Urban History Group Conference 2018
Healthy or Unhealthy Cities? Urban environments, cultures and economies of public and private health, 1600 to the present.

Keele University, 5th & 6th April

THURSDAY 5th April

11.00-14.00: Registration

14.00-15.30: **Session 1: Plenary Session**
Sally Sheard – 'High Rates and Healthy Cities': the political economy of urban health policy

15:30-16:00: Tea

16.00-17.30: **Session 2: Parallel Sessions**
2.1: Making Houses Healthier? Interventions in housing 1848-1918
2.2: Space of Physical and Moral Health in the Nineteenth-century City
2.3: Improvement, Treatment and the Infrastructure of Urban Health

17.45-19.15: **Session 3: New Researchers and First-Year PhD Workshops**
3.1: First Year PhD Session
3.2: Visualising the City: Popular representations of health, poverty, and community
3.3: Managing Citizens' Health: Politics, pollution, and the people
3.4: Decentralising Power: Regulation, governance, and urban conflict

20.00-21.30: *Conference dinner then Late Bar*

FRIDAY 6th April
08.00-08.45: *Breakfast*

09.00-10.30: **Session 4: Parallel Sessions**
4.1: A Great Panacea for the Unhealthy Poor: Housing the masses
4.2: Recreation, Exercise and the Healthy Citizen
4.3: Spatializing Disease and Health in Urban Space

10:30-11:00: *Tea*

11:00-12:30: **Session 5: Parallel Sessions**
5.1: Making the City Liveable: Green spaces, wellbeing and landscapes of health
5.2: Challenging Expertise on Urban Health
5.3: From Black Cities to White Architecture: The history of tuberculosis in Iberian cities

12:30-13:15: **Session 6: Plenary Session**
Round table discussion

13:15-14:00: *Lunch*

====CONFERENCE ENDS===

Abstracts

2.1 Making Houses Healthier? Interventions in housing 1848-1918

This panel looks at housing inspectors in Britain and France between 1848 and 1918. Through analysing the interaction between national legislation and local implementation, and between inspectors the inspected, our papers highlight the central role of healthy and unhealthy housing in policymaking and social relations in the nineteenth- and early-twentieth-century urban life. The panel therefore touches upon many key aspects of the conference, but particularly the three themes concerning: (1) the relationship between perception and empirical representations of the 'unhealthy' in the city; (2) the role of national and local agents in driving housing and sanitary reform; (3) the limits and strengths of 'voluntaryism'.

Interventions into the Slums: Government inspectors and consequences for tenants 1848-1914
Jill Stewart (Middlesex University)

New public health provisions from 1848 ensured pivotal new government roles: the Medical Officers of Health and the Sanitary Inspectors, both with remits around poor housing conditions – or the 'slums'. Government and individual ideologies and values influenced the direction, content and objectives of law at a time when most in position of power incorrectly believed that miasma, or foul air, caused disease. Then as now a rich melting pot of perceptions, moralities, beliefs, emerging science and values shaped the make-up of evolving housing laws that focused on conditions and occupancy. Using archives including the Chartered Institute of Environmental Health's (CIEH) and Medical Officers of Health records, we review the law regulating working class housing conditions, physical housing standards and overcrowding and ongoing challenges of eradicating rats, mice and vermin in very poor housing in individual houses and unhealthy areas. Some key pioneers emerge: those involved in informing new public health law including Edwin Chadwick; those informing new housing law to regulate poor living conditions including Lord Shaftesbury, Cross and Torrens; and – at a time when the state did not provide subsidised housebuilding – the role of the philanthropists including Octavia Hill and George Cadbury in helping provide new rental housing for those displaced when their homes were condemned.

Local Responses to a National Law: The *commissions des logements insalubres* in three French cities, 1850-75
Will Clement (St John's College, University of Oxford)

On 13 April 1850, the National Assembly passed the Melun Law on *logements insalubres*. This law empowered municipalities throughout France to appoint their own *commission des logements insalubres* (CLI) to deal with 'the housing question'. Each CLI was to be staffed by between five and nine volunteers, including a doctor, an architect, and representatives of

municipal government and local charitable bureaux. These professions reflect the combination of hygienic, structural, and social issues wrought up in the 'housing question'. In theory, these commissions would visit the worst houses in French towns and order improvements be made or forbid habitation in the worst cases. In practice, the law relied on the commitment of local figures for successful implementation. In an 1858 survey, only eleven of the eighty-six French *départements* were said to have a 'very remarkable' application of the law. By the 1870s, few cities had an operating commission remaining, and those that did operated in a way that reflected years of local influences and variation. This paper will analyse the work of three CLI that were active throughout this period, in the textile cities of Lyon, Roubaix, and Mulhouse. Each commission developed in different ways, depending on local housing conditions and the motivations of volunteer commissioners. Reports varied from emotive accounts of individual worst cases, to sprawling overviews of hundreds of houses in working-class quarters. Commissions either adopted scientific and hygienic language to sketch out ideals of 'healthy houses', or reflected moralising dictums about the impact of unhealthy housing on the immoral behaviour of workers. The work of CLI in these towns led to a diffusion of the language of 'unhealthy' housing conditions throughout the classes, reflected in worker-authored requests for inspection. The Melun Law did not create a French norm of healthy/unhealthy housing; instead, it led to a variety of responses to localised public and private health issues.

Medical Officers of Health and Housing during the First World War in Britain
Calum W. White (Balliol College, University of Oxford)

Historians of the First World War have often commented that the conflict made the so-called 'housing crisis' worse, yet the specific ways in which the war altered housing conditions and policy deserves more scholarly attention. This paper will interrogate the impact of the war on housing policy and activities at the local level in particular by contrasting the work undertaken by the Corporations in Liverpool and Glasgow during the conflict. The Medical Officers of Health and their departments were forced to adapt to new levels of overcrowding, and new concentrations of population in areas which had for the previous decade experienced a slight but gradual reduction in population density. In Glasgow, the result was a shift in mentalities. Instead of seeking to evict tenants from unsanitary 'backlands' properties - which could then be destroyed - the Corporation recognised that the material, manpower, and monetary strains of the conflict prevented new construction, and that displacement of the population would exacerbate, not prevent, overcrowding. The approach of the Medical Officer of Health and his team therefore shifted significantly to one of 'make do and mend'. Through the course of the war they worked to render accommodation as suitable for human habitation as possible but prevented displacement entirely, making hundreds of new homes available or as 'sanitary as possible in the circumstances'. Comparing this work to that of Liverpool highlights the significance of both the individual and the local in assessing housing and health policy in this period: where Glasgow took an active role in improving housing conditions by using existing powers within a new framework, the Medical Officer of Health in Liverpool stopped work almost entirely. Only after intervention from the Corporation did they stop displacement along pre-war

lines, and after that the work of the department petered out to almost nothing. Comparing these experiences is thus enlightening, not only for what they tell us about how local authorities dealt with problems from the same starting point in noticeably different ways, but also as a prism through which to investigate the way in which the First World War impacted housing conditions and populations at a local level.

2.2 Space of Physical and Moral Health in the Nineteenth-century City

Breaking the Prison Law: The environmental regulation of the town gaol in early nineteenth-century Ireland, 1820-50
Richard Butler (University of Leicester)

The physical and moral health of the Irish prisoner was the core responsibility of the new government inspectors appointed in the 1820s to monitor gaols and bridewells. Disease, malnutrition, and neglect wreaked havoc on the state of prisons in late Georgian Ireland; contagious illnesses such as cholera tore through prisons and nearby houses and streets leading to panic and high mortality rates both inside and out of the prison walls. The crisis in prisoner health during the Great Famine of 1846-52 was exceptional in its scale but was prefigured by a series of smaller outbreaks in the preceding decades. Much historical writing has focused on eradicating disease within the prison, and on reforming the design and management of prisons. There has been less focus on the regulation of the extremities of the gaol – the yards, the out-houses, the insulating passages between boundary walls. Taking an environment history approach, and building on the work of Juliana Adelman and others, this paper will focus on attempts by the prison inspectors to eradicate what can be termed 'the rural' from the many new distinctly urban prisons. The use of parts of the prison for characteristically 'rural' purposes – keeping farm animals, growing vegetables, storing grain – threatened the integrity and healthiness of those incarcerated. There was a tension between the 'abuse' of the physical space of the prison for the private gain of the prison staff and the 'charity' of providing prisoners with healthy nutrition. The paper will suggest that the governmentality of the inspectors often took unlikely turns as they sought to implement new prison legislation and thereby redefined what was considered 'healthy' in the Irish prison. It will focus on the transgressions the inspectors faced in stamping out the ordinary and the every-day – farm animals and vegetables – from the 'healthy' regulated prison environment.

"Improving them Away Altogether": Imagining an unhealthy area in the Victorian town
Simon Briercliffe (University of Birmingham)

This paper argues that the Victorian public's ability to conceptualise unhealthy environments in their towns was inextricably linked to their understanding of race and poverty - in particular after the appearance of large numbers of Irish in the aftermath of the great famine of the 1840s. It focuses on an area in Wolverhampton eventually brought

within an official "unhealthy area" to be dealt with by an Improvement Scheme, under the 1875 Artisans' and Labourers' Dwellings Act. This included the notorious "Irish quarter" of Carribee Island. Over the preceding decades this space had been constructed for and by Wolverhampton's public into a problem in sanitary, criminal, and racial terms, with its dilapidation, overcrowding and reputation for disease seen as both a cause and a manifestation of social and cultural problems. It stood out as a symbol of poverty and morbidity against a moment of unprecedented economic growth and sanitary improvement in the region. The association was made early between the Irish of Carribee Island and the area's other problems, ranging from the overtly racist to the unquestioned assumptions of the mid-Victorian period towards race, poverty and health. By the time of the Improvement Scheme therefore, the link between the stigmatized space of Carribee Island and its stigmatized occupants was thoroughly embedded within both official reportage and resistance to the Scheme. The radical solution of "improving" the area away altogether came to be seen as the only remedy for a place and a people that were so intrinsically linked together. This paper therefore argues that prevailing attitudes towards the Irish and the poor contributed to a racialised understanding of public health, which came to be a constitutive and active factor in the wider construction of a problem space.

The Battle of the Six Towns: Inter-town rivalry in The Potteries and the provision of health, leisure and recreation facilities.
Martyn Dean Cooke (Manchester Metropolitan University)

The city of Stoke-on-Trent is located in the Midlands, situated in a prominent central location between Manchester and Birmingham, and is more commonly referred to as 'The Potteries', a direct reference to the pottery and ceramic industry for which the area became renowned in the eighteenth and nineteenth centuries. It is unique in that it is the only polycentric city in the United Kingdom - not one vast metropolis but rather a collection of six smaller towns that amalgamated as a federation in 1910 (Tunstall, Burslem, Hanley, Stoke, Fenton and Longton). During the nineteenth century each town considered itself to be completely independent of the other five and implemented its own form of local government to oversee the needs of the immediate populace, with each conurbation being self-governed by elected representatives that resided in separate town halls. A strong sense of local patriotism existed and each town 'went its own way', expanding its boundaries and attempting it improve its standing and significance in the region by making substantial investment in municipal buildings and public facilities to create a strong civic identity. The Victorian era witnessed the emergence of an interest in cleanliness, health and physical wellbeing and these were prevalent concerns in The Potteries where, on average, a potter would live for ten years less than the average male due to conditions such as lead poisoning and bronchitis that plagued the primary industries. Within the 'Six Towns' this resulted in particular emphasis being placed on the creation of public parks, swimming baths and other leisure facilities in order to promote the health and physical wellbeing of the working population which emerged in parallel with a thriving sporting culture. This paper examines how the competition between the 'Six Towns' of 'The Potteries' during the nineteenth century facilitated the enhanced provision of health, leisure and recreation facilities throughout the region.

2.3: Improvement, Treatment and the Infrastructure of Urban Health

The Hospital as a Key to Urban Health before 1950
Barry Doyle (University of Huddersfield)

In the nineteenth century the big breakthrough in urban public health came through infrastructural transformation, especially the provision of clean water and effective drains and sewers. These factors, along with improvements in diet and housing, helped contain the 'filth' diseases that had ravaged the rapidly growing cities of the industrial era. But in the twentieth century the hospital emerged as the front line technology in the battle against ill health. Over the first half of the century a range of hospitals were developed which moved their role from care and containment to cure. Medical advances, new technologies and pharmaceuticals transformed the services of the elite medical institutions in big cities in Britain, the US and Western Europe. Yet this process was not even either temporally or spatially, with many localities remained poorly served and with the bulk of institutions treating the chronic and infirm rather than curing the sick. This paper will draw on evidence from England, France, Czechoslovakia and Hungary to explore the role of the urban hospital in the years before welfare states. It will consider the scale of hospital provision, the varying definitions of hospital, the impact of funding regimes and providers and the part medical institutions played in reducing mortality and improving urban health. Overall it will aim to assess the extent to which the hospital did take over from water and sewers as the key technology aiding the transformation of health outcomes in Europe in the era before the emergence of universal health coverage.

Urban Improvement in Colonial Key: Jamaica, 1660-1840
Aaron Graham (University College London)

The urban improvement of English provincial cities, with the aid of legislation that gave urban boroughs and statutory corporations sweeping new powers, was mirrored in Scotland, Ireland and North America, as recent work has shown. My paper will use a study of urban improvement legislation in Jamaica, Britain's largest and richest colony in the West Indies, to argue that this was a broader phenomenon that nevertheless took account of local social and economic conditions. Though James Robertson, Pedro Welch and Emma Hart have written urban histories of Spanish Town in Jamaica, Bridgetown in Barbados and Charleston in South Carolina, the other urban areas of Jamaica – including Kingston, one of the four or five largest cities in British America before 1775 – has largely been ignored, and even these studies tend to gloss over what legislation was passed, what urban interest groups were involved, and why they wanted new powers. Using the same approach as Bob Harris and James Barrie in their studies of Scottish provincial towns, I will show that local urban elites sought legislation from the Jamaican legislature to address problems of sanitation and security within their towns, and to control free and enslaved people of colour who were thought to be at the root of both. Measures were enacted, for example, to prevent slaves congregating at vacant lots, on the basis that this act of assembly was not

only potentially subversive but also a cause of rubbish that posed a threat to health. The legislative history of urban improvement therefore overlapped with broader developments elsewhere in the British Atlantic, but also took place in a unique colonial key that will be examined here for the first time.

Very Unhealthy Cities? How did 'ordinary' hospital patients fare in Britain during the Second World War
Nick Hayes (Nottingham Trent University)

Very unhealthy cities? How did 'ordinary' hospital patients fare in Britain during the Second World War. It was widely expected that British towns and cities would be obliterated by enemy bombing once war with German was declared. As late as March 1939, central planners anticipated some 15,000 deaths and a further 35,000 wounded every day once war broke out. Cities were evacuated, spilling many vermin-riddled children in the English countryside. Hospitals were cleared, or more commonly, large numbers of beds were reserved, as the government set about providing 300,000 beds for service and civilian wounded.   The state created the Emergency Medical Service, providing free treatment for war casualties, and later for war workers and evacuees – a forerunner perhaps of the NHS. Yet as it turned out, the bombers never arrived in anything like the numbers predicted: and only some 43,000 people died across the war. So what were the consequences of the wartime skewing the urban health market, and how responsive were central planners, urban authorities and city and town hospitals to rapidly changing circumstances? Did hospitals place their own needs above those of their own communities? Richard Titmuss argued that treating sick soldiers and other essential workers first, and keeping beds in reserve, meant that ordinary civilians faced lengthy queues and premature hospital discharge. Hospitals were accused of refusing to admit chronic patients, and of keeping government subsidised beds deliberately empty to their own financial benefit. As resources flowed to acute services, mortality rates for the socially vulnerable, the temporarily dispossessed, the mentally ill and chronic sick rose significantly because of falling standards of care and accommodation. Optimists insisted, however, that the prioritising of war-essential personnel caused a minimal disruption to other acute care, arguing that a 'high level of efficiency' had been maintained throughout. The experiment, it was thought, had been a 'great success', with hospitals apparently setting to one side their pre-war 'petty rivalries' to provide a model, responsive unified service. This paper explores these contradictions.

3.1: First Year PhD Session

Reality in Representation: The municipal middle classes in Aberavon, 1830–1915
Jacqueline Radford (Swansea University)

Recognised as a coastal 'town' since the fourteenth century, Aberavon in south Wales began to develop between 1831 and 1837 partly as a result of a floating harbour constructed to accommodate larger ships carrying foodstuffs and ores into the port and the transportation of coal, copper, tin and iron to ports all over the world. Inward migration steadily increased the local population throughout the nineteenth century; it was a migration which included middle-class individuals and families from outside Wales who soon became leading members of Aberavon's civic society. Aside from a few notable and relatively recent exceptions, the literature on Welsh urban history for the period concerned has tended to focus on the impact of industrialisation on a formerly agricultural society and the subsequent growth of a collective identity which emphasized a dichotomous relationship between a poor, labouring class and a wealthy, landed class. Expanding on these exceptions, as well as on similar strands of work relating to other towns and areas by Garrard (1983), Hennock (1973) and Trainor (1993 & 2000), this piece of research strives to add to the existing body of knowledge by studying those members of Aberavon society whose occupations arose out of industrialisation in Wales but who were neither poor working class nor wealthy, landed élites: the middle-classes. Original documents such as Aberavon Town Council minute and inspectors' books, letters to and from the Town Clerks, poll books, Burgess Rolls, the Vestry Minute Book, census annexes, trade directories, and papers relating to Aberavon's controversial incorporation in 1861 (including reports on the dire sanitary conditions in the town) add rich texture to the study, as do numerous articles in *The Cambrian*, a Swansea newspaper covering the period from 1804 to 1881. These sources, together with an extensive historiography and a wide range of online information, provide the supporting evidence to this paper as it tests identity, ambition and influence within the elected and unelected municipal middle classes in Aberavon, giving particular attention to available support networks, status allocation and the management of sources of conflict. Additionally, leisure pursuits, cultural opportunities, suburbanisation and religion will also be examined. The final piece of work will contribute to the study of the British urban middle classes by providing analysis not only of the town of Aberavon as it developed through the nineteenth century and into the twentieth, but also of the influential individuals whose decisions and actions impacted on that development.

Bohemianism, Gentleman's Clubs, and Masculinity in the late Victorian city
Rory Booth (University of Leicester)

My paper will concern my first year PhD research on Bohemianism, gentleman's clubs, and masculinity in the late Victorian city and will focus on how these behaviours, and the popular representations of them, influenced the health of urban men. The paper will explore the depictions of different masculinities in the Manchester press and how these influenced and were influenced by behaviour in the city. My project examines the provincial press and the cultures of gentlemen's clubs through close textual analysis of language and narrative in the media. Public health in the urban space was an issue of prominence in the late Victorian period. Representations of the healthy and unhealthy city were often presented in the press to contrast the civilised nature of certain urban inhabitants, with the uncivilised nature of others. This was often the case in the cities of the British Empire when

comparing the colonists with the colonised, and can also be seen at home in comparisons between working class and middle class urban areas. The perception of the Bohemian among the British public has historically been one of drunkenness, self-destruction, and tragic demise in the name of artistic endeavour - decidedly unhealthy representations. Yet, Bohemians were often from middle class backgrounds, and in the case of bohemian men it was often possible for them to return to conventional, and likely healthier, middle-class lives if their artistic or adventurous endeavours were unsuccessful. My paper will explore representations of health among Bohemians in comparison to members of society from different classes, who may not have had access to the same supportive class structures. Moreover, narratives of disgust and intrigue present in popular media may indeed have fuelled the very curiosity that took these men outside the usual realm of middle-class permissible behaviour in the first place.

Science, Technology and Road Safety in the Motor Age
Georgina Jayne Lockton (University of Leicester/Science Museum)

This PhD research is concerned with the history and development of road safety in Britain, focusing specifically on the technological innovations of the 1960s and 1970s. A variety of road safety items from this period form the main primary sources on which this object centred thesis will be based. The objects and related literature are held in the collections of the Science Museum in London, and this research will involve a close analysis of the objects themselves, looking at when they were made, how they were made, and why they were created at this particular time. The thesis will look at the government funded Road Research Laboratory, from which many of these road safety items originated, as well as contemporary publications from the Ministry of Transport on road safety. Wider interconnected and related themes will be explored alongside this analysis. These themes will include the popular public perception of the danger of traffic and roads, government responses to road safety issues, and contemporary developments in the area of science and technology. The related historiography shows that the urban environment posed a particular dilemma when it came to road safety. For example, the importance of the need to deal effectively with the issue of road safety in urban areas was expressed by Alker Tripp in his 1943 book on *Town Planning and Road Safety*, and this was later reflected by Colin Buchanan in *Traffic in Towns* (1964). An overview of these publications will facilitate the contextualisation of the road safety items and show how their development was part of a broader concern surrounding road safety and the effects of mass motorization.

3.2: Visualising the City: popular representations of health, poverty, and community

A Tale of Two Cities: Guidelines for healthy living in Hong Kong and Shanghai, 1843-1920
Freddie Stephenson (University of Nottingham)

By the nineteenth century, the British Empire was increasingly a conduit for social mobility. The Industrial Revolution had created densely complex city landscapes, as globalisation likewise spread these cityscapes into unfamiliar climates and cultural settings. The movement of people and labour into these novel environments naturally created many questions. How was one to survive, work, and even thrive in the city? Even further, how could one prosper when situated in supposedly dangerous surroundings? This paper will trace late-nineteenth and early-twentieth century notions of the city as a healthy space through the medium of guidance literature, taking Hong Kong and Shanghai as comparative case studies. As an intellectual exercise designed to summarize, simplify, and capture spaces making them accessible to the reading public, travel writing and guidance literature were important tools for sojourners to East Asia. Medical professionals published academic papers and wrote popular health guides, but this literature was not a domain reserved for the medically qualified. Indeed, layman writers of all kinds formulated advice on how best to cope with Hong Kong and Shanghai, both once infamous as emporia of ill-health yet renowned for generating wealth. Their advice was diverse, covering topics ranging from leisure, slumming, diet, sleep, exercise, and even architecture. It will be shown that though some metropolitan ideas about living a salubrious life filtered through to the man on the spot, guidance tended to retain a parochial character as ideas of acclimatization, domestication, and race informed attitudes to how these cities should be navigated.

Community Arts in Scotland c.1968-1990: Artists of their own environment?
Lucy Brown (University of Strathclyde)

The community arts movement began in the early 1960s and played a significant role in urban life in Scotland throughout the 1970s and 1980s. In the post-war new towns and overspill housing estates, community arts initiatives were used to help create or articulate a shared sense of solidarity, identity and history amongst newly uprooted communities. They could also constitute a form of community activism, campaigning to bring about improvements to local services, amenities and public spaces. Art, drama, community darkrooms, newspapers, print workshops and video equipment all provided people with the means to celebrate their own histories or stage local campaigns and protests. In Scotland's post-war housing estates, a particular topic of concern was the state of public housing, the surrounding environment, lack of play and recreational facilities, and the physical and psychological effects this had on residents – particularly young people. Based on visual sources and oral history interviews, this paper looks at some of the ways in which community arts projects were used as a means of humanising and improving otherwise hostile, neglected or unhealthy environments. It argues that artists and local people frequently sought to use art as a means of making good on some of the unmet promises of the post-war welfare state settlement: in particular, community arts projects strove to articulate an understanding of welfare that took into account not only people's immediate material needs, but also a wider need for colour, enjoyment and space for creative expression in the places where they lived. Over time, community arts groups became increasingly dependent on state funding bodies. This paper concludes by reflecting on some of the ways that community arts have been co-opted since the late 1970s into ameliorating

health and environmental problems (particularly those relating to poor mental health) which are largely the outcome of the ongoing retrenchment of the welfare state.

"No Female has to Starve in a Town Like this": The Great Depression, working-class women and New York City in Hollywood films, 1930-34
Jenny Stewart (University of Leicester)

During the Great Depression, Hollywood studios produced a plethora of popular backstage musicals, comedies and melodramas. Many of these films were set in New York City and featured female lead characters getting by. Films such as *Ladies Must Love* (1933), *Baby Face* (1933) and *Gold Diggers of 1933* (1933) often centred around poor 'gold-digging women' on the make in New York City. These films addressed the realities of the Great Depression yet were also fantasies, as female characters would often attract rich sugar daddies, enabling them to enter into a New York of decadence and glamour. This paper explores how Hollywood cinema mythicized the contrasts of New York City in the 1930s (a New York often created on studio lots in Los Angeles), from speakeasies, jazz and skyscrapers to poverty and crime (albeit palatable to a mainstream audience), through female characters use of the fictional streets, skyscrapers and jazz clubs of New York. I also discuss how new sound technology could evoke women's experiences of the city aurally, through jazz scores, musical numbers, ambient city sounds and dialogue. I aim to consider the significance of these films in perceptions of 1930s New York in the popular imagination, and contextualise analysis of these Hollywood films within wider debates about urban modernity, censorship and histories of Manhattan during the Great Depression.

3.3: Managing Citizens' Health: Politics, pollution, and the people

Black Spot on the Mersey or Black Spots on Merseyside? Governing the national health in the Liverpool city-region since 1948
Michael Lambert (University of Liverpool)

Since the height of its mid-Victorian imperial status, Liverpool has been blighted with the sobriquet of being the 'black spot on the Mersey'. However, with population growth across the Mersey in the Wirral, slum clearance and overspill into Lancashire, and the creation of new towns in Skelmersdale and Runcorn in the twentieth century, this has caused the contagion of the 'black spot' to spread. Liverpool and its hinterland continues to be perceived as a 'problem city', with the Black, Acheson and Marmot Reports all exposing the continuing impact of deprivation and health inequalities on the region's urban sprawl. Despite this, Liverpool has been a pioneer in the governance of health with dozens of voluntary hospitals and innovative public health interventions in the nineteenth century. Since the creation of the National Health Service in 1948 the Liverpool region has had the highest hospital bed ratio in the country, produced world-leading medical research and teaching centres, and has been the target of successive governments' public health funding

and policies. This paper seeks to examine this contradiction between the persistence and spread of health inequalities across the Liverpool city conurbation and the management of health services in the Merseyside region in the post-war era. It explores the role of local and national policies, the significance of key professionals and actors, different conceptions of health and welfare, and the role of governance in determining the character and pattern of health service provision. Ultimately, it considers how infectious the 'black spot on the Mersey' is, and whether the state services are fit for purpose in governing the Scouse national health.

The Great Smog of London, 1952, and the Clean Air Act, 1956
Gary Willis (University of Bristol)

Arguably the most traumatic event London has experienced since the Second World War's "Blitz" was the "Great Smog of London" in December 1952, which was directly responsible for at least 4,000 deaths, 100,000 illnesses, and subsequently 25,000 sickness benefit claims. In 1956 the Clean Air Act was passed by Parliament. Utilising National Smoke Abatement Society minutes, press articles, and the Parliamentary record, the paper will place the Great Smog in environmental historical context, and examine the relationship between the worst incident of urban pollution in Britain's history and the resulting legislation. To what extent was "voluntaryism," both with regard to the National Smoke Abatement Society and other broader elements of civil society (such as the church), a major stakeholder? What was the contribution of industry to the debate, and the position of the Government? Was legislation a political inevitability or did the Clean Air Act owe its place on the statute book to "wild card" elements? In answering these questions the paper will explore a number of the conference themes, namely the motivation for the pollution/environmental reform; the role of protest and radical action, if any; to what extent civil society involvement in the issue had a particular demographic profile; the impact of the Act on industrial productivity, and to what extent civil society was engaged, effective, and collaborative.

Inequality and the Urban Environment: The case of automobile pollution in Montreal, 1969-1979
Valérie Poirier (Université du Québec à Montréal)

A number of historians have drawn our attention to North America's love affair with the automobile during the mid-to late twentieth century. By the mid-1950s—the 'golden era' of automobility—automobiles sales were skyrocketing across the continent and the car was deeply entrenched in popular culture as a strong symbol of freedom, prosperity and progress. While this vision of the car has never entirely disappeared, it was seriously challenged during the 1960s and the 1970s, two decades historian Brian Ladd has labelled the 'golden era of car bashing'. In early 1970s Montreal a range of scientific data, expert media appearances, and surveys on the impacts of car pollution contributed to disseminating the perception of the automobile as an environmental and a health risk. Building on those studies as well as on their personal knowledge of the city, emergent environmental and citizen groups also played an important role in shaping the critical

discourse targeting the automobile. Drawing on the publications and activities of these groups as well as on the literature about the "environmental justice" movement, this paper analyses citizen-led criticism of the automobile in Montreal over more than a decade. It argues that citizen opponents of the car criticized it not only because of its environmental impact, but also because they considered it a source of environmental and health inequalities. This paper highlights an anti-automobile discourse that was not only anchored in scientific knowledge of the effects of pollution, but also deeply influenced by Montreal's vibrant culture of citizen activism and by a range of other social movements that challenged social inequalities in the city. In doing so, it provides insight into the interwoven histories of social activism, environmental consciousness, public health issues, and automobility in one large North American city, and is therefore being relevant to the themes of this conference.

3.4: Decentralising Power: regulation, governance, and urban conflict

Balancing the Urban Stomach: Public health and food-vending in early modern London
Evana Downes (University of Kent)

In 1682, Thomas Tryon wrote that "There are hardly any...so Intemperate and such great Lovers of their Bellys as the English, nor is there any Nation more subject to variety of Diseases". The inhabitants of early modern London were familiar with this link between diet and disease. From the Middle Ages, the city had regulated the selling, production and consumption of food, recognising these activities as key public health concerns. The adverse effects of eating immoderately, distributing poor-quality victuals, and polluting the city through food-trade activities were emphasised not only in national ordinances and proclamations, but the local laws that governed London's wards. Over the course of the seventeenth century, the city justified its categorisation and handling of these health risks by linking them not only to disease, but to contemporary economic and religious concerns. The importance of regulating selling practices and food supplies only increased as London's population rose. While the contribution of physicians and other health-workers to urban health has been well-researched, less has been written about the influence of food vendors and their practices. This paper will discuss how the food trades shaped public health measures in early modern London, centuries before the establishment of the first Board of Health. Working from a range of sources – including proclamations and ordinances, wardmote records, and literary and art sources – it will divide these measures into three distinct categories. These will include fasting laws, food quality and quantity regulations, and environmental pollution action. Finally, the paper will reflect upon the influence of London's public health laws on the activities and occupational reputations of the city's food-sellers.

Public Health Infrastructure in Colonial Bombay City, 1914-1945
Mrunmayee Satam (University of Leicester)

In the first half of the twentieth century, the Indian subcontinent witnessed a significant change in the policy of governance with the Government of India Act of 1919. Post 1919, the concept of dyarchy was introduced in the Indian subcontinent, which meant that the government would work at two levels – central level and at the provincial level. At the provincial level, public health was identified as a transferred subject and was to be administered by the elected Indian officials. This paper aims to investigate the impact of the decentralization of power on issues related to health and sanitation in the city of Bombay. In this paper, I argue that the Municipal Corporation of Bombay was overburdened with responsibilities of expansion, operation and maintenance of health infrastructure in the city. While the Government of Bombay continued their financial support, the money pumped in was inadequate to the growing demands of the city. More importantly, this period signifies the realization that public involvement in civic affairs could lead to better results in tackling issues of sanitation and public health. Second important argument is that rather than having one elaborate medical infrastructure policy in the city, there was a patchwork of various initiatives taken by the Government of Bombay, Municipal Corporation of Bombay and private philanthropy. Last but not the least, the ongoing Indian National Movement and emergence of Mahatma Gandhi as the leader of the masses, had a significant impact on the medical infrastructure in the city from 1914 to 1945.

On the Fringes of Planning History: William McLean, Edwin Sarsfield-Hall and the unwritten history of Khartoum North, c.1900–1935
Samuel Grinsell (University of Edinburgh)

Histories of Sudan's capital region generally give an account of two rival cities on opposite sides of the River Nile: to the east, Khartoum, founded by Egyptians in the 1820s and rebuilt by the Anglo-Egyptian regime from the late 1890s; on the west bank, the Islamic city of Omdurman, the capital of independent Sudan in the 1880s and '90s. Only passing reference is made to the third city of the region, Khartoum North, which developed around the first Khartoum rail station in the first decade of the twentieth century. This account can be traced back to the earliest histories of the area, by William McLean in the 1910s. McLean emphasised the importance of creating a healthy environment for Europeans in the tropics, explicitly writing racial divisions into the fabric of Khartoum. When Edwin Sarsfield-Hall wrote a history of Khartoum in the 1930s, he gave a very different theoretical frame: town-planning should aim 'to secure the highest possible standard of wellbeing for local inhabitants.' Where McLean viewed the colonial city as primarily for Europeans, Sarsfield-Hall seems concerned for its broader population. Yet, in the specifics of their accounts, there is less difference. Indeed, Sarsfield-Hall consulted McLean on the text. This paper sets out to do two things:1.To understand the changes and continuities between these two accounts, and their place within evolving discourses of imperialism and development.2.To imagine what a history focused on the history of Khartoum North might look like: how does this shift away from the centres of power change our reading of this city region? This represents a contribution to the history of this region, and to wider debates about the generation of knowledge in colonial Africa. The paper also speaks to the relationship between history writing and urban planning.

4.1: A Great Panacea for the Unhealthy Poor: Housing the masses

From Slumdom to Socialism: Community life, 'wellbeing' and the Labour Party, 1945-70
Phil Child (University of Birmingham)

Writing in the Labour Party magazine *Socialist Commentary* of March 1961, a correspondent in Edinburgh claimed that the city had the worst housing conditions in Western Europe. Arthur Street in particular was an 'abomination of squalor', with the horrid detail that on rainy days excrement '[oozed] from damaged soil pipes to swill around in back courts.' Concerns about the effect of poor housing on public health were a major driver of slum clearance and urban redevelopment after 1945. Tearing down the ill-kept past and starting again with clean, modern homes on housing estates or in New Towns was thus the solution. However, as tenants began to move into these new, unfamiliar homes, issues of a psychological nature came to the surface. Somewhat paradoxically, it was within the Labour Party – the more enthused of the two major parties by the possibilities of post-slum communities – where anxiety about dislocation and wellness became most acute, expressed through a sought after ideal of 'community'. This paper will explore how discussions about public health, housing and place evolved from the physiological to the psychological, as demonstrated by Labour policy and thought relating to urban planning. Why did post-1945 'homes of the future' become typecast as 'unnatural' living environments, injurious to psychological wellbeing? Utilising a range of Labour publications, newspapers and party correspondence, in addition to published social science research, this paper will question how thinking on the supposed health benefits of community shaped urban policy in the period 1945-70. It will posit that the notion of community became an increasingly powerful political concept in its own right, with the provision of a 'good community' at least as important as the provision of good homes.

The Making of the Orderly City: How the regulation of space affected the livelihoods of 'the urban poor' in early-twentieth-century Helsinki
Leena Enbom (University of Helsinki)

Early-twentieth-century Helsinki was a rapidly growing city with remarkable inequalities in living conditions. Certain parts of the city had developed into unhealthy environments with high mortality from contagious diseases. The beginning of the century was marked by increasing regulation that aimed to create a hygienic, orderly and modern city. Alongside tightened control in planning and building, the urban labour market and the production of commodities also faced new regulations. In this paper, I examine the link between regulation, makeshift economy and poverty. Exploiting poor relief case files as my primary source, I explore the immediate and long-term impact of regulation on the livelihoods of the 'urban poor'. I focus on the most precarious livelihood strategies, such as street trading and home-based work, and the related regulatory laws and bylaws, which dictated the uses of

urban space. By the post-war years, these trades disappeared from the statistics and public urban space. Did the new rules prevent the practitioners of itinerant trade or cottage industries from exploiting their previous coping strategies? Or did the makeshift economy just become informal, hidden and in some cases illegal? Furthermore, did the extended regulation aggravate or alleviate poverty? Was the sanitary reform effective in reducing morbidity, which, in many cases, forced individuals to resort to precarious forms of self-help and the makeshift economy? Was it, therefore, successful in breaking the cycles of poverty?

Health, Mass Housing and the Becoming of 'Welfare Subjects' in Post-war Danish Cities
Mikkel Høghøj (Aarhus University)

During the 1950s and 1960s several mass-housing projects were conceived and realized throughout the Danish urban landscape. Like many European counterparts, these projects had close ties to the emerging welfare state and were planned in stark opposition to the housing conditions in the industrial cities. However, during the 1970s such mass-housing schemes increasingly became problematized by a wide range of actors including architects, public authorities, the media and the new 'social experts' of welfare state and thus were transformed into signifiers of the social downsides of the welfare society. An important and instrumental theme throughout this process was the notion of 'health'. In this paper I seek to analyze how notions of the 'healthy' and 'unhealthy' formed and were formed by modernist mass housing estates from the 1950s until the 1980s. Empirically, the paper will take three large-scale housing projects constructed in three different Danish cities as its point of departure: The Gellerup Plan in Aarhus, the Vollsmose Plan in Odense and the Brøndby Strand Plan in the metropolitan area. From a planning perspective, these places were all conceived and framed as channels through which healthy lives and thereby healthy citizens could be achieved. However, these places and particularly their spatial environment increasingly became framed as socially and mentally unhealthy, promoting social diseases such as alcoholism and stress and thereby new groups of vulnerable 'welfare subjects'. By combining theoretical insights from critical human geography and the field of governmentality-studies in the concept of welfare geography, the paper seeks to demonstrate how these places were not merely effects of the apparatus of welfare state, but functioned as active arenas influencing the negotiations of the social order of the Danish welfare society and thereby the becoming of 'welfare subjects' throughout the period.

4.2: Recreation, Exercise and the Healthy Citizen

Health, Honour and Heat: Providing Johannesburg with a swimming bath, 1900s to 1910s
Louis Grundlingh (University of Johannesburg)

Johannesburg was founded in 1886 following the discovery of gold. When the first gold diggers arrived in Johannesburg, they found a barren landscape with a shortage of water. The sudden huge influx of diggers soon led to increased pollution, constituting a serious

health hazard. Almost within a year, the few hundred inhabitants of the area were provided with a local governing body, the "Sanitary Board." This board wielded much power, especially in relation to the health of the community. By 1903, under the auspices of a newly formed municipality, basic health provision, for most of Johannesburg's white middle class inhabitants, was put in place.

In addition, the Town Council increasingly received demands to provide facilities for exercise. This was an important shift away from only providing facilities for basic cleanliness. In response, the Council built public parks, a sport complex, Ellis Park, and municipal swimming baths. This paper describes the demands for swimming baths and the council's response and commitment to establish swimming baths them in strategic white suburbs. Furthermore, it also investigates the following aspects: the reasons for the establishment of swimming baths; the central role played by the council in completing 12 swimming baths by the 1930s; financial considerations vis-à-vis the growing plea for swimming facilities, as well as their design, with specific attention to the gendered nature thereof and the popularity of swimming. The paper specifically focuses on the following questions: Why did swimming become an important leisure and health activity within 20 years of the founding of Johannesburg? Who were the main protagonists driving the venture and what was the nature of the power they wielded? What were the challenges? How was race, class and gender regulated in terms of access? From the above it should be clear that the paper addresses the conference them in general but also talks to the following more specifically: What drove forward health, pollution, environmental, housing and sanitary reform? Was it largely pragmatic or idealistic; economic or research driven; led by locals or national agents? What is the role of class, age, gender, sexuality, or ethnicity in determining access to a healthy urban life?

'An Inch of Ground to Refresh Wearied Eyes upon the Green Sward': Aristocratic landowners and the provision of recreation space in nineteenth-century towns
Cathal Rogers (Staffordshire University)

By the mid-nineteenth century the pressures of industrialisation and urbanisation had transformed the nature of British society, concentrating people in urban centres. An appreciation of the importance of public health gradually emerged and with it the belief that urban masses needed access to spaces for recreation in which to escape from their cramped, polluted and unhealthy lives. Through an examination of the heavily industrialised regions of the Black Country and the Potteries, this paper demonstrates that the gatekeepers of these healthy spaces was often local aristocratic landowners. With urban space at a premium, and local corporations often unable or unwilling to procure such spaces, aristocrats could provide (or withhold) public access to space for recreation. They dictated who could access these spaces, and for what uses, highlighting the restrictions to a healthy urban life for many. The priorities and motivations of landowners in meeting the public clamour for recreation spaces ranged from economic opportunism, a reassertion of social prestige after earlier challenges, or paternalistic altruism towards their urban neighbours. In many cases the desire to appear no less generous than aristocratic rivals was the ultimate motivator.

The call for the provision of healthy spaces is demonstrated to have been very much on a local level and the expeditors or procrastinators were local agents. The creation of parks and recreation spaces was capitalised on by towns' elites as evidence of their civic capabilities and importance while the irreplaceable value of the benevolent local aristocrat to the town was also championed. Ultimately, however, the emotional pleas to landowners for the use of their land demonstrates the importance of health to the urban dweller and the value that such healthy spaces could bring to the life of a town.

Constructing the Ideal Body: Health, sporting space and the new Dutch city
Nick Piercey (MMU)

In the second half of the 19th Century, Dutch cities underwent a dramatic environmental change focused upon the provision of facilities, services and spaces dedicated to improving the health of their citizens. This paper will chart the development of sporting spaces in Dutch cities around 1900 and demonstrate that the cementing of sport within the city was intrinsically linked to wider discourses of the new ideal healthy body – the sporting body. As Van der Woud notes, the period around 1900 saw a cultural revolution in the Netherlands which was marked by a clash between two distinct cultures; an old civilisation focused upon spiritual needs and a newer, materialist, culture, which placed measurable and improvable bodies and spaces at the heart of scientific, architectural, economic, cultural and political life. As demonstrated by new laws on housing and public health (1901), the ordered, regulated and visible city became the centre of this new culture. While recreational space in the Dutch city increased after 1850, as private philanthropic initiatives cooperated with public organisations to improve health and hygiene, the development of sporting space in the new Dutch city marked a new relationship between citizens, public and private organisations and the discourses of health. Influenced by Foucauldian concepts of spatial and corporal discipline, this paper will demonstrate how lines between private and public organisations became increasingly blurred within new sporting organisations and how, based upon the new materialistic culture, discourses of corporal and societal health, allied with a new mass culture, were used to reproduce discipline, adherence, surveillance and control in the new Dutch city.

4.3: Spatializing Disease and Health in Urban Space

Darling Buds of Malaise: Rural filth and urban spaces
Elizabeth Jones (University of Leicester)

In the summer of 1849, the towns of South East Wales fell victim to a cholera epidemic that killed thousands. In Merthyr Tydfil the final death toll was over 1500, the second highest in England and Wales. Four of the five towns in Monmouthshire were affected; yet Usk, situated in the centre of the county, escaped unscathed. According to a newspaper article this was due to the 'acknowledged salubrity' of the air that 'was conducive to the

respiratory organs and the purity of the vital fluid.' By describing Usk as a 'rural town' and emphasising its pastoral surroundings the author adheres to the principles of miasma theory: the notion that a noxious cloud caused diseases such as cholera. As a result the clean, fresh air of the countryside was considered healthier than the 'dense air' of the cities where pollution and disease were rife. Using death rate statistics, borough records and medical officer reports this paper will investigate the nature of health and hygiene in a small town such as Usk in order to evaluate the extent to which they were healthier places than their larger urban counterparts. The evidence derived from Usk shows that the problems of disease, pollution and inadequate housing had a significant impact on the health of these smaller settlements. My paper will also argue that the rural setting and size of such towns also had an impact on the health of the urban environment. In addition to the health implications associated with agriculture, the ability of these settlements to improve living conditions was hindered by limited budgets, uncooperative landowners and ineffective systems of local government. As a result these towns were slow to implement the changes necessary to improve levels of health and hygiene within its boundaries.

Grave Reservations: The European reservation and understandings of disease in British-controlled West Africa, 1900-1960
Tim Livsey (St Cross College, University of Oxford)

'European Reservations' were constructed in the British in West African colonies from around 1900, informed by practice in India. These distinctive built environments, comprising widely spaced bungalows, were built for British colonial officials on the edge of existing towns. Their design was rooted in understandings of disease, especially malaria. Reservations were surrounded by 'Building Free Zones' of 440 yards, understood to be the flying range of mosquitoes, and Africans' access to Reservations was restricted, a measure partly intended to contain the disease. The paper explores how these medical understandings intersected with changing ideas about race and the built environment. Its particular contributions are, first, to explore not only how Reservations were founded, but also how they changed during decolonisation. Second, the paper brings everyday life on Reservations into sharper focus. This was an important arena in which Africans remade the ideas behind Reservations. The paper explores how in the 1940s the medical understandings underlying Reservations were discredited. The Reservation model proved surprisingly durable, though. During decolonisation in the later 1940s and 1950s, newly promoted African civil servants were permitted to live in Reservations alongside British colonial officials, and new Reservations were built in the 1950s to house the growing ranks of civil servants in decolonising territories. Perhaps surprisingly, Reservations were still planned with Building Free Zones, which became part of their accepted design, despite the obsolescence of the medical ideas which had originally justified them. The paper shows how colonial-era medical understandings inflected state-building and its associated built environments, even in the era of decolonisation. The study of Reservations demands a transnational urban history that explores how urban forms were transmitted between places, and attends to the effects of local dynamics on their construction and use at particular locations, which saw Reservations become indigenised to African societies.

Sites of Contagion: Unhealthy railway stations in the Victorian city
Oliver Betts (National Railway Museum)

'If social reformers desire to see how slums are created' thundered an anonymous critic in the Times of 1890 'I will show them one...in what was a few years ago a pretty suburban district, the creator being the railway company uncontrolled by a sanitary authority'. His letter cited railway arches crammed with filth and detritus, disgusting platforms without facilities, and houses and gardens sprayed with manure from trains passing on the viaducts above. He was not alone. Thousands of other letters sent in to national and local newspapers spoke of the contagious filth and risk of disease posed by the railways. Nor was this confined to physical ailments; stations became a nexus point for a host of social problems, at least in the public imagination, ranging from prostitution and fraud to gambling and assault. For contemporaries the medical and the moral were powerfully linked – the Salvation Army, in keeping with pitching their standard in what they saw as the epicentre of social decay, established their first Bethnal Green Barracks in a railway arch amid the unhealthy conditions they hoped to combat. Despite the prominence of the railway in the Victorian consciousness, there has been very little study of the railway as an epicentre of disease and contagion. Although much work has been done on Indian railways and the public health of cities studies of British railways in the nineteenth century have tended to focus on the moral panics of train travel, situating their work on the vehicles and ignoring the built environment of the network that was such a prominent feature of the Victorian City. This paper will explore the intertwining of medical and social health concerns about the railways in the cities of the nineteenth century.

5.1: Making the City Liveable: Green spaces, wellbeing and landscapes of health

Each of our papers grapple, across different timeframes and geographies, with the notion that human wellbeing and the city ideal type are irrevocably bound up with 'all things green'. Explored in case studies of 1) park landscapes across three world cities since 1800 2) domestic gardens in twentieth-century Britain and 3) Victorian green spaces and utopian city planning, we argue here for a vital and long-standing connectivity between social and environmental worlds, specifically in terms of the entangled threads connecting public health, medical history and successful (or otherwise) urban systems. Collectively, our papers track the theme of healthy and unhealthy space through an eco-cultural lens, finding ideas of urban wellbeing, ethics, aesthetics and identity in various encounters between people, plants and place.

Green Lungs and Urban Bodies: The park idea, health and metabolic landscapes in the globalised city
Karen Jones (University of Kent)

By 2050, 70% of people will be city dwellers. Interrogating issues around urban recovery and resilience, this paper combines environmental history with medical humanities to track the city park across a global(ised) landscape using guiding themes of sustainability and wellbeing. Based on the idea of cities as metabolic systems or 'bodies,' it investigates three case studies (London, Delhi, Shanghai) to chart how green space has contributed to urban sustainability, environmental knowledge and community health since 1800. Emphasis is placed on deconstructing the park as a medicalised landscape and in tracing the park 'ideal' from global North to South. Of particular interest are the ways in which park planners and users invested green space with ideas of health, heritage and wellbeing as well as the notion of park space as situated within (and sometimes opposed to) a functioning urban metabolism or 'body.' Central to this study is the idea of the park as a readable and irrevocably *historical* landscape: an evolving site of translation, negotiation and transformation that highlights the value of writing complex ecological histories that incorporate an examination of place, human activity and iconography. In announcing its 'Resilient Cities' project, the Rockefeller Foundation posits that 'crisis is the new normal' for the cities of the 21st century. Parks, I argue, present ideal places in which to explore the complex contours of health, heritage and sustainability in an urban post-industrial age.

"An Outside Room Designed to Give Only Intangible Satisfaction": Health, morality and gardening in Britain, 1930-1970
Sophie Greenway (Centre for the History of Medicine, University of Warwick)

In the mid-twentieth century, the purpose of the British domestic garden was a matter for debate. The Garden City movement argued for the civic, moral and health benefits of domestic gardens and allotments for growing produce, whereas architects such as Donald Gibson in Coventry derided the poor taste of the masses when given a garden plot, and held that municipal maintenance of communal lawns would enhance the aesthetic qualities of an estate. Local government was involved to varying extents in policing the gardens of council tenants, which often lacked privacy even at the rear of the property. Private householders had greater control over their plot and were more likely to regard it as a space for leisure than for work. During the Second World War, many people converted their gardens to food growing, but there was concern both on the part of the nursery industry that stocks of flowers would be damaged through neglect, and government officials fearful that the urge to 'Dig for Victory' wherever possible might pose a threat to the principle of private property. Using government reports, land use studies and evidence of discussion of housing issues in magazines, this paper will trace the fortunes of the domestic garden over the mid-twentieth century, and will consider how far factors such as economics, health, class and aesthetics influenced developments. Food growing and relaxing were both seen as healthy garden activities at different points in time. Whereas in the 1930s the provision of gardens was seen as beneficial to both mental and physical health, by the 1960s health was barely mentioned in the same context as gardening, gardens tended to be smaller, and to contain ponds and patios rather than vegetable patches.

"With a View to the Health, the Happiness and the Wellbeing of the People": Exploring Victorian parks and gardens as urban spaces designed for human wellbeing'
Clare Hickman (University of Chester)

Reflecting on Dr Benjamin Ward's Richardson's utopian healthy city of *Hygeia* in 1890, Ebenezer Howard (founder of the Garden City movement) argued that there was still no town 'in England which has been scientifically planned and organised with a view to the health, the happiness and the well being of the people'. This concept of wellbeing has resonances with both Ward Richardson's utopian city plan and the strapline for his journal, *Public Health and Sanitary Review*, which was 'public health for national wealth'. Integral to both Ward Richardson and Howard's visions were gardens and public green spaces. This paper will explore the interlinking narratives of gardens and public green spaces in relation to ideas of national health and wellbeing in Victorian Britain, through the work of medical practitioners such as Ward Richardson. Although physical health will be considered, this paper will focus on the interlocking medical, social and moral concepts of wellbeing, particularly in relation to the working classes and concerns over immoral behaviour, such as alcohol consumption. In this way the relationship between public access to nature in urban environments will be investigated in relation to the Utilitarian aims of health, wellbeing and wealth for society as a whole.

5.2: Challenging Expertise on Urban Health

"Baby's on Fire": Children, burning fatalities and the home in Birmingham, 1890-1960
Jonathan Reinarz and Rebecca Wynter (University of Birmingham) and Shane Ewen (Leeds Beckett University)

Multiple house fires may have declined in prevalence in the nineteenth century, when fire-proof brick largely replaced timber-frame buildings, but even the cosiest domestic spaces continued to 'mask a household of hazards'. The containment of fire within the home produced a variety of hazards ranging from the open fire-place to modern electrical and gas appliances, all of which required great care to prevent them from causing fatal burning injuries to young children. As Mark Jackson has demonstrated, changes in ideological and political outlook led homes in the late nineteenth and twentieth centuries to be conceptualised as sites for state and medical intervention. That said, the dangers of fire in the home have been overlooked in histories of public health which tend to focus on disease and pollution in urban environments, rather than accidents. Moreover, recent histories of safety have focused on risks in urban public spaces such as road traffic accidents rather than hazards in the home. This paper will investigate fire safety in the urban home, focusing specifically on burns in Birmingham, in the years leading up to the Children's Act (1908) and into the post-Second World War period. Birmingham was particularly active in the treatment, rehabilitation and prevention of burns injuries in the twentieth century, with partnerships drawn from across the public, professional and voluntary sectors to produce a

mixed economy of care. These included the Queen's and Accident Hospitals, Accident Prevention Council, City Coroner, and Birmingham Ambulance and Fire Service. We will challenge the notion that homes became safer for children by tracing the shift in burn care from the punishment of parents during the early twentieth century to a preventative and treatment approach by mid-century. In particular, we will consider the prevalence and representation of domestic burns injuries and fatalities through an examination of coroner's and medical officer's reports, newspaper accounts and hospital records.

Diseased, Contaminated and Adulterated: The prevalence of food and drink sophistication in a Georgian market town
Peter Collinge (Keele University)

In Georgian Britain 'sophisticating' food and drink was viewed as inevitable, necessary, or even desirable, regardless of the consequences to public health. There was widespread complacency, indifference, or acceptance about the variable quality of foodstuffs. Attempts at regulation were fitful, often thwarted by local vested interests, political apathy and a belief in caveat emptor. Although experienced shoppers were adept at rooting out stale, rancid, or tainted products, sometimes it was impossible to distinguish between that which had been stored, transported, preserved or cooked badly, or otherwise accidentally contaminated, and that which had been deliberately and fraudulently adulterated to eke out meagre supplies, to preserve their life beyond what was reasonable, or to dupe the unwary. Eighteenth- and nineteenth-century food and drink contamination is habitually regarded as an urban phenomenon, particularly prevalent in London and in burgeoning industrial towns, because opportunities for spoiling multiplied when people no longer produced the food and drink they consumed. It might be reasonable to assume, therefore, that accidental or deliberate contamination was less common away from the major centres of population where the interaction between smaller towns and their hinterlands was more marked and supply chains shorter. Using the market town of Ashbourne, Derbyshire (population c.2000 in 1801) as a case study, this paper argues that the influx of produce from Britain's expanding empire and beyond (often processed in Britain) combined with improved transport infrastructures, and periodic localised shortages, exposed all ranks, ages and genders to contaminated and adulterated products irrespective of geographic location. How those affected responded to sophistication, however, was determined more by fears for reputations and economic losses than by concerns for public health.

Looking for Local Political Relevance in the Age of the Welfare State: the *Union des municipalités du Québec*, public health and municipal autonomy, 1945-1957
Harold Bérubé (Université de Sherbrooke)

This paper aims to explore local governments' struggle to maintain a significant role in social questions, like public health, during the rise of the federal welfare state. During the interwar period, Canadian municipalities still enjoyed relative political autonomy, but had great difficulty significantly improving the urban environment and the general health of their population. With the Great Depression, the situation only worsened and the Canadian government created the Rowell-Sirois commission to investigate ways of redistributing responsibilities between levels of government to address a variety of issues, including social

services and public health. The commission's report is considered to have paved the way to the construction of the Canadian welfare state. However, health and social affairs – as well as the municipalities themselves –were provincial responsibilities and, in the 1960s and 1970s, Canadian provinces progressively took over local public health programs from the municipalities and private agencies that had overseen them in the past. In this paper, I want to explore the attempts made by municipalities to prevent this major erosion of their political autonomy and stay relevant as a level of government in questions related to public health and social services. To do so, I'll present the case of Quebec's provincial municipal association – the *Union des municipalités de la province de Québec* – and its efforts to defend its members' role in this field. These efforts culminated in the production of an ambitious memoir submitted to a provincial commission of inquiry into the division of powers between levels of government (Tremblay Commission, 1953-56). In this context, I'll offer an analysis of the evolving strategies used by the organization and measure its degree of success in a political environment where, more and more, the municipalities are considered as incompetent in affairs of health and social services.

5.3: From Black Cities to White Architecture: The history of tuberculosis in Iberian cities

This panel takes up the challenge of proposing new approaches to the age-old study of TB in cities. It takes as a case study the Iberian Peninsula between the nineteenth and twentieth centuries. Since the 1950s, many researchers have studied the disease, particularly in the history of health and medicine, and in social history (see R and J Dubos (1952), L. Bryder (1988), P. Guillaume for the French school (1986), J. Molero Mesa in Spain (1989), or more recently F. Condrau and M. Worboys (2010)). How can a new vision of the urban history of TB in Iberian cities contribute to this existing historiography? If these social historians underlined the link between tuberculosis and unhealthy cities (see D. Barnes (1984)), an Urban History of tuberculosis remains to be written. In urban history, TB is mostly considered and cited as an indicator of poor living conditions in the city. Historical demography studied the conditions of TB mortality and morbidity in cities, but without really questioning the relation with urban space. There are, however, several works constituting an urban approach to TB from Yankel Fijalkow (1998) to the more recent works of Diego Armus (2007). The papers presented here offer suggestions for an urban history of tuberculosis. Though they rely on different approaches, methods and sources to study various cities and key actors, these papers have in common a focus on Iberia at the end of nineteenth and early twentieth centuries. Compared to the rest of Europe, few researchers have focused on Iberian cities and health. This panel represents an attempt to situate a series of Iberian case studies in the context of Europe and the world and, in doing so, question the specific circumstances of the Iberian experience of TB in urban environments.

'The City of Death': Urban misery and tuberculosis in Madrid during the Bourbon restoration, 1874-1931
(María del Carmen Palao Ibanez, Complutense University of Madrid)

This paper shows the clear relationship between misery – shaped by the unhygienic housing and urban planning, the scarcity of health resources, the high rate of immigration and the excessive cost of basic products, among other factors – and the high incidence of tuberculosis in Madrid during the Bourbon Restoration (1874-1931). In this sense, it is important to emphasize the concentration of the disease in overcrowded quarters – inhabited by the most disadvantaged population – in contrast to the low prevalence in areas where the space/inhabitant ratio was higher. It was not for nothing that Madrid was described as 'the city of death'. This situation alarmed the medical community, which pointed out and studied the causes of the problem, urging the public authorities to act against the 'white plague'. Thus, Madrid was one of the Spanish cities in which we see greater activism against tuberculosis: a greater part of the existing specific health facilities in the country were situated there, as well as the official institutions created to fight against tuberculosis. These initiatives, whose target was the poorest people, had their origin mainly in the private sphere, supported by the nation's government and frequently under the auspices of the monarchy. This paper studies how the different actors interacted, and also the reasons that drove forward some of the needed reforms to fight against tuberculosis. Together with humanitarian or charitable motivations, we find purely economic reasons: the worker's life was subject to appraisals that allowed the calculation of the impact of the disease on the national wealth. There was also fear of contagion, degeneration of the 'race' and social conflict. The fight against tuberculosis was considered a work of redemption of the worker. In this sense, the labour movement was also concerned about the problem, but judged tuberculosis to be an outcome of social inequality. For this reason, they considered the emancipation of the working class to be the only valid way to contain the wide incidence of the disease.

Building a Socio-spatial Disease: Tuberculosis and urban environment in Barcelona at the end of nineteenth and beginning of the twentieth century'
(Celia Miralles Buil, CIUCHT, University of Lisbon)

This paper explores the relationship between the urban environment and TB, taking as a study case the city of Barcelona during the 2nd Republic (1929-1936 - before the Civil war). Focusing on the speeches and practices of the key actors (physicians, hygienists, urbanists, architects, public and private authorities, and urban dwellers), it aims to show that TB was not only approached as a social disease (Barnes). It was also built as a socio-spatial disease, and more specifically an urban problem. Indeed, if the unhealthy city was made responsible for the spread of tuberculosis, its improvement was also considered to be the most effective solution against the disease (Armus, Fijalkow). The first part of this paper places this consideration in the medical and theoretical context of the time, using the physicians' speeches in Spain (1880-1940). It shows how, with the bacteriological theory that prevailed at the beginning of the twentieth century and the improvement of hygiene conditions, the

conception of the unhealthy city, responsible for the disease, changed to target more precisely some neighborhoods, streets and patients' houses. The second part explains, using Barcelona as a paradigmatic example, how this "new urban fight against TB" was organized. As the newly elected Catalonian and Barcelonian authorities were concerned by social and urban issues, they decided to implement specific reforms to fight against the white plague. All these reforms were eminently spatial and urban. Firstly, the medical interventions in the city, the establishment of a network (dispensary, hospital, and sanatorium) proved the wish to cover the whole city with medical attention. The network included trucks to distribute drugs and make diagnoses at the heart of the "unhealthy" neighborhoods. The fight against TB also involved the improvement of the urban environment using, on one hand, urban planners to modify the city organization and to build healthier buildings and, on other hand, visiting nurses who took part in the organisation of patient's homes and lives.

X-rays from a Dirty City to a Hygienic Capital: Lisbon as both tuberculosis metropolis and architectural container, 1900-1950
(José Avelãs Nunes, CIUHCT, University of Lisbon/CEIS20, University of Coimbra)

Throughout the twentieth century, the fight against tuberculosis – the 'white plague' - can be used to demonstrate the twists and turns, in both the history of medicine and the history of architecture and urban landscape. In Portugal, sanatorial architecture operated as the most important instrument capable of combating the white plague, in the sense of prophylaxis and treatment. Tuberculosis caused several urban changes in a Lisbon as a result of the fight against thousands of deaths and with a non-hygienic city. The microbiologic revolution at the turn of the twentieth century only gained the attention of the government during the dictatorship of the 1930s. It was only in this decade that physicians, architects and experts enacted administrative reforms, changing socialization, spaces and like a new and much needed "breath" in the city of Lisbon. On one hand, the paper aims to correlate multiple points of views, starting with the buildings as stages, through its main characters and, then, establishing a relationship between architectural devices and networks within the city. Urban structures' annihilation or transformation, such as workers neighborhoods, infested quartiers, thick streets as well as considerations of urban ventilation and sunlight, were deeply connected with the fight against tuberculosis. On the other hand, the response and possible changes to the tissue of the city will be scrutinized, to assess the extent of its metamorphosis as a result of the fight against the white plague. Did the (un)healthy city's apparent duality, the agents and reforms, the urban life and, especially, urban big-scale transformations lead to a hygienic (or whitening) of the urban tissue? This paper is a result of a six-year archive study, based on archive information and secondary sources, in Portugal and worldwide, and is related to an ongoing Ph.D. Thesis in Architecture.