The half century between 1885 and 1935 witnessed a significant improvement in the health of the British people and an unprecedented expansion of preventive and therapeutic services offered by the state through its local authorities. Behind the expansion in public services were profound changes in attitudes toward poverty and dependency and toward the political and cultural significance of health; changes in social policy and administration; and changes in the understanding of the causes of disease. This book examines the era through the ideas and experiences of one prominent participant, Sir Arthur Newsholme, who rose to become a leading public health authority in Britain.

Professor Eyler draws particular attention to Newsholme's tenure as the Medical Officer of the Local Government Board in Whitehall, where he helped to launch some of its boldest measures, including national health insurance and programs for tuberculosis, venereal disease, and infant welfare. Eyler also details Newsholme's postretirement studies of international health systems; his statistical and epidemiological studies and their connection to his policy recommendations; and his conflicts with biometricians over these studies.

Sir Arthur Newsholme and State Medicine, 1885–1935

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PREFACE

The half century between 1885 and 1935 witnessed a significant improvement in the health of the British people. Crude death rates offer the easiest, if least sensitive, measure. When this fifty-year period opened (1881–5) the crude annual mortality rate for England and Wales was 19.4 deaths per thousand population. By the turn of the century that rate had fallen to 17.7 per thousand (1896–1900), and by 1930 to 12.1 (1926–30).[1] Even more revealing is the downward trend in the death toll from the chief epidemic diseases which had been the focus of the nineteenth-century public health movement – cholera, typhus, typhoid or enteric fever, smallpox, measles, scarlet fever, diphtheria, whooping cough, diarrhea, and dysentery. During the last two decades of the nineteenth century the collective rate at which these diseases killed fell by more than a third (3,408 deaths per million annually in 1871–80 to 2,142 per million annually in 1891–1900).[2]

These same decades also saw an unprecedented expansion of preventive and therapeutic services offered by the state through its local authorities. In 1885 the public health activities of most British local authorities were rudimentary. Even the most active confined themselves, for the most part, to environmental sanitation. Among civil authorities only the Poor Law Guardians offered medical treatment paid for by taxes or by rates, local property taxes. By 1935, on the other hand, almost the entire population of England and Wales had access to a wide range of both sanitary and clinical services offered by local authorities and supported by the rates and by grants from the national Treasury. These new services included not only those that the nineteenth century had struggled to provide – sewage and garbage disposal, a protected water supply, supervision of milk and food, smallpox vaccination, and isolation or quarantine facilities – but also medical consultation and clinical services through a network of outpatient clinics and residential institutions and home health services offered by visiting nurses, social workers, and medical officers. In addition a substantial portion of the population was covered by national health insurance. Scholarly interest in these municipal medical services has quickened recently as historians have begun to reconsider the

1 *Annual Report of the Registrar-General of England and Wales*, 63 (1900): lxi, hereafter cited as *Ann. Rep. Reg.-Gen.*; & *Statistical Abstract for the United Kingdom*, B.P.P. 1932–3, XXV, Cmd. 4233, 7.
2 *Ann. Rep. Reg.-Gen.*, 63 (1900): civ.

role of such services as preventive agents and to reassess Thomas McKeown's interpretation of fall of mortality in the nineteenth century.[3] In making such judgments, a knowledge of the extent and use of these services is essential. That information can be obtained only from local studies.

Behind this expansion in public services stand profound changes in attitudes toward poverty and dependency and toward the political and cultural significance of health; changes in social policy and administration; and changes in the understanding of the causes of disease. Illustrative of the speed and magnitude of these changes is the identification of health problems between the Boer War and the First World War that were considered so critical to the national interest that new public services were encouraged – sometimes mandated – by Parliament and supported by the national purse. Historians have studied a number of these themes topically. Still others remain to be explored. This book takes a somewhat different tack. It examines the career of one prominent participant in these innovations.

Arthur Newsholme rose to become a leading public health authority in Britain. He was for four years (1884–8) a part-time Medical Officer of Health (M.O.H.) in the London vestry of Clapham, dividing his time between public health activity and private general practice. For twenty years (1888–1908) he was full-time M.O.H. in Brighton, where he helped build what his contemporaries regarded as a model local authority health program. If Newsholme had never left Brighton, his career as a public health administrator and epidemiologist still would have great historical interest, illustrating as it does a variety of social and intellectual forces then operating in local public health work. But in 1908 Newsholme left Brighton to become the nominal head of the English public health service. As Medical Officer of the Local Government Board (L.G.B.) in these years he was in Whitehall when most of the social welfare initiatives of the prewar Liberal governments were enacted during the Great War. During his tenure at the L.G.B., Britain launched some of its boldest initiatives in public medical services: national health insurance and special programs for tuberculosis, venereal disease, and infant welfare. Newsholme's career was involved with each of these. Following his retirement from the civil service in 1919, Newsholme remained active for another fifteen years, serving on the faculty of the newly created Johns Hopkins School of Hygiene and Public Health and as a consultant and elder statesman on both sides of the Atlantic. His most important work in these years was the prolonged study of national health schemes he undertook for the Milbank Memorial Fund of New York.

This book is a study of the professional activities and the ideas of one individual. It is not intended to be a biography. There is no reason to think that Newsholme's personal life would be particularly interesting to others or that, if available sources

3 For an answer to McKeown which places particular stress on the work of municipal medical services, see Anne Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856–1900* (Oxford: Clarendon Press, 1993). As representative of McKeown's arguments, see his *The Role of Medicine: Dream, Mirage, or Nemesis?* (Princeton, N.J.: Princeton Univ. Press, 1979).

allowed a better look at the man or a reconstruction of his personality we would view the health problems and policies of his generation any differently. Nor do I claim that Newsholme typifies the public health world of the late nineteenth or early twentieth centuries. That is a doubtful historical proposition for any individual, but, as Newsholme's strong disagreements with some of his contemporaries show, it is especially doubtful for him. A career study does offer the historian certain advantages. It grants the luxury of a highly focused and comprehensive investigation of the products of one mind and the activities of one individual over an entire professional lifetime. When that individual was an articulate and prolific administrator involved in important policy changes, a historical study of that career offers a promising opportunity to observe the integration of intellectual and institutional forces in policy making and administration. In addition careful attention to Newsholme's attitudes and recommendations allows us to amplify and to correct some generalizations found in certain topical histories of public health or health policy, which, of necessity, are based on more selective, if broader, reading. His example demonstrates that public health experts were not necessarily as close to unanimous in their opinions as some historians have claimed and that their ideas were capable of substantial change. The perspective adopted in this book emphasizes the evolution of ideas over time and the role that experience with one health problem may have had in conditioning the responses to others. It is important to bear in mind how diverse were the responsibilities of Medical Officers of Health (M.O.H.). None could be concerned exclusively with waterborne diseases, with infant mortality, with tuberculosis, or with any other disease or health problem.

A study of Newsholme's career offers an excellent opportunity to observe the workings of an active and efficient local authority health program in the late nineteenth and early twentieth centuries. Through the unpublished Proceedings of the Brighton Sanitary Committee, through Newsholme's annual reports and scientific papers, and through newspapers, it is possible to investigate how the permissive health legislation of the late Victorian era could be translated into local services and to observe how a successful Medical Officer of Health administered a department, conducted research, and labored to expand local health services. Historical attention has only recently been directed at the activities of local health authorities, yet it was at the local level that most services were provided, if they were provided at all. The activities of the central health authority have received more historical attention, but the Local Government Board in the period of the Liberal social welfare initiatives, 1906–14, has not received the historical attention that it deserves. The Board has often been portrayed as a hidebound, conservative bureau that subjected its medical staff to the stultifying supervision of laymen schooled in the traditions of the Poor Law. While there is certainly a historical basis for that stereotype, it is also true that in these years the Board's Medical Department played an innovative role in the formation of new health policy, sometimes initiating change, sometimes reacting to initiatives begun elsewhere.

Administrative records in the Public Record Office, L.G.B.'s annual reports, and Newsholme's annual reports, special investigations, and circulars throw considerable light on the health initiatives of the Liberal and Coalition governments during the Local Government Board's last dozen years of life. Since Newsholme moved directly from an active local authority to the central health authority at a time of critically important change, his career provides an instructive example of how local experience and experiments in health administration affected national policy. Relations between central and local authorities or agencies in public health at the turn of the century were more complex and bidirectional than sometimes has been assumed.

Newsholme's writings also offer the opportunity to study some important conceptual changes. His amazing production of statistical and epidemiological studies is a fruitful source for historical investigations of this sort. Newsholme's career demonstrates that the close connection between vital statistics and public health reform that began in the early Victorian period continued unabated in the Edwardian age. Many of the same techniques that William Farr and John Simon used were also employed by Arthur Newsholme in Brighton and in Whitehall. Newsholme's epidemiological research illustrates not only this continuity of statistical techniques and the productive uses to which mathematically simple procedures could be put, but it demonstrates a very close connection between epidemiological research and administration. Administrative need suggested topics for statistical research. The results of that research were used in turn to defend existing health policies and sometimes to help initiate new ones.

Newsholme's studies also demonstrate how the understanding of the cause of disease and the focus of public health initiatives changed during his career. From the beginning of his career Newsholme resisted a reductionist approach to disease prevention. Epidemics, even those of diseases known to have microbial agents, could not be adequately explained by knowledge of the agent and host alone. It was essential, Newsholme insisted, to have adequate knowledge of the environment. His epidemiological investigations did much to clarify the circumstances which produced high infant mortality. They helped to document the means by which known agents, such as the typhoid bacillus, were transmitted. They also helped to clarify the nature and the transmission of diseases such as scarlet fever, whose cause was still not established. But Newsholme's goals as well as his understanding of disease changed. If we include his retirement years in our perspective, we can document a transformation in Newsholme's vision on a very broad front: from acute infectious diseases to chronic diseases, from sanitation to personal health services, from prevention to health promotion, from public health narrowly conceived to state medicine.

While I adopt a somewhat different approach from my colleagues and predecessors who have written topical histories, I would be the first to acknowledge my indebtedness to their research and interpretations. I have attempted to draw on their work to place Newsholme's ideas and activities in historical context, and in

the first twelve chapters of this book I provide the reader with many references to the secondary historical literature. In the final chapter of this book, I discuss how I believe my study of Newsholme's career is related to current historical understanding of British public health, state medicine, and social policy. The remainder of this book is focused unapologetically on Newsholme's writings and the records of his work. We follow the paper trail relentlessly wherever it leads, trying to understand as fully as possible the nature and significance of one career.

During the course of my study I have grown to respect Newsholme, although I understand why some of his contemporaries disagreed with him and I recognize traits that some found annoying. One must admire his mental energy and vigor. His bibliography is testimony to his creative powers, ceaseless labor, and prolific habits. One can also admire his humanity and his commitment to the improvement of human health and welfare. He insisted that humans be treated as free moral agents, and while he placed upon individuals some responsibility for their physical condition and that of their families and those around them, he resisted attempts to blame most victims for their plight and showed remarkable understanding of the problems working-class families had in procuring the necessities of a healthy, decent life. In Newsholme's view the primary responsibility for health and welfare lay with the state acting through its local authorities. He opposed those who resisted public intervention on either political or biological grounds, and he was particularly troubled by those who did so wielding bogus scientific authority. He is an example of the technical experts who had a hand in creating the system of state services that so transformed the relationship between the British people and their state. But while he admired the way a technocratic state could set priorities and marshal resources, his was not a technocratic agenda. Newsholme regarded social reform and health improvement not primarily as tools to serve economic, political, or strategic ends but as moral imperatives. A civilized, liberal society could not tolerate the preventable human suffering and the premature loss of life his investigations demonstrated were occurring. Similarly there were limits to what the state could do. In spite of his admiration for the goals and the comprehensive nature of the Soviet health care system, his respect for human rights kept him from sharing John Kingsbury's or Sidney Webb's enthusiasm for the Soviet system. Similarly his insistence on individual moral accountability made him rather unsympathetic toward certain classes of people – alcoholics, drug addicts, adult males infected with venereal disease – and left him open, especially after the Great War, to charges of prudery and rigidity. It is a feature observed in many who are driven by a strong sense of moral purpose. Newsholme could persevere. He had a harder time compromising.

I owe a large debt of gratitude to those institutions and individuals who have helped me in the preparation of this work. Thanks belong first to the libraries and archives I used. I am particularly indebted to Roger Davey and his staff at the East Sussex Record Office, who in the close quarters of their former facility

tolerated for many weeks my presence in their basement map room and the stacks of manuscript reports I needed in their hallway. I am grateful especially to Margaret Whittick, who went out of her way to help me find local records I would otherwise surely have missed. I am also grateful for permission to use the library of the Post-Graduate Medical Center at Brighton, which, to my knowledge, holds the only complete series of Newsholme's annual reports from Brighton, and the archives of the British Medical Association in London. I am also eager to acknowledge the help I received in being allowed to consult the Webb/Passfield Papers at the British Library of Political and Economic Science and the collection of Newsholme papers preserved by the library of the London School of Hygiene and Tropical Medicine. Mary E. Gibson of the latter institution located five uncatalogued boxes of Newsholme letters, notes, and reprints and reconstructed the history of how they came into the library's possession in 1965. Like any student of British administration, I have been heavily dependent on the Public Record Office. Alice Prochaska, then at the P.R.O., brought critical classes of records to my attention when I was beginning this project, saving me countless hours, and she has offered many helpful suggestions along the way.

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ABBREVIATIONS

Ann. Rep. Chief Med. Off. Board of Education	*Annual Report of the Chief Medical Officer of the Board of Education*
Ann. Rep. L.G.B.	*Annual Report of the Local Government Board*
Ann. Rep. Reg.-Gen.	*Annual Report of the Registrar-General of England and Wales*
B.L.	British Library
B.M.A., C.M.W.A.	British Medical Association Central Medical War Committee
B.M.A., Med. Pol. Comm.	British Medical Association, Medico-Political Committee
B.P.P.	British Parliamentary Papers. House of Commons Sessional Papers unless otherwise noted
Brighton, Proc. San. Comm.	Brighton Corporation, Proceedings of the Sanitary Committee
Brighton, *Proc. Town Council*	Brighton Corporation. *Proceedings of the Town Council*
Brighton, *Proc. Town Council, Proc. Comm.*	Brighton Corporation. *Proceedings of the Town Council, Proceedings of Committees*
D.N.B.	*Dictionary of National Biography*
D.S.B.	*Dictionary of Scientific Biography*
H.L.R.O.	House of Lords Record Office
L.G.B.	Local Government Board
L.S.E.	London School of Economics

M.O.H.	Medical Officer of Health, or Medical Officers of Health
Med.-Chir. Trans.	*Medico-chirurgical Transactions*
Newsholme, *Ann. Rep.* (Brighton)	Brighton Corporation. Medical Officer of Health, *Annual Report on the Health, Sanitary Condition, &c. of the Borough of Brighton*
Newsholme, *Ann. Rep. Med. Off. L.G.B.*	*Annual Report of the Medical Officer of the Local Government Board*
Newsholme, *Q. Rep.* (Brighton)	Brighton Corporation, *Quarterly Report of the Medical Officer of Health*
Newsholme, *Rep.* (Clapham)	Board of Works for the Wandsworth District, *Report on the Sanitary Condition of the Several Parishes . . . by the Medical Officers of Health*, "Report on Clapham."
P.R.O.	Public Record Office