 1840s. Applied to be surgeon at the Liverpool North Dispensary in February 1841 (when he lived at 32 Great George's Street) but without success. (*Liverpool Mercury*, 19 February 1841, 57a.)

Duncan's adversaries

Given the deeply-rooted vested interests that health reformers had to confront, and the ambiguity and confusion in their own ranks, it was inevitable that a web of antagonisms would entangle attempts to introduce environmental regulation and public health administration (with attendant expenditure) into a large and factious city. Though some of Duncan's adversaries were certainly hostile to him personally, their objections were first and foremost to his function. However, his relentless and stubborn pursuit of his causes, and penchant for sarcastic comment, did little to smooth his relations with those whom circumstances placed in potential conflict with his duties as medical officer. It could be argued, therefore, that one of the criteria for judging Duncan's success is the extent to which he was able to avoid conflicts, over and above those imposed upon him by local tensions and administrative and legislative confusions beyond his control. Put another way, would the battles described below have taken the same course had the medical officer for Liverpool been another man?¹¹

Opposition took four main forms. Firstly, there were those for whom the very existence of a publically-paid medical officer was anathema. Secondly, there were those whose economic interests were inevitably threatened by his activities: the owners of property and businesses likely to transgress local sanitary laws, and municipal boosters and merchants for whom the persistent identification of Liverpool with ill health was unwelcome. Calling Liverpool 'the most unhealthy town in England' was no way to make friends with those whose task was to attract visitors and traders. Thirdly, he had medical adversaries, mostly surgeons. These fraternal antagonisms were only partly a reflection of the universal party squabbles over contagionist theories. In a free market, with medicine for sale, the merits of one treatment over another could be debated in public, leaving patients to purchase treatment as they chose. During epidemics, legions of quacks, as well as qualified men, seized their moment to make reputation and money out of fear. In such circumstances the presence of official medicine with the authority of municipal government (and powerful allies in central government) was bound to cause conflict. Fourthly, the Sanatory [sic] Act of 1846, which established the public health machinery in Liverpool, contained a fundamental flaw.¹² Under the Nuisance Removal Act the Select Vestry of the *Parish* was responsible for administering medical relief and for taking preventive and ameliorative measures during epidemics, whereas the Liverpool Sanatory Act gave the responsibility for preventive measures to

¹¹ I am grateful to Professor Christopher Hamlin for discussion on this point and for his comments on other aspects of an earlier draft of this chapter.

¹² An Act for the Improvement of the Sewerage and Drainage, and for the Sanitary Regulation of the Borough of Liverpool: 9 and 10 Vict. cap. 127.

the Corporation of the *Borough*.¹³ Thus the seeds of conflict were *built into* the legislation; the local Act clashed with the national law. Duncan had, in part, to work through a body who were not only charged with responsibilities but also with raising the money to pay for them. He therefore had to gain their co-operation either through goodwill or by going to their masters in Whitehall. Professional jealousies being what they are, he and the Health Department were to be at loggerheads with the Vestry. There were many others with whom Duncan had heated, often prolonged, exchanges of words, including William Farr on at least two occasions, but in Farr's case at least these were the result of clumsy misunderstandings by men on the same side.

All these conflicts cut across party politics in unpredictable ways. Certainly the Health Committee, as well as the whole Council, had its share of reformers keen on all health-promoting measures and (as far as the ratepaying voters would allow – which was not far) ready to pay for them. It also had 'economists' for whom public expenditure and municipal regulation were close to blasphemous. Most covered the ground between and were selective in the health measures that they would support.¹⁴ The Health of the Town Committee, formed in about 1842, and its successor from January 1847, the Health Committee, were chaired by a succession of Tories. Not until 1852 did a Reformer occupy the chair.¹⁵ Duncan appears to have cared little for factions or party politics; if he had strong allegiances he kept them well hidden. He was essentially a professional who regarded his expertise and professional status as an independent source of authority. His correspondence, the source of what we know about his official activities, is, unsurprisingly, discrete about his municipal employers.

Duncan was certainly not a man who went out of his way to make enemies, though once he sensed a fight was necessary he did not hesitate to go for the jugular. He was acutely aware that the commercial interests of the port needed protecting. His letters to foreign consuls, reassuring them about the state of epidemic disease, especially cholera in 1849, can be read as attempts at damage limitation.

¹³ Nuisances Removal and Diseases Prevention Act [1846]: 9 and 10 Vict. cap. 96. This temporary measure should not be confused with amending Act of 1848, or the subsequent Acts with same short title.

¹⁴ The factions and personal and family loyalties of the reformed Liverpool Council after 1835, many of whose members were from the old freemen families of the pre-reform oligarchy (and also, incidentally, members of the Select Vestry with open conflicts of interest) have yet to be uncovered. The history of municipal politics in Liverpool between the Municipal Corporations Act and the Second Reform Act of 1867 needs to be tackled. Liverpool is the one great Victorian city absent from Asa Briggs, *Victorian Cities* (Harmondsworth, 1963).

¹⁵ James Aspinall 1842–44, Ambrose Lace 1845–47, J.A. Tinne 1848, James Parker 1849–51 and Edward Langsdale 1852–.

Several episodes could be selected to illustrate aspects of Duncan's work and the obstacles he faced as he did battle for public health. Those selected here address three quite distinct circumstances, yet all show him working not as a medical hero but as a rather unpopular, or at best grudgingly respected, environmental manager. In the first, through the almost accidental way in which Duncan's appointment became a full-time one, we see not an enthusiastically supported and well-funded new initiative – municipal public health under medical direction – but the half-hearted appointment of a respected local medical practitioner to a job whose description was so vague that one suspects the Council was unaware what they were doing. The second episode demonstrates the way that an epidemic can banish reason in face of self-interest and in doing so cut across otherwise well-drawn lines between progressive and reactionary forces. The third episode demonstrates the confusion of moral and medical objectives in Victorian public health, born of inadequate understandings of both epidemiology and the lives of the urban poor.

Parsimony or principle? Opposition to a full-time medical officer

Duncan's appointment was at first a part-time one to enable him to carry on his private practice. Attitudes to the new office were mixed and Duncan required support in high places to secure his base.

On 5 January 1847 a full meeting of the Council agreed that Duncan be appointed medical officer. Only James Parker, porter brewer and right-wing Tory, opposed the choice. There had been no advertisement in the newspapers as was required by the Council's standing orders for any expenditure of over £20.¹⁶ In an obvious reference to Duncan, Parker spoke of those 'who talked more and forced themselves into notice'.¹⁷ But he was alone: Alderman Nichol claimed that had the whole medical profession of the town been consulted there would have been an overwhelming majority for Duncan.¹⁸ So the choice of the man was uncontroversial, indeed, probably widely approved. The real doubts were over money and the nature of the job. The salary (£300) and terms of appointment were to cause disagreement.

Edwin Chadwick had been asked to give a testimonial for Duncan. He was fulsome in his praise. Noting that he had first met him in September 1840 in the company of Dr William P. Alison, Dr Neil Arnott and Dr [Robert] Cowan in an investigation of the slums of Glasgow, Chadwick commended Duncan's

¹⁶ *Liverpool Chronicle*, 2 January 1847, 5. *Liverpool Journal*, 2 January 1847, 3.

¹⁷ *Liverpool Mail*, 2 January 1847, 2f.

¹⁸ *Liverpool Times*, 5 January 1847, 5. On Parker see Hugh Shimmin, *Pen and ink sketches of Liverpool councillors* (Liverpool, 1866), pp. 64–6.

evidence to the Health of Towns Commission as 'one of the most valuable pieces of service that have in their own time been rendered to [the] population' of Liverpool.¹⁹ But this was more than a personal testimonial, it was a characteristic (and 3,350-word) memorandum on the nature of the job, which must have rankled in Liverpool Town Hall. Chadwick poured scorn upon the inadequacy of the salary and upon the evils of a part-time appointment. Claiming the premature death of an adult cost the community £325, he argued that Liverpool required three full-time medical officers of health 'at an expense of £2,200 per annum, which, if efficiently directed would be a very economical expenditure, as powerfully tending to reduce the annual charge of £18,000 for the excess of funerals alone'.²⁰ A third of £2,200 is close to the salary Duncan was to be given for full-time employment at the end of his first year in office. A local surgeon, Richard Reid of Bootle, had also written to a local newspaper objecting to the low salary.²¹ On part-time appointments, Chadwick wrote:

Regular private practice not only acts constantly as an inducement to the neglect of regular public duties, but often as a severe penalty for the proper performance of them. In tracing the causes of epidemics, the officer of health must at least occasionally find it in the mismanaged or neglected state of properties owned by his patients, or by persons holding local public office, persons of powerful influence, who sooner or later may exert it to his prejudice.²²

Chadwick compared the extravagance of St George's Hall, then under construction, with the parsimony of the medical officer of health's salary, and further suggested that a statue of Dr Currie be placed in St George's Hall in testimony to earlier warnings about the sanitary state of Liverpool which were ignored.²³ Chadwick concluded in typically pugnacious style:

Dr Duncan, after his reports, and the demonstration of their truth, can really have stood in no need of any testimonial from me; and should the considerations I have submitted be deemed too late to alter the arrangements, I would beg to present this as a personal testimonial in the way of protest against the precedent of allowing private practice on the part of an officer of health to come in conflict with his public duties.²⁴

¹⁹ *Liverpool Times*, 19 January 1847, 3. A copy of the full testimonial dated 8 January 1847 was sent to the Home Secretary on 14 January and is extant: Public Record Office (hereafter PRO) HO45/1824. See also University College London (hereafter UCL), Chadwick papers, 2181/12/35 f. 65 Chadwick to Duncan 28 October 1845.

²⁰ *Ibid.*

²¹ *Liverpool Journal*, 2 January 1847, 5; letter of 24 December 1846.

²² *Ibid.*

²³ *Liverpool Times*, 19 January 1847, 3.

²⁴ *Liverpool Journal*, 16 January 1847, 16.

The appointment drew sarcasm from *Punch* – how could a ‘competent person’, a ‘respectable medical gentleman’ be secured for £300? A doctor in private practice would find it impossible to be fully independent of local interests:

If the Officer of Health recommended by *Mr. Punch* shall have for a patient a rich butcher, with a slaughterhouse in a populous neighbourhood; an opulent fellmonger or tallow-chandler, with a yard or manufactory in the heart of the town, he shall not hesitate from motives of interest to denounce their respective establishments as nuisances. He shall not fail to point out the insalubrity of any gasworks, similarly situated, the family of whose proprietor he may attend; and if any wealthy old lady who may be in the habit of consulting him shall infringe the Drainage Act, he shall not fail to declare the circumstances to the authorities.²⁵

Despite all this advice, the Town Clerk wrote to the Home Secretary asking him to approve the appointment and stating that ‘as the Officer is quite new the Council have not at present the opportunity of ascertaining the extent to which the time of the Officer will be occupied by the important public duties devolved upon him but if after the experience of a Year or so it is found that private practice is incompatible with the efficient discharge of those duties the Council will be prepared to reconsider the subject’.²⁶ But in his reply, Sir George Grey stated his objections to the part-time status of Duncan’s appointment, suggesting in fact that he may need further assistance to complete the work even if employed full-time: he refused to confirm the appointment and the matter remained unresolved.²⁷ Sutherland and Chadwick had been instrumental in securing this rebuke to the Council. A month after Chadwick penned his long testimonial for Duncan, Sutherland wrote to Chadwick complaining of the part-time nature and low salary of the post. While noting that ‘No better man could be appointed than Dr Duncan’, and that ‘It is true Duncan has accepted the office conditionally’, he added that ‘I am sure that one man’s whole time & attention is if anything too little for such a place as Liverpool’.²⁸ The low salary and part-time nature of the job set a bad example

²⁵ *Punch*, 12, 1st quarter 1847, p. 44a. This lampoon on the parsimony of the Council did not go down well in some Liverpool circles: *Liverpool Mail*, 30 January 1847 2b.

²⁶ PRO HO45/1824: Town Clerk of Liverpool to Sir George Grey, 25 January 1847. It is not known why the Town Clerk waited nearly three weeks after the agreement in council to write this letter.

²⁷ LivRO HC mins 1, 58ff, 15 February 1847; *Liverpool Mail*, 27 February 1847, 3a.

²⁸ UCL, Chadwick papers, 1920/1, f. 2, Sutherland to Chadwick, 8 January 1847. This reference and those which follow are to the copybooks of Chadwick’s own letters. The page references are to the folios within the volume.

which smaller towns would only exacerbate: 'The idea being that no competent man will act unless an adequate salary be offered'.²⁹

Sutherland assured Chadwick that 'Duncan does not know that I am writing to you'.³⁰ Chadwick had long ago attended to the question in his letter of 8 January to the Town Clerk of Liverpool. As he told Sutherland, he had written:

[A] very long letter of remonstrance having been asked by Dr Duncan for a testimonial. I sent in a protest. I should be glad if you could see it. I have sent to Mr Philip Holland of Manchester a copy of it. I hope it will be published in the local papers & the Medical Journals for I feel as you do upon it. I had not looked into the act until I had written the letter. I now see that the appointment is subject to the approval of the Secretary of State. I shall certainly make representations upon it.³¹

Sutherland also told Chadwick that his 'very long letter of remonstrance' had 'produced a great sensation here & I have no doubt its effect will be salutary in more ways than one'.³² Sutherland was 'not without hopes that your remonstrance has had effect: for Dr Duncan has not yet received his appointment'.³³ Sutherland was unable to get a deputation of the Liverpool medical profession together to protest the terms of the appointment, due to a lack of unity on the question. After the letter was sent from Sir George Grey, Sutherland sent premature congratulations to Chadwick:

I am highly gratified to learn that your remonstrance has been effectual; and that to your other services in the cause of Sanitary Reform, you had added this one, of having saved the whole movement from a great danger. I trust that there will be no such attempts again and that the precedent of interference on the part of the Secretary of State, with the doings of our Town Council, will teach the other public bodies what they may expect if they mistake their duty in a similar manner.³⁴

Sutherland agreed surreptitiously to secure the publication of Grey's letter in the *Liverpool Journal*, on the following Saturday.

Yet, despite all this effort and scheming, Hamlin argues that Chadwick was ambivalent about the need for medical officers which were a last-minute addition to the Public Health Act of 1848, and that the pressure for them came from the medical profession.³⁵ If this applies to Duncan's case, as Hamlin

²⁹ Ibid., f. 3.

³⁰ Ibid., f. 4.

³¹ UCL, Chadwick papers, 1920/1, f. 2, Chadwick to Sutherland, 9 January 1847.

³² UCL, Chadwick papers, 1920/1, f. 6, Sutherland to Chadwick, 8 February 1847.

³³ UCL, Chadwick papers, 1920/1, f. 7, Sutherland to Chadwick, 8 February 1847.

³⁴ UCL, Chadwick papers, 1920/1, f. 10, Sutherland to Chadwick, 18 February 1847.

³⁵ Hamlin, *Public Health and Social Justice*, pp. 255-6.

indeed suggests, then Chadwick was further down the spectrum from deviousness to dishonesty than we may have supposed.³⁶

Eventually the post of medical officer became full-time almost without anyone noticing. At the last meeting of the year, the Lodging Houses Subcommittee presented its recommendations on the duties of the medical officer of health. The statement on the need for a full-time appointment could almost have been written by Duncan himself:

it is impossible that he can, if he discharge his manifold public functions, have any spare time at his disposal for private practice, and that even if he had such spare time, he would be placed in circumstances where his private interest must necessarily conflict with his public duties. If those public duties are faithfully discharged he may probably from time to time incur the hostility of those who may have the power and be willing to exercise it of injuring him in his private professional capacity.³⁷

The sub-committee went on to specify the medical officer's duties with regard to lodging-house inspection and the examination of graveyards and slaughterhouses. The concluding resolution of the report was: 'That it be recommended to the Council to appoint Dr Duncan as Medical Officer exclusively devoted to the duties of his Office. That subject to the approbation of the Secretary of State it be recommended to the Council to pay Dr Duncan a salary of £750 per Annum and that Dr Duncan be required to give up all practice'.³⁸ Since the Home Secretary had objected to the part-time appointment in the first place the approbation was hardly necessary.³⁹ It was not just patients Duncan had to give up, he also had to cease lecturing at the infirmary.⁴⁰

Even if his personal position was regularised to his satisfaction, Duncan continued to labour without staff. By 1854 the 202 employees of the Corporation who were the responsibility of the Health Committee represented 43 per cent of the £54,583 municipal salary bill. Duncan himself had no personal staff, though by 1864 his successor had a staff of seven in addition to himself.⁴¹ In February 1851 he famously replied to a council circular (and how

³⁶ Professor Hamlin in private correspondence with me, September 1997, applies the general argument to the case of Duncan: 'Chadwick was highly ambivalent about the need for the post *unless it did work for him*' [my emphasis]. This leaves a puzzle, for in Hamlin's view of Chadwick's narrow concept of public health he can have had *no* expectations of Duncan.

³⁷ LivRO HC mins 1, 476, 30 December 1847.

³⁸ LivRO HC mins 1, 479, 30 December 1847.

³⁹ But compare the way the City of London handled the employment of John Simon.

⁴⁰ LivRO HC mins 1, 611, 20 April 1848.

⁴¹ *A Return ... of all the officers employed or paid by, the Corporation; with the names and salaries of their predecessors.* (Liverpool, 1854). *A Return ... of the names, occupations, and salaries of all the officers, clerks, and servants in the employ, or paid by, the Corporation*

familiar this story is) demanding a list and particulars of staff in his department:⁴²

Dear Sir,

Your note of 1st. Inst. requesting a Return of all persons in my department paid by the Corporation to be forwarded to you by Monday morning at Ten o'clock was only delivered at my office on Monday evening at ½ past Five. I was therefore unable to comply with your request.

The following List comprises the whole of the Officers in my Department paid by the Corporation,

William Henry	} Medical Officer	}	
Duncan M.D.	} of Health	}	}£750.—

For many of his opponents, Duncan continued to be regarded as a mere statistics gatherer, not deserving of a full-time post at public expense. William Trench, Duncan's erstwhile neighbour and colleague, faced the same problem. As soon as he replaced Duncan in 1863 there were demands for his post to return to a part-time one. Some bodies of opinion had long memories and had never accepted that the post be full-time.⁴³

Nimbyism: the case of the fever sheds

The timing of Duncan's appointment and the typhus epidemic of 1847 made Liverpool a particularly interesting testbed for relations between the nascent municipal health authorities and the older bodies that had come to administer health services, though it is a special rather than a representative case. In his first report to the Health Committee in early February 1847, Duncan gave an extraordinarily detailed account of fever cases ward by ward, even for one street, which suggest very close co-operation with the Poor Law district medical officers.⁴⁴ He issued recommendations not just to the Health Committee, but also to the Vestry, as the body responsible for sanitary measures during epidemics. In particular, he asked for additional fever wards since the fever hospital had been full for months. Legislative confusion and

of Liverpool ... on the 31st December, 1859, 1864, and 1869 ... (Liverpool, 1870). Both in LivRO H 352 005 COU.

⁴² LivRO MOH letter books 1, f. 421. Duncan to Shuttleworth, 4 February 1851.

⁴³ *Liverpool Daily Post*, 26 May 1863 quoted in W.M. Fraser, *Duncan of Liverpool. An account of the work of Dr. W.H. Duncan Medical Officer of Health of Liverpool 1847-63* (London, 1947), p. 147.

⁴⁴ W.H. Duncan, *Report to the Health Committee of the Borough of Liverpool, on the health of the town during the years 1847-48-49-50, and on other matters within his department* (Liverpool, 1851), pp. 5-21.

Duncan's relationship with the Poor Law Commission (via Chadwick and the General Board of Health) made him a threat to the independence of the Vestry and were to cause the fiercest conflicts of his career. At this stage, however, the parochial authority responded positively.

In early April 1847 the Vestry, prompted by Duncan, erected three fever sheds on open ground beside the workhouse on Mount Pleasant, which, as its name suggests, was an airy hill overlooking the town and in an area of fashionable residences. The district (Abercromby ward) also contained the residences of many leading physicians and surgeons and the Liverpool Medical Institution. The simple act of building three sheds, each approximately 38 by 11 metres, caused a storm of protest from residents. Long before the first patients arrived on 13 May, the new wards had caused a stir and had become a catalyst for wider action on the Irish pauper question. A powerful local lobby of the classic 'not in my backyard' variety did not want them opened at all.⁴⁵ The nearby residents of Abercromby ward were against the siting of the sheds in their area. Less than a week after construction began, complaints had reached the voluble councillor William Earle.⁴⁶ By 23 April a local surgeon, Hugh Neill, had informed the press of local alarm and a variety of objections began to emerge: the area was 'populous' and the triangular arrangement of the sheds would cause infection to spread in all states of the wind.⁴⁷ A public meeting on the 24th was followed by a deputation to the Health Committee at the Town Hall of some fifty to sixty people, including Councillor Robertson Gladstone, John Cooper, surgeon and the chairman of the deputation, Dr John Sutherland, Dr James McNaught, Hugh Neill, and James Radley, manager of the Adelphi Hotel.⁴⁸ A memorial signed by 200 people contained a comment by John Sutherland which probably captured the general mood: 'only two days ago, I was consulted by a family in the neighbourhood, who are looking out for a new house, as they will not live near the new fever wards. I would not be an alarmist, but I think the feelings of the public ought to have been consulted before so very important a step was taken.'⁴⁹ Others brought stories of those who let rooms and were facing ruin. The medical board of the workhouse was dismissive of the sheds which they claimed would, even when dry enough for use, hold only fifty-six patients each; but their main objection was that they had

⁴⁵ The common informal acronym, nimby (not in my back yard) is strictly anachronistic but entirely apt.

⁴⁶ The main objections at this stage, when the buildings were already having window frames fitted, were that the movement of sick and dead could be seen from nearby houses. *Liverpool Mercury*, 13 April 1847, 188c, 16 April 200d.

⁴⁷ *Liverpool Mercury*, 23 April 1847, 216c; *Liverpool Mail*, 24 April 1847, 5c.

⁴⁸ *Liverpool Mercury*, 27 April 1847, 221f.

⁴⁹ *Ibid.*

not been consulted.⁵⁰ The Health Committee promised that a sub-committee would confer with Dr Duncan in the morning, an idle promise since Duncan was in London on Water Bill business. At the Select Vestry the following day a sub-committee of four members of the Health Committee arrived to discuss the sheds, so that they could be properly informed for a public meeting that evening. They got little more than vague assurances that all would be done to minimise any nuisance: 'The walls will be raised and the ventilation so managed as to prevent danger', by which they meant making holes in the floor.⁵¹ One vestryman with a long memory remarked that no complaints had been made by local residents when cholera sheds were set up in the Haymarket in 1832. The meeting in the Phoenix Inn that evening was not reassured; it pleaded with the Vestry to hold its plans and arranged another meeting for the following week.⁵² At that meeting the leading role of the medical profession was obvious. At least five physicians and eight surgeons attended, most of them living in fashionable addresses nearby.⁵³ The remarks of the chairman, John Cooper, are worth quoting in full:

The Chairman referred to an anonymous letter which appeared in the *Albion* on the subject of the fever sheds, in which the author showed himself to be a non-contagionist. That had nothing, however, to do with the question. It was whether fever should be brought into such a densely populated neighbourhood as that of Mount-pleasant, to the great deterioration of property; and whether fever were contagious or otherwise, the parish authorities ought not to be allowed to ride roughshod over even the prejudices of the people.⁵⁴

The meeting was told that Dr John Sutherland, Duncan's colleague in the local public health lobby but also a resident of the area, was in London with two local petitions against the sheds which Sutherland would present, respectively, to the Home Secretary and to the Poor Law Commissioners. He was also to see

⁵⁰ Ibid. The complaint about lack of consultation was in italics in the press report.

⁵¹ *Liverpool Mercury*, 30 April 1847, 230e. *Liverpool Mail*, 1 May 1847, 3c. See also UCL, Chadwick papers. 1920/1, f. 15, Sutherland to Chadwick, 17 May 1847.

⁵² *Liverpool Mercury*, 30 April 1847, 230d.

⁵³ This was a district full of physicians and surgeons living close to their wealthy and influential patients as well as the Medical Institution. The medical men named were a handful of the many living very close by but they do include seven who lived within 300 yards of the sheds: George Watson MD, John Sutherland MD, John McNaught, John Cooper, and John Moffatt MD were respectively at 4, 10, 20, 35 and 37 Bedford Street North; Joseph Anderson MD and John Poole at 9 and 23 Oxford Street; Hugh Neill at 115 Mount Pleasant. *Liverpool Mercury*, 4 May 1847, 236a.

⁵⁴ *Liverpool Mercury*, 4 May 1847, 236a.

Lord Sandon and William Brown MP.⁵⁵ Among the recommendations contained in a letter to Sutherland from the meeting was the suggestion that the sheds be built in open country in Wavertree or Allerton. The fear was that once filled they would become permanent.

Thus a very local concern had become a *cause célèbre*. At a public meeting in the Session House, chaired by the Mayor, to 'take into consideration the best means to be adopted to relieve the ratepayers from burdens likely to be entailed upon them by the influx of Irish paupers', the matter of the fever sheds was debated. Edward Rushton, the stipendary magistrate at the centre of the whole Irish immigration question, was received with loud applause. He vigorously defended the fever sheds as 'a credit to the town of Liverpool'; he denied that they posed any threat or gave off any putrid smell.⁵⁶ In particular, he censured Neill for stirring up opposition to them. Neill had been to the Chadwick Street sheds, stood downwind of them and remarked that the smell 'resembled the odour from a steamboat overcrowded with my unfortunate countrymen'.⁵⁷ The *Mercury* saw all this as fuel for the engine of public health agitation:

THE AGITATION IS SUCCEEDING: LIVERPOOL IS TO BE PROTECTED. On the 15th of January we commenced the agitation; we have never let it subside; and now, thanks to the exertions of the Mayor and Mr. Rushton; thanks to the representations made to Government, by the Select Vestry and the Guardian Society; thanks to Lord Brougham for his speeches in the House of Lords; thanks to Mr. Surgeon Neill's suggestion of floating hospitals, in our paper; and, *above all*, thanks to Dr. Sutherland and the members of the deputation of Abercromby Ward, and our representatives in Parliament, respecting the inrush of pauperism and disease into Liverpool, the town is to be protected.⁵⁸

Meanwhile, the Vestry stood firm. Duncan, as ever stubbornly unmoved by politics and factions, gave his support. He insisted that the Select Vestry having improved ventilation and installed water-closets at the sheds had met all

⁵⁵ LivRO HC mins 1, 174-5, Duncan to W[alter] W[ren] Driffield 1 May 1847, Duncan was writing from Sheffield where he was on business concerning the Water Bill. He had met Sutherland in London the previous day. See also *Liverpool Mercury*, 4 May 1847, 236a. William Brown, the Irish-born Liverpool philanthropist was MP for South Lancashire from 1846.

⁵⁶ *Liverpool Mercury*, 14 May 1847, 259a-d. The report on this two-hour public meeting on Wednesday 12 May is approximately 7,900 words. It gives an excellent flavour of the feeling of leading citizens on the matter, and those of Edward Rushton and William Rathbone in particular. *Liverpool Mail*, 15 May 1847, 3e-f.

⁵⁷ *Liverpool Mercury*, 14 May 1847, 259d. The clash between Rushton and Neill was, on the surface, about whether his words were properly reported and represented. The *Mercury* took Rushton's side.

⁵⁸ *Liverpool Mercury*, 7 May 1847, 248c.

reasonable local objections. In a letter to the Town Council's attorney, he conceded that unfounded fear prevailed but thought action would be better directed against 'those who are frightening the inhabitants out of their senses without due cause'.⁵⁹

Writing to Edwin Chadwick a fortnight later, Sutherland was unrepentant yet saddened by the affair. His first comment was to assure Chadwick that although the fever sheds were near his house he had been reluctant to get involved: 'I have taken a part almost against my will'. Once residents found out what the buildings were for, 'they got alarmed & went quietly to remonstrate with the authorities but without success.' Sutherland showed the editor of the *Mercury* his technical proposal for ventilating the sheds, and it was urged on the Vestry by a councillor, to no avail. As alarm spread, lodgers and tenants started to leave, causing hardship to those who let their houses. Three house owners asked Sutherland to form a deputation to the Town Council from the ward: two had received notice to quit on property worth £500 and £300 a year respectively. He told them he had no fear of contagion spreading, 'but that as property was endangered I should go with them'. He described the deputation, the first of several, as a large one, but it gained no redress. Sutherland, already in London, was given powers to act for local residents. He met Sir George Grey who agreed to authorise lazaretto ships for fever cases; 'but in the mean time they have occupied the Fever Sheds and the public alarm continues'. Again Sutherland told Chadwick of his failure to persuade 'a gentleman ... who is moving his family out of the neighbourhood' that there was nothing to fear.⁶⁰ Sutherland was right in one respect, the houses on Mount Pleasant overlooking the sheds were occupied by petty tradesmen, widowers, and persons keeping lodgers.

In the same letter to Chadwick, Sutherland raised the controversial matter of the siting of fever wards in relation to open space. In his view the Vestry should have built the sheds a mile away on open corporation land where 'they might have accommodated 1000 patients & not come within a furlong or a furlong and a half of any building'. Instead, one of the sheds was 7 yards from the nearest houses 'and the people can see into that shed from their drawing room windows'.⁶¹ Regardless of Duncan's reassurance, in a further letter to the Poor Law Commissioners, that only a 'purely imaginary' danger lay behind 'any injury to property which may arise from a groundless alarm,' the Health Committee supported the claims of the residents against the Select Vestry.⁶² Still the residents persisted with further memorials to the Select Vestry and,

⁵⁹ LivRO HC mins, 175. Duncan to W.W. Driffield, 1 May 1847.

⁶⁰ UCL, Chadwick papers, 1920/1, f. 15, Sutherland to Chadwick, 17 May 1847.

⁶¹ Ibid.

⁶² LivRO HC mins 1, 181, Duncan to Assistant Secretary to the Poor Law Commissioners [W. G. Lumley], 8 May 1847.

accompanied by Sutherland, they went there one last time on 13 May.⁶³ In early June the matron, Mrs Todd, told the chairman of the Workhouse Committee that she thought alarm in the neighbourhood was subsiding, and commented that if only people would come into the sheds and see for themselves 'they would be convinced how little cause there was for such alarm'.⁶⁴

This public squabbling reveals the reluctance of the wealthy to have the hospitals of the poor in their midst, while admitting the need for such hospitals in the abstract. It also shows the power they could exercise in making their protest. When a memorial was presented by those living near the Chadwick Street sheds, their worries were dismissed in more summary fashion. On this occasion, Duncan's reassurances were more acceptable to the Health Committee: 'Theory and experience alike justify me in giving this opinion in the most decided terms. No instance is on record so far as I am aware, of the contagion of Typhus Fever having been propagated [sic] under such circumstances'.⁶⁵ At least one councillor drew out the obvious implication of this contrast in the Health Committee's treatment of the residents of the two locations. At a meeting of the Town Council on 5 May, Samuel Holme, while himself urging the removal of the fever sheds from Brownlow Hill (though his firm had built them without the contract going to tender), was forced to admit that 'He was rather afraid that the remarks which had been made about the fever wards in one situation and the little that had been said about them in another, indicated an opinion that the lives of the poor were of less importance than the lives of the rich. (No, no)'.⁶⁶

Sutherland's position was a difficult one. These were his neighbours and, while he did not share their fears, he sympathised with the consequences for their rental income. They may also have been among his private patients. They may have been among Duncan's private patients, too, in this his first year in office when his appointment was only part-time. There was also a difference of emphasis on the question of urban hospitals. The choice between urban sites, close to the homes of the sick and amenable to the control of contagion, and sites in open country, was predicated on conflicting theories of contagion and possibly the priorities of medical care and teaching. It was to recur for many years in several towns and cities.⁶⁷ On one side, reformers such as Chadwick,

⁶³ *Liverpool Mail*, 15 May 1847, 3e-f.

⁶⁴ *Liverpool Mercury*, 8 June 1847, 318c.

⁶⁵ LivRO HC mins 1, 199, Duncan to the Chairman of the Health Committee [Ambrose Lace], 27 May 1847.

⁶⁶ *Liverpool Mail*, 8 May 1847, 3e. For a report on the failure to place tenders, and opposition from one of the churchwardens, George Riding, see *Liverpool Mercury*, 6 April 1847, second edn, 182e.

⁶⁷ I am grateful to Christopher Hamlin and Gerry Kearns for comments on this context, which merits further exploration than is possible here. R. Lambert, *Sir John Simon, 1816-1904*,

Nightingale and Sutherland were against them: 'I am a strenuous advocate of treating all *collections* of the sick in the purest air and would remove all hospitals of all kinds to a distance from towns'.⁶⁸ On the other, Simon and Duncan were in favour of them on grounds of convenience to the poor and the physical danger of moving sick people too far for treatment.⁶⁹

This issue returned in later epidemics when the choice between home treatment, urban houses of refuge (fever hospitals) and rural hospitals would again be debated. Nothing came of a proposal from the Town Council that the Health Committee consider providing two fever hospitals for non-pauper patients although the matter was referred to Newlands for report.⁷⁰ Consequently, hospital provision fell upon the Parish, in the case of paupers, and upon the Infirmary in the case of others. Duncan was convinced of the value of hospital provision. In April, he reported that: 'During the last fortnight the proportionate mortality among the Fever patients treated at their own Dwellings has been on a rough estimate nearly double of that among the patients treated in the Hospitals, a fact which shows the propriety of providing ample Hospital accommodation for the treatment of such cases'.⁷¹ The many fevered sick turned away from the fever wards represented a missed opportunity for cure, but also remained as a threat to others since, in Duncan's view, they could 'communicate the contagion to the other inmates of their rooms and cellars'.⁷² His attempts to get the Select Vestry to provide adequate hospital accommodation can not have been helped by the opprobrium heaped upon the Brownlow Hill sheds by members of his own profession.

Duncan must have been especially irked by the role of his friend Sutherland. In early May the Vestry wrote to the Home Secretary requesting military tents to serve as emergency wards. Sir George Grey offered to open the government stores at Chester Castle to supply the Select Vestry with two large tents suitable for convalescing fever patients.⁷³ Despite an intervention by the Mayor, and an instruction by Grey to his secretary to write to the Mayor 'to say that I have requested the Bd. of Ordnance to direct their storekeeper at Chester Cassle [*sic*] to deliver on the requisition of the Mayor any spare tents which may be

and English Social Administration (London, 1963), pp. 479–83 for Nightingale versus Simon on the siting of St Thomas's Hospital.

⁶⁸ UCL, Chadwick papers, 1920/1, f. 16, Sutherland to Chadwick, 17 May 1847.

⁶⁹ Lambert, *Sir John Simon*, pp. 479–83.

⁷⁰ LivRO HC mins 1, 73, 3 March 1847; 86, 8 March 1847; 91, 15 March 1847.

⁷¹ LivRO HC mins 1, 140, Duncan to the chairman of the Health Committee [Ambrose Lace], 10 April 1847.

⁷² LivRO HC mins 1, 157, Duncan to the chairman of the Health Committee [Ambrose Lace], 17 April 1847.

⁷³ *Hansard* 92, House of Commons, 7 May 1847, c.526.

required', it does not seem that the tents ever arrived.⁷⁴ This may be because the Select Vestry proposed to pitch them in front of the workhouse near the much-disputed sheds and, given Sutherland's influence with Grey through Chadwick, this might explain Grey's conditional offer only of tents 'if places could be found outside the town where they could be fixed'.⁷⁵ The fever sheds served their purpose, but Duncan had been somewhat thwarted by one he regarded as his closest ally.

The lodging house question and the Reverend Cecil Wray

The second view of Duncan in battle comes from his determination to regulate lodging houses, which, in common with most Victorian health reformers, and Chadwick in particular, he regarded as a crucial source of infection and means of rapid dissemination of disease among the vast number of footloose casual poor.⁷⁶ The issue is a particularly interesting one in that it illustrates how far environmental and social regulation could be pushed by local authorities ostensibly in the interests of public health, but in reality revealing that characteristic urge towards social control of the dangerous classes, medicant lodgers and all those living in irregular domestic arrangements. The characteristic emphasis on the moral and social evils of unregulated lodgings, followed by their filthy and unventilated condition, was reflected in the journal of the Liverpool Health of Towns Association: 'the only way of avoiding them in future is to place all lodging houses under strict control; a step which is contemplated by the Liverpool Sanitary Improvement Act'.⁷⁷ Lodging houses had long been identified as a public health issue but the question has been largely explored by historians in the context of London and the two Shaftsbury Acts of 1851, the one to regulate existing houses, John Simon's 'ragged dormitories', the other to empower authorities to build model lodging houses.⁷⁸

⁷⁴ PRO HO45/1816, Item 4, Letter of George Hall Lawrence, Mayor of Liverpool, to Sir George Grey, 13 May 1847. At an emergency Vestry meeting on 18 May it was stated that the tents would soon be arriving and that they would probably be placed in front of the workhouse. *Liverpool Mail*, 22 May 1847 3a.

⁷⁵ *Hansard* 92, House of Commons, 7 May 1847, c.526.

⁷⁶ M.W. Flinn (ed.), *Report on the Sanitary Condition of the Labouring Population of Great Britain by Edwin Chadwick 1842* (Edinburgh, 1965), pp. 411–21.

⁷⁷ J. Sutherland (ed.), *The Liverpool Health of Towns Advocate*, part 2 (London and Liverpool, 1847), 151–2. First published as issue no. 16, 1 December 1846.

⁷⁸ E. Gaudie, *Cruel Habitations, A History of Working-class Housing 1780–1918* (London, 1974), pp. 240–50. Simon is quoted on p. 241. A.S. Wohl, *The Eternal Slum. Housing and Social Policy in Victorian London* (London, 1977), pp. 74–8. For a local enquiry into lodging houses in the 1830s see H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780–1870* (Cambridge, 1987), p. 344. Engels, drawing on J.P. Kay's survey of

Glasgow and Liverpool were well ahead of London and anticipated Shaftesbury's Bills on this issue. The effectiveness of the Liverpool system of registration is shown by a comparison with London. Although the provisions of the 1846 Liverpool Act incorporated in the City of London Sewers Act of 1848, the City and most other parts of London conspicuously failed to emulate Liverpool both in regulating lodging houses and prosecuting keepers.⁷⁹ The matter occupied Duncan a great deal in the late 1850s and dominates the third volume of his correspondence as he wrote letter after letter attending to the details of the registration and inspection of individual lodging houses.

The unskilled migrant made up a particularly large part of the town's population and it is likely that footloose lodgers in common lodging houses (staying anything from a day or two to several weeks or months, as distinct from the arrangement of lodging families found in all Victorian cities) were more prevalent than in most cities.⁸⁰ Whatever the reason, the 1846 Sanitary Act included a single, but effective, section to deal with lodging houses, taken virtually word for word from section 20 of the Calton Burgh Police Act of 1840. Its place in the Liverpool Act was probably the work of Chadwick and Duncan, though it is puzzling that the further powers in the Calton Act concerning infectious diseases in lodging houses were not copied in Liverpool.⁸¹

In summary, the Act stipulated that all lodging houses (excluding public houses or inns licensed by magistrates) be registered and their keepers named in a register book; that their capacity be fixed by the Council or its Health Committee; that in every room there be posted prominently a notice of the number of lodgers allowed and the regulations regarding health, cleanliness and ventilation; that access be given to officials at all times for the purpose of inspection, inquiry, or disinfecting; and that fines not exceeding 40 shillings

condition in Manchester in 1831 suggested that 5,000 to 7,000 people in the township lived in lodging houses or 3.5 to 5 per cent of the population: F. Engels, *The Condition of the Working Class in England* (Oxford, 1958), p. 77. See also Flinn (ed.), *Report on the Sanitary Condition of the Labouring Population*, p. 24.

⁷⁹ V. Zoond, *Housing Legislation in England 1851-1867, with Special Reference to London* (unpublished MA thesis, University of London, 1932), pp. 62-89 but especially p. 66 and pp. 79-80. I am grateful to Gerry Kearns for drawing my attention to this thesis.

⁸⁰ I know of no study of the Victorian lodging house which quantifies their presence in different cities. Nor is it known how long most lodgers stayed in such houses. Lyon Playfair, quoting Duncan's *Physical Condition*, provided the nearest thing to a statistical overview in the Second Report of the Commission on the Health of Large Towns and Populous Districts. Liverpool lodging houses had, on average, 6.4 beds and compared with other Lancashire towns were far better supplied with sanitary facilities. Parliamentary Papers 1845 [610], xviii. 325-7.

⁸¹ 9 and 10 Vict. cap. 127, section 125. The Calton Burgh Police Act, April 1840: 3 Vict. cap. 28, sections 20-22. Duncan's excursion with Chadwick to the slums of Glasgow in September 1840 suggests that he had long known of the Calton regulations.

could be imposed on keepers failing to comply. The purpose of these provisions, which remained unaltered in Duncan's time, was stated with admirable clarity in the preamble (which also defines the nature of lodging in such places as 'for the night or other short periods'), to prevent overcrowding and the consequent communication of infection. No other purposes are stated or hinted at.⁸²

In June 1859 the Medical officer of health assumed full responsibility for the process of regulation and his letters (over 200 of them are wholly or partly concerned with the issue) throw light on the day-to-day work of the inspectors.⁸³ Duncan frequently complained of overcrowded lodging houses and regularly ordered that infected persons or infected bedding be removed by the police.⁸⁴ The first lodging house by-laws came into operation in August 1848.⁸⁵ About fifteen police officers were appointed as inspectors of lodging houses and instructed to visit suspected unregistered houses at night and if necessary lay informations against their keepers. They were also to visit registered houses to ensure they were not exceeding the number of lodgers for which they were registered. By 15 December 1849, after sixteen and a half months of operation, 311 persons had been charged with not registering and 133 registered keepers with overcrowding. Such cases went before the stipendary magistrate, Edward Rushton, who, Duncan informed the General Board of Health, interpreted clause 125 'to apply exclusively to houses receiving *nightly* lodgers'.⁸⁶ Although the number of charges of overcrowding was high, '30 per cent of the entire number of registered houses', Duncan took the view that most of these were in the early months of operation, and that once the Council's serious intent became clear, most lodging house keepers quickly fell into line.⁸⁷ Magistrates almost invariably imposed the full fine and many

⁸² Under section 203, dealing with by-laws and regulations, the Council was empowered to make regulations for registering lodging houses, and for keeping them clean and 'in a wholesome condition'.

⁸³ LivRO MOH letter books 2, f. 468. Duncan to Rathbone 6 July 1859. W. H. Duncan, *Report on the health of Liverpool during the year 1860* (Liverpool, 1861), p. 16.

⁸⁴ Three crucial memos describe the by-laws and their operation, and the Medical Officer's duties in this area. The clearest statement of the operation of the Liverpool system comes from the first Inspector of Nuisances, Thomas Fresh, *Report to the Health Committee of the Town Council of the Borough of Liverpool, comprising a detail of the sanitary operations in the Nuisance Department, from 1st January, to 31st March, 1851* (Liverpool, 1851), pp. 29-39. A sharper assessment of how the system of registration and inspection worked in practice can be pieced together from fragmented records. The registers themselves do not appear to have survived, though the minutes of the Lodging Houses Sub-committee have.

⁸⁵ LivRO MOH letter books 1, f. 295, Duncan to General Board of Health (hereafter GBH), 15 December 1849.

⁸⁶ LivRO MOH letter books 1, f. 297, Duncan to GBH, 15 December 1849.

⁸⁷ LivRO MOH letter books 1, f. 297, Duncan to GBH, 15 December 1849.

defaulters were gaoled.⁸⁸ Duncan estimated that 90 per cent of registered keepers were Irish. In January 1861 there were nearly 700 registered houses in Liverpool and some unregistered; in 1860, the first year of his new system of regulation now transferred from the police to the Health Committee, there were over 35,000 inspections.⁸⁹ This was a huge addition to his prodigious workload, yet he prepared carefully, for example taking advice from Henry Letheby, Simon's successor as medical officer for London, on inspection and the possibility of separating the sexes, and was as *dirigiste* as ever.⁹⁰ Duncan had a contemptuous view of lodging house keepers generally. When new offices were being planned for the Health Department, he wrote to James Newlands: 'I hope [mine] is one which will be easily found by very stupid people, a number of whom (in the shape of Lodging house Keepers etc.) call on me daily'.⁹¹

Lodging houses were thus bound to lead to trouble and were soon the subject of characteristic recrimination by letter, with Theodore Rathbone (brother of William Rathbone V and a prolix agitator on lodging houses), with Captain Elgee, the Chief Constable of Lancashire, and with Cecil Wray. Rathbone, whose repeated claim was that Liverpool was full of unregistered lodging houses, bombarded the medical officer with pedantry for some months, becoming increasingly personal in his attacks, so that Duncan, after penning over 4,000 words to him, lost patience and terminated the correspondence.⁹² Rathbone's name carried some weight and he encouraged Elgee to complain of Duncan to the Mayor and the press. For his pains, the Chief Constable received his own epistolary bloody nose.⁹³ Duncan's spat with the Reverend Cecil Wray, a senior Anglican clergyman in the town who almost died of typhus fever in 1847, was more significant. It was to be his last fight, and from his sixteen letters on the affair we gain a clear impression of Duncan's character and of the precise nature of the regulatory mind at work. Wray's letters to the

⁸⁸ LivRO MOH letter books 1, f. 297a, Duncan to GBH, 15 December 1849. The local newspapers bear out Duncan's view, though by 1860 there were complaints in the Health Committee that the magistrates were being soft on lodging-house keepers: *Liverpool Mercury*, 4 May 1860, 7e.

⁸⁹ W.H. Duncan, *Report on the health of Liverpool during the year 1860* (Liverpool, 1861), pp. 16-17.

⁹⁰ LivRO MOH letter books 3, f. 33. Duncan to Letheby, 14 November 1859.

⁹¹ LivRO MOH letter books 3, f. 85. Duncan to Newlands, 24 February 1860.

⁹² LivRO MOH letter books 3, ff. 46-7. Duncan to Rathbone, 2 December 1859. *Liverpool Mercury*, 5 October 1859, 3f-g; 14 October 1859 7a-b; 19 October 1859 3f-h; 18 November 1859 7b.

⁹³ LivRO MOH letter books 3, ff. 46-47. Duncan to Elgee, 16, 22 and 24 October 1860.

Health Committee carry a genuine sense of grievance and a great deal of plausible argument.⁹⁴

Wray, the incumbent of St Martin in the Fields, a prominent church in a none the less poor district of Liverpool, seems to have had an interest in model lodging houses from at least the early 1850s.⁹⁵ By 1864 he had five such establishments, including one at 107 St Anne Street and another close by at 20 Holly Street, both large houses of the 1790s in a once fashionable quarter now full of tradesmen and labourers.⁹⁶ In early February 1859, at precisely the time when he began to take personal command of lodging-house regulation, Duncan arranged to meet Wray at his model house in Great Oxford Street, off Scotland Road, with James Pope, the district medical officer. The stated purpose was to allow Pope to point out defects 'likely to promote disease', but in the matter of sanitary inspection Duncan needed no second opinion – as he was to tell Wray two years later, 'in the matter of eyesight I consider *myself* competent'. Pope failed to attend, but was informed by Duncan that the house had 'no ventilation whatever': unsurprisingly, in February, lodgers were in the habit of papering over ventilation holes.⁹⁷ In March 1860 Duncan informed Wray that the keeper of one of his lodging houses was to be prosecuted for overcrowding.⁹⁸

The scale of Wray's new model house in St Anne Street, twenty rooms for 107 lodgers, can be gauged from Duncan's letter to him the following November, in which details of the capacity of every room are set out and stringent requirements for washing and ventilation are stipulated. It is not hard to imagine Wray rankling at Duncan's prescriptions: 'the space allowed to each lodger in the Rooms Nos 16 and 22 is rather less than I think desirable in a *Model Lodging house*'.⁹⁹ In late January 1861 the house was still not registered and Duncan, painstaking as ever yet trying to be flexible (in a comradely tone which probably irritated Wray) insisted that the regulations be fulfilled to the letter. The rooms had to be numbered permanently: 'we adopt the London mode of marking the number with a scribe on the inside of the door, but you

⁹⁴ LivRO Lodging House Sub-committee minutes 17 February 1862, 17 March 1862 and 19 May 1862.

⁹⁵ Duncan agreed to meet him at a model lodging house in Great Oxford Street, off Scotland Road and near his church of St Martin in the Fields on 8 September 1852. The lodging house was his personal concern rather than a parish institution. LivRO MOH letter books 1, f. 536. Duncan to Wray, 4 September 1852.

⁹⁶ He may have had others, for *Gore's Liverpool Directory* for 1864 gives five premises under a single entry 'Model Lodging Houses', including those in Great Oxford Street and Limekiln Lane near his church of St Martin's also listed in 1859.

⁹⁷ LivRO MOH letter books 2, ff. 449–52. Duncan to Wray, 9 February 1859 and to Pope,⁹ and 15 February 1859. Pope failed to attend.

⁹⁸ LivRO MOH letter books 3, f. 86. Duncan to Wray, 2 March 1860.

⁹⁹ LivRO MOH letter books 3, f. 137. Duncan to Wray, 28 November 1860.

would probably wish to paint them, or adopt some other plan'.¹⁰⁰ Wray had obviously indicated that he wanted the St Anne Street house to be registered under the 'Common Lodging Houses Act' which suggests that proprietors had a choice between the Local Act and the General Act.¹⁰¹

Duncan was not a man to offer special favours, even to prominent local clergy. The intense regulation finally caused Wray to lock horns with him in late January 1862 in a series of claims and counter-claims: Duncan wrote eight letters in two weeks and Wray at least four. Clearly, Wray had accused Duncan of simply wishing to cause annoyance through officiousness. Duncan's testy but patient replies, pointing out complaints from lodgers and inspectors – the state of vermin-infested blankets, unchanged sheets, failure to post notices, blocked up windows, and so forth – reveal simultaneously his dogged character and the extraordinary attention to detail. The regulations alone would have been insufficient to effect improvement; the character of the medical officer was crucial, and general lessons cannot necessarily be drawn from the Liverpool case. Even so, that leaves the question of whether the rigorous system of inspection really did have health benefits for poor lodgers or whether it merely provided an opportunity for officials to exercise control and be seen to do so.

Wray claimed that his lodging houses had been subjected to an unnecessary 'repetition and severity of inspection' while other unfit houses went undetected.¹⁰² Duncan, probably suspecting a cleric expecting special treatment, clearly objected to the way Wray advertised his premises as 'model' lodging houses: 'I have no objection whatever to a public investigation, which can very easily be procured, and the result of which would probably satisfy even yourself that at the *time of inspection* that house was by no means entitled to the appellation of a "Model" Lodging house'.¹⁰³ As the two sides dug in, Wray made wider and wider charges of suppressed facts and falsehoods. Even with only Duncan's side of the correspondence, the suspicion remains that Wray had some justification for his rage at bureaucratic oppression; it is doubtful whether the lodging house inspectors used the same patient logic as Duncan. But Duncan returned to the law time and again, and was clever in taking a superior moral position:

¹⁰⁰ LivRO MOH letter books 3, f. 156. Duncan to Wray, 26 January 1861. In April 1861 it was still not a lodging house, being occupied by a Welsh joiner and his family: PRO RG9/2694/50v.

¹⁰¹ 14 and 15 Vict. c.28 [1851] Duncan was officially made responsible for registration under the Common Lodging Houses Acts of 1851 and 1853 in November 1860: LivRO HC mins 6, 601, 9 November 1860.

¹⁰² LivRO MOH letter books 3, f. 264. Duncan to Wray, 31 January 1861.

¹⁰³ LivRO MOH letter books 3, f. 263. Duncan to Wray, 29 January 1859.

The rule then is that every Lodging house should undergo a day inspection once a week on an average and a night inspection about once a fortnight. From this rule your lodging houses have been exempted – an exemption for which I have been blamed and which I now believe cannot be wholly justified. The fact is that your houses have *never* been visited at night, and never even during the day, except on the complaint of a lodger, and on such occasions the result has proved the necessity of the visit.¹⁰⁴

Wray had made a serious error in taking Duncan on. Even to imply that he was not even-handed in the exercise of his duty was to invite a devastating reply.

When I complain of this statement as a charge (not against myself but against those whose duty it is to report unregistered houses) you say it does not amount to a *charge at all*, and where I ask you to give me the address of *any one* of the unregistered houses to which you refer you are unable to do so but say you will try to find some out! In common fairness I must say, the finding out should have preceded the positive assertion. Such a charge, for charge it is, should not have been made on the mere chance of being able to 'hunt out' facts in its support.¹⁰⁵

Time and again he corrected Wray as to precisely what he had written, and he entrapped Wray into sending him a list of houses which he claimed were unmolested by registration and inspection, all of which turned out to be outside the provisions of the Act, including a brothel.¹⁰⁶ He even came close to accusing Wray of fraud and deception:

I think it right to let you know that all of the houses (with one exception) in your list, were found to have been visited on Saturday last by men, who by means – it is said – of false representation, induced the keepers in several instances to promise to provide accommodation for one, or for two, lodgers; with the view – it is supposed – of reporting them as liable to registration. The story told by the man or men in nearly all the seventeen cases was that they wished to secure lodgings for some stone masons who were to arrive in Liverpool on that Monday. In several cases the parties were put to much trouble & inconvenience in consequence, & one poor woman complains that she went to the expense of 4/- on the faith of the promise that two lodgers would be with her on Monday evening. This ~~had~~ woman as well as others in the list – had never at any time received lodgers.

¹⁰⁴ LivRO MOH letter books 3, f. 264. Duncan to Wray, 31 January 1859.

¹⁰⁵ LivRO MOH letter books 3, f. 267. Duncan to Wray, 1 February 1859.

¹⁰⁶ LivRO MOH letter books 3, f. 270. Duncan to Wray, 6 February 1862.

I need not say that none of the stonemasons have yet made their appearance.¹⁰⁷

As usual, Duncan covered his back well by getting support from the Health Committee and the full Council; he sent copies of all his correspondence with Wray to Charles Bowring, chairman of the Lodging Houses Sub-committee, to which Wray's own letters of complaint had been referred by the Health Committee.¹⁰⁸ A very full report on the whole business, especially the allegations of perjury by inspectors, was approved on 17 March 1862. Wray, seeing it in late April, after some absence from Liverpool, returned to the fight after taking advice from 'some friends'. Duncan began again to demolish his arguments. Clearly wishing to end the business, Wray wrote to Duncan assuring him that he imputed no ill motives and signalling a declaration of peace. He wrote to Thomas Dover, chairman of the Health Committee, on the same lines referring to 'the Report of Dr Duncan'. The next day he received a reprimand: Duncan denied that it was his report. Technically it was not, but he clearly wrote it and it is not to his credit that he failed to drop the matter.¹⁰⁹ Within a year, Duncan was dead. Wray, his contemporary, died in 1878. In 1881, 107 St Anne Street and 20 Holly Street were still called 'model' lodging houses and on census night gave shelter to 273 adult male lodgers from a wide variety of occupations, including a surgeon.¹¹⁰

The battles in perspective

What emerges from all these battles (and those in which Duncan took a back seat, such as the water question which split parties, caused councillors to lose seats, and became the great *cause célèbre* of the 1850s) is a sense of relentless bickering. The Council and its Health Committee achieved almost nothing through consent, let alone enthusiastic consent. The powerful bureaucratic influence of the medical officer was often resented; he was viewed by more than a few as a busybody with little to do except collect figures and interfere in private property. On the other hand, the Borough Engineer, James Newlands, was held in high regard; the benefits of his efforts were there for all to see (if sewers and water pipes can be said to be visible) and his work had obvious appeal to those keen on promoting civic improvement through order and public

¹⁰⁷ Ibid., 270–71.

¹⁰⁸ LivRO MOH letter books 3, f. 269. Duncan to Wray, 4 February 1862. LivRO Lodging Houses Sub-committee mins 17 February 1862.

¹⁰⁹ LivRO Lodging Houses Sub-committee mins 19 May 1862. LivRO MOH letter books 3, f. 269. Duncan to Wray, 13 May and 21 June 1862.

¹¹⁰ PRO RG11/3631/54–57 and 76–78v.

works, and especially to developers in the suburbs where the infrastructure was being provided at public expense.¹¹¹

The essential first step in assessing Duncan's contribution to public health is to distinguish between his diagnosis and his remedy. The second is to distinguish between the short-term and long-term results of his work. As a diagnostician he was brilliant – painstaking, precise and perceptive. In all their elaborated forms in modern studies as well as contemporary reports, Duncan's statistics have been the almost exclusive basis for the analysis of patterns of mortality in Liverpool.¹¹² His statistical methods were both sophisticated and effective, given the state of the data, the state of statistical science in 1840, and the public appreciation of statistics.¹¹³ There can be little argument that he fulfilled admirably his primary duty, to monitor disease and to report to the Corporation. Despite his early difficulties with the registrars and in some cases district medical officers of the Vestry, he perfected a geographic information system of considerable sensitivity. He also managed to do this with the fraternal co-operation of the parochial medical officers in a way that seems to have eluded John Simon in London.¹¹⁴

In these selected episodes I have used the model of a man with battles to fight, and thus human enemies as well as enemies in nature and circumstances, as a means of presenting his career and those aspects of public health in which he was prominent. It is an appealing metaphor. Because of the way Duncan (a well-decorated general but no Field Marshal) – and his compatriots in the 1840s – identified the enemy and determined on the battle plan, the presentation and priorities of Victorian public health became fairly fixed for decades to come. If Duncan's wish was to demonstrate to public satisfaction that his was the best way to fight sickness and the causes of sickness, the proof

¹¹¹ C. Hamlin, 'James Newlands and the bounds of public health', *Trans. Historic Society Lancashire and Cheshire*, 143 (1994), 117–39. In February 1849, a member of the Health Committee spoke of 'the perseverance, industry, and talent of our very clever borough engineer' *Liverpool Mercury*, 13 February 1849, 99. Newlands, whose salary from 1853 was a third more than the medical officer's, received a huge civic funeral in 1871: 'In Memoriam;' or, *Funeral Records of Liverpool Celebrities* (Liverpool, 1876), pp. 183–7. See also S. Sheard, 'James Newlands and William Henry Duncan: a partnership in public health', *Trans. Lancashire and Cheshire Antiquarian Society*, 87 (1991), 102–21.

¹¹² Either via his own reports or his evidence to Parliamentary enquiries. J.H. Treble, 'Liverpool working-class housing, 1801–1851' in S.D. Chapman (ed.), *The History of Working-class Housing* (Newton Abbot, 1971), pp. 165–220; R. Dennis, *English Industrial Cities of the Nineteenth Century. A Social Geography* (Cambridge, 1984), pp. 56–63.

¹¹³ P. Laxton and G. Kearns, 'Statistics and the management of public health: the methods of W.H. Duncan M.D. 1805–1863'. Paper given to the Social Science History Association Annual Conference, Baltimore, Maryland, November 1993.

¹¹⁴ Simon failed to get co-operation from parish surgeons in London partly because he seems not to have had the character or persistence to work with these humble medical toilers. Lambert, *Sir John Simon*, pp. 115–16.

certainly did not come in his own lifetime. Liverpool was as sickly and dangerous for the working class in the late 1860s as it had been in the early 1840s.¹¹⁵ In his own career he demonstrated an iron belief in his philosophy and procedures, a fact that may well have contributed most to his reputation among his fellow professionals, but it is for historians to judge the long-term legacy against the short-term achievement, and to continue to question whether, as in warfare, the victorious generals are the best people to write its history.

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¹¹⁵ The average annual crude death rates (unweighted) for Liverpool and West Derby registration districts for 1842-46 were 33.8 and 25.4 per thousand respectively. For 1864-68 they were 40.9 and 28.9. These differences cannot be explained by poor death registration in the early of the two quinquennia.