INTRODUCTION

Ever since Babylon, the great city has been damned as a great evil. Preachers and prophets, statesmen and statisticians, poets and public health experts—to say nothing of town-dwellers themselves—have accused the metropolis of being the *fons et origo*, the source and site of all manner of turpitude and corruption, of morbidity and mortality; and megalopolis has been judged merely the multiplier of the atrocities of metropolis. If Death could claim "*et in Arcadia ego*", the true force of such an observation derived from the fact that nobody needed to be reminded that the Grim Reaper's bumper harvest was being garnered every year from the labyrinths of hovels and tenements, with their attics, cellars, and subdivided rooms, that constituted the conurbation from ancient Ur to modern Mexico City. Indeed, through a rhetorical trope whose appeal has never been eclipsed, the city—whether the Biblical Sodom, Juvenal's Rome, Samuel Johnson's Juvenalian London, the "shock towns" of the industrial revolution, or the shanty towns of today's Third World—has been depicted not merely as a sink of slums and squalor, the breeding ground of disease, decadence and death, but as sickness itself incarnate, a wen, a cancer, a plague on everyone's houses. Inner-city blight and the dream of escape to rustic wholesomeness are not unique to the urban wastelands of modern times.[1]

Yet the great nostrum for the pestilence of the old city is, of course, the "new town".[2] The story of the city in history has not been one of high-density settlements abandoned in mass about-turns, the return to Nature, to eremitical desert caves, Forests of Arden, or other Edenic wombs. It has, rather, been one of hopes of reformation, rebuilding, renewal; in practice, less an attempt to retrace one's steps to the paradise garden, but rather faith in the possibility that a garden city, an ordered city, a clean city, could be made a reality. London rebuilt after the Fire,[3] or brand-new neo-classical Edinburgh,[4] Salt Lake City, Brasilia or Stevenage, would be safer, more salubrious, more civilized, than the settlements they were designed to supersede.

Ours is thus a phoenix vision of the city. New Orleans will be better than Orleans; Syracuse and Utica can be replanted in upstate New York in a prelapsarian New World. Cities will rise again from the ashes of hopes soured by mass crime, destitution, demoralization and pestilence. Doubtless this undying faith in the city as solution—surely the most outrageous triumph ever of hope over experience?—is finally simple pragmatism: for governments and peoples alike, crises of subsistence, of self-protection and preservation, seem more likely to be solved when problems, resources, and opportunities are demographically and spatially concentrated—even if the "solution" is bread and circuses.

[1] For the social history of such cultural stereotypes of the city, see above all Raymond Williams, *The country and the city* London, Chatto & Windus, 1973; M. Byrd, *London transformed*, New Haven and London, Yale University Press, 1978; A. J. Weitzman, 'Eighteenth century London: urban paradise or fallen city?', *J. Hist. Ideas*, 1975, **36**: 469–80.

[2] For visions of the city regenerated, see B. Coleman, *The idea of the city in nineteenth-century Britain*, London, Routledge & Kegan Paul, 1973; Felix Barker, *London as it might have been*, London, Murray, 1982.

[3] W. G. Bell, *The Great Fire of London in 1666*, London, John Lane, 1923.

[4] A. J. Youngson, *The making of Classical Edinburgh 1750–1840*, Edinburgh University Press, 1966.

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But the city also looms large, not just, as noted, in our demonologies of decay and doom, but in our positive cultural ideals. The philosophy of Graeco-Roman antiquity engendered all the symbols. The city must, surely, be the cradle of civilization; the *polis* would serve as the centre of politics and politeness, to say nothing of police; the *urbs* would nurture urbanity. City air makes free, medieval legal thinking was to add. All subsequent theories of progress have set great store by the significance of the transition from the country to the city (the pastoral is itself the product of city intellectuals, and thus an oblique index of progress). If, as Marx stressed, rural life spelt "idiocy" (in the literal sense—life as isolated units—no less than the figurative), then the destiny of the city was to realize man's potential for being a social, and sociable, animal. In short, if the city breeds sickness, hunger, lawlessness and mortality, its promise is also to give us drains, hospitals, granaries, government, and that final, desperate, death-defying device of the psyche, culture.[5]

As often emphasized by scholars from Lewis Mumford to Fernand Braudel,[6] the city in history shows these contradictory forces in ceaseless agitation and tension. Overcrowded, precarious, huddled populations, distanced from the most direct sources of daily subsistence, set appalling strains upon social organization and economic survival; but high-density living also creates the opportunities, as well as the necessity, for overcoming the constant threats posed by disease, destitution and other disasters. Out of the mental concentration provided by the urban milieu arises recognition of the need to investigate, to analyse, to tackle the problems of epidemics,[7] of food supply and its distribution,[8] of housing,[9] heating, pollution,[10] and

[5] For a broad perspective upon these stereotypes of the city as engine of civilization, see Norbert Elias, *The civilizing process*, New York, Pantheon; vol. 1: *The history of manners* (1978); vol. 2: *Power and civility* (1982); vol. 3: *The court society* (1983).
[6] Lewis Mumford, *The city in history: its origins, its transformations and its prospects*, London, Secker & Warburg, 1961. F. Braudel, *Civilization and capitalism, 15th–18th century*, London, Collins; vol. 1: *The structures of everyday life*, rev. trans. by S. Reynolds (1982); vol. 2: *The wheels of commerce*, trans. Siân Reynolds (1982); vol. 3: *The perspective of the world*, trans. Siân Reynolds (1984). See also Peter Burke, *Venice and Amsterdam*, London, Temple Smith, 1974; *idem*, 'Some reflections on the pre-industrial city', *Urban Hist. Yearbook*, 1975, **2**: 13–21; J. De Vries, *European urbanization, 1500–1800*, Cambridge, Mass., Harvard University Press, 1984.
[7] For epidemics and responses to them in Britain see Leslie Clarkson, *Death, disease and famine in pre-industrial England*, Dublin, Gill & Macmillan, 1975; M. J. Dobson, 'Population, disease and mortality in Southeast England, 1600–1800', Oxford University, D.Phil. Thesis, 1982; *idem*, 'A chronology of epidemic disease and mortality in Southeast England, 1601–1800', *Historical Research Series*, 1987, **19**; *idem, From Old England to New England: changing patterns of mortality*, School of Geography, University of Oxford Research Paper 38, 1987.
[8] On food and famine, dearth and dearness, see A. Appleby, *Famine in Tudor and Stuart England*, Stanford, Stanford University Press, 1978; *idem*, 'Nutrition and disease: the case of London, 1550–1750', *J. interdis. Hist.*, 1975, **6**: 1–22. See also J. A. Chartres, 'Food consumption and internal trade', in A. L. Beier and R. A. P. Finlay (eds), *London 1500–1700: the making of the metropolis*, London, Longman, 1986; *idem, Internal trade in England, 1500–1700*, London, Macmillan, 1977; and for a later period, see D. J. Oddy, 'Food in the nineteenth century: nutrition in the first urban society', *Proc. Nutrition Soc.*, 1970, **29**: 150–7; *idem, The making of the modern British diet*, London, Croom Helm, 1976; *idem, Diet and health in modern Britain*, London, Croom Helm, 1985.
[9] John Burnett, *A social history of housing, 1815–1985*, 2nd rev. ed. of *A social history of housing, 1815–1970*, London, Methuen, 1986; M. Daunton, *House and home in the Victorian city*, London, Edward Arnold, 1983.
[10] Important in the history of urban health is atmospheric pollution. See Peter Brimblecombe, *The big smoke: a history of air pollution in London since medieval times*, London and New York, Methuen, 1987; H. T. Bernstein, 'The mysterious disappearance of Edwardian London fog', *London J.*, 1975, **1**: 189–206.

hygiene. The modern city, one might say, was thus symbolically inscribed in the bills of mortality:[11] for therein lay proof positive of the appalling pathology of urban existence, yet at the same time, the springs of the detailed, empirical knowledge that in time would enable—indeed, would compel—that pathogenicity to be fought.

Of all these processes just evoked, the history of London offers a perfect illustration. Already, by the high Middle Ages, and, significantly, the Black Death, London was emerging as one of Europe's great cities—demographically, commercially, politically.[12] It was also assuming a peculiarity that was subsequently to differentiate it decisively from the cities of Italy, of the Low Countries, and of most other Continental kingdoms: that is, its tendency to expand quite disproportionately to any other urban centre in the nation. If Italy was a forest of great cities, none dwarfing the rest, England by contrast became the country of a single gigantic urban oak, fringed by an elfin ring of puny saplings. Such trends became more accentuated throughout the early modern era. In the seventeenth century, London rose to become easily the largest city in Christendom. And its history further diverged from that of Paris, Amsterdam or Florence by incomparably outstripping all its domestic rivals—Norwich, Exeter, Bristol, York—or even, for that matter, in the age of industrialization, Birmingham or Newcastle, Glasgow or Cardiff.[13] Such developments mean that the economic, demographic, and medical development of London was truly a succession of leaps in the dark for contemporaries, forced to make utterly unprecedented responses to human challenges, to a far greater degree than can be said of most communities elsewhere.

From Dekker, through Defoe, to Dickens, Doré and beyond, contemporaries were conscious that they were witnessing, if not indeed creating, an unexampled human experiment, whose success hung in the balance.[14] It is our job, as scholars, to recreate

[11] John Graunt, *Natural and political observations upon the Bills of Mortality*, ed. W. F. Willcox, Baltimore, Md, Johns Hopkins University Press, 1939; T. Short, *New observations on city, town and country Bills of Mortality*, London, Longman, 1750; repr. with an introduction by R. Wall, Farnborough, Gregg, 1973.

[12] For the medieval period see A. R. Myers, *London in the age of Chaucer*, Norman, Okla., and London, University of Oklahoma Press, 1988; R. Bird, *The turbulent London of Richard II*, London, Longmans Green, 1951. London's later growth has classically been charted by Fisher and Wrigley. See F. J. Fisher, 'The development of London as a centre of conspicuous consumption in the sixteenth and seventeenth centuries', *Trans. R. Hist. Soc.*, 4th ser., 1948, **30**: 37–50; *idem*, 'The development of the London food market, 1540–1640', *Econ. Hist. Rev.*, 1935, **5**: 46–64; *idem*,'The growth of London', in E. W. Ives (ed.), *The English Revolution, 1600–60*, London, Edward Arnold, 1968; E. A. Wrigley, 'A simple model of London's importance in changing English society and economy, 1650–1750', *Past and Present*, 1967, **37**: 44–70; *idem*, 'Urban growth and agricultural change: England and the Continent in the early modern period', *J. interdis. Hist.*, 1985, **15**: 683–728; *idem*, *Continuity, chance and change: the character of the Industrial Revolution in England*, Cambridge University Press, 1988.

[13] For surveys of urban growth in context of the early modern economy, see Peter Clark and Paul Slack (eds), *Crisis and order in English towns, 1500–1700: essays in urban history*, Toronto and Buffalo, University of Toronto Press, 1972; P. Borsay, 'Urban development in the age of Defoe', in Clyve Jones (ed.), *Britain in the first Age of Party, 1680–1750*, London: Hambledon Press, 1987, 85–110; and for broader contexts of urban developments see C. Clay, *Economic expansion and social change in England, 1500–1700*, 2 vols, Cambridge University Press, 1984; D. C. Coleman, *The economy of England 1450–1750*, London, Oxford University Press, 1977; C. W. Chalklin, *The provincial towns of Georgian England*, Montreal, McGill University Press, 1974.

[14] For instance, see Daniel Defoe, *A tour through the whole island of Great Britain*, ed. by P. Rogers, London, Penguin, 1962; J. Lindsay, *The monster city: Defoe's London, 1688–1730*, London, Hart Davis,

that feeling of wonderment inspired by the monster city; but we must also go beyond, and analyse its extraordinary dynamics, plotting rival forces of integration and disintegration, showing how doctors, statesmen and experts responded to them, and demonstrating the consequences—often tragically *unintended*—of the remedial policies they pursued. *Living and Dying in London* surveys the challenges to well-being and life itself posed by the expansion of the great city; it assesses contemporary responses and outlooks, from those of ordinary Londoners up to the legislature, and investigates attempts to counteract threats to survival.

The scholars contributing to this volume are able to build upon rising scholarly edifices within many distinct specialisms. As Rubinstein has shown, the line of "historians of London" is long and distinguished, graced since Tudor times by antiquarians, topographers, and those personally involved in City companies and City government.[15] In the Victorian age, campaigns to reform London's institutions spawned their own *engagé* historical writings, typically of a highly Whiggish cast,[16] which would in turn provide valuable empirical foundations for the more scholarly analyses emerging in the earlier part of the present century—some of which, for instance, Dorothy George's *London life in the eighteenth century* (1925), have not yet been wholly superseded.[17]

Yet over the last thirty years a far more sophisticated historiography has taken root. This is thanks in part to advances in the social sciences. Broad models of growth, developed by town planners, urban geographers, and historical sociologists, have been applied to the specific case of the exploding metropolis.[18] Urban history has emerged as a separate speciality, with presuppositions and methodologies of its own.[19] Thanks to the computer, historical demography has come of age as a scholarly discipline of immense power, and its findings in turn have shed abundant light upon our understanding of urban migration movements, changing patterns of morbidity and mortality, life expectancy, and familial and social composition.[20]

1978; Peter Earle, *The world of Defoe*, London, Weidenfeld & Nicolson, 1976; A. D. Bell, *London in the age of Dickens*, Norman, Okla., University of Oklahoma Press, 1967.

[15] S. J. Rubinstein, *Historians of London*, London, Peter Olson, 1968.

[16] See, for instance, the following books by Walter Besant (all published in London by A. & C. Black); *London in the time of the Stuarts* (1903), *London in the time of the Tudors* (1904), *London in the eighteenth century* (1902), *London in the nineteenth century* (1909), *London north of the Thames* (1911), *London south of the Thames* (1912), *London City* (1910); and Charles Welch, *Modern history of the city of London; a record of municipal and social progress, from 1760 to the present day*, London, Blades, East & Blades, 1896.

[17] M. Dorothy George, *London life in the eighteenth century*, London, Kegan Paul, 1925; W. G. Bell, *The Great Plague in London in 1665*, London, John Lane, Bodley Head, 1924; N. G. Brett-James, *The growth of Stuart London*, London, London and Middlesex Archaeological Society, 1935.

[18] For discussions see Philip Abrams and E. A. Wrigley (eds), *Towns in societies: essays in economic history and historical sociology*, Cambridge, Cambridge University Press, 1978; Paul M. Hohenberg, *The making of urban Europe, 1000–1950*, Cambridge, Mass., Harvard University Press, 1985.

[19] Critical in Britain was the contribution of H. J. Dyos. See his *The study of urban history*, London, Edward Arnold, 1968; see also Derek Fraser and Anthony Sutcliffe (eds), *Exploring the urban past*, London, Edward Arnold, 1983; H. J. Dyos and M. Wolff (eds), *The Victorian city*, 2 vols, London, Routledge & Kegan Paul, 1973; Dyos, 'A castle of Everyman', *London J.*, 1975, **1**: 118–34. See also D. Fraser and A. Sutcliffe (eds), *The pursuit of urban history*, London, Edward Arnold, 1983; Paul Bairoch, *Cities and economic development: from the dawn of history to the present*, trans. Christopher Braider, University of Chicago Press, 1988.

[20] Classic amongst English studies is E. A. Wrigley and R. S. Schofield, *The population history of England, 1541–1871*, London, Edward Arnold, 1981. For London in particular see R. A. P. Finlay's pathbreaking

At the risk of some over-simplification, it may be said that the histories of London predominant half a century ago concentrated upon noble architectural achievements (and the fashionable world associated with them),[21] upon cataclysms such as bubonic plague, the Fire, the Gordon Riots,[22] and cholera, and upon the endeavours of heroic reformers and legislators to modernize the city, its governmental system, and its public health. Nowadays, while valuable research continues to be done in these fields,[23] a different angle of vision predominates. There is a stress upon community studies, grounded upon an intimate knowledge of the archives of parochial populations and their administration, and equally upon the self-adjusting socio-economies of occupational groups, networks of trade and employment, and grass-roots political activism, all situated in context of the wider pressures and opportunities present in a metropolis emerging as the hub of an empire upon which the sun never set.[24] In all specialist fields of historical inquiry, the new London histories—the plural is crucial—are shifting attention from high society and from high-level official and legislative activities to the teeming, confused—and all-too-often frustrating to research!—mass of life swarming below. Such trends are reflected, and advanced, by the contributions to this volume, with their examinination of problems of population and mobility, of water supply, of changing patterns of geographical dispersion, and of housing and so forth. Here the emphasis falls not (as so often in the past) upon Jones and Wren, Hanway and Howard, Chadwick and Simon, Bazalgette and Frankland—the traditional heroes of London rebuilt and sanitized—nor upon the artefacts habitually associated with them: cathedrals, workhouses, reservoirs and the main drainage system. Rather, it focuses upon shifting populations; the ebbs and flows of epidemics; wells, ditches, cesspits, and a multitude of rival private water companies; night-soil men, speculative builders, and pig-keepers; parish provision for the halt and the lame; and the practical endeavours of obscure doctors in manning dispensaries and advocating fresh air. If the broad subject of this book is the public health of London, here it is primarily conceived as centring upon the people at large, in a manner quite foreign to the parliamentary-bill-orientated visions of C. Fraser Brockington and similar scholars.[25]

Population and metropolis: the demography of London, 1580–1650, Cambridge University Press, 1981. For wider implications see Peter Clark and David Souden (eds), *Migration and society in early modern England*, London, Hutchinson, 1987, especially Jeremy Boulton, 'Neighbourhood migration in early modern London', pp. 107–49.

[21] For a classic, see Sir John Summerson, *Georgian London*, London, Pleiades Books, 1945; rev. ed., Harmondsworth, Penguin Books, 1978.

[22] J. Paul de Castro, *The Gordon Riots*, London, H. Milford, 1926.

[23] For example, see M. Durey, *The return of the plague: British society and the cholera 1831–2*, Dublin, Gill & Macmillan, 1979; M. Pelling, *Cholera, fever and English medicine 1825–65*, London, Oxford University Press, 1978; P. Slack, *The impact of plague in Tudor and Stuart England*, London, Routledge & Kegan Paul, 1985.

[24] Especially important as a signpost in this respect is the volume edited by A. L. Beier and R. Finlay, cited in note 8 above.

[25] C. Fraser Brockington, *Public health in the nineteenth century*, Edinburgh and London, E. & S. Livingstone, 1965; *idem*, *A short history of public health*, London, J. & A. Churchill, 1966. For a revisionist view on dispensaries, see Mary Chaumard, *The dispensary movement in London*, London, Routledge, forthcoming.

Another change in modern scholarship is also reflected in, and advanced by, this volume. Traditionally, the history of London's public health—its problems and equally its solutions—had its centre of gravity, its acme of achievement, in the Victorian age. From the late eighteenth century, industrialization and the population explosion together (so the story ran) exacerbated and brought to light the grave, and often deadly, deficiences in urban utilities, amenities, and public health provision characteristic of the traditional city. "Neglect" was discovered.

Attention was drawn to such problems, above all by the utilitarian, Edwin Chadwick, in a series of reports leading up to, and expanding out from, the establishment of the New Poor Law in 1834. By fits and starts, Chadwickian sanitarianism was succeeded by the high Victorian public health administration associated with Sir John Simon at the Privy Council, later with the Local Government Board, and finally with the London County Council, one of whose finest hours was the municipalization of London's water supply in 1904. We have long possessed excellent accounts of the mobilization and systematization of public health under the Victorians, especially studies of Chadwick and Simon.[26] Scholars such as David Owen, Donald Olsen, and Anthony Wohl have immensely expanded our grasp of the turmoils and triumphs of the cleaning-up of Victorian London;[27] and nineteenth-century issues are accorded their proper place in the present volume.

But perspectives have been changing. The domination of the Victorian age in discussions of the health threats posed by the metropolis, and of responses to them, is becoming recognized as distorting and is coming to an end. Historians are increasingly questioning the well-entrenched reading of the onward march of public health. This vision of centuries of ignorance, neglect, and technological primitivism being finally superseded by energetic, public-spirited Victorians—at last inventing the Blue Book, the small-bore sewer pipe, scientific water analysis, the workhouse infirmary, the fever hospital, and, unlike their supine precursors, setting about with belated zeal to secure the public health—is a caricature. We must abandon the notion of a single, uniform public health problem that steadily worsened over the generations—water supplies growing ever fouler, graveyards filling to bursting point, infant mortality becoming ever more catastrophic—until, prompted by necessity, or by Benthamism, or by the Evangelical conscience, remedial action was finally taken. The true pattern was different. Every successive age had problems specific to itself, and promoted its own initiatives and partial solutions, relevant and appropriate to its own notions of lawful action, of the rightful division of public and private responsibilities, and its own faith in medico-scientific technologies. However, we must not overestimate the effectiveness of the measures taken by the Victorians. Christopher Hamlin has convincingly demonstrated that analysts were no better at

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[26] D. J. Olsen, *The growth of Victorian London*, London, Edward Arnold, 1983; *idem, The city as a work of art: London, Paris, Vienna*, New Haven, Conn., Yale University Press, 1986; *idem, Town planning in London: the eighteenth and nineteenth centuries*, New Haven, Conn., Yale University Press, 1982; A. Wohl, *The eternal slum: housing and social policy in Victorian London*, London, Edward Arnold, 1977; D. Owen, *The government of Victorian London, 1855–89*, ed. by Roy MacLeod, Cambridge, Mass., Harvard University Press, 1982.

[27] S. E. Finer, *The life and times of Sir Edwin Chadwick*, London, Methuen, 1952; Royston Lambert, *Sir John Simon, 1816–1904, and English social administration*, London, MacGibbon & Kee, 1963.

testing the threats potable water posed to public health in 1900 than they had been in 1850, for all the improvements in analytical chemistry that had occurred in the interim,[28] to say nothing of the rise of bacteriology.[29] Neither must we exaggerate the apathy or ineptitude of the grandfathers of the Victorians. In the late twentieth century, we might well be inclined to take it for granted that only the centralized, bureaucratized, expert-led initiatives undertaken by Victorian government were capable of making inroads into the magnitude of the metropolis's sanitation and social problems. But the contributors to this collection also demonstrate that individual citizens, private enterprise initiatives, and parochial action should not be ignored, both before the nineteenth century and during the Victorian age, as contributions towards making London a safer and more salubrious place for its citizens. Such research is revealing the coexistence and coalescence of a multiplicity of approaches to meeting elementary human needs (for water, sanitation, waste disposal, burial grounds, a breathable atmosphere, nuisance removal) being tried over the centuries, using technologies appropriate to the times, and various intermixtures of private enterprise and public regulation.

Hindsight creates blindspots. We can easily prejudge that the solutions our own times have come to adopt must be the right ones, and indeed, must have been found before, had not earlier generations been blinkered by vested interests or overcome by apathy. Who amongst us would doubt that one of the first priorities of public health is the provision of a continuous supply of piped water and a system of mains drainage for sewage disposal? Yet, as Rosemary Weinstein, Roy Porter and Anne Hardy all indicate in their essays below, it did not always seem that way to Londoners. Well-water, pump-water, and spring-water were long prized for their taste and purity; corps of scavengers could handle night-soil fairly efficiently.[30] Indeed, the popularization of the water-closet and the extension of a waste-disposal system linked to the Thames proved, in the short run, a severe health hazard—rather as the terrible 1892 cholera epidemic in Hamburg followed directly the introduction of a newly installed public system of piped water.[31] It may be a matter of justifiable pride that London achieved large-scale provision of piped water and mains sewage long before Paris. It is less clear whether these advances—doubtless beneficial in the long run—did not in the interim put the health of Londoners in some jeopardy, because of their tendency to spread pollution. As Alain Corbin has demonstrated, nineteenth-century Paris took a very different road to public health from that adopted by London: their comparative successes and failures would repay careful evaluation.[32]

[28] Christopher Hamlin, *A science of impurity: water analysis and the manufacture of expertise in nineteenth-century Britain*, Bristol, Adam Hilger, 1990.

[29] On the ambivalent blessings of bacteriology see D. E. Watkins, 'The English revolution in social medicine, 1889–1911', University of London PhD thesis, 1984.

[30] As late as the First World War, Girton College, Cambridge, maintained its system of sawdust closets, without any apparent detriment to the health of its students. Dorothy Marshall, 'Personalia', *Historian*, 1989, **23**: 22.

[31] Richard Evans, *Death in Hamburg: society and politics in the cholera years 1830–1910*, Oxford, Clarendon Press, 1987: the Hamburg system provided abundant, cheap, polluted water to every home. No proper filtration system had been incorporated. For the water-closet and London see Bill Luckin, *Pollution and control: a social history of the Thames in the nineteenth century*, Bristol, Adam Hilger, 1986.

[32] A. Corbin, *The foul and the fragrant: odor and the French social imagination*, trans. of *Le miasme et la jonquille*, Cambridge, Mass., Harvard University Press; and Leamington Spa, Berg, 1986.

The same warning against instinctive Whiggism applies to our reading of the care of the weak, the vulnerable, and the sick. We readily look to the past with eyes familiar with twentieth-century frameworks of public health legislation, of hospital provision, and of the National Health Service network of medical care, and award bouquets and brickbats according as we find their presence or absence. All too often, such informal criteria for judgement are fallacious, and we fail to appreciate the rationales, the appropriateness, and the actual efficacy of the arrangements of the past. Back in the seventeenth and eighteenth centuries, Londoners extensively wet-nursed their infants. This practice has been widely treated by historians as bad parenting, the survival of a traditional habit that had begun to be superseded in the age of the Enlightenment. But more careful evaluation is required. As John Landers emphasizes in the opening essay in the volume, by far the most susceptible segment of London's population two or three centuries ago was the very young. In such circumstances, the widespread custom of putting infants out to nurse in villages ten or fifteen miles distant from London's health risks—a practice analysed in a recent article by Valerie Fildes—may show not parental indifference, but foresight and humane child care.[33]

Similarly, historians have often remarked critically upon the dearth of institutions providing bed facilities for the sick in early modern London. Following the closure of so many charitable foundations at the Reformation, few infirmaries were available before the eighteenth-century drive to create the voluntary hospital, and the sick poor did not routinely have access to hospital beds before the advent of the workhouse infirmary in the Victorian era.[34] We should not, however, leap to the conclusion that the immobilized sick poor were merely neglected. For, as Andrew Wear demonstrates below, care for such people was commonly provided under the Old Poor Law within the parish, often in a domiciliary manner. Such nursing care was *ad hoc*, but it could be normal, generous, and, within obvious limitations, effective.[35] This is by no means to imply that the old ways were best. It is merely to emphasize that it is too often forgotten that, in matters of public health and hygiene, each age has its own problems, perspectives, and solutions. Today's historical research, not least that presented in this volume, requires that these be assessed upon their own terms.

[33]For discussions see Valerie Fildes, *Breasts, bottles and babies: a history of infant feeding*, Edinburgh University Press, 1986; *idem.*, *Wet nursing from antiquity to the present*, Oxford and New York, Basil Blackwell, 1988; and 'The English wet-nurse and her role in infant care 1538–1800', *Med. Hist.*, 1988, **32**: 142–73.

[34] For some remarks on this problem see the 'Introduction' to L. Granshaw and R. Porter (eds), *Hospitals in history*, London, Routledge, 1989; and also J. Woodward, *To do the sick no harm: a study of the British voluntary hospital system to 1875*, London and Boston, Mass., Routledge & Kegan Paul, 1974.

[35] Compare Ernest Thomas, 'The Old Poor Law and medicine', *Med. Hist.*, 1980, **24**: 1–19; S. M. Macfarlane, 'Studies in poverty and poor relief in London at the end of the seventeenth century', Oxford University DPhil. thesis, 1982. For the wider medical background see Margaret Pelling and Charles Webster, 'Medical practitioners', in C. Webster (ed.), *Health, medicine and mortality in the sixteenth century*, Cambridge University Press, 1979, 165–233; Margaret Pelling, 'Apothecaries and other medical practitioners in Norwich around 1600', *Pharmaceutical Historian*, 1983, **13**: 5–8; *idem*, 'Old people and poverty in early modern towns', *Bull. Soc. Social Hist. Med.*, 1984, **34**: 42–7; *idem*, 'Healing the sick poor: social policy and disability in Norwich, 1500–1640', *Med. Hist.*, 1985, **29**: 115–37; *idem*, 'Appearance and reality: barber-surgeons, the body and disease', in Beier and Finlay (eds), op. cit., note 8 above, 82–112; *idem*, 'Medical practice in early modern England: trade or profession?', in W. Prest (ed.), *The professions in early modern England*, London, Croom Helm, 1987, 90–128. For élite practice, see also H. Cook, *The decline of the old medical regime in Stuart London*, Ithaca, NY, Cornell University Press, 1986.

Finally, it may be helpful to say a word about the interlinking of the papers in this volume—which are printed in broadly chronological order—and its overall structure. It opens with the vexed question of London's population, clearly the foundation for the discussion of all other issues. It has been customary to argue that London's extraordinary numerical growth was entirely due to immigration, for parish records show that baptisms were easily outnumbered by burials, at least till near the close of the eighteenth century. But, given the parlous state of parochial record-keeping in the metropolis, and the under-registration due to religious dissent, can such documentation be trusted? By deploying sophisticated techniques of family reconstitution upon rather more reliable Quaker meeting records, John Landers actually confirms the accuracy of the traditional picture of demographic growth. By highlighting the vulnerability of the very young, and showing the frequency of gastric sickness as a cause of infant deaths, his analysis points towards a wider discussion of sanitary conditions: might the apparent dip in infant death rates towards the close of the eighteenth century suggest that water supplies were actually improving in quality?

The water question is central to three papers in this volume, spanning the period from the late Middle Ages to the close of the nineteenth century. Rosemary Weinstein shows that, particularly from the sixteenth century, considerable energy, enterprise and capital—mainly private—were being directed to the extension of a tolerably adequate water supply to those citizens who could afford it. Roy Porter indicates the spread of private water undertakings during the Georgian era, and Anne Hardy offers a complex and rounded assessment of the achievements and shortcomings of private water provision in the Victorian age. Overall, she suggests, water provision was demand-led. By and large, consumers got the water supply they were prepared, or able, to pay for. Reformers certainly deplored its inadequacy, in terms of both quality and quantity; but it remains to be demonstrated how far London's population at large in earlier centuries ever actually perceived itself as deprived of proper supplies of the fluid at the turn of a tap.[36]

Andrew Wear examines the perhaps surprisingly extensive provision of nursing and medical facilities afforded by a seventeenth-century inner-city parish. Looking at the Georgian city in rather broader terms, Porter underlines the importance of growing geographical and social differentiation,[37] suggesting that, at least in the more prosperous newly-developed areas, influential citizens consorted actively to ensure public cleanliness and salubrity; while ordinary medical practitioners became increasingly involved in public health, in bringing health care provision to the poorer sectors of the population through the establishment of dispensaries and so forth.[38]

A picture of parochial energy appears in Gerry Kearns's study of Islington in the early-Victorian age, a district of London whose growth was ultra-rapid, and which

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[36] On what consumers wanted out of their water, see the interesting discussion in J.-P. Goubert, *The conquest of water: the advent of health in the industrial age*, Cambridge, Polity Press, 1989.

[37] A point well made in P. J. Corfield, *The impact of English Towns 1700–1800*, Oxford University Press, 1982. See also R. B. Schwartz, *Daily life in Johnson's London*, Madison, Wis., University of Wisconsin Press, 1983.

[38] For dispensaries, see Irvine Loudon, 'Historical importance of outpatients', *Br. med. J.*, 1978, i: 974–77; *idem*, 'The origins and growth of the dispensary movement in England', *Bull. Hist. Med.*, 1981, **55**: 322–42; Mary Chaumard, *Dispensaries in nineteenth-century London*, London, Routledge, forthcoming.

was consequently liable to the acute problems of regulating housing, constructing a road system, laying down sewerage, and so forth. We are highly familiar—through the growlings of ardent "centralizers" such as Chadwick, to say nothing of sensationalist novelists like Dickens—with the image of the Victorian vestry as obstructionist and the ratepayer as pennypinching. But that is far from the picture that Kearns draws of Islington. Its householders and parish officers alike were frequently active in making use of the new statutory powers afforded by the successive public health legislation and nuisance acts. Energetic steps to improve public health were taken—they were, one must add, sorely needed—and not only during the cholera years. In retrospect, it should not surprise us that decent bourgeois citizens wanted a stake in securing a pleasant and wholesome environment for their families; what is, perhaps, surprising is the readiness with which historians have accepted the Chadwickian narrative of mean and entrenched local officials apparently choosing to maintain squalor just to spite him.

Yet if Kearns presents a somewhat optimistic picture of early-Victorian Islington, Martin Daunton's paper opens with the utterly depressing statistic that levels of infant mortality in that borough were as high in 1900 as they had been half a century earlier. Unremitting population pressure continually undermined any real prospect of improvement that civic activism might have effected. Worse, the intensification of public health measures sent household rates ever soaring. This, in turn, squeezed small property-owners, resulting in depletion and deterioration in the stock of housing available for renting, and a consequent drift to the slums, thereby further menacing general standards of life and hygiene. As Daunton points out, slum-clearance schemes all too often perpetuated the enormities they were intended to abolish, but in a different place. As appears from many of the case studies in this book, individual and local initiatives that augured well for improvement came up against structural impediments—generally market forces or property rights—which ensured that initial gains were counterbalanced by consequential evils.

Obviously, these seven essays between them have no pretensions to redrawing the map of London studies: in some ways, they may only make darkness more visible. They point to the fact that, in many cases, our understanding needs to proceed upon a locality-by-locality basis, or, indeed, parish-by-parish. This is partly because of the nature of the sources, and partly because London, like Los Angeles, is in many respects a collection of sharply differentiated villages.[39] Excellent localized research is presently appearing. Thus Jeremy Boulton has studied community life in the suburban area of Southwark in the seventeenth century;[40] but as yet we still know rather little about other suburban localities, or indeed about the subsequent history of the South Bank itself. Some thirty years back, Dyos published an integrated history of the development of the suburb of Camberwell in the age of the railway (though it is noteworthy that Dyos said rather little about demographic and public health issues).[41] Dyos's monograph is a model study, but one that has, regrettably, been too

[39] Rayner Banham, *Los Angeles: the architecture of four ecologies*, London, Allen Lane, 1971.
[40] Jeremy Boulton, *Neighbourhood and society: a London suburb in the seventeenth century*, Cambridge University Press, 1987.
[41] H. J. Dyos, *Victorian suburb: a study of the growth of Camberwell*, Leicester University Press, 1961.

little followed. We are still not in a position to compare Camberwell to Clerkenwell or Clapton, or to contrast it with Chelsea. The same might be said for our understanding of local variations in morbidity and mortality. Many years ago, Thomas Forbes made a pioneering study of Aldgate in these respects.[42] Further researches remain to be undertaken.

A certain sort of scholarly selectivity seems to have dogged the writing of London's history. There is a long tradition of investigating its economic and business history in earlier centuries, doubtless because of the convenient availability of guild and company records.[43] By contrast, our understanding of the role played by the metropolis in the eighteenth and nineteenth centuries as a hub of manufacturing and industry is much less assured—presumably because of the allure of the Midlands and the North for historians of the Industrial Revolution. Much therefore remains to be discovered about industrial and occupational diseases in London in those centuries. How far, for instance, did prosperity and poverty determine prospects of healthier housing, more ample diets, and medical expenses?[44]

Similar strictures may still be applied to the wider medical history of London, which has been very patchily studied. Certain dimensions have been well covered. Fine analyses are now appearing of the recent development of the metropolitan hospital system,[45] and one substantial study has traced the emergence of the metropolitan medical élite in the Victorian era.[46] But it is a rather shocking fact that we have no up-to-date and sophisticated history of any of London's major general hospitals.[47] Our grasp of the ensemble of medical services on offer in the metropolis

[42] T. R. Forbes, *Chronicle from Aldgate: life and death in Shakespeare's London*, New Haven, Conn., Yale University Press, 1971; see also *idem*, 'By what disease or casualty: the changing face of death in London', *J. Hist. Med.*, 1976, **31**: 395–420.

[43] W. Scott, *The constitution and finance of English, Scottish and Irish joint stock companies to 1720*, 3 vols, Cambridge University Press, 1910–12; Sylvia Thrupp, *The merchant class of medieval London*, University of Chicago Press, 1948.

[44] For valuable pioneer work in this field see Peter Earle, *The making of the English middle class: business, society and family life in London, 1660–1730*, London, Methuen, 1989; *idem*, 'The female labour market in London in the late seventeenth and early eighteenth centuries', *Econ. Hist. Rev.*, 2nd ser., 1989, **42**: 328–53; H. Horwitz, '"The mess of the middle class" revisited: the case of the "big bourgeoisie" of Augustan London', *Continuity and Change*, 1987, **2**: 263–96; L. D. Schwarz, 'Social class and social geography: the middle classes in London at the end of the eighteenth century', *Social Hist.*, 1982, **7**: 167–85; *idem*, 'Income distribution and social structure in London in the late eighteenth century', *Econ. Hist. Rev.*, 2nd ser., 1979, **32**: 250–9; Sally Alexander, *Women's work in nineteenth-century London: a study of the years 1820–1950*, London, Journeyman, 1983.

[45] Geoffrey Rivett, *The development of the London hospital system, 1823–1982*, London, King Edward's Hospital Fund for London, 1986.

[46] M. J. Peterson, *The medical profession in mid-Victorian London*, Berkeley, Calif., University of California Press, 1978.

[47] Some fine specialist studies are available. See, R. McClure, *Coram's children: the London Foundling Hospital in the eighteenth century*, New Haven, Conn., Yale University Press, 1981; J. Bettley, 'Post voluptatem misericordia: the rise and fall of the London lock Hospitals', *London J.*, 1984, **10**: 167–75; for the fever hospital, W. F. Bynum, 'Hospital, disease, and community: the London Fever Hospital, 1801–50', in C. E. Rosenberg (ed.), *Healing and history: essays for George Rosen*, New York, Science History Publications; and Folkestone, Kent, Dawson, 1979, 97–115; Lindsay Granshaw, *St Mark's Hospital, London: a social history of a specialist hospital*, London, King's Fund Historical Series, 1985; and Jonathan Andrews, 'A history of Bethlem Hospital, *c.* 1600–1750', University of London, PhD thesis, 1991.

in, say, 1500, 1600, 1700 or 1800—not to mention more informal lay networks of health care and support—is, at best, sporadic.[48]

To point out these gaps is not to sink into pessimism, but to indicate ways forward. Above all, it is to call for intelligent interdisciplinary scholarship.[49] Without mutual aid, demographic history, economic history, and administrative history make little sense. All must co-operate under the ampler umbrella of the social history of London. Above all, this applies to medical history. Study of the medical profession and of medical provision cannot be carried far without a wider understanding of the conditions of living and dying in London.

[48] For some of these less formal provisions, see P. Crawford, 'Printed advertisements for women medical practitioners in London, 1670–1710', *Bull. Soc. Social Hist. Med.*, 1984, **35**: 66–70; Roy Porter, *Health for sale: quackery in England, 1660–1850*, Manchester University Press, 1989, ch. 4. On other aspects of health, disease and death see Olive Anderson, *Suicide in Victorian and Edwardian England*, Oxford, Clarendon Press, 1987; Lucinda McCray Beier, *Sufferers and healers: the experience of illness in seventeenth-century England*, London, Routledge & Kegan Paul, 1987.
[49] For what has been achieved, see P. L. Garside, 'The development of London: a classified list of theses presented to the universities of Great Britain and Ireland and the CNAA, 1908–77', *Guildhall Studies on London Hist.*, 1978, **3**: 175–94.