

“Urbanisation’s Costs under Capitalism: Victorian Britain’s Annual War & the Surfacing of the Garden Solution”

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The onset of industrialisation from the late-1700s helped shift Britain’s social, political and cultural boundaries and brought with it a bequest that included the growth of existing towns and cities, a greater availability of employment, a more abundant supply of food as well as a rise in national wealth. This achievement however also made itself evident in a number of detrimental ways that included the degenerating condition of the urban environment as overcrowding, slums, poor sanitation and the emergence on a new scale of infectious diseases revealed. Despite the introduction of local and national environmental rulings, some of which were compulsory once the local death rate reached a strictly defined level, British administrations struggled to manage urbanisation and its associated problems. Public health pioneer Edwin Chadwick, for instance, estimated that the persistence of dirt and disease not only initiated high levels avoidable illness and death, factors harmfully contributing to the nation’s ability to produce wealth, i.e. a basic legacy of the Industrial Revolution, but did so to such a magnitude that annual preventable levels of mortality were larger than any war Britain had ever fought in. Given such knowledge British governments instigated a long-term environmental and social policy that aimed to preserve capitalism, and thus national prosperity, yet improve urban conditions for the working classes. This process was based on the establishment of regulations relating to light, air and ventilation for new, privately built houses. Although by the 1870s this procedure had been expanded to include the removal of insanitary districts ‘the slum problem’ persisted due to the fact that its continued existence was an unfortunate if albeit imperative result of the strangulation of labourers wages, and so their ability to compete in the British housing market. In such a light this proposal for conference intends to examine a private sector solution to ongoing environmental and social conditions created by British industrial and urban development, the radical Garden City. Based on a proposal in 1898 to build a new urban system with self-sufficiency and social and economic inclusion at its core, the plausible, holistic Garden City showed how urbanisation’s energy may be harnessed to create an environmental paradigm which with careful planning was justifiable on economic and aesthetic grounds. Importantly, given the nature of the APEBH Sydney conference the Garden City confirmed via the creation of the Garden City Company how better environments can literally be designed, built and still create financial profits, illustrating how social, environmental and aesthetic goals are achievable within existing legal, economic and political systems. Additionally ideas like the Garden City demonstrate how urbanism can be a tangible asset, how landownership can be reformed and how through financial investment the standard of living environments ‘bought’. In the light of current rapid urban growth in South East Asia, and the recent founding of Sustainable Development notions to counteract growing societal problems, the Garden City still has much relevance for its acknowledgement of the importance of the city is recognisable given our understanding of cities being the cultural and economic engines of national societies.

Background

“The annual loss of life from filth and bad ventilation are greater than the loss from death or wounds in which the country has been engaged in modern times.” (Chadwick, 1842: 369)

With an average life expectancy in 1842 for labourers of just 15 years in Liverpool, 16 years in Bethnal Green, East London, 17 years in Manchester, 18 years in Bolton and 19 years in Leeds – levels much below those of the rural labouring population in counties such as Wiltshire, who on average enjoyed a lifespan of 33 years – Edwin Chadwick was quite correct in comparing the dire living conditions in industrial places in Britain with a social war zone, and also right to draw attention to the deplorable health and mortality statistics of Victorian urban Britain, that is the death of almost 140 people from preventable infectious illness per day. To put a stop to this tragedy Chadwick in *The Report from the Poor Law Commissioners on an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain* suggested a number of public-based measures relating to the application of drainage systems, the removal of noxious refuse and improvements to water supplies:

“That by the combinations of all these arrangements it is probable that an increase of 13 years at least, may be extended to the whole of the labouring classes.” (*Ibid.*: 372)

Thus Chadwick as a prominent early-Victorian civil servant and former Poor Law Commissioner through the 1842 sanitary report not only highlighted the abject living conditions of the working classes but suggested a reappraisal of the quality of life for urban dwellers in Britain in light of marked levels of dissimilarity for life expectancy and well-being for rich and poor, and through public health improvement he contended people would become healthier, happier and have a longer life too. Demonstrating that British settlements were not only built upon brick and mortar but moreover on squalor, Chadwick was able to lay bare the cold social facts of British life, among which was the fact the poor had a greater incidence of disease than the wealthy and this on average led to their life being shortened by more than a decade. Without direct reference to it, Chadwick nonetheless trod upon the question of the attitude of British businessmen, in particular their self-interest and capacity to extract profit at the cost of the health and ultimately lives of the working population. Supported in 1844 by the Health of Towns Association, who like Chadwick in prior years advised the need to imminently introduce sanitary legislation to improve people's lives, an argument was put forward in reformist circles that healthier people could also be perceived as healthier workers, who thus were able to contribute more to the industrial machine, business profits and so national wealth. In contrast the dealing of matters like environmental degradation, slum housing and pollution was socially and politically sensitive, and whilst poor health was rife and reduced the labouring classes' ability to work any attempt to deal with avoidable ill-health and mortality by public authority had to be dealt with in a manner that would not disrupt the wheels of progress, capitalism and so wealth-making.

Focusing upon public health and housing standards as a means to cope with 'Britain's annual war', i.e. the persistent levels of dirt, disease and ultimately death on a magnitude surpassing any previous era in the British past, albeit within the context of capitalism and national wealth –basic cultural bequests of the Industrial Revolution – the work shall pointing out the sophistication and methods produced as a commitment to proactive public health in which the state became guarantor of standards of well-being and environmental quality. Early-Victorian urban life that emerged in the milieu of capitalism was as Chadwick showed, far from salubrious and how the British dealt with social problems like poor health provides a model of relevance to contemporary societies that are presently experiencing urban predicaments in response to rapid urban growth and industrialisation. However, as will be discussed, the situation in 1800s Britain was hindered by a public conscience that declined to organise and arrange for the welfare of the general public (Dewsnup, 1907:14), thereby rendering existing arrangements for urban living as deficient through the endemic presence of urban traits like illness, slums, poverty and environmental dilapidation. Nonetheless the scale of these problems drew the State into devising and elaborating a paradigm of legislative means to ameliorate the physical and moral condition of the urban environment. The issue was not solely environmental but one concerning the development of society at large.

Figure 1. Some faces of unwholesome Victorian life. From left: Destitution, the contagion of numbers and dirty living conditions, and death, the habitual result of contagious illness.



The rise of industrialisation in Britain, allied closely to urbanisation and population growth, not only helped bring about economic changes but shifted the cultural and social patterns of British urban life, and significantly instigated a new scale, density, heterogeneity and complexity to British settlements, even though in many respects some continuities can be noted. These include the sustained existence of the Central Business District (CBD) close to the old, medieval centres of settlements, the actuality that most decisions were still made by individuals within the family/household units, and the property market still being driven by the search for profit within a system of private ownership of property, which in turn influenced the allocation of work, and good and services. Of course it should be mentioned and acknowledged at this point that the actions of individuals, groups and institutions from the early-1800s, such as local governments after the passing of the Municipal Corporations Act (1835), must be seen for having consequences, both direct and indirect, upon other factions in Victorian society. By way of illustration, as Dyos and Reeder (1973) demonstrated in their classic

paper 'Slums and Suburbs', the business elites and other members of the middle classes contributed to the creation of urban problems, the lowering of the life quality of the poorest in society and so the sustainability of urban slums through their economic practices of deriving rent from slum housing and the use of a low wage economy to drive the manufacturing sector. Moreover if the aforementioned elements were not influential enough upon the labouring population the middle classes would then redirecting their profits away from investing in higher worker salaries, for instance, into exclusive environment improvements for themselves through housing ventures in the suburbs, a tangible means amongst other things to give physical and psychological security from the realities and problems of urban living after industrialisation, an issue which they ironically contributed to. As Dyos and Reader (1973: 360) made evident, the slum and suburb had a reciprocal association in both mind and space of the affluent classes: "The fact of the suburb influenced the environment of the slum; the threat of the slum entered the consciousness of the suburb."

Figure 2. Housing in Victorian Liverpool: Left: Examples of slums and life within them contrasted greatly with (right) the suburban life of the Middle Classes.



The Context of Politics, Health and Life

As suggested in the précis of this paper industrialisation, a phenomenon first occurring in late-1700s Britain, shifted the social, economic and cultural boundaries of the nation in the subsequent decades and brought with it a legacy that included both positive and negative elements. On the one hand, that is to speak in positive terms, industrial change over time gave a more abundant supply of food, a wider availability of employment, an augmentation of national wealth and societal advancement. In contrast, as the previous

section has shown, industrial achievement made itself apparent in a variety of harmful ways, such as permitting social behaviours like overcrowding and the extensive existence of the slum – a physical and moral entity at the very edge of civilised society – as well as what Simon Szreter (1997) has labelled the ‘4 Ds’: disruption, deprivation, disease and death. Yet, taken over a long-term perspective at least, “the processes of rapid economic growth seem to be strongly correlated with improvements in the prosperity and health of a society. Hence derives the commonplace notion that economic growth results in development.” (Szreter, 1997: 693) As Szreter’s ‘4 Ds’ confirm detrimental factors abound when industrial growth and urban development are unchecked. In Britain a course was chosen relating to health to deal with disruption, deprivation, disease and death, partly due to the lack of scientific knowledge in the early decades of the 1800s and the fact that the Victorians could not rely on the experience and knowledge of previous generations to assist their policy formation, for Victorian urban problems were on an unprecedented demographic *and* geographical scale. As this paper shall ultimately demonstrate, as much as the private property sector was a cause of many urban problem through slowly harnessing its mechanism public authorities in Britain were able to use it as the cure to urban ills, the apogee of this process coming via the private sector with the intention to establish a new urban paradigm. This apex, the Garden City, was both a reaction to, and a proactive, commodity which held features in accord with the environmental, social and economic strategy today known as Sustainable Development. Hence its relevance extends far beyond the end of the Victorian period and the geographical border of Britain too.

As has been already touched upon, the impact of industrialisation affected British urbanisation and demography from the late-1700s. This change, much of which was inconceivable to previous generations (Rodger in Waller, 2000: 233) became reflected in the emergence of capitalist economics and new urban dynamics that accelerated existing social trends, in so doing fundamentally shifting the cultural landscape in the following decades. Among the most noticeable changes was the invasion of factories, the growth of back-to-back terracing, a physical consequence of firstly the low wage industrial economy, secondly the high demand for houses, thirdly the need to live near sources of employment, and fourthly builders wishing to maximise economic returns against speculative capital outlay (Chalklin, 1974). Additionally the changing cultural panorama witness the congregating of the expanding populous into the towns and cities and an omnipresent apartheid of the social classes that become most evident in living arrangements: “Centrifugal forces drew the rich to the airy suburbs; centripetal ones held the poor in the airless slums.” (Dyos and Reeder in Dyos and Wolff, 1973: 360) Such was the devastating force though of urban growth, resulting in the 30% of the population of Britain in 1801 living in urban places grow to almost 80% of the total population by 1901, that the contemporary building industry was swamped and the failure of the existing administrative system to safeguarded the environment, as chronic poverty, overcrowding, disease – more widespread than ever before - and inadequate sanitation were to testify. However, these phenomena were by no means unusual occurrences in Britain and had existed in the ages prior to the growth of industrialisation but, significantly, following on from the rise of modern industrial change they were of a new

and unprecedented scale, affecting massive numbers of people within a spatial extent never witnessed before (Morley, 2000).

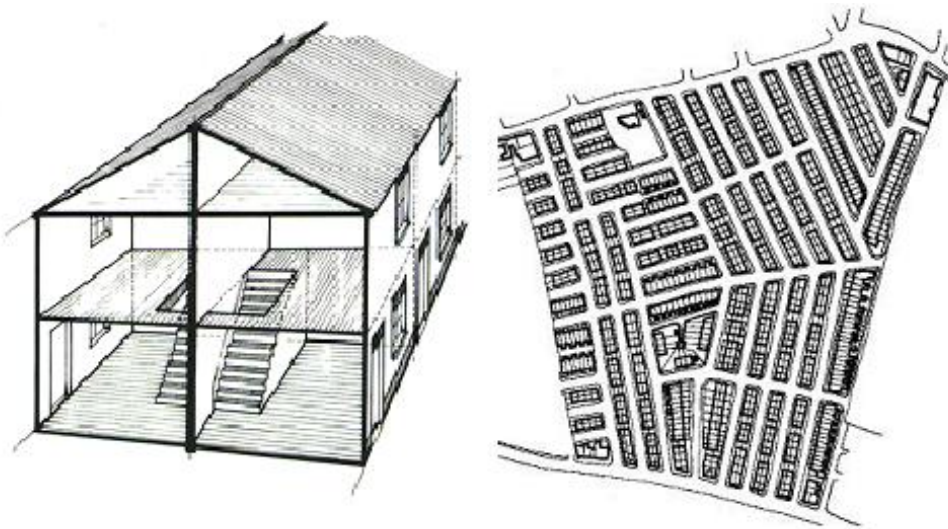
Despite the reform of both central and local governments in the 1830s, as discussed subsequently, the annual degeneration of the urban environment grew ever-larger given the growing human scale and industrial footprint constantly placed upon it. Indeed it was not until the late-1840s that new governmental measures were nationally introduced in order to better manage the condition of urban environments and to bolster the local authority tradition (dating from pre-Victorian times) of passing Improvement Acts whenever environmental conditions became especially deleterious. Nonetheless the development of central government after the Reform Act (1832) and local government after the Municipal Corporations Act (1835) provided the foundation for providing an enduring means to attack social evils like sub-standard sanitation, high-density housing and overcrowding (Dewsnup, 1907:35), and the succeeding decades after the 1830s and 1840s led to the establishment of a rudimentary public management system founded on directives governing the condition of new privately owned houses and the development of the broader environment based upon models issued by central government, modifiable to suit local circumstances (Harper, 1985). Hence a patchwork of environmental policies and acceptable socio-environmental standards emerged, the bottom level of which being occasionally 'lifted' by the passing of central government regulations, which from the 1850s included by-laws relating to model dwellings. However the lowest denominator could also be raised when conditions, even by the loose definitions of the Victorian age, were so abject that clauses in previously passed law became activated. For example, after the passing of the Public Health Act (1848) once a settlement's death rate reached 23 per 1,000 of the local population certain public health measures had to be implemented regardless of the attitude of the local authority to the environment and housing conditions.

The Healthy Body

In order to appreciate Victorian environmental reform and betterment a major contextual point must be emphasised at this instant. Without ado it is imperative to acknowledge the scale of urban growth prior to the Victorian period so as to grasp the urban bequest that the Victorians inherited. In this sense Rodger (in Waller, 2000: 236) provides a fitting abridgment: "The urban population increase in the three decades 1801-1831 was greater than the total population of Britain in 1801", and, significantly, it occurred "without any planning regulations, building by-laws, or controls in relation to sewage, drains, water supply, or other environmental considerations." In other words, argues Rodger, British urban development involved the commencement of what was then the world's largest building programme, a procedure that was taken up by "the hands of any individuals who might wish to call themselves a builder, that is, without accreditation, skill, sufficient capital, or experience." (*Ibid.*: 236) The housing erected, a product of this widespread speculative development process, was as Chadwick in his monumental report of 1842 noted, small in size, lacked basic amenities such as water supplies and toilets, was filled with unskilled, low wage earning members of the labouring population, and quickly

deteriorated into slums, the breeding ground for infectious diseases. Many districts filled with such residences became described from as early as the 1830s, the very same time that government was being reformed, as 'black spots', a result of sociological and medical enquiries where 'new fevers', like typhus, were becoming prevalent.

Figure 3. Left: A diagram of a back-to-back terrace house, a typical product of speculative development, and (right) the dense urban morphology typical of a back-to-back housing district. Such areas were commonly situated around factories due to the physical need to live near sources of employment in light of a lack of affordable transportation other than foot.



As has just been mentioned statistics were a vital component in the armoury of those wishing to reveal the realities of modern urban living. Utilising modern forms of analysis, which in the context of the 1830s was quantitative and comparative statistics, towns and cities both at the micro (local) and macro (national) scale became scrutinised in terms of their danger to well-being and life for both the rich and poor. The significance of this is threefold in that at the outset the dreadful squalor of settlements shown for the first time, and secondly because it was presented in a scholastic manner that captured the attention of the well-off, the vast majority of whom knew more about life in the British Empire than they did of the working class in urban Britain (*Ibid.*: 239). Moreover the works also motivated other professionals, such as medical practitioners, to get hands-on knowledge about the epidemiological and economic perils of urban living. Consequently works by Thomas Southwood Smith (1839), William Farr (1841-3), Neil Arnott and James Kay-Shuttleworth, took on both a medical and civil service slant, in order to determine the real costs of, for instance, poor relief and to calculate the economic cost to industry of avoidable ill-health and mortality. Their findings helped to inspire public studies in later years like Parliamentary Select Committee Reports and Edwin Chadwick's report on the conditions of urban settlements in 1842, a digest of work on health, poverty and the environment that played a massive role in generating additional environmental and public health awareness given contemporary society's anxiety about the individual and suffering (Morley, 2005). Avoidable ill-health and mortality, or the excessive risk of being ill and/or dying, through such enquiries became a major component on the later fights

against urban decay and for some it was clearly a moral crusade too, for cleanliness quite simply equated to godliness. The role of epidemiological measuring and the mapping of mortality although just one component of the Victorian's passion for taxonomy, should not be undervalued.

Unlike their predecessors the Victorians inherently understood that their age was culturally dissimilar from that of previous times. In many respects the Victorians saw their age of industry and technology as one of wonderment and intermittently as one of bewilderment. For example, the periodical *The Wealth of Nations*, described the steam engine as symbolically instigating a new world and destroying an old one. Similarly cities, of which Manchester is arguably the best case in point, took on titles such as 'Cottonopolis' and epitomised the charms of the era more than anything else even though life within them for the majority of their populations was far from pleasant and salubrious. Consequently the Victorians, as the Greek-influenced moniker 'Cottonopolis' suggests, compared their 'great age' and its cultural products to that of other golden cultural times in World, i.e. European, History. As just shown, Manchester's epithet had Greek connotations, as did Dundee's ('Juteopolis') and a new town, Middlesbrough emerged as the 'new hercules', a title with mythical slant. It is thus hardly coincidental that Victorians while striving to be progressive gathered inspiration for the visual form of their settlements from the capitals of Europe's great historic civilisations. In this way Rome, Athens, Florence and the medieval cities of Flanders acted as cultural models not to be just mimicked but to be concurrently surpassed through the Victorian establishing a civilisation of settlements' of unprecedented size, wealth, density and complexity, all of which was erected upon a bedrock that no other nation had presented to the world, capitalism. Along these lines even though urban problems had grown in stature in the industrial age, and the gap between rich and poor enlarged, capitalist society had to be sustained for without it the Victorian era would effectively not exist. Even in the face of the most persuasive non-interventionist arguments put forward, "an insanity in sanity" wrote one critic (Muntz, 1847: 750) due to the arguments that public health was an extension of political centralisation, would raise of rates and destabilise the economy, it was difficult to dispute the need of some kind of urban management system if only due to the condition of slum housing in many large cities being so disturbing, so large in scale and of a scale not getting smaller under laissez-faire conditions. Nevertheless matters of changing social circumstance, aside from those already noted, reinforced the hand of sanitary and housing reform regardless of any politician's or individual's party, business or religious interests. This comprised of a swelling perception of the abyss of the slum being associated with an undercurrent of social revolution, the ill-health of workers reducing profit margins, the impact of Cholera, a 'shock disease' that reminded the rich how death, something that the rich had less psychological risk at following their growth of wealth after industrialisation, was still a great leveller.

A Long Term Tactic

Attention has been intermittently placed so far in this work upon Edwin Chadwick whose report of 1842 outlined the living conditions of the poor and suggested a direct link

between unpleasant surroundings and ill health (Morley, 2005). Chadwick helped to strengthen the perceived correlation between poverty, disease and the environment for the first time, along with the economic cost to industry and society of ill health, and thus highlighted the need for environmental legislation. Chadwick's case, like that of other public health reformers was bolstered by the infrequent appearance of Cholera. First arriving in Britain in 1831 (in Sunderland) Cholera took 23,000 lives between 1831-3, whilst the 1848 epidemic took an astonishing 53,000 lives. Along with Typhus – which killed an estimated 30,000 in 1847, Smallpox, Tuberculosis, Dysentery, Whooping Cough, Influenza and Typhoid, which collectively killed tens of thousands more, mainly infants it should be said – the future generation of industrial workers – and additionally rendered countless numbers of urban-dwelling adults unfit for work, thus demonstrated the fragility of British urban society under capitalism and industrialism. With disease endemic their pervasiveness, or more precisely their ability to kill in the thousands, coincided with periods of economic distress, and provided the statistic-loving Victorians with more ammunition as to the horrifying evolving picture of city and town life. Utilising this devotion for numerical analysis those interested in urban affairs were able to reveal to a largely ignorant political elite facts such as eight times more people died of disease than old age, and national data such as one in three children dying prior to the age of five, or almost one in two for the poorest of society, and the declining height of the British nation in the industrial age. Victorian urban life it seemed was not only shortening lives but also make people smaller. If such details were not bad enough social commentators like medical practitioners were able to touch upon related matters of social significance, e.g. the 'clemmed', i.e. starving folks of the slumlands and their scrawny physiques - "Their complexion is sallow and pallid--with a peculiar flatness of feature, caused by the want of a proper quantity of adipose substance to cushion out the cheeks" (Gaskell, 1833: 161), aside from their filthy houses. Supported by the results of decadal Census and by statistics from the Registrar General's 1841 Report prominent civil servants of which Edwin Chadwick was most noteworthy, were further able to demonstrate the national, regional and even intra-urban differences in well-being and average lifespan, e.g. 45 years on average in Surrey and 26 in Liverpool, or 15 years for labourers, mechanics and servants. Significantly Chadwick et al, aside from broadening the geographical scope of urban and sanitary enquiry in Britain, moreover were able to reveal that the damp brick-built homes of the middle classes offered, in theory, as great a risk to disease as did the working class homes. With influenza and colds being perceived until the mid-Victorian era as the 'first stage' of a syndrome that could ultimately evolve into Cholera, *the* distress disease of the age, and the behaviour of severe contagions frequently subsiding for a month or so, only to recur in the same locality or somewhere else, thus anyone could convince themselves that any cough or sneeze could in time lead to death. Despite non-interventionists employing statistics from the London Bills of Mortality to reveal how industrialisation had led to a decline in, by way of illustration, in the death-rate for the under-fives (1730-79, 66.2%; 1780-1829, 37.8%) the argument held less water than it once did and as the likes Sir William Farr showed, from the 1830s when urbanisation was at its peak the death rate among children actually rose. The issue regardless of statistical interpretation thus was how could society be healthier, the economy stronger, the environment better organised and people's 'duration of life' expanded? Essentially the crux of the matter was that if a system of management was

needed, what was it to be and would it step on the cultural (money-making) mechanisms that were the bequest of the Industrial Revolution?

In comprehending how the Victorians devised an urban management system that could protect society's ability to produce wealth, maintain certain values deemed as sanctified, e.g. free-market principles and private property rights, certain factors must be appreciated. Firstly, there was the role and influence of the medical lobby, secondly the fetid conditions of the slums, thirdly the need to not imbalance the wheels of capitalism and finally to improve urban conditions. To meet such a criteria the Victorians embarked on a rational, preventative strategy – a tactic logical given their way of thinking and limited scientific knowledge as to the origins of infectious disease, and their belief that deterrents were the most effective and economical means to deal with sanitary threat (Lubenow, 1971: 95). The manoeuvre used may be summed up in a few words: new private housing regulations concerning light, air and space – an influence of miasmatic medical thinking. This means of regulating urban development had a two-prong line of attack. On the one hand it was to attack the most sub-standard properties, defined in a medical manner as being housing unfit for human habitation. Secondly the approach ensured that the construction of new houses conformed to certain minimum measures, focusing on light, air, space and structural standards which over time could be raised. Thus it was a long-term solution, one which would not bring instant relief from the maladies of urban life but one which over many years would bring improvement albeit slowly, thus presently little or no risk to society's ability to sustain its wealth via capitalism, but one which due to its focus upon new and not existing housing could only affect a maximum of 1% of the entire stock per annum (Rodger, 1989).

Whilst it is not necessary at this point to discuss the finer points of British public health and housing policy from the early-Victorian era to the early-1900s some important topics must be noted. Firstly there is the matter of how disease was caused, and the fact that the Victorians had no accurate and consensual view about it. For instance, between 1845 and 1856 over 700 works on Cholera were published in London alone, which as Wohl (1983) has implied reveals there was a wide range of views as to how the disease was caused, and how it could be prevented, yet until Dr John Snow by chance in 1854 turned off a water pump in Broad Street, London, not one single hypothesis had been proven correct. On a different note yet associated note was the issue of well-being, which the Victorians noted as reflecting upon the mood of people's faces and that by providing rules for betterment it would make people "contented and cheerful" (Slaney, 1848: 770) and remove "the loss and waste of health, and life, and happiness and strength, which are going on" (Morpeth, 1847: 738). Accordingly it was believed that happy people would make better workers. On a final note it must be remembered that public health as it emerged in Britain was not based on existing or foreign models, quite simply because no models existed that dealt with the demographic and environmental issues prevalent in British society, and at the same time there was no good way to choose among several defensible alternatives (Hamlin & Sheard, 1998: 587-91) due to a lack of empiricism. Even after the reappearance of Cholera in 1848, an event that led to the nationally executed Public Health Act (1848), an interventionist measure traditionally reserved for private action (Lubenow, 1971: 104) and the widening of rules to include water and

sewerage, everything in terms of implementation was still negotiable. The understanding of the national, to take a Pollardian view, in terms of health standards was artificial and distorted.

The Slow March and Garden Advancement

In creating Acts of Parliament relating to 'the housing question' British towns and cities both in a moral and physical sense initiated a process centring on making life more pleasant and healthy (Ashworth, 1954:58). In both individual and communal terms the Victorians, thank to the late-1830s-early-1840s work of Chadwick and his peers, recognised that housing had *some* impact upon health although it was an imprecise science to identify the exact role for housing as a determinant of health. But even though housing for the first time had been officially connected with health the betterment system hindered by numerous obstacles, making its pace of advancement slow, although over a drawn-out chronological time frame certain social patterns become apparent. In Scotland, for instance, the average number of persons per house fell from almost 8 in the early-Victorian times to below 5 by 1901, a result of tactics against overcrowded dwellings, and the crude death rates fell from 21.6 per thousand in 1841 to 14.6 in 1901. Yet, as already touched upon, obstructions to counteracting the costs of urbanisation existed, some of which were ideological although some were a product of an unaccommodating legal system. Therefore the limited local demand for improvements in some settlements, given the unwillingness of local elites to encroach upon private liberties and property rights (Woodward, 1962: 461) made progress go at a sluggish pace. Additionally, procedural complexities and the high financial cost of implementing clauses within Acts like the Land Clauses Consolidation Act (1845), which permitted the value of condemned houses to be set markedly above market value in order to soften the 'shock' of compulsory purchase, made the monetary cost of applying for, acquiring and implementing Parliamentary Acts high. It was not until 30 years later that local governments could borrow money from central government for the purpose of urban betterment at a non-exorbitant rate and undertake slum removal programmes, and it has been suggested that the health system was held back by elements of the political establishment who perceived public health as an extension of government into another area of national life (Lubenow, 1971: 95). Consequently British public health evolved thus in the eyes of some Victorians as a politically sensitive question, a question of intrusion as much as about taxation, and so was an issue not solely about social betterment. Accordingly the agenda of reformers had to be reworked so as to not be too controversial. On the one hand reformers could not push their agenda too strongly in light of concerns of public interference and increases in rates, even though part of their argument for establishing sanitary and housing legislation was that it would improve the working classes' condition, "producing a reduction of local taxes, and a strengthened national economy producing an increased national wealth. (*Ibid.*: 103)

Although sanitary reform led to many major advances as the Victorian period unfolded, like slum clearing and the banning of notorious housing forms like cellar dwellings and back-to-backs, it was not until the very end of the 1890s that a comprehensive solution to

ills of the industrial and urban age was proposed. This solution, the Garden City as it was called, was put forward in 1898 by a former parliamentary stenographer, Ebenezer Howard. The Garden City in many respects, as significant as it was in its own right, must be viewed however in a late-Victorian context of political and environmental transition. As part of this particular process were developments like the 1880s-1890s model settlements at Bournville and Port Sunlight, and the Local Government Act (1888), a decree that provided new vigour for municipal administration, gave national regulative control more coherence and made it more capable of meeting a broader range of problems. Accordingly it enlarged the kind of remedies regarded as appropriate. Of note too, the Housing of the Working Classes Act (1890), which for the first time encouraged suburban building for the labouring population so as to lessen overcrowding and associated problems at the urban core. Hence Ashworth's (1954) remark that greater advances were made in the last decade of the 19th century alone than in the period circa 1830s-1875. But crowning this advancement was Howard, whose Garden City was erected on three underpinning points: the town; countryside; and 'town-country', i.e. suburbia. Through establishing a socio-environmental model based on utilising the best features of these three spatial and social landscapes Howard in a revolutionary proclaimed a new urban civilisation would come forward, one rid of the problems established under industrialisation, one based on social and economic justice, and one embracing the antithesis of the Victorian City, nature. Yet importantly whilst in a radical reactive and proactive tone declaring the need to leave the 'old' cities and build 'new' ones this was to be achieved through private sector enterprise. Capitalism it seemed had yet again won the day.

Figure 4. Examples of the success of British housing development following on from (left) the back-to-back form to the late-Victorian by-law house (centre), and (right) the Garden City environment.



Howard's proposition, as noted before, was radical in nature. It comprised of building a brand new urban society, surrounded new settlements with green belts, a practical means to prevent the eating away of rural land by urban sprawl. In this environment the community was to be king and land ownership was to be put in the hands of all the local population, not just a select few. Capitalism it appeared could be somewhat communitarian if applied appropriately. In terms of health the Garden City would establish new conditions for working people. A high quality urban environment was to be a right for all living there, not just a luxury of a few as in the existing Victorian City. The environment was to be carefully shaped with regards to siting buildings, and carefully managed once completed. It utilised notions of community idea, a key construct of the

Victorian City, and aspired this feature through social and economic inclusion regarding the different social groups within society, and through self-sufficiency. The role of the local context, a major component of the British political *and* health system, was to be maintained. Urbanism was in the Garden City context a cultural and economic asset if carefully managed. Moreover financial investment and profit making, as noted subsequently, could improve the standard of lives, as all the Garden City's objectives were to be achieved within the scope of the existing legal, political and economic system (Morley, 2006) by a profit-making company. Capitalism and its implosive ability to manufacture problems in the urban development process would be resolved. Urbanisation as a social cost to the life of the poor was now the cure to their burdens.

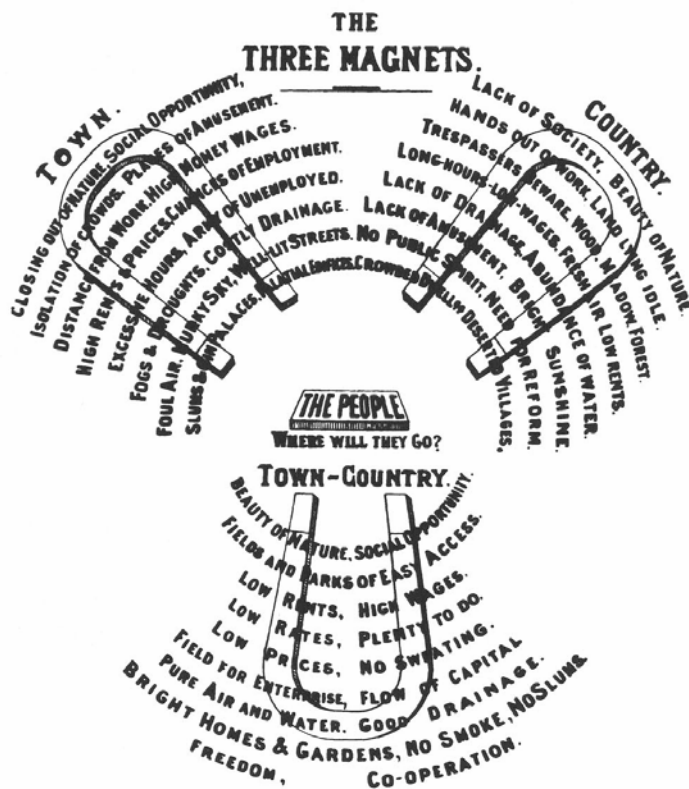


Figure 5. The Three Magnets, the crux of Ebenezer Howard's Garden City concept. To achieve this the First Garden City Limited, a company was established to make Howard's idea come to fruition. Investors would be rewarded with a maximum 5% dividend.

Conclusion

The British, as this paper has discussed, struggled from the 1830s until the end of the 19th century to improve living arrangements, to cope with the social detriments established by industrial progress and rapid urban growth, and to find a means on establishing some degree of social justice that was politically and ideologically compatible with attitudes prevalent amongst local elites so as to cope with urban 'costs' like slums, poor environmental conditions and ill-health. As commented upon, the significance of capitalism to the formation of British society was enormous at that time. Quite literally it was the cultural vertebrae upon which post-industrial British society was built and so any threat to it no matter how small was effectively a threat to society as a whole, or at least

by some it could be interpreted in such a way. However tentative steps were shown throughout the Victorian era towards betterment and collectively these steps were of such a scale that by 1898, with the Garden City, a new vision of British cities based on a distinct form of community development within the capitalist context had been presented. Innovative housing was proposed by the Garden City (and given in later years in Garden Suburbs) at an affordable cost, within low density surroundings and was accepted as a viable means to make workers happier, healthy and so more able to contribute to the national economy. The low density paradigm thus was a socially downward diffusion of existing middle class living patterns now conferred to the poor. Importantly as well through the growth of land values the financial integrity of Howard's model and private enterprise was maintained. By 1909, with the Housing, Town Planning Etc. Act, the concept was enshrined in law.

The explicit concern of this work, that is the contest of social justice versus economic development and political infringements, was a complex issue within British society after the onset of industrialisation. As described, the British model of coping with industrial change and its associate urbanisation had a medical definition and centred on defining homes unfit for human habitation. The introduction of environmental-social standards in Britain effectively initiated the world's first modern urban management process, a system based on the provision of good health for all citizens (*Ibid.*) through new house rulings. However the root of the issue, poverty was one that was neglected and consequently as successful as the British system was for bringing improvement it still was limited in approach and so outcome. Hence existing slums remained in some cities until the mid-20th century.

In the present day context of the motors of economies being cities, and the global introduction of sustainability practices, the issues of implosive energy to urban living, such as the polarisation between rich and poor, increases in slums and poverty, makes the topic of providing a better quality of life and the costs of urbanisations against the most vulnerable in urban society especially weighty. How city problems get resolved and how cities can be made more efficient relies not only on institutional changes brought about by modern values and behaviours, but a sense of responsibility amongst entrepreneurs that their practices can create harm as well as good. As Howard showed, through a sense of accountability as to what constitutes an adequate urban environment existing social, economic and political systems can be reworked in order to improve the lives on all, without intruding upon society's mechanisms to make money. Accordingly betterment may be bestowed to those most susceptible to the social and economic changes which cities bear brunt to, the very same types of people who Chadwick saw as living greatly shortened lives.

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