

A reflection on sickness and poverty in London in the late 19th century

'It was the best of times; it was the worst of times'

Charles Dickens, *A Tale of Two Cities* 1859

In 1859 when Londoners read the opening line of Charles Dickens' new novel about the French Revolution they would have been immediately struck by its relevance to contemporary life in the capital. By the time he wrote *A Tale of Two Cities* Dickens had created a powerful vision of London as a divided city where rich and poor lived side by side whilst inhabiting completely separate worlds. It is this vision that continues to this day to pervade our impression of London life in the Dickensian age.

Dickens was not just a novelist he was also a journalist who documented the growing evidence of poverty on London's streets. His awareness of social conditions was typically that of an educated, middle class man with a social conscience and strong Christian ethic struggling to understand the causes of poverty and its impact on the health and welfare of Londoners.

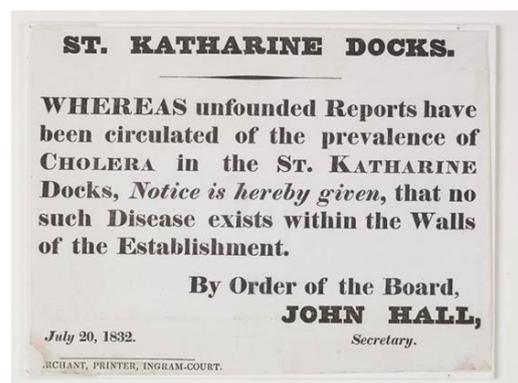
Although Dickens died in 1870, three years before the Metropolitan Hospital Sunday Fund was founded, his influence remained strong long after his death and would have informed much of the response to poverty expressed by those establishing charitable institutions throughout the mid-late 19th century.

By the 1850s when Dickens was at his most creative and influential London was the world's most powerful and wealthiest city. But it was also the world's most crowded city with a growing problem of poverty that threatened at times to overwhelm its magnificence. Whilst, at the beginning of the 19th century less than 1 million lived in London, by the 1850s the capital's population had doubled and, by the end of the 19th century 6.5 million lived in an ever expanding Greater London. London was now home to one in five of the UK population.

Such rapid population growth placed a tremendous strain on London's public services, in particular its fresh water supply, waste disposal and sewage systems and also caused a severe housing crisis. The greatest challenge for the city authorities thus became how to keep its growing and densely packed population healthy and nourished and free from disease.

The threat of mass epidemics of diseases such as cholera and typhoid in such an overcrowded city were never far from the surface. Whilst those living in overcrowded slum conditions were at greatest risk of infectious disease it was not just the poor who died young.

Tuberculosis, smallpox, cholera and typhoid were no respecter of class and killed both rich and poor. In the mid-19th century the high death rate amongst young children brought average life expectancy in London down to just 37 years.



Cholea Notice issued by the St Katharine Dock Company, 1832
©Museum of London

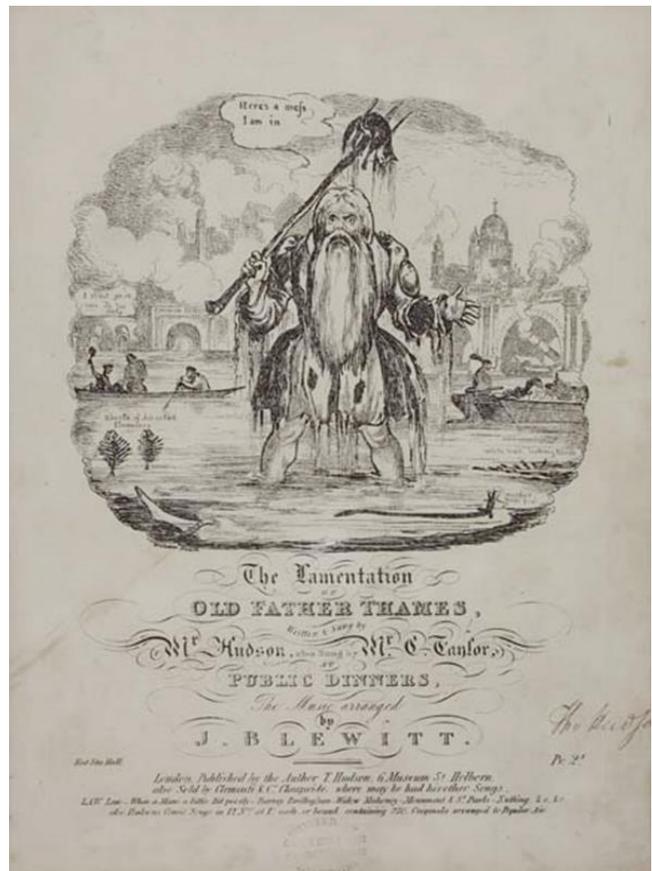
Dirt and smell were facts of urban life that equally contributed to the poor health of Londoners. People could not cross a road without the benefit of a crossing sweeper who cleared dust and horse manure from their path. The 'summer diarrhoea' that occurred annually and killed many, particularly infants was largely caused by swarms of flies feeding on manure, rotting food and human waste left exposed in the hot, steaming streets.

Smell was a potent characteristic of London life. In the 1850s London experienced the Great Stink when the River Thames became a giant sewer overflowing not only with human waste but also dead animals, rotting food and toxic raw materials from the riverside factories.

The Thames, once the lifeblood of the city, now became a river of death and Londoners, overwhelmed with the smell retreated behind closed doors and heavy curtains soaked in lime.

Such appalling conditions in the world's greatest city forced the authorities to act and, by the time the Metropolitan Hospital Sunday Fund was established in 1873, London was beginning to become a healthier city.

(Right: Songsheet for the popular song 'The lamentation of Old Father Thames', 1850s ©Museum of London)



The building of Bazalgette's great sewage system and Dr John Snow's discovery that cholera was carried in contaminated water rather than through smell had reduced the risk of water-borne diseases such as cholera. A co-ordinated approach to the disposal of waste led to a reduction in the swarms of disease spreading flies. In 1850-1860 the area of Whitechapel in east London had a typhoid death rate of 116 per 100,000; by 1890-1900 this had been reduced to just 13 per 100,000.

But whilst many benefited from such improvements poverty continued to be a cause of poor health for many. With up to one third of Londoners being identified as living in some degree of poverty there was a growing polarisation between the health of the 'better off' who were moving to modern well-ventilated homes with plumbing in the healthier suburbs and those in the inner city who continued to live in cramped, unsanitary slum conditions.

For these Londoners smell was not so easily removed from their lives as George Gissing noted in 1893 when describing Southwark 'An evil smell hung about the butchers' and the fish shops. A public-house poisoned a whole street with alcoholic fumes; from sewer-grates rose a miasma that caught the breath.'

(George Gissing, *The Day of Silence*, 1893)

Those born in London were distinguished from new arrivals to the capital by their unhealthy pallor, weak stature, a habit of talking louder than 'outsiders,' with a distinctive slang and accent affected by their need to breathe heavily through their mouths due to their congested nasal passages. The skin, clothes and nostrils of Londoners were filled with a compound of powdered granite, soot and still more nauseous substances. The biggest cause of death in London remained consumption or tuberculosis and lung disease. Recruitment for the Anglo-Boer War at the end of the 19th century had also revealed the poor health of Londoners when only 2 in 9 working class males were found to have been fully fit for combat. In 1903 the American Jack London equally noted the incapability of native Londoners to undertake demanding manual work.

'the air he breathes, and from which he never escapes, is sufficient to weaken him mentally and physically, so that he becomes unable to compete with the fresh virile life from the country hastening on to London Town to destroy and be destroyed'

It is incontrovertible that the children grow up into rotten adults, without virility or stamina, a weak-kneed, narrow-chested, listless breed, that crumples up and goes down in the brute struggle for life with the invading hordes from the country. The railway men, carriers, omnibus drivers, corn and timber porters, and all those who require physical stamina are largely drawn from the country'.

(Jack London, *The People of the Abyss* 1903)



A Starving Family, c.1900 This image is from an album depicting London's poor which was probably compiled by a charity to raise funds and inform the public about the plight of those living and working in London's poorest areas, such as the East End. © Museum of London

The Victorian cult of cleanliness served to separate and divide the classes even further. As bathrooms and running water became more available in the homes of the wealthy the poor were more obviously identifiable on the streets as 'the great unwashed'. Smell created a potent barrier between the social classes as the poor suffered from a lack of washing facilities and the high cost of soap and disinfectant. Middle class charity workers not used to such conditions often found the smell of the slums unbearable and heaved as they carried out their 'good works'. Christian charities linked cleanliness to the prevailing concept of the 'civilising mission' of Empire believing it to stand for progress. The distribution of free soap and disinfectant was believed to create not only healthy bodies but also healthy minds.

Malnutrition remained a problem for London's poorest and it was estimated up to 500 starved to death in the capital annually. Those who could afford to eat regular meals usually had a diet lacking in fresh fruit and vegetables resulting in vitamin deficiency and diseases such as rickets. Food contamination and lack of refrigeration were constant threats to health. In 1871 an epidemic of diarrhoea in London that killed 300 in three weeks, the majority of them children, was believed to have been caused by milk that had 'turned.' Large families contributed to poverty but infant mortality in London's slum areas remained high. In 1901 one in seven children (14.8%) died before they were a year old the major causes of death being hereditary syphilis, diarrhoea and lack of nutritious breast milk.



A young mother, exhausted from spending hours making matchboxes at home, with a sleeping child wrapped in a blanket at her feet. C.1900 ©Museum of London

Casual work was a fact of life for many but even those who had regular employment often found poor working conditions could result in poor health. Those in the sweated industries including newly arrived Jewish immigrants who worked in the steamy, unventilated garment factories in London's East End were often at greatest risk of London's greatest killer diseases of consumption and tuberculosis.

Religious and charitable organisations such as Metropolitan Hospital Sunday Fund worked tirelessly not only to improve the conditions of the poor but also to place pressure on the government and local authorities to take greater responsibility for the health and welfare of London's poorest citizens. Working closely together they initiated and funded projects that gradually improved the life of all those living in London's poorest areas.

The creation of landscaped green spaces such as Victoria Park in Hackney provided a 'vital lung' for those living in the slums. By 1880 the Metropolitan Drinking Fountain and Cattle Trough Association had erected 800 drinking fountains and troughs providing fresh water to up to 300,000 Londoners and 1,800 horses daily during the summer. The water fountain in Victoria Park was paid for by Baroness Burdett Coutts, the one in Regent's Park by the Maharajah of Vizianagram.

Private donations also funded the building of impressive hospitals that specialised in treating conditions that afflicted the poor such as tuberculosis. These included the City of London Hospital for Consumption and Chest diseases that continues today to offer excellent health care to Londoners in east London as the London Chest Hospital.



The provision of public bathing and washing facilities also became a high priority for both public health reformers and the borough authorities. By 1910 there were 50 wash-houses in London used weekly by over 60,000. Here Londoners could take a hot bath or wash their laundry alongside their neighbours in often ornate and grand buildings with marble fittings that were monuments to civic competitiveness.

(Left: City of London Hospital (Victoria Park Hospital) for Consumption and Chest diseases, 1906 © Museum of London)

The revelation that Londoners were unfit to serve in the Anglo-Boer war sparked a public debate on 'national efficiency' resulting in the widespread adoption of 'swedish drill' in schools, free school meals, school medical inspections and the creation of the Boy Scout Movement by the Anglo-Boer hero, Lieutenant-General Baden-Powell.

But whilst the government and local authorities gradually assumed greater responsibility for the health of the poorest, without a welfare state, charities remained a vital source of help and support for the most vulnerable. Poverty never leaves London and will always be an inevitable fact of life for the urban mass. Thus the charities founded in the Dickensian era of the 19th century, continue today to offer an equally essential life line for many of London's poorest citizens.

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