

The politics of public health and sanitary reform: driving modernity in local government? A case study of sanitising Wrexham 1848-1890.

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ABSTRACT

This study examines the part played by public health and sanitary reform in the transformation of governance in the mid-nineteenth century and argues this sphere was a significant driving factor bringing the characteristics of modernity to local government organisation and practice. This is examined through a discussion of changes in the organisation of local government in Wrexham, in 1848 a small market town with a parochial government structure, the role debates regarding public health and sanitation played in those changes and how the town faced up to its sanitary challenges.

Contemporary ideological debates regarding the role of the state in society significantly shaped the public health agenda in the mid-nineteenth century. Changes in the character of public health legislation illustrate the evolution of that debate and transformed the relationship between central and local government. Analysis of the water and drainage schemes undertaken in Wrexham highlights the issues for local authorities presented by the new and complex technology of sanitary engineering in which new developments and opinions contributed to the indecision and obstructiveness with which local authorities have been characterised. Policing this new sanitary environment brought further revitalisation and bureaucratisation to local government, creating a new cadre of public health professionals in localities in the persons of the Medical Officers of Health and Nuisance Inspectors.

This study concludes that the fundamental dichotomy regarding governance between centralisation and local self-government was a key factor dictating the path of public health legislation in the mid-nineteenth century. Only when this dichotomy softened and it became clear local self-government was not equipped to deal effectively with the challenges presented by the social consequences of a rapidly expanding economy could a uniform, rational system of sanitary administration emerge, driven from the centre but administered locally, which transmitted the bureaucratic and professional characteristics of modernity to local government. The politics of public health and sanitary reform was therefore a significant driving factor revitalising and modernising local government.

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LIST OF ABBREVIATIONS

GBH	General Board of Health
LBH	Local Board of Health
LGA	Local Government Act
LGAO	Local Government Administration Office
LGB	Local Government Board
LGBA	Local Government Board Act
MOH	Medical Officer of Health
PCMD	Privy Council Medical Department
PHA	Public Health Act
PLB	Poor Law Board
PLC	Poor Law Commission
RSC	Royal Sanitary Commission
WLB	Wrexham Local Board
WRSA	Wrexham Rural Sanitary Authority
WUSA	Wrexham Urban Sanitary Authority

I declare that this dissertation is my own, unaided work and that I have not submitted it, or any part of it, for a degree at The Open University or at any other university or institution. Parts of this dissertation are built on work I submitted for assessment as part of A883.

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INTRODUCTION

This study examines the role public health and sanitary reform played in making government modern with particular focus on changes in local government. Implementation of public health and sanitary measures in the second half of the nineteenth century was ultimately a local responsibility.¹ By examining the transformation of local government in Wrexham from a fragmented, parochial structure to a municipal authority, contextualised against the wider public health debate and the discord it generated, this study will argue that the organisational structure which emerged was characteristically modern and consequently public health and sanitary reform was a key driver bringing modernity to both central and local government. Characteristically bureaucratic and professional, a modern governing system forms a rational and impartial administration, routinising governance through the systematic application of uniform rules and standards.²

The over-arching theme of this study concerns the significance of public health in driving change and how that impacted the relationship between central and local government. It also explores the ideological influences shaping public health policy and the debate regarding the role of the state in society, the bureaucratisation and professionalisation of local governance of public health and how much empowerment localities had in their decision making regarding sanitary issues. These themes are illuminated through a study of governmental change in Wrexham from the passing of the 1848 Public Health Act to 1890, by which time the town had become an incorporated borough and established both a clean water supply and sewage treatment system. Much scholarship has focused on larger conurbations and studies relating to smaller provincial towns have generally focused on specific infrastructure projects to examine local decision making or focused on towns which had an established municipal structure prior to 1848.

¹ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London: Methuen, 1984), p.166.

² Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*, (California: University of California Press, 2016), p.109.

Orthodox historiography of public health emphasised a narrative of progress and improvement in terms of scientific discoveries and outcomes whereas later scholarship has noted more diverse cultural factors, highlighting modernity within the disparate processes involved in fashioning a public health system.³ By taking a localised approach using evidence from Local Board of Health and Sanitary Authority records together with contemporary news reports, this research provides insight into how those processes influenced the refashioning of local government in a small provincial town, the basis on which public health and sanitary reform was contested and how that opposition was neutralised. It contributes to the wider understanding of the evolving relationship between central and local government and the reformulation and bureaucratisation of local government bodies from the mid-nineteenth century.

There are several key works relating to the place of public health and sanitary reform within government. Hamlin's examination of the foundational period up to 1854 challenged the orthodox view regarding the rise of states and science, highlighting the confusion and complexity of the broader issues.⁴ In Wohl's wider interpretation of public health, incorporating other social and economic factors affecting people's well-being, he argues public health was crucial in the expansion and professionalisation of local government.⁵ For Crook the dynamism of the discrete administrative and technological processes through which public health reform was delivered evidences its modernity.⁶ Regarding changes in governance much historiography concludes the alterations in function and structure of nineteenth-century government were sufficiently profound and transformative to constitute revolutionary change.⁷ Vernon considers the primary factor for such transformation to be demographic change creating a 'society of strangers' in which traditional forms of

³ Crook, pp.5-9.

⁴ Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick* (Cambridge: Cambridge University Press, 1998), pp.335-6.

⁵ Wohl, p.166.

⁶ Crook, p.22.

⁷ Oliver MacDonagh, 'The Nineteenth-Century Revolution in Government: A Reappraisal', *The Historical Journal*, 1.1 (1958), 52-67, (p.53).

government were no longer appropriate.⁸ He argues this necessitated a shift towards centralisation but also re-invigorated local government.⁹ Chandler argues local government evolved through an accretive process with opposition to reform forcing compromise and concession which maintained the fundamental duality where state and local structures operate in different spheres.¹⁰ Although Palmer and Dodd each devote a few paragraphs to drainage and waterworks in their histories of the town, there is little secondary work directly relating to public health interventions in Wrexham.¹¹ In his study of four British towns Hamlin concludes resistance and foot-dragging by municipal authorities was a result of bewilderment and frustration rather than the parsimony and small-mindedness portrayed in earlier historiography and in his examination of public health in Merthyr Tydfil Grant shows how local economic interests influenced sanitary projects in a rapidly urbanising and industrialising context.¹² Brayshay and Poynton's examination of the opposition to the 1848 Public Health Act in Plymouth shows how it threatened the hegemony of local political elites and influenced change in municipal affairs.¹³ These and other localised studies help to contextualise the study of public health issues in Wrexham.

The legislation, Parliamentary reports and returns such as those of the Privy Council Medical Officer and the Royal Sanitary Commission, which set the public health and sanitary reform agenda in the mid-nineteenth century are key for this study, providing the context in

⁸ James Vernon, *Distant Strangers: How Britain Became Modern* (Berkeley: University of California Press, 2014), p.35.

⁹ Vernon, p.70.

¹⁰ J. A. Chandler, *Explaining Local Government: Local Government in Britain since 1800* (Manchester: Manchester University Press, 2007) , p.50.

¹¹ Alfred Neobard Palmer, *History of the town of Wrexham : its houses, streets, fields, and old families : being the fourth part of "A History of the town and parish of Wrexham* (Wrexham: Woodall, Minshall and Thomas, 1893), p.124; A. H. Dodd, (ed.), *A History of Wrexham*, rev. edn (Wrexham: Bridge Books, 1989), pp.114-5, p.143.

¹² Christopher Hamlin, 'Muddling in Bumbledom: On the Enormity of Large Sanitary Improvements in Four British Towns, 1855-1885', *Victorian Studies*, 32.1 (1988), 55–83 (p.60); Raymond K. J. Grant, 'Merthyr Tydfil in the Mid-Nineteenth Century: The Struggle for Public Health', *Welsh History Review*, 14 (1988), 574–94 (pp.586-9).

¹³ Mark Brayshay, and Vivien F. T. Pointon, 'Local Politics and Public Health in Mid-Nineteenth-Century Plymouth', *Medical History*, 27.2 (1983), 162–78 (pp.177-8).

which the broad debate regarding public health took place. Archival sources like those of the Wrexham Local Board, the Urban and Rural Sanitary Authorities and correspondence to and from the General Board of Health and Local Government Act Office provide local context for these national issues. These sources also provide a narrative of sanitary activity in the town and of the mechanics of the relationship between local and central government. However, although records of the Local Board are disappointingly incomplete the richness of contemporary news sources proved invaluable, making up for this deficiency. The *North Wales Chronicle* extensively reported the local furore regarding the 1848 Public Health Act, reflecting the debate regarding centralisation and taxation also evident in national titles and contemporary printed sources. Meetings of the Council, Local Board and Sanitary Authorities were assiduously reported by the *Wrexham Weekly Advertiser* and the later short-lived *Wrexham Guardian* and *Wrexham Telegraph*. Editorially, the *Advertiser* was politically Liberal; founding editor George Bayley served on the town's first elected Council and George Bradley, editor from 1863-1890 was Mayor in 1880-81.¹⁴ Both the *Guardian* and *Telegraph* favoured the Conservative cause.¹⁵

Wrexham lies in the north east corner of Wales, nine miles from the English border. In 1848 it was a small market town comprising the townships of Wrexham-Abbott and Wrexham-Regis together with a detached portion of the Eclusham Below township which was enclosed by Abbott and Regis. Combined with twelve other surrounding townships these formed the ecclesiastical Parish of Wrexham.¹⁶ In terms of overall governance there was no unified structure; the manorial courts of Wrexham-Abbott and Wrexham-Regis were functioning but no longer provided effective government. As the Parish Vestry covered a number of diffuse communities it was unable to levy a rate on the whole parish to deal with matters affecting the urbanised Abbott and Regis areas alone.¹⁷ Few streets were paved, there was little drainage and water was supplied either from the town well or private

¹⁴ Lisa Peters, *Politics, Publishing and Personalities: Wrexham Newspapers, 1848-1914* (Chester: University of Chester Press, 2011), pp.26-9.

¹⁵ Peters, pp.33-36, pp.37-43.

¹⁶ Samuel Lewis, *A Topographical Dictionary of Wales: Comprising the Several Counties, Cities, Borough, Corporate and Market Towns, Parishes, Chapelries, and Townships* (London: S. Lewis, 1845), p.437.

¹⁷ Palmer, p.12.

pumps.¹⁸ Most industry was located in the surrounding area in coal, iron and lead production while the town itself acted as a commercial and transport hub. Within the town the primary industry was in leatherworks and brewing. By 1848 the town had rail links to Shrewsbury and Chester and the opening of the Chester to Holyhead line that year connected the town nationally and brought speedier access to national news.¹⁹ Wrexham experienced significant growth over the period of the study; census returns show the population doubled from 5,831 in 1841 to 12,552 in 1891 and between 1859 and 1875 rateable value of property within the borough increased from £13,388/1/8 to £30,562/7/0.²⁰

¹⁸ Dodd, pp.97-8.

¹⁹ Peters, pp. 3-5.

²⁰ *Abstract Return pursuant to Act for taking Account of Population of Great Britain (Enumeration Abstract, 1841)* PP.1843 (496) 22.1, p.424; *Census of England and Wales 1891 Volume II. Area, Houses and Population (Registration Districts)*, PP. 1893-4, C.6948-1, p.1094; North East Wales Archive, DD/G/2186, Report of Isaac Shone, *Wrexham; its present Sanitary condition with comments on the past and suggestions for its future development and improvement.* 1876.

CHAPTER 2: PRINCIPLES, POLITICS AND PUBLIC HEALTH

The fundamental ideological dilemma for the mid-nineteenth century public health movement was how to protect the community from epidemic disease without infringing individual rights and freedoms, reflecting the wider contemporary debate regarding the role of the state in society. This chapter explores how understandings of freedom, liberalism and the concept of *laissez-faire* shaped contemporary thinking regarding the extent of state intervention in people's lives and how the public health movement challenged that thinking. It considers the impact of utilitarian ideas on the direction of public health policy and discusses how resistance to the centralising tendency of that policy stimulated a wider debate regarding local self-government. It shows how these issues filtered down to community level by examining the divisive public health debate in Wrexham between 1848-52 as this small provincial town faced up to its sanitary challenges.

Britain in the first half of the nineteenth century was characterised by the ideals of political and economic liberalism, *laissez-faire* capitalism and free trade. In terms of the social order, the market freedoms central to political economy figured in a liberal philosophy which emphasised self-help, self-improvement and individualism, values embodied in the concept of the 'liberal subject'.¹ A free, self-reliant and rational individual, the 'liberal subject' could actively self-regulate without the need for state intervention. A liberal society was therefore one in which government acted only to maintain the institutions needed to support the freedoms of the liberal individual, who reciprocated by monitoring and policing the extent of government to ensure those freedoms were maintained.² This also extended to religious freedom, endorsed by the 1828 repeal of the Test and Corporation Acts, allowing non-Anglicans to hold public office.³ This had particular impact in North Wales where a long tradition of non-conformity provided a fertile ground for liberal philosophy; for the first time dissenters had constitutional power and political

¹ James Vernon, *Modern Britain, 1750 to the Present* (Cambridge: Cambridge University Press, 2017), pp.114-116.

² Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (London: Verso Books, 2003), p.4.

³ Vernon, p.127.

agency.⁴ Political economy was also influenced by Thomas Malthus's ideas regarding population growth which argued disease, war and famine acted as 'positive checks', naturally controlling population. Social deprivation, sickness, starvation and death were simply nature's way of maintaining the balance between population and resources.⁵ Allied to political economy and the doctrine of non-intervention and self-help this implies poverty and filth were the fault of those who suffered them as they had not developed the qualities and character of the liberal subject.⁶

The concept of 'utility' associated with the ideas of philosopher and theorist Jeremy Bentham (1748-1832) further influenced liberal thought and the debate regarding the role of the state. Utility, or the 'Greatest Happiness Principle', advocated a moral, rational society where actions 'are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness'. So actions or policies had utility according to the degree of happiness, pleasure or freedom from pain they provided.⁷ Systematic investigation and analysis by efficient administrators should support the formulation of rational policies which promote the 'common good', so providing the greatest utility.⁸ The centrality of health in utilitarian thinking was underlined by Bentham's advocacy of Cabinet-level ministerial responsibility for health matters.⁹ MacDonagh claims the greatest influence of utilitarian ideas on the development of nineteenth-century government was through the actions of individual 'doctrinaires'; followers of Bentham like Edwin Chadwick

⁴ Derek Fraser, *Urban Politics in Victoria England: The Structure of Politics in Victorian Cities* (Leicester: Leicester University Press, 1976), p.14.

⁵ Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick* (Cambridge: Cambridge University Press, 1998), pp.26-7.

⁶ Vernon, p.136.

⁷ W.F. Bynum, 'Ideology and Health Care in Britain: Chadwick to Beveridge', *History and Philosophy of the Life Sciences*, 10 (1988), 75–87 (p.85); John Stuart Mill, 'Utilitarianism', in *On Liberty, Utilitarianism and Other Essays*, 2nd edn, ed. by Mark Philp and Frederick Rosen (Oxford, Oxford University Press, 2015), p.121.

⁸ J. A. Chandler, *Explaining Local Government: Local Government in Britain since 1800* (Manchester: Manchester University Press, 2007), p.34; Knut Ringen, 'Edwin Chadwick, the Market Ideology, and Sanitary Reform: On the Nature of the 19th-Century Public Health Movement', *International Journal of Health Services*, 9.1 (1979), 107–20 (p.109).

⁹ Bynum, p.85.

and others who held positions where they could undertake rational investigations and influence policy, such as Chadwick's 1842 *Report on the Sanitary Condition of the Labouring Population* which set the sanitary direction of the public health debate and directly influenced the 1848 Public Health Act (PHA).¹⁰ Arguably this report established the environmental focus of public health policy for the next half century. Ideologically however, Hamlin argues the nature of Chadwick's solutions go beyond Benthamite utility, reflecting a legacy of eighteenth-century environmental determinism which propounded a causal link between people's environmental circumstances and their moral and physical condition. Removing filth and improving living conditions would not only reduce disease and mortality it would raise the moral standards of the lower orders. So the early public health movement was shaped by a blend of ideological influences and incorporated a degree of evangelism and utopianism giving it an almost 'messianic' quality.¹¹ In terms of political economy, improving public health had economic value as reducing mortality and epidemic disease meant a healthier, more productive workforce and reduced the costs of destitution.¹² Hamlin also questions Chadwick's motives, arguing the sanitary report showed a degree of expediency to deflect attention from the shortcomings of the Poor Law Commission (PLC), of which Chadwick held the secretaryship.¹³ Although statistically few deaths were attributed directly to hunger (0.04% in the second half of 1837), Chadwick was astute in recognising the potential damage statistical data on starvation and press reporting of individual cases was to a workhouse system which was supposed to prevent 'want'.¹⁴ Directing attention to miasmas emanating from filth as a cause of disease rather than the physical susceptibility brought on by hunger and destitution absolved liberal society and offered the straightforward material solutions of sewers and water, the 'bread and circuses

¹⁰ Oliver MacDonagh, 'The Nineteenth-Century Revolution in Government: A Reappraisal', *The Historical Journal*, 1.1 (1958), 52-67 (p.54). Hamlin, pp.85-6.

¹¹ Christopher Hamlin, 'State Medicine in Great Britain', in *The History of Public Health and the Modern State*, ed. by Dorothy Porter (Amsterdam: Rodopi, 1994), pp.132-164 (pp.145-6).

¹² Dorothy Porter, 'Introduction', in *The History of Public Health and the Modern State*, pp.8-9.

¹³ Hamlin, *Public Health and Social Justice*, p.122.

¹⁴ Hamlin, *Public Health and Social Justice*, pp.143-7.

of the Victorian age'.¹⁵ The denial of the links between poverty, disease and mortality became the fundamental principle characterising the first decade of public health.

Ackernecht argued a nation's strategy against epidemic disease and its political system and culture were connected. Autocratic or absolutist regimes were more likely to adopt interventionist quarantine strategies whereas more liberal states favoured environmental measures which were less restrictive of individual freedoms.¹⁶ This infers the sanitarian shape of public health solutions in Britain with their focus on filth was determined by the ideology of liberal political economy; building sewers did not infringe the freedom of the liberal subject or restrict free trade.¹⁷ However, Baldwin claims this is a false dichotomy. He argues the empowerment of local government in the British approach meant it was merely 'differently interventionist' since power was still transferred to an arm of the state, realising more long term success through permissive acts than compulsive measures used elsewhere.¹⁸ Jenson's argument that the adoption of sanitarianism reflected contemporary understanding of the rights and responsibilities of citizenship infers the influence of liberal philosophy in shaping the direction of the public health debate.¹⁹

The issue of public health both shaped and was shaped by the broad debate regarding the role of the state in society and the challenges presented by the social consequences of political economy. Innes claims the establishment of the centrally appointed PLC, which threatened the autonomy of parishes in terms of governance, crystallised debate regarding state intervention into opposing camps advocating 'centralisation' and 'local self-government', a divergence which significantly influenced

¹⁵ Hamlin, *Public Health and Social Justice*, p.140.

¹⁶ Erwin H. Ackerknecht, "Anticontagionism Between 1821 and 1867, *BHM*, 22, 2 (September–October 1948), cited in Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, (Cambridge: Cambridge University Press, 1999), p.12.

¹⁷ Baldwin, p.12.

¹⁸ Baldwin, p.531.

¹⁹ Jane Jenson, 'Getting to Sewers and Sanitation: Doing Public Health within Nineteenth-Century Britain's Citizenship Regimes', *Politics & Society*, 36.4 (2008), 532–56 p.536-7.

political discourse for remainder of the nineteenth century.²⁰ These concepts encapsulate the tensions within liberal philosophy between rigid *laissez-faire* political economy with its focus on personal freedoms and self help, and the scientific administration and interventionism implied by the ‘greatest happiness principle’ and providing for the common good.²¹ Governance through the consolidation of power in central institutions like the PLC and the General Board of Health (GBH), and the objective and efficient evaluation of elements of society through ‘policy-formulating royal commissions of Benthamite statisticians’, was held to restrict the freedom to manage one’s own affairs and so against the liberal spirit.²² Pejoratively, centralisation was also identified with continental ideas and considered fundamentally opposed to English character and traditions.²³ ‘Local self-government’, free individuals organising themselves to deal with local issues, was identified as part of civilised English custom and fitted the ‘individualist’ approach at the heart of English liberalism.²⁴ According to lawyer and theorist Joshua Toulmin Smith writing in 1851, individuals could only maintain their freedom by ‘having the ever-present consciousness that it is to us ourselves that the right and responsibility belong of doing, and doing well, what the common welfare, or our own, demands’.²⁵ Centralisation, he argued, stifled ‘free and unfettered individual enterprise and skill and self-exertion’, the central characteristics of the liberal subject.²⁶

²⁰ Joanna Innes, ‘Central Government ‘Interference’: Changing Conceptions, Practices, and Concerns, c.1700-1850’, in *Civil Society in British History: Ideas, Identities, Institutions*, ed. by Jose Harris (Oxford: Oxford University Press, 2004), pp.39-60 (p.50).

²¹ Innes, p.50.

²² Ringen, p.109. Hamlin, *Public Health and Social Justice* p.3.

²³ Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*, (California: University of California Press, 2016), p.33.

²⁴ Innes, p.39; Crook, p.24; Anne Hardy, ‘The Public in Public Health’, in *Beyond Habermas: Democracy, Knowledge, and the Public Sphere*, ed. by Christian J. Emden and David Midgley (New York: Berghahn Books, Incorporated, 2012), pp. 87-98, (p.88).

²⁵ Joshua Toulmin Smith, *Local Self-Government and Centralization: The Characteristics of Each: And Its Practical Tendencies, as Affecting Social, Moral, and Political Welfare and Progress* (London: J. Chapman, 1851), p.34; Crook, p.42.

²⁶ Smith, p.34.

In his considerations on public health published in 1848 Smith was less 'anti-statist', advocating a united approach to sanitary improvement since the causes and outcomes of poor sanitation were common to all. Although he was clear responsibility for implementing such a system should lie with local bodies he was critical of the proliferation of local Improvement Acts, all with varying provisions and powers.²⁷ What was required was not administrative centralisation, which supplanted the individual's duty of social responsibility through the creation of outside 'functionaries', but a 'general and broad system of action ... based on and in accordance with well-established principles of English law', which meant locally-administered.²⁸ Smith's fundamental understanding of the dichotomy between localism and centralisation in public health can be summarised as a unity of policy but delegated to local structures to implement in the exercise of their civic responsibility. As Weinstein notes, the nuances in Smith's understanding of freedom and social responsibility and his calls for unity of system reflects a more 'tempered liberalism' than the arch-libertarian, anti-statist he was painted by earlier historians.²⁹ So while the debate between centralisation and local self-government is perhaps less polarised than first appears, its impact on the public health debate in the mid-nineteenth century was considerable, as *The Laws of England Relating to Public Health* shows. Combined with another precept of political economy, cheap government, it was also a significant feature of the opposition to the 1848 PHA in Wrexham and heavily influenced the campaign for a Local Improvement Act.

Wrexham had already taken steps towards improving sanitation. A sanitary committee, chaired by the vicar, Rev. George Cunliffe had used existing nuisance law 'to the extent of its power' and it was this group which initiated efforts to bring the town under the provisions of the PHA, initially under the criteria relating to mortality.³⁰ In November 1848 Thomas Edgworth, Superintendent Registrar, Clerk to the Board of Guardians and member of the sanitary committee, submitted that the number of deaths in the town over the

²⁷ Joshua Toulmin Smith, *The Laws of England Relating to Public Health*, (London: S. Sweet, 1848), p.9.

²⁸ Smith, *Local Self-government*, p.62; Smith, *The Laws of England Relating to Public Health*, pp.8-11

²⁹ Ben Weinstein, "'Local Self-Government Is True Socialism": Joshua Toulmin Smith, the State and Character Formation', *The English Historical Review*, 123.504 (2008), 1193–1228 (p.1228).

³⁰ George T. Clark, *Report to the General Health Board on the Town of Wrexham* (London: W Clowes & Son, 1850), p.4.

previous six years averaged 26.6 per thousand, exceeding the level of 23 per thousand under which the GBH could direct an inquiry.³¹ However the GBH were disinclined to act without the support and invitation of the requisite ten percent of ratepayers and consequently a petition was raised and submitted the following May.³² The GBH position in this respect highlights the adoptive nature of the Act and exemplifies its reluctance supports to coerce communities into sanitation, even where death rates exceeded the set criteria, as Wohl notes regarding Tamworth.³³ The report of Superintendent Inspector George Clark to the GBH following his visit of inquiry in October 1849 was highly critical of the existing local government structure in Wrexham and its fragmentation between the townships of Abbott and Regis. Its complexity, division and duplication made it 'powerless for sanitary purposes'. What was needed, according to Clark was 'Greater power, accompanied by direct responsibility'.³⁴ Croll notes criticism of local government was a common feature of Clark's reports, arguing it reflects his awareness of the political implications of sanitarianism. He highlights the similarities between all Clark's reports even allowing for their structure being prescribed by the GBH, and questions Clark's objectivity.³⁵ Similar criticisms of irrational local government occur in other Inspector's reports which suggests there was an element of predetermination in all their findings.³⁶ Robert Rawlinson's 1852 report on Plymouth also identified the split jurisdiction between the Town Council and the Local Improvement Commission as a barrier to sanitary progress and the inquiry in Merthyr Tydfil claimed the town was 'destitute' in terms of its civic government.³⁷ Property owners were also a regular

³¹ The National Archives (TNA), MH/13/214/1, Thomas Edgworth to the General Board of Health, 14 November 1848; *Public Health Act, 1848*, 11 & 12 Victoria, Ch 62,63, para VIII.

³² TNA, MH/13/214/2, General Board of Health to Thomas Edgworth, 18 November 1848; TNA, MH/13/214/3, Thomas Edgworth to the General Board of Health, 30 May 1849.

³³ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London: Methuen, 1984) p.152.

³⁴ Clark, p.5.

³⁵ Andy Croll, 'Writing the insanitary town: G. T. Clark, slums and sanitary reform', in *G.T. Clark: Scholar Ironmaster the Victorian Age*, ed. by Brian LI Jones (Cardiff, Univ. of Wales Press, 1998), pp. 24-47, (p.14).

³⁶ Hamlin, *Public Health and Social Justice*, p.289.

³⁷ Mark Brayshay, and Vivien F. T. Pointon, 'Local Politics and Public Health in Mid-Nineteenth-Century Plymouth', *Medical History*, 27.2 (1983), 162-78 (p.174); Raymond K. J. Grant, 'Merthyr Tydfil in the Mid-Nineteenth Century: The Struggle for Public Health', *Welsh History Review*, 14 (1988), 574-94 (p.574).

target for Clark's opprobrium as hindering sanitary improvement.³⁸ In Wrexham he identified places like Cutler's Entry, a court of eleven cottages with 'a very large and offensive open cesspool' and the Holt Street houses from which refuse 'stagnates in open gutters in the street', which he attributed to neglect by landlords who declined to participate in his inquiry. He pointed out the financial advantages to landlords in adopting the recommended sanitary measures as in addition to improving the health of the town it would increase the value of their property, thus implying utility for both the tenants and landlords.³⁹ Generally, Clark found despite the best efforts of Cunliffe's committee sanitary conditions in Wrexham had deteriorated since the Health of Towns report in 1844.⁴⁰

Clark's recommendations sparked acrimonious debate in the town over the next two years. His primary proposal was for improved local government organisation through the establishment of a Local Board of Health (LBH), whose first priorities should be provision of a proper water supply and main drainage which would improve people's health and also raise property values.⁴¹ He estimated the total cost of this work at £11,600 which, borrowed over 30 years so 'the expenses will be borne by those who actually enjoy the benefit', would add 2d. or 3d. per week to the general rate.⁴² In his history of the town published in 1893 Palmer claimed Clark recommended incorporation however in neither his proposed remedies or the report summary does Clark go that far; his view is that an elected LBH would remove the duplication in the current system where both Abbott and Regis townships appointed separate Surveyors of Nuisance and provide 'an efficient local government'.⁴³ These recommendations were met with immediate opposition from some quarters on the grounds of both cost and control.⁴⁴ Handbills and flyers were distributed

³⁸ Croll, p.15.

³⁹ Clark, pp.16-17.

⁴⁰ Clark, p.24.

⁴¹ Clark, pp.24-25.

⁴² Clark, pp.28-29.

⁴³ Alfred Neobard Palmer, *History of the town of Wrexham : its houses, streets, fields, and old families : being the fourth part of "A History of the town and parish of Wrexham* (Wrexham: Woodall, Minshall and Thomas, 1893), p.14; Clark, p.29.

⁴⁴ TNA MH/13/214/19 George Cunliffe to the General Board of Health, 29 May 1850.

warning of the 'enormous expense' and imposition of outside control by the GBH, a body with 'no identity with the feelings, wishes or interests, of the Rate-payers'.⁴⁵ A well-attended public meeting passed a series of resolutions which show that while Clark's findings regarding the sanitary state of the town were generally accepted, it was felt the town was capable of managing affairs without the intervention of an 'irresponsible and distant body'.⁴⁶ Not only that but they claimed the required solutions could be undertaken more cheaply, 'for only one fourth of the estimate given by Mr Clark'.⁴⁷ Class may also have been factorial in the division between those for and against the PHA for Wrexham. In his correspondence with the GBH Cunliffe, himself the son of a baronet, claims 'the poorer orders of ratepayers' were incited into opposition making it impossible for 'Gentlemen' to make a persuasive argument in favour of the Act, inferring the 'lower orders' lacked the capacity to evaluate the worth of the report for themselves.⁴⁸ However, opponents were less the 'poorer orders' but rather the 'shopocracy'; small traders of certain standing like watchmaker Thomas Heywood and cabinet-maker William Pierce, who subsequently chaired the Improvement Committee.⁴⁹ Despite receiving assurances regarding the independence of a local board, other than in the particular circumstances prescribed by the Act, a further town meeting reiterated the ratepayer's opposition and consequently the GBH confirmed, since the town lacked the 'intelligence and zeal' to carry out the measures recommended it would not force the provisions of the PHA on the town, once more confirming the disinclination to coerce communities into sanitation.⁵⁰ As the *North Wales Chronicle* noted, Wrexham ratepayers were not alone in their 'horror of centralisation' but

⁴⁵ TNA MH/13/214/21 Handbill, 'To the Rate-Payers of the town of Wrexham'.

⁴⁶ *North Wales Chronicle (NWC)*, 4 June 1850, p.3, *Wrexham. – Sanitary Meeting*; TNA MH/13/214/21 Resolutions of a Public meeting, 31 May 1850, p.1.

⁴⁷ TNA MH/13/214/21 Resolutions , p.2.

⁴⁸ TNA MH/13/214/21, George Cunliffe to GBH, 1 June 1850.

⁴⁹ *Wrexham History* (2022) < wrexham-history.com/category/biographies > [Accessed 3 January 2024]; NEWA DD/G/2126, 'Wrexham and its local government'.

⁵⁰ TMA MH/13/214/32, GBH to R. Humphreys Jones, 26 June 1850.

they had now to prove they could take the necessary action without the technical support and access to long term borrowing the PHA would have provided.⁵¹

The proposed solution was to seek a Local Improvement Act, an alternative favoured by opponents of the PHA in other towns in similar circumstances.⁵² This, in addition to incorporating the resolutions regarding sanitary measures passed on 31 May would also give an Improvement Commission powers over policing and turnpikes and to regulate markets and fairs by incorporating the provisions of the model 'clauses' acts which set out the standard powers parliament considered appropriate for local government.⁵³ Between June 1850 and January 1851 £400 was raised towards the costs of an Improvement Bill, a considerable sum in a town of 6,700 souls indicating the strength of feeling these issues engendered and the realisation of the need for more comprehensive local government.⁵⁴ Correspondence between interested parties and the GBH, both for and against the PHA, handbills and press reports show how polarised and acrimonious the debate became in the ensuing months with the high profile sanitary reformers in the town who promoted adopting the PHA disparagingly labelled the 'Seventeen'.⁵⁵ A satirical funeral testimonial for Cunliffe appeared, labelling him a modern Judas selling out the town. His seventeen sanitary reforming colleagues were assigned as pallbearers and leading mourners in this satire.⁵⁶ Cottage owners who objected to provisions in the Improvement Bill under which they could be ordered to undertake improvement work at their own expense were dismissed as 'selfish' and preventing the achievement of the utilitarian principle of greatest happiness; 'private profit must not be set against public good'.⁵⁷

⁵¹ NWC, 29 June 1850, p.4.

⁵² Brayshay and Pointon, p.175.

⁵³ NEWA, QSD/D/3/6/2 Plans and book of reference – Wrexham Improvement Bill; Hamlin, *Public Health and Social Justice*, p.263.

⁵⁴ NWC, 25 January 1851, p.5.

⁵⁵ *Wrexham Advertiser*, 9 August 1850, p.3 'Town Talk'

⁵⁶ NEWA, DD/G/3537, Mock testimonial and satirical funeral arrangements of Rev. George Cunliffe, n.d. [c.1849-1850]

⁵⁷ *Wrexham Advertiser*, 1 July 1851, p.3.

Inspector Clark returned for another public meeting in February 1851 where it became clear the sticking point of opposition to the PHA related to clauses 37 and 129 of the Act; those which made removal of the Surveyor subject to GBH approval and enforced recovery of costs incurred under the Act.⁵⁸ The costs of adopting either solution was also a source of contention. Supporters of the PHA pointed out adopting the Act would cost around £100 whereas steering an Improvement Bill through Parliament was likely to cost over £2,500 which would be passed on to ratepayers.⁵⁹ Notwithstanding the broader ambitions of the Improvement Bill beyond the public health agenda, the fundamental opposition to bringing the town under the provisions of the PHA came down to the core issues of economy and autonomy; central government intervention in local affairs and an increase in local rates to fund centrally-directed reforms. Following his visit in February 1851 Clark reported the opponents of the PHA claimed it brought 'a dangerous system of centralisation wholly alien to the spirit of the British constitution' and that the GBH itself was 'un-English and arbitrary', precisely the arguments expressed by Toulmin Smith so the ratepayers of Wrexham undoubtedly reflected the national debate on this issue.⁶⁰ According to Wohl, these sentiments encapsulate the fundamental mid-century understanding of 'liberty'; a desire for freedom from onerous taxation coupled with local independence and autonomy. Concern regarding taxation and cost, he claims, was the greatest barrier to effective sanitary reform.⁶¹

The characterisation of opposition to public health reform as local parsimony and the 'dirty' party holding back the fulfilment of the Chadwickian sanitary utopia has become a cliché which downplays serious contemporary concerns.⁶² Taken at face value the reception of the 1848 PHA in Wrexham fits the cliché; the implementation of the public

⁵⁸ NWC, 8 February 1851, p.5; TNA MF/13/214/50, George T. Clark to GBH, 6 February 1852; TNA MF/13/214/51 Thomas Edgworth to GBH, 6 February 1851; *Public Health Act, 1848*, 11 & 12 Victoria, C.62,63, pp.250 & 266.

⁵⁹ TNA MH/13/214/107 *The Improvement Bill and the Public Health Act*, 11 February 1852.

⁶⁰ NEWA, DD/DM/379/2, *Report to the General Board of Health on a further enquiry into boundaries to be adopted for the borough of Wrexham*; Crook, p.41.

⁶¹ Wohl, p.170.

⁶² Wohl, pp.170-1.

health agenda by the seventeen 'sanitary heroes' was prevented by ratepayers desirous of small, cheap local government.⁶³ However, it is clear the ratepayers of Wrexham were reflecting the tensions within liberal society and wider debate regarding the appropriate level of state direction of local government. Implementation of public health measures was constrained by assumptions regarding individual rights and responsibilities which were significantly shaped by contemporary liberal philosophy. While utilitarianism may have influenced the sanitary direction of public health policy it could not entirely overcome the liberal understandings of freedom and the appropriate role of the state in society. The arguments of the anti-centralisation lobby articulated by Toulmin Smith, and the characteristic understanding of liberal freedom summarised by Wohl and others are evident in the resistance to the involvement of the GBH in Wrexham's concerns but tempered with a utilitarian understanding on both sides that the common good of the town meant action was needed and the current local government structure was inadequate. Either an elected LBH or an Improvement Commission would have been a step towards modernity in the governance of the town.

⁶³ Hamlin, *Muddling in Bumbledom*, p.57.

CHAPTER 3: EMPOWERING COMMUNITIES: LOCAL GOVERNMENT AND THE SANITARY LAWS

As Hamlin points out combining public health with local government not only changed the contemporary idea of health it also changed the conception of local government.¹ This chapter explores how localities were empowered by public health legislation which transitioned from permission to compulsion and its role in refashioning local governance structures. It examines how the bureaucratisation of public health administration at the centre transformed the relationship between central and local bodies, discusses contemporary understanding of the roles of local and national polities and how the continuing debate regarding centralisation evolved, exploring the factors which diminished opposition to central intervention and changed the conception of local self-government. The role sanitary conditions and changing public health legislation played in the push for a Charter of Incorporation in Wrexham is explored to illustrate these changing conceptions and how the relationship between the central bureaucracy and the local elected body was formed and maintained.

The causal factors for the profound transformation of government in the nineteenth century have been the subject of much historiographical debate. Public health has been identified as a key part of the central administrative bureaucracy which emerged to deal with the disruptive consequences of social, economic and demographic change.² It can be argued however, that local bodies experienced a greater transformation, driven by the requirements of the increasingly bureaucratised centre both in the sphere of public health and more widely, to evolve and re-model so that by 1890 they embodied a microcosm of the inspectorial, regulatory state. Faceless bureaucratic structures such as the General

¹ Christopher Hamlin, 'State Medicine in Great Britain', in *The History of Public Health and the Modern State*, ed. by Dorothy Porter (Amsterdam: Rodopi, 1994), pp.132-164 (p.145).

² Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick* (Cambridge: Cambridge University Press, 1998), p.5; Simon Szreter, 'Economic Growth, Disruption, Deprivation, Disease, and Death: On the Importance of the Politics of Public Health for Development', *Population and Development Review*, 23.4 (1997), 693–728 (p.694).

Board of Health (GBH,) and Local Government Board (LGB), exhibited the fundamental characteristics of central government modernity which were transmitted to local structures as they remodelled to meet the bureaucratic demands of the centre.

The 1848 Public Health Act (PHA), which set the tone for the centre-local relationship in public health has been described both as fundamentally flawed and revolutionary. Flawed in its permissive character and centralising tendency which incited such opposition that by 1854 only 284 towns had petitioned to apply the Act, and revolutionary in the sanction of debt funding for local sanitation projects, for which £1,056,000 was approved in the first five years.³ When the GBH came up for review in 1854 despite proposals to introduce more accountability by placing it under the authority of the Home Secretary, sufficient opposition remained that it was only extended on an annual basis until its eventual dissolution in 1858.⁴ Much of the criticism was directed personally at Edwin Chadwick as a working Board member and its survival after 1854 was made conditional on his removal. His 'intolerably aggressive' attitude to localities and dogmatic adherence to a particular system of sewerage and sanitation brought him into conflict with both local government and civil engineers.⁵ In John Simon's assessment the Board, and by inference Chadwick, was 'failing to distinguish between opinions and knowledge, and was imperatively pressing large rules of practice, and seeking from Parliament new powers of coercion, in cases where lessons of experience were still wanting'.⁶ In its report on the Parliamentary debate which decided Chadwick's defenestration, the *Wrexham Weekly*

³ Christopher Hamlin, 'Agency and Authority in Nineteenth-Century English Local Government', *Vom Vorrücken Des Staates in Die Fläche*, (2016), 199-224 (p.219); *Report of General Board of Health on Administration of Public Health Act, and Nuisances Removal and Diseases Prevention Acts, 1848-54* PP. 1854, C1768, 35.1, p.14.

⁴ J. A. Chandler, *Explaining Local Government: Local Government in Britain since 1800* (Manchester: Manchester University Press, 2007), p.55.

⁵ Hamlin, *Public Health and Social Justice*, pp.302-4; Sir John Simon, *English Sanitary Institutions: Reviewed in Their Course of Development, and in Some of Their Political and Social Relations*. (London: Cassell & Co Ltd, 1890), pp.223-6.

⁶ Simon, p.230.

Advertiser celebrated the end of the 'sanitary dictatorship', reflecting the antipathy to its dictates;

Not content to point out evils, initiate reforms, and, if necessary, enforce the redress of positive wrongs – they exercised a vexatious tyranny over the weak, and by extravagant projects alarmed the sympathetic.⁷

Wohl accurately summarised the legacy of the GBH up to 1854 as less in miles of sewers or improved mortality than in the debate it stimulated, its 'propagandism' for sanitary reform and promotion of practical solutions.⁸ It founded a centre-local relationship in public health which characterised the link between the polities in all spheres of governance throughout the nineteenth century; the regulatory, inspectorial centre empowering and enabling the actions of autonomous local bodies.

The *Advertiser* also realised the reformation of the GBH presented an opportunity to resolve Wrexham's sanitary issues. The promises of Sir Benjamin Hall, President of the GBH from 1854, not to interfere in local self-government should mean 'the late opponents of the Board of Health Act, will cheerfully and willingly give their assent'.⁹ The town had limped on after the failures of 1849-52, each vestry making best efforts to implement some sanitary improvements and relying on the Board of Guardians as the only responsible authority to prosecute individual nuisances but without the power to implement change.¹⁰ The case of a 'most filthy kind' of nuisance in Vicarage Hill illustrates the practical difficulties the fragmented township structure presented; the question of the boundary between the townships needed resolving first before the issue of the nuisance itself could be addressed.¹¹ Letters to the *Advertiser* show the 'filthy state' of the town was still of concern

⁷ *Wrexham Weekly Advertiser (WWA)*, 5 August 1854, p.2, 'The Incurable Board of Health'.

⁸ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London: Methuen, 1984), pp.152-3.

⁹ *WWA*, 19 August 1854, p.4, 'The New Board of Health'.

¹⁰ NEWA, PD/101/1/260a, Vestry Minutes, Wrexham Parish Records; *WWA*, 1 April 1854, p.3.

¹¹ *WWA*, 28 October 1854, p.3, 'The Nuisance and Boundary Question'; *WWA* 11 November 1854, p.3, 'The Boundary Question – adjourned case'.

and an appetite for change existed. The 1855 Nuisances Removal legislation further highlighted the constraints of the township structure, each vestry having to elect its own Nuisance Removal Committee and appoint separate inspectors.¹² Lack of unified governance was also felt in other areas of town life. The campaign for incorporation was initially triggered by difficulties encountered by Captain McCoy and curate Rev. William Davies in organising an event to mark the end of Crimean War. Although the townsfolk were willing to contribute, there was no-one to 'command and control ... no public body to look up to in the matter'; for all the towns growth, without better governance 'we are not a Town after all'.¹³ Administration of justice was also affected; without a resident magistrate reliance on the county bench meant cases were often being adjourned for want of a second available magistrate.¹⁴ Incorporation under the 1835 Municipal Corporations Act would provide a Mayor as an *ex-officio* borough magistrate.¹⁵ 'Parochial self-government' opined the *Advertiser*, 'has been tried and found wanting'.¹⁶ The diminution of the previous animosity is reflected by the solitary vote against the resolution to petition for incorporation, confirming the understanding the town needed to respond to the social challenges presented by its growth and pretensions to be the 'metropolis of North Wales'.¹⁷ Witnesses to the Commission of Enquiry into incorporation in February 1857 described the practical limitations of the current parochial government in confronting problems of street cleansing, disease arising from want of sanitation, road maintenance and lack of a reliable water supply; all matters of public health a unified authority could tackle more constructively, the current Nuisance Removal Committees being 'ineffective'. Former Superintendent of Police Edward Griffiths described the impact of the deficiencies in the Bench; the availability of a resident magistrate would have 'good moral effect' in the swift disposal of cases of paynight drunkenness and speed up the delivery of justice. Objections

¹² WWA 26 August 1854, p.4. 'Correspondence'; 16 September 1854, p.4 'The Sanitary Board of Health'; 29 December 1855, p.3, 'Correspondence'; 29 March 1856, p.3, 'Vestry Meetings'.

¹³ WWA, 14 June 1856, p.3, 'Meeting at the Savings Bank'.

¹⁴ WWA, 28 June 1856, p.3, 'What is Material to Wrexham'.

¹⁵ E.P. Hennock, *'Fit and Proper Persons. Ideal and Reality in Nineteenth-Century Urban Government'* (London: Edward Arnold Ltd, 1973), p.311.

¹⁶ WWA, 5 July 1856, p.4, 'Wrexham Charter of Incorporation'.

¹⁷ WWA, 5 July 1856, p.3, 'Incorporation of Wrexham'.

were chiefly raised by landowners anxious that their property not be included in the proposed Borough and whose interests, it was noted, had been largely responsible for the failure of the Improvement Bill in 1852 as the promoters had endeavoured unsuccessfully to reach a compromise with them. No opposition to the proposed charter was expressed by resident householders of the town.¹⁸

The Charter of Incorporation delivered in September 1857 enfranchised 605 burgesses drawn from the townships which now formed the borough, less than ten percent of the population but reflecting similar proportions in larger towns and cities elsewhere.¹⁹ Although it was welcomed as a significant step forward for the town it is clear previous concerns regarding economy remained, the *Advertiser* urging the election of those ‘friends of economic expenditure, and adverse to the creation of unnecessary and expensive offices’.²⁰ The new Council’s intentions and strategy to confront the town’s sanitary issues are illustrated by the immediate appointment of Superintendent of Police John Bradshaw as Inspector of Nuisances and Common Lodging Houses, a combination of policing and inspection roles which was not uncommon in smaller towns at this time.²¹ Regular police patrols would quickly identify potential nuisances and ‘any orders given ... as Superintendent of Police were more likely to be obeyed and attended to, thereby saving any further trouble and expense’; the town had indeed elected ‘friends of economic expenditure’.²² So it is clear public health and sanitary issues were a significant motivating factor in the drive for incorporation; the 1855 Nuisances Removal Act had exposed the limitations of the parochial system and the renewed threat of cholera provided a further push factor.²³ However, public health alone generated insufficient support for change. Only when concerns at the physical problems created by poor sanitation were combined with the

¹⁸ *WWA*, 21 February 1857, p.4, ‘Incorporation of Wrexham – The Commission of Enquiry’.

¹⁹ *WWA*, 3 October 1857, p.3; NEWA DD/G/2195, List of Burgesses of the Borough of Wrexham, n.d.; Hennock, p.12.

²⁰ *WWA*, 12 September 1857, p.4.

²¹ Christopher Hamlin, ‘Nuisances and Community in Mid-Victorian England: The Attractions of Inspection’, *Social History*, 38.3 (2013), 346–79 (p.351).

²² *WWA*, 19 December 1857, p.3, ‘Local News’.

²³ *WWA*, 19 August 1854, p.3, ‘The Cholera’.

moral problem of poor justice in the context of a less interventionist GBH, was a climate created which facilitated the transformation to a more modern form of governance capable of meeting the challenges presented by a developing town and a growing central state.

One of the first significant actions of the new Town Council was to adopt the 1858 Local Government Act (LGA), which amended and subsumed the 1848 PHA, aiming to pacify the anti-centralisation lobby by decentralising public health.²⁴ The Act transferred the healthcare powers of the GBH to the Privy Council medical department (PCMD), and administrative responsibility for sanitary issues, both implementing legislation and loan sanctioning, to a Local Government Act Office (LGAO), within the Home Office.²⁵ Localities need only resolve to adopt the LGA by majority vote without having to petition and sanctioning power over the removal of personnel was removed.²⁶ The legislation was still permissive; localities were 'guest(s) at a sumptuous feast ... it is perfectly optional how far we supply our wants ... or gorge our appetites'.²⁷ So towns were empowered and enabled to act and decide their own course of action without having seek approval thus preserving local autonomy. The LGAO represented a change in the character of central governance of public health; less involved in promoting particular technological solutions but more interventionist in its inspectorial and advisory role as part of the process of approving loans.²⁸ This, together with the annual reports it required from localities, exemplifies Joyce's assessment of how liberalism sought to 'rule at a distance' by remodelling the relationship between centre and locality, valuing and encouraging local-self-government as an expression of freedom.²⁹

²⁴ WWA, 13 November 1858, p.4, 'Meetings of the Town Council'; 4 February 1859, p.4, Special Meeting of the Town Council'.

²⁵ Chandler, pp.63-4; Hamlin, 'Agency and Authority', p.19.

²⁶ *Local Government Act, 1858*, 21 & 22 Victoria, C.98, S.VIII, S.XII; WWA, 4 February 1859. p.4, 'Special Meeting of the Town Council'.

²⁷ WWA, 4 February 1858, p.4, 'Local Government'.

²⁸ Wohl, p.154.

²⁹ Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (London: Verso Books, 2003) p.69, p.100; Royston Lambert, 'Central and Local Relations in Mid-Victorian England: The Local Government Act Office, 1858-71', *Victorian Studies*, 6.2 (1962), 121-50 (p.133); National Archives (TNA), MH13/214/126,

The separation of the medical and sanitary aspects of public health reflected contemporary thinking on local representation. Writing in 1861 J.S. Mill claimed that although certain statutory functions like policing required more direct central supervision, matters such as sanitation where there are local peculiarities, could only be managed locally.³⁰ Responding to epidemics, from 1858 the responsibility of the PCMD, required national co-ordination whereas building sewer systems needed understanding of local terrain.³¹ The relationship between the polities, Mill claimed, should be one of guidance and implementation; 'The principal business of the central authority should be to give instruction, of the local authority to apply it'.³² Despite his vociferous opposition to centralisation, with regard to public health Toulmin Smith also understood the need for strong central guidance 'which will enforce activity'; so advice from the centre empowering self-governing localities which, it can be argued, the LGAO endeavoured to deliver through the technical expertise and support of its inspectors.³³ This separation of knowledge and implementational power marked a key point in the evolution of the centre-local relationship, effectively strengthening ties as the oversight of LGAO inspectors softened the boundaries between central and local spheres of operation.³⁴

Lambert notes the wider guidance and support required by towns like Wrexham with infant representative government and argued this drove the growth of the LGAO beyond its original conception, inducing a greater degree of central intervention than was envisaged by the 1858 LGA.³⁵ The volume of this work was considerable; something the closing paragraph of a letter from John James, Clerk to the Wrexham Local Board in October 1859, highlights. James requested clarification on various points regarding works funded

John James to the Home Secretary, 21 December 1859; TNA MH/13/214/131, John James to Home Secretary, 27 September 1860.

³⁰ Mark Philp and Frederick Rosen, eds, *On Liberty, Utilitarianism and Other Essays*, 2nd edn (Oxford, Oxford University Press, 2020), p.366.

³¹ Hamlin, in Porter, p.148.

³² Philp and Rosen, p.368.

³³ Smith, Joshua Toulmin, *The Laws of England Relating to Public Health* (London: S. Sweet, 1848), p.11.

³⁴ E. P. Hennock, 'Central/Local Government Relations in England: An Outline 1800–1950', *Urban History*, 9 (1982), 38–49 (p.40); Chandler, p.xi.

³⁵ Lambert, p.134, p.148.

from the General District Rate and closed by apologising for 'so frequently troubling you for advice in matters arising in carrying out the Local Government Act for this Borough'.³⁶ Between February 1859 and January 1860 James requested guidance from the LGAO on fourteen occasions on topics ranging from levying a highway rate to enforcing specific bye-laws.³⁷ So although the underlying principle of the 1858 LGA was decentralisation in practice it did the opposite, particularly after 1866 when the LGAO gained statutory power to intervene where a local board was failing in its sanitary responsibilities.³⁸ Lambert argues this showed the model of centre-local relations in the 1858 LGA was unrealistic; the demand from localities for guidance regarding both sanitary and administrative functions created a pull factor increasing central involvement in local affairs.³⁹ Overall, the practical effect of the 1858 LGA was to significantly bureaucratise public health at the centre and to transmit a degree of that to local bodies, driving them towards modernity and empowering them to meet public health challenges.

Wohl identifies the 1860s as the era sanitarianism spread into communities making direct improvements in peoples lives.⁴⁰ Indeed, by the end of the decade Wrexham had installed 10,887 yards of sewers funded by a £12,000 loan sanctioned by the LGAO, a significant improvement of the 1,400 yards of drains identified by George Clark in 1849, and had clean water supplied by the Wrexham Waterworks Company established by the 1864 Wrexham Waterworks Act.⁴¹ However, by 1865 only 570 localities could be said to be

³⁶ TNA, MH/13/214/124, John James to LGAO, 31 October 1859.

³⁷ TNA, MH/13/214/119, John James to LGAO, 6 April. 1859; TNA, MH/13/214/125, John James to LGAO, 20 December 1859.

³⁸ Lambert, p.130, p.134; *Sanitary Act, 1866*, 29 & 30 Victoria, C.90, 49.

³⁹ Lambert, p.145.

⁴⁰ Wohl, p.155.

⁴¹ TNA, MH/13/214/137 Ranger to Home Secretary, 12 July 1862; TNA MH/13/214/136 John James to Home Secretary, 3 July 1862; George T. Clark, *Report to the General Health Board on the Town of Wrexham* (London: W Clowes & Son, 1850), p.18; *Wrexham Waterworks Act, 1864*, 27 & 28 Victoria, C.LXXXV; Alfred Neobard Palmer, *History of the town of Wrexham : its houses, streets, fields, and old families : being the fourth part of "A History of the town and parish of Wrexham* (Wrexham: Woodall, Minshall and Thomas, 1893), p.124.

sanitarily proactive, having adopted either the 1848 or 1858 Acts.⁴² The motivations of some localities in adopting the 1858 Act were also questionable. Establishing a local board avoided the threat to local autonomy posed by the 1861 Highways Act; local boards retained power over local roads.⁴³ Still, considerable investment was made in drainage and water projects at this time. Over £870,000 of loans were sanctioned under the LGA in 1865-6 and analysis shows a steep increase in approved loans from the mid-1860s.⁴⁴ Some of this increased activity was driven by the 1866 Sanitary Act which compelled authorities to enforce nuisance laws and allowed the state to intervene where a local board was failing to act.⁴⁵ For John Simon, Medical Officer to the Privy Council this heralded a new era in public health, introducing an 'invaluable MUST' into sanitary reform.⁴⁶ Simon's own role in the transition to a more coercive approach should be noted. His investigations and annual reports highlighted the shortcomings of local self-government and were instrumental in creating a climate receptive to further interventionist measures.⁴⁷ His 1864 report had recommended the language of nuisance law 'besides making it a *power*, should also name it as a *duty*, of local authorities to proceed'.⁴⁸ The Sanitary Act with its groundbreaking coercive provisions marks a further turning point in the centre-local relationship in the public health arena, reflecting an acknowledgement that the state had a role to ensure basic services were provided and a further shift in the liberal understanding of individual, community and state responsibility.⁴⁹

⁴² Alexander P. Stewart and Edward Jenkins, *The Medical and Legal Aspects of Sanitary Reform* (London: R. Hardwick, 1867), p.23.

⁴³ Stewart and Jenkins, p.8; Hamlin, 'Agency and Authority', p.19.

⁴⁴ *First report of the Royal Sanitary Commission*, PP 1868-69, C.4218, vol 32, Appendix I, p.xii; Bernard Harris and Andrew Hinde, 'Sanitary Investment and the Decline of Urban Mortality in England and Wales, 1817–1914', *The History of the Family*, 24.2 (2019), 339–76 (p.346, p.349).

⁴⁵ *Sanitary Act, 1866*, 29 & 30 Victoria, C.90, Clause 20, Clause 49.

⁴⁶ Simon, p.300.

⁴⁷ Chandler, p.55. Lambert, p.138.

⁴⁸ *Medical Officer of Privy Council: Seventh Report, 1864* PP. 1865, C.3484, XXVI.1, 26, p.21.

⁴⁹ John Davis, 'Central Government and the Towns', in *The Cambridge Urban History of Britain: Volume 3: 1840–1950*, ed. by Martin Daunton, The Cambridge Urban History of Britain (Cambridge: Cambridge University Press, 2001), iii, 259–86, (p.265).

Wider societal developments like the emergence of new feelings of civic pride also reflect that shift in understanding.⁵⁰ Rooted in nonconformism the 'pragmatic Evangelicalism' of this municipal spirit reveals the optimism and social stability of the middle and upper classes in the 1860s after the disruptive and destabilising effects of earlier rapid economic growth. It encouraged participation in municipal affairs and the public performance of duty as showing moral conduct; it was 'the town corporation as the Sunday School writ large'.⁵¹ Localities sought achievements and improvements which showed off their social, economic and cultural success, whether through the endowment of new museums and libraries or clean water supplies. Combined with electoral reforms which enfranchised a greater proportion of the male working class giving them a voice in local decision making, this changed the balance of power in local politics and counteracted shopocratic ratepayer parsimony, encouraging investment in environmental improvements which benefited poorer classes.⁵² In her analysis of public health initiatives in the context of citizenship, Jenson claims the conjunction of this 'active citizenship' with the shift in conception of the state's role provided the conditions for full implementation of sanitarianism after 1870.⁵³ It was into the context of this more receptive environment that definitive public health legislation, emanating from the reports of the Royal Sanitary Commission (RSC), was delivered; a convergence of circumstances which engendered a fundamental shift in the conception of governance and the acceptance of measures which although compulsive, in actuality empowered localities to act.⁵⁴

While reiterating the fundamental conceptual duality between central and local government the RSC report also recognised its imperfections, acknowledging the ad-hockery resulting from the establishment of new and overlapping units of governance, such as the Poor Law Unions and highways districts which were not necessarily coterminous with other

⁵⁰ Wohl, p.173; Jane Jenson, 'Getting to Sewers and Sanitation: Doing Public Health within Nineteenth-Century Britain's Citizenship Regimes', *Politics & Society*, 36.4 (2008), 532–56 (p.549).

⁵¹ Joyce, p.127; Wohl, pp.175-6.

⁵² Jenson, p.547; Szreter, pp.710-1.

⁵³ Jenson, p.537, p.545.

⁵⁴ Jenson, pp.547-8.

structures.⁵⁵ This, it found, created ‘waste and weakening of authority ... and an uncertainty of jurisdiction’.⁵⁶ The Commission found sanitary administration was inhibited by complex, confusing and incomplete legislation, lack of central ‘motive power’ and the permissive nature of many laws, recognising the need for a stronger, better staffed central authority not to centralise administration but to empower; to ‘set local life in motion’.⁵⁷ The LGB, established by the 1871 Local Government Board Act (LGBA), sought to provide that ‘motive power’ and eradicate much of the ad-hockery. It reunited the medical and sanitary elements of public health combining them with the Poor Law Board (PLB), drawing the disparate ad-hoc structures together under a central umbrella authority with direct ministerial oversight.⁵⁸ Subliminally, the jointure of public health with poor law administration finally acknowledged the link between poverty and disease, defeating the Chadwickian approach which had directed attention to the ‘bread and circuses’ of filth as the root cause of disease among the poor.⁵⁹

Although policy-wise poor law and public health remained separate, as a unified ministry under a single secretary, rather than the federal approach Simon had advocated to preserve professional and technical integrity, the established administrative bureaucracy of the PLB quickly subsumed the more specialised procedures of the LGAO and PCMD and the primary focus of the LGB became poor law administration.⁶⁰ The PLB mode of centre-local communication which relied on voluminous correspondence, frequent circulars and a requirement for detailed reports, returns and statistics from individual Unions extended into the public health sphere, transforming the character of the centre-local relationship and the wider complexion of public health administration, driving it further towards

⁵⁵ *Second report of the Royal Sanitary Commission. Vol. I. The report, 1871* p.16; Davis, p.264.

⁵⁶ *Second report of the RSC, 1871* p.20.

⁵⁷ *Second report of the RSC, 1871* pp.22-3; p.31.

⁵⁸ Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*, (California: University of California Press, 2016), pp.51-2; Hamlin, ‘Agency and Authority’, pp.19-20.

⁵⁹ Hamlin, *Public Health and Social Justice*, p.140.

⁶⁰ Christine Bellamy, *Administering Central-Local Relations, 1871-1919 : The Local Government Board in Its Fiscal and Cultural Context* (Manchester: Manchester University Press, 1988), p.121; Hennock, ‘Centre-Local Government Relations’, p.42; Chandler, p.65.

bureaucratisation and modernity.⁶¹ Structurally the LGB sidelined specialism; the bureaucratic model absorbed from the PLB encapsulated the new ethos of a generalist civil service in place of technical specialism.⁶² Bellamy argues the LGB's further withdrawal from technical involvement with localities was both a means of preserving local autonomy and establishing its own authority and impartiality; 'the less the Board is an inquisitorial and enquiring body and the more it is administrative the more it will be respected'.⁶³ The LGBs most significant influence, as with the LGAO, was the sanction of public loans thus facilitating further great strides in sanitary improvements. Wohl argues it was this which gave central government 'unprecedented' influence on local affairs.⁶⁴ Between 1873 and 1890 loans totalling over £43million were sanctioned for urban and rural sanitary authorities and Chapman calculated that the investment in sanitary infrastructure between 1871 and 1890 reduced mortality from waterborne diseases such as cholera, diarrhoea and typhoid by 100% so mortality would have increased without that investment.⁶⁵ The bureaucracy created by the LGB at the centre and transmitted to localities through its demand for annual reports and returns from Medical Officers of Health (MOH), sanitary authorities and inspectors meant the LGB was able to provide Parliament with a national profile of sanitary activity for the first time.⁶⁶ It embodied the definition of bureaucratic modernity as a 'paid, professional and non-partisan domain of administration'.⁶⁷

The establishment of sanitary authorities under the 1872 PHA, also derived from the findings of the RSC, is characteristic of the relationship Vernon notes between compulsive legislation and the creation of new, counterbalancing local structures.⁶⁸ However, rather

⁶¹ Hennock, 'Centre-Local Government Relations' p.43.

⁶² Bellamy, p.121; Chandler, p.65.

⁶³ TNA MH/32/67 Edward Smith to John Lambert, 18 February 1873, cited in Bellamy, p.125.

⁶⁴ Wohl, pp.162-3.

⁶⁵ Harris and Hinde, p.6; Jonathan Chapman, 'The Contribution of Infrastructure Investment to Britain's Urban Mortality Decline, 1861–1900', *The Economic History Review*, 72.1 (2019), 233–59 (p.248).

⁶⁶ Wohl, p.163; *Local Government Board: Fourth Report, 1874-75* PP.1875, C.1328, XXXI, pp.xxxviii-lvi; pp.485-518.

⁶⁷ Crook, p.109.

⁶⁸ James Vernon, *Distant Strangers: How Britain Became Modern* (Berkeley: University of California Press, 2014), p.75.

than creating new ad-hoc bodies, existing structures such as Improvement Commissions, Local Boards or Corporations were designated as Urban Sanitary Authorities for their districts. In rural areas, the Guardians of the Poor Law Union were designated a Rural Sanitary Authority for the area covered by the union, excepting any area falling within an urban district and so a uniform administrative structure began to emerge.⁶⁹ In Wrexham, the Local Board became the Urban Sanitary Authority for the Borough and the remaining area of the Wrexham Poor Law Union, comprising some 39 townships and villages covering 57,871 acres with a population of 40,269, was designated as the Rural Sanitary Authority.⁷⁰ The act also compelled each district to appoint a MOH, previously only a permissive measure. The Wrexham Local Board had only appointed Dr J Llewelyn Williams as MOH in February 1871 amid concern at the rising level of infectious disease in the town.⁷¹ The Rural Sanitary Authority divided its district into two areas, appointing Dr William Jones for the Ruabon and Erbistock parishes and Dr Edward Davies for the remainder of the district.⁷² The 1875 PHA built on this uniformity of structure by establishing uniformity of power by consolidating existing sanitary legislation, marking the culmination of thirty years of sanitary activism. It also confirms that the conception of governance as a generalist, regulatory centre obligating localities to provide certain levels of service was becoming embedded in public health as it was in other spheres such as education and housing.⁷³ However, while the generalist ethos of the LGB and primacy of Poor Law administration was sidelining specialism at the centre in localities it was effectively increased by the provisions of the 1875 PHA which required the MOH to be a qualified physician and compelled the appointment of a Nuisance Inspector, thus creating a cadre of paid, professional agents of public health across all localities.⁷⁴

⁶⁹ *Public Health Act, 1872*, 35 & 36 Victoria, C.79, paras 4-5.

⁷⁰ NEWA, GD/D/164/1, Wrexham Rural Sanitary Authority Minute Book (25 August 1872 – 11 April 1876), 7 November 1872; 6 February 1873.

⁷¹ TNA, MH/13/214/168, Letter to LGAO from John James, Clerk to the Wrexham Local Board, 7 February 1871; WWA, 31 December 1870, p.5, 'Meeting of the Local Board'.

⁷² NEWA, GD/D/164/1, Minute Book, 7 November 1872.

⁷³ Jenson, p.547-8.

⁷⁴ *Public Health Act, 1875*, 38 & 39 Victoria, C.55, para 191; Crook, p.113.

This chapter has shown how successive pieces of public health legislation shaped and transformed the relationship between the centre and localities and how the fundamental conception and understanding of the roles of the two polities with regard to public health changed over time. The LGAO, although intended to facilitate a decentralised approach in actuality became more interventionist, strengthening the ties but softening the boundaries between centre and locality, empowering through its role as a repository of knowledge and technical specialism. Wider societal change and the realisation of the shortcomings of local self-government highlighted by the RSC created an environment which diminished opposition to central intervention, facilitating the transition from permissive to compulsive legislation and the emergence of a unified system of sanitary administration, both in terms of structure and power. Thus, the blended nature of public health governance between central supervision and local implementation became embedded. The amalgamation of public health and poor law administrations created a characteristically modern LGB at the centre with its more generalist, regulatory and bureaucratic structure. Fundamentally however, the underlying principle of the duality of governance between central and local responsibilities remained; central government acted as an accelerator, empowering localities through sanction of loans and other support, ruling at a distance and allowing local authorities the freedom to implement their own solutions.

CHAPTER 4: PROFESSIONALS AND EXPERTS: HELP, HINDRANCE OR BUSYBODY?

There is a fundamental paradox between the orthodox portrayal of nineteenth-century local government as obstructionist and parsimonious and their significant sanitary achievements.¹ Later historians have acknowledged the difficulties faced by local authorities grappling with significant financial and technological issues and the often conflicting ideas of expert engineers.² This chapter examines the drainage and water schemes undertaken in Wrexham and the challenges they presented to the motley collection of lawyers, doctors, brewers and shopkeepers who comprised the Town Council to understand why such bodies have been portrayed as a barrier to achievement of the sanitary utopia. It considers the difficulties presented for local authorities by technological disagreements between professionals and engineers and how the work of local sanitary inspectors influenced the professionalisation and bureaucratisation of local government.

The water and drainage projects undertaken by the Wrexham Local Board (WLB), highlight the complex challenges facing localities endeavouring to balance liberal inclinations for low rates with the common good of improving sanitation. Like many towns Wrexham faced assuming significant financial commitments and commissioning major works in the relatively new science of sanitary engineering, placing their trust in professionals and experts. Outline drainage and water plans were drawn up by Robert Rawlinson following the borough survey completed in 1861. However, Rawlinson's commitments as Chief Inspector to the Local Government Act Office (LGAO), meant direct supervision and responsibility was delegated to his assistant, John Lawson, whose detailed estimate of £11,340 for a drainage scheme was presented to the WLB in July 1862, although Rawlinson continued in a consultative role.³ As the work was 'of a lasting and beneficial

¹ Christopher Hamlin, 'Muddling in Bumbledom: On the Enormity of Large Sanitary Improvements in Four British Towns, 1855-1885', *Victorian Studies*, 32.1 (1988), 55–83 (p.57).

² Hamlin, p.60; Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London: Methuen, 1984), p.169.

³ North East Wales Archive (NEWA), BD/C/211, Reports on the Public Sewers (Wrexham Urban Sanitary Authority), 1862-1909; *Wrexham Weekly Advertiser (WWA)*, 21 June 1861, p.2 'Meeting of the Local Board';

character for the town' the LGAO sanctioned borrowing of £12,000 and work commenced in 1863.⁴ Ongoing debate within the WLB as the scheme progressed however, illustrates the bewilderment, fear and influence of the 'economy' faction that Wohl noted.⁵ They debated replacing their contracted engineers and commissioning alternative plans in the hope of a lower estimate, considering a plan from a local mining engineer who claimed the work could be done for only £5,000.⁶ Lawson's technical knowledge was challenged regarding levels and depths of the proposed sewers and Rawlinson's professional competence questioned prompting the publication of some dozen supportive testimonials by the *Wrexham Weekly Advertiser*.⁷ Interference by Borough Surveyor Hugh Davies, although providing some useful local knowledge, was also clearly an irritation to Lawson.⁸ The issue of the area covered by the drainage works highlights the tension within the WLB between economist and reforming factions. Although John Jones argued they should 'do all they could to promote sanitary measures', draining the town to the plan originally suggested by Rawlinson, they restricted the area of the works and subsequent motions to reconsider these limits were defeated. The Mayor, John Lewis, somewhat shortsightedly considered the area set by the board was sufficient for 'the next ten or twelve years', citing ratepayer anxiety at the level of spending on town improvements.⁹

Drainage work was completed in April 1864 however within a year there were complaints regarding offensive smells emanating from the sewers and concern at the level

WWA, 1 March 1862, p.8, 'Meeting of the Local Board'; WWA, 5 July 1862, p.7, 'Meeting of the Local Board'; Royston Lambert, 'Central and Local Relations in Mid-Victorian England: The Local Government Act Office, 1858-71', *Victorian Studies*, 6.2 (1962), 121-50 (p.134).

⁴ National Archives (TNA), MH/13/214/137, William Ranger to the Home Secretary, 12 July 1862.

⁵ Wohl, pp.169-70.

⁶ WWA, 2 August 1862, p.7 'Meeting of the Local Board'; WWA, 11 October 1862, p.8 'Special Meeting of the Drainage Committee'.

⁷ WWA, 30 August 1862, p.7 'Monthly Meeting of the Local Board'.

⁸ WWA, 4 April 1863, p.7 'Monthly Meeting of the Local Board'; WWA, 27 June 1863, p.5 'Special Meeting of the Town Council'.

⁹ WWA, 9 April 1864, p.5, 'Monthly Meeting of the Local Board'.

of disease in the town.¹⁰ Rawlinson had recommended undertaking drainage and water works simultaneously as public works, both to flush the drainage efficiently and as there was potential profit in waterworks.¹¹ However, the board dilly-dallied over whether waterworks should be left to private enterprise or provided at public expense.¹² Rawlinson's plan for a public scheme would supply the town by pumping from deep wells which he estimated at £16,170; too much for the economists on the WLB who warned of 'saddling the town with such enormous outlay', but which pales into insignificance when compared to the amounts spent by other towns such as Merthyr whose municipally-owned scheme cost £82,000 in 1863.¹³ The first private water bill in 1862 failed however a second bill for a similar scheme was enacted in June 1864.¹⁴ Unlike Rawlinson's proposal the private scheme would be a cheaper gravitational system drawing water from the Pentrebychan Brook and piping it via a service reservoir two miles into the town following the route of the Ruabon turnpike.¹⁵ Considerable opposition was raised on grounds of both quantity and quality of supply and the factions within the WLB were again exposed. Six members were directors of the proposed waterworks company while Mayor John Lewis acted as solicitor to the promoters. Meanwhile, other WLB members and 110 inhabitants and ratepayers petitioned in opposition.¹⁶ They argued the brook, also known as 'Afon Sych' meaning 'Dry River', was unlikely to provide a sufficient or consistent supply

¹⁰ WWA, 26 January 1865, p.4 'The Sanitary Condition of the Town'; WWA, 4 February 1865, p.4 'Monthly Meeting of the Local Board'.

¹¹ WWA, 1 March 1862, p.8, 'Meeting of the Local Board'.

¹² WWA, 26 January 1862, p.4.

¹³ WWA, 5 July 1862, p.7 'Meeting of the Local Board'; Wohl, p.112; John Wyn Pritchard, 'Water Supply in Welsh Towns, 1840–1900: Control, Conflict and Development', *The Welsh History Review*, 21.1 (2002), 24–47 (p.42).

¹⁴ *Return of Amount paid to Consolidated Funds on Private Bills, 1853-1862*, PP. 1862, 500, p.121.

¹⁵ *Wrexham Waterworks Act, 1864*, 27 & 28 Victoria, C.85, S.26; NEWA, QSD/DG/4, Plans & Sections, Wrexham Waterworks Bill, 1864.

¹⁶ WWA, 5 March 1864, p.5 'Wrexham Water Bill'; WWA, 12 March 1864, p.4, 'A Water Supply for Wrexham'; NEWA, DD/DM/1204/4, Petition of the independent members of the Local Board, 1864; NEWA, DD/DM/1204/3, Petition of the inhabitants and ratepayers of Wrexham Borough and neighbourhood, 1864.

throughout the year and was likely to be contaminated by lead workings upstream.¹⁷ Opposition also came from landowners anxious to protect their mineral rights, millowners concerned at loss of motive power and mining companies as interfering 'needlessly and unjustifiably' with their 'properly vested rights and interests'.¹⁸ Other interests however were vested in the success of the scheme which was backed by the town's influential brewers who claimed to be 'stinted for want of water'.¹⁹ Work eventually commenced in October 1865 and the waterworks opened with much ceremony in January 1867.²⁰ In the meantime the new sewers had to be flushed manually via manholes and the WLB suspended connecting private drainage to the sewers for want of efficient flushing.²¹

The politics of Wrexham's sanitary works mirrors similar experiences elsewhere, particularly regarding the fundamental issue of private or municipal control of water. Pritchard contrasted the experiences of Denbigh and Merthyr and argued private ownership in Denbigh restricted the local authority's ability to deal with public health issues.²² Fraser identified similar features in Liverpool's battle to overcome its earlier water shortage; division regarding public or private supply and questionably competent authority members ruling on complex engineering issues.²³ Although less overt than the influence of the ironmasters in safeguarding their water rights in Merthyr it is clear the interests of the Wrexham brewing fraternity and their need for a secure supply were a significant factor driving the waterworks.²⁴ A number of brewers were both water company directors and WLB members and the breweries were among the first to be connected to the scheme,

¹⁷ NEWA, DD/DM/1204/3, Petition of the inhabitants and ratepayers of Wrexham Borough and neighbourhood, 1864.

¹⁸ NEWA, DD/DM/1204/5, Petition of millowners and others, 1864; NEWA, DD/DM/1204/2, Draft Petition of Wynnstay Lead Mining Company and others, 1 March 1864.

¹⁹ WWA, 28 May 1864, p.8 'Wrexham Waterworks Bill'.

²⁰ WWA, 12 January 1867, p.5 'Opening of the Wrexham Waterworks'.

²¹ WWA, 1 July 1865, p.5 'Monthly Meeting of the Local Board'.

²² Pritchard, p.35.

²³ Derek Fraser, *Urban Politics in Victoria England: The Structure of Politics in Victorian Cities* (Leicester: Leicester University Press, 1976), pp.160-2.

²⁴ Raymond K. J. Grant, 'Merthyr Tydfil in the Mid-Nineteenth Century: The Struggle for Public Health', *Welsh History Review*, 14 (1988), 574-94 (pp.586-8).

reflecting Szreter's assertion regarding the role of business interests in initiating sanitary measures which also had a commercial benefit.²⁵ This infers contemporary principles of free trade and *laissez-faire* influenced the discourse regarding ownership of water; as a marketable commodity the tenets of the time indicated it should be left to the market to deliver.

The proceedings of the WLB also illustrate the disorganisation Hamlin identified in the dealings of other boards both in their reluctance to commit to a public waterworks and the contention regarding the extent of the drainage scheme.²⁶ Regarding the effect of annual LBH elections Hamlin concurred with Alderman Thomas Painter who reminded his WLB colleagues they were a 'fluctuating body'; new members could, and often did, generate sufficient opposition to justify postponing decisions, creating a perception of disorganisation.²⁷ Painter argued a private water scheme, as long as it contained 'nothing injurious', would avoid such obstructiveness and indecision; at least Wrexham would be supplied with water. The *Advertiser's* report of the WLB meeting on 28 January 1862 conveys the sense of uncertainty and indecisiveness which caused many boards to seek the endorsement and reassurance of the LGAO before proceeding; although successive speakers proclaimed the need for water, once again they voted to delay.²⁸ Bafflement in the face of complex technology was exacerbated by fear of high rates. The interests of economy lie at the heart of all the major decisions taken by the WLB regarding sanitary measures as their reaction to Rawlinson's estimate for waterworks shows. Hennock distinguished between the true economy of those bodies which married boldness with caution to achieve their sanitary goals and the 'penny-wise and pound foolish' parsimony of the over-cautious.²⁹ Wrexham erred on the side of the latter; a bolder authority would

²⁵ WWA, 5 March 1864, p.5 'Wrexham Water Bill'; WWA, 12 January 1867, p.4 'Local News'; WWA, 23 February 1867, p.5 'Local News'; Szreter, Simon, 'Economic Growth, Disruption, Deprivation, Disease, and Death: On the Importance of the Politics of Public Health for Development', *Population and Development Review*, 23.4 (1997), 693–728 (p.708).

²⁶ Hamlin, p.66.

²⁷ WWA, 1 February 1862, p.7 'Monthly meeting of the Local Board.

²⁸ Lambert, p.135.

²⁹ E.P. Hennock, *'Fit and Proper Persons. Ideal and Reality in Nineteenth-Century Urban Government'* (London: Edward Arnold Ltd, 1973), pp.317.

have trusted in Rawlinson's expert assessment, taken a holistic approach and commissioned simultaneous drainage and public waterworks when they had the opportunity.

The drainage scheme undertaken in Wrexham was a combined system which conveyed both sewage and surface water to an outfall in the same drain, rather than a separate system in which sewage and rainfall are channelled to different sewers.³⁰ Edwin Chadwick had promoted this integrated approach in the 1840s and under his stewardship of the General Board of Health (GBH), the 'arterial-venous' or tubular system, incorporating water supply, combined drainage and agricultural use of sewage for irrigation using an 'all-embracing, steam-powered complex of pipes', became the officially favoured solution for towns.³¹ Using smaller diameter tubular pipes and steam-powered flushing instead of larger egg-shaped brick sewers flushed by a hydraulic system, could reduce costs by half.³² Rawlinson calculated using earthenware pipes over brick could potentially save over £2 per linear yard.³³ However, as Crook noted, the tubular system fell foul of resistance to 'centralising' measures through its association with Chadwick and the GBH, and its integration with water supplies was both practically and politically problematic given the preponderance of existing private schemes.³⁴ Its universal suitability was also questioned by engineers in what became known as the 'pipes and brick sewer war'. Chadwick's dogmatic endorsement of the universal application of pipe technology ran contrary to engineers more practical approach to 'deal with towns as they found them'.³⁵ Despite his position as an inspector for the GBH, Rawlinson was more pragmatic, trusting the evidence of 'practical results' showing earthenware pipes to be most efficient and economical for main sewers 'within the capacity of the material'.³⁶ However, beyond certain limits brick

³⁰ Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*, (California: University of California Press, 2016), p.157.

³¹ Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800-1854* (Cambridge: Cambridge University Press, 1998), p.271, p.312; Crook, p.152.

³² Hamlin, *Public Health and Social Justice*, pp.314-5.

³³ Robert Rawlinson, 'On the Drainage of Towns', *Minutes of the Proceedings of the Institution of Civil Engineers, vol.12, Session 1852-1853*, ed. Charles Manby (London: Institution of Civil Engineers, 1853),p.27.

³⁴ Crook, p.154.

³⁵ Crook, pp.154-155; Hamlin, *Public Health and Social Justice*, pp.319-320.

³⁶ Rawlinson, p.35.

became the cheaper and more efficient option.³⁷ Lawson's plan for Wrexham used both; 8,974 yards of earthenware and cast iron pipes ranging from 12" to 30" in diameter and 1,913 yards of brick sewer.³⁸ As Crook points out, although combined systems such as Wrexham's were preferred many engineers opted to hybridise to suit local circumstances, both in terms of geography and any existing drainage.³⁹ Indeed, Rawlinson advised his fellow engineers to work with nature as much as possible.⁴⁰

Writing in 1876 Isaac Shone noted although combined systems were deemed best in 1862, they were by then being rejected and claimed Wrexham was physically better suited to a separate system.⁴¹ The larger sewers needed in the combined system become 'elongated cesspools' in times of drought or insufficient flow and heavy rainfall meant too much diluted sewage was conveyed to the outfall. Such fluctuations had brought the Council's sewage farm at Hafod-y-Wern to an 'abominable state of filthiness and pecuniary loss'.⁴² Crook described Shone as 'a visionary in the Chadwickian mould' and his 'ejector' system, which used pneumatic power to propel sewage through a system, offered a cheaper alternative to steam power in level or low-lying areas and could also overcome problems of insufficient flow and sewer gas.⁴³ Shone demonstrated the system using test apparatus he installed at Hafod-y-Wern during his mayoralty of Wrexham in 1878. Witnesses proclaimed it simple, cheap and perfect and worthy of 'careful consideration at the hands of local authorities troubled by the "sewage question"'.⁴⁴ So the continuing development of new techniques such as Shone's, the professional differences and preferences of engineers together with the cost implications of the alternative options were a significant factor contributing to the uncertainty and indecision of local authorities and the perception of

³⁷ Rawlinson, p.38.

³⁸ NEWA, BD/C/211, Reports on the Public Sewers (Wrexham Urban Sanitary Authority), 1862-1909.

³⁹ Crook, p.157.

⁴⁰ Rawlinson, p.33.

⁴¹ NEWA, DD/G/2186, Report of Isaac Shone, civil engineer into present Sanitary condition with comments on the past and suggestions for its future development and improvement, 1876, pp.9-10.

⁴² NEWA, DD/G/2186, pp.11-12.

⁴³ Crook, p.162.

⁴⁴ Isaac Shone, *The Evolution of Greater Britain's Antiseptic House & Town Sewage-Drainage Systems of the Twentieth Century and after - for All Time* (London : E. & F.N. Spon, 1914), pp.20-22; pp.431-4.

them as bumbling, disorganised and obstructive as they grappled with this 'dense field of conflicting interests and perspectives'.⁴⁵

Unlike other spheres of governance, policing the new sanitary environment was a local operation carried out by Nuisance Inspectors (latterly known as Sanitary Inspectors), and Medical Officers of Health (MOH), and was arguably the most visible activity undertaken by local authorities.⁴⁶ Conceptually, 'nuisance' had evolved into something 'injurious to health' and focused on environmental issues like overflowing cesspools, bad drains and smoke, reflecting the Chadwickian association of filth with public health.⁴⁷ The art of nuisance inspection also evolved. Domestic sanitary technology like water closets and household drainage brought Inspectors directly into homes, crossing the threshold into the private sphere and potentially infringing on property rights as the sanctity of the 'Englishman's castle' was breached by this personification of the local state.⁴⁸ In these circumstances the demeaner and manner of the Inspector became key. Crook argues the inspector's interpersonal skills, the 'subtleties of conduct' such as doffing his hat and being discrete and diplomatic in his inquiries, evidences the modernity of late nineteenth-century sanitary administration.⁴⁹

In common with many other small towns the Borough of Wrexham initially assigned the duties of Nuisance Inspector to the Superintendent of Police, John Bradshaw.⁵⁰ However, on the adoption of the Local Government Act (LGA), in 1859, Bradshaw declined to continue in the role to focus on police duties.⁵¹ Thereafter the role was combined with

⁴⁵ Hamlin, 'Mumbling in Bumbledom', p.63; Crook, p.162.

⁴⁶ Michael Sigsworth and Michael Worboys, 'The Public's View of Public Health in Mid-Victorian Britain', *Urban History*, 21.2 (1994), 237–50 (p.244).

⁴⁷ Tom Crook, 'Sanitary Inspection and the Public Sphere in Late Victorian and Edwardian Britain: A Case Study in Liberal Governance', *Social History*, 32.4 (2007), 369–93 (p.373); *Nuisances Removal (England) Act 1855*, 18 & 19 Victoria, C.121, S.VIII.

⁴⁸ Christopher Hamlin, 'Nuisances and Community in Mid-Victorian England: The Attractions of Inspection', *Social History*, 38.3 (2013), 346–79 (pp.367-8); Crook, *Governing Systems*, p.140.

⁴⁹ Crook, *Governing Systems*, p.140.

⁵⁰ WWA, 'Local News' 19 December 1857, p.3; Hamlin, 'Nuisances and Community', p.351.

⁵¹ WWA, 19 April 1859, p.4, 'First Meeting of the Local Government Board'.

that of Borough Surveyor.⁵² It was only in October 1875 that the duties were separated and a designated full-time Nuisance Inspector was recruited at a salary of £80 per year.⁵³ The Rural Sanitary Authority (WRSA), comprising the area of the Poor Law Union excluding the Borough, appointed a former Borough Surveyor, Hugh Davies, as their full-time Nuisance Inspector at the generous weekly salary of £4/4 (£218/4 per year).⁵⁴ Under the 1872 PHA authorities could claim a fifty percent subsidy toward the Inspector or MOH salary from the Local Government Board (LGB), and whilst the Borough declined to take advantage of this the WRSA did which, together with the much larger WRSA area covered by Davies, perhaps explains his generous salary.⁵⁵ However, the subsidy came with the strings of LGB influence in appointment and duties of those officers. Wohl argues the disinclination of local authorities like Wrexham to claim the subsidy indicates continued concern for local autonomy such that it overrode their inherent parsimony.⁵⁶ The willingness of rural sanitary authorities like the WRSA to accept the subsidy may also reflect their experience as Poor Law Unions. The Poor Law Commission, which had been assimilated into the LGB in 1871, had similar influence over the appointment, duties and salary of Poor Law District Medical Officers.⁵⁷ In Wales in 1873 88% of Inspectors in rural sanitary authorities were subsidised by the LGB whereas in urban authorities 80% were not which appears to support this hypothesis.⁵⁸

In his first report to the General Purposes Committee which acted as the Urban Sanitary Authority for Wrexham, Nuisance Inspector David Higgins set out his objective of 'making a house-to-house inspection throughout the borough, taking notes of each

⁵² WWA, 11 June 1859, p.4, 'Local Government Board'.

⁵³ WWA, 2 October 1875, p.5, 'Wrexham Town Council'.

⁵⁴ NEWA, GD/C/1641/1 Wrexham Rural Sanitary Authority Minute Book (25 August 1872 – 11 April 1876), 24 October 1872; A.H. Dodd (ed.), *A History of Wrexham*, rev. edn (Wrexham: Bridge Books, 1989) p.331; Hamlin, 'Nuisances and Community', p.50.

⁵⁵ *Return of Appointments of Medical Officers of Health and Inspectors of Nuisances under General Sanitary Acts or Local Acts*, PP. 1873, 359, 55, p.82, p.102.

⁵⁶ Wohl, pp.191-2.

⁵⁷ *Public Health Act, 1872*, 35 & 36 Victoria, C.79, S.10.

⁵⁸ *Return of Appointments of Medical Officers of Health and Inspectors of Nuisances under General Sanitary Acts or Local Acts*, PP. 1873, 359, 55, pp.81-83, pp.101-103.

premises and making a record thereof for future reference'⁵⁹ This systematic approach of recorded visitation requiring the inspector to write factually and chronologically further illustrates the bureaucracy and modernity of sanitary administration.⁶⁰ Higgins's reports to the authority show in most cases the issue of a preliminary notice was sufficient to induce compliance, 126 such notices being served in the twelve months to November 1876.⁶¹ As Hamlin notes, the reason for high levels of compliance is unclear; were people positive about the sanitary idea or simply afraid of the shame of being labelled 'dirty'?⁶² Or did the manner of the Inspector as 'a gentle upholder of the norms of decent, polite society' encourage a reciprocal response and compliance with his orders?⁶³ Where proceedings were taken in Wrexham they mostly related to public nuisances such as the case brought against a drunken lamp-lighter for failing to light the lamps in his district or that against 'a well-known hawker of fish' for causing an obstruction in Hope Street, which Higgins described as 'one of the greatest nuisances he had to contend with'.⁶⁴ However, within a few weeks of his appointment he had brought a series of proceedings regarding insanitary dwellings which perhaps served as notice of his intention and commitment.⁶⁵ That the first of these nuisances is described as having 'long existed' speaks both to Higgin's eagerness and the kind of backlog Hamlin identified in his analysis of data for 1873-4 and which might have accumulated while the roles of Inspector and Surveyor had been combined.⁶⁶

⁵⁹ *Wrexham Guardian (Guardian)*, 25 November 1875, p.5, 'Urban Sanitary Authority and General Purposes Committee'.

⁶⁰ Crook, *Governing Systems*, p.108.

⁶¹ *Guardian*, 17 June 1876, p.5, 'Wrexham Urban Sanitary Authority and General Purposes Committee'; *Guardian*, 16 December 1876, p.5, 'General Purposes Committee'.

⁶² Christopher Hamlin, 'Sanitary Policing and the Local State, 1873-1874: A Statistical Study of English and Welsh Towns', *Social History of Medicine*, 18.1 (2005), 39-61 (p.55).

⁶³ Chris Otter, *The Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (Chicago: University of Chicago Press, 2008), p.118; Crook, 'Sanitary Inspection and the Public Sphere', p.386.

⁶⁴ *WWA*, 8 July 1876, p.5, 'Borough Magistrates Court'; *Guardian*, 19 August 1876, p.5, 'Borough Petty Sessions'.

⁶⁵ *Guardian*, 25 December 1875, p.4, 'Borough Petty Sessions'.

⁶⁶ Hamlin, 'Sanitary Policing and the Local State', p.60.

Notwithstanding Wohl's assertion regarding preservation of autonomy in relation to the LGB subsidy, the formalisation of the work of the Nuisance Inspector after 1872 affirms the subtle transition away from a *laissez-faire* state towards a more bureaucratic structure and increased, although indirect, involvement of the central state in localities through the application of standardised powers.⁶⁷ In turn this standardised, systematic approach furthered the professionalisation of the role with the establishment of bodies like the Sanitary Institute of Great Britain in 1876 giving Inspectors the opportunity to network and share good practice, and the publication of handbooks like *A Practical Guide for Inspectors of Nuisances* published in 1881. The *Guide* reminded Inspectors they were 'the custodian of the public health, and of works intended to promote the public health' and although advocating the need for discretion and the 'subtleties of conduct' Crook mentions, they should keep in mind their primary duty was to see the sanitary laws were adhered to.⁶⁸ By 1890 the role of the Nuisance or Sanitary Inspector had evolved to embody the characteristics of the professional ideal described by Perkin; meritocratic appointment, training, expertise and a societal standing endorsed by both local and central state.⁶⁹

Inspectors then were the front-line foot soldiers in the fight against filth, enforcing not only legal standards of sanitation but also inferring levels of decency and morality. The concept of such inspection further illustrates the paradoxes within contemporary liberal philosophy. Otter highlights the importance of an 'active citizenry' who applied the sensory standards of the liberal subject for the success of local inspection.⁷⁰ He argues inspection shows the tension within liberal philosophy between the need to govern effectively without impinging on individual privacy by looking too deeply and seeing too much.⁷¹ Similarly, Crook argues sanitary inspection acted as a form of surveillance, balancing the needs of the public good with individual rights and freedoms but again reflective of the tensions between

⁶⁷ Hamlin, 'Nuisances and Community', p.348.

⁶⁸ F. R Wilson, *A Practical Guide for Inspectors of Nuisances* (London : Knight & Co., 1881), p.47, p.23.

⁶⁹ Harold Perkin, *The Rise of Professional Society: England Since 1880* (London: Taylor & Francis Group, 2002), p.xxiii.

⁷⁰ Otter, p.132.

⁷¹ Otter, pp.123-4

those obligations.⁷² In his analysis of central government inspectorates Bartrip highlights inspection as the tool which brought social reform legislation directly into peoples daily life.⁷³ Although he argues inspectorates were insufficiently resourced to justify their interpretation as key drivers of state expansion the same cannot necessarily be said of the activity undertaken by local public health officials.⁷⁴ Sanitary administration and inspection, particularly after 1872 with the option of central government subsidy along with the empowerment of local authorities through compulsive legislation, intensified as an administrative, bureaucratic and professional sphere of local governance which raised the profile of local authorities and brought them directly into the home.

In conclusion, although as Hamlin noted, the determinants of success for local authorities undertaking sanitary projects were complicated and varied, clearly the support of professionals and experts was vital for the success of sanitary reform at local level in the second half of the nineteenth century.⁷⁵ The drainage and water schemes undertaken in Wrexham show the WLB to be at times disorganised, parsimonious and indecisive in the face of their sanitary challenges. On closer analysis however, a fairer assessment would be that they were rightly apprehensive of placing trust in engineers in a new and developing technology whilst mindful of their responsibilities to the ratepayers and constrained by their annually-changing structure. Debates between engineers regarding the most appropriate solutions for drainage and water supply and the changing fashions within the industry, as Isaac Shone described, also contributed to this uncertainty.⁷⁶ Whilst the support and advice of eminent experts, like Rawlinson provided to the WLB, was certainly a help in getting the town drained, the indecision regarding water supply, both regarding ownership and method of supply shows how differing solutions and their cost implications could obstruct decision making. On a domestic level changing sanitary technology which advanced household drainage also facilitated the evolution and professionalisation of the role of the Nuisance

⁷² Crook, 'Sanitary Inspection and the Public Sphere', p.371, p.392.

⁷³ P.W.J. Bartrip, 'British Government Inspection, 1832–1875: Some Observations', *The Historical Journal*, 25.3 (1982), 605–26 (p.626).

⁷⁴ Bartrip, p.605.

⁷⁵ Hamlin, 'Mumbling in Bumbledom', pp.59-60.

⁷⁶ NEWA, DD/G/2186, Report of Isaac Shone, pp.9-10.

Inspector, creating a new cadre of experts. The Inspector was the public face of the sanitary agenda in towns, bringing the personification of the state, both local and central, directly into people's homes. The routinisation and systematisation of sanitary inspection and the application of common standards shared through occupational organisations and publications, evidences not only the professionalisation of the role but also the modernity of the inspection regime. Professionals and experts therefore, whether eminent engineers or local nuisance inspectors, were crucial to furthering the sanitary agenda in the second half of the nineteenth century and in bringing modernity to local government.

CONCLUSION

This study set out to examine the part played by public health and sanitary reform in creating structures of local governance which were characteristically modern by examining changes in a small Welsh town in the mid-nineteenth century. It is clear the public health agenda which emerged in this period was hugely significant in the reformation of governance over the ensuing decades into a modern, rational and bureaucratic system and steered the evolution of the relationship between central and local government. It was also central to contemporary debate regarding state intervention in peoples lives. Although the focus on filth and the identification of sanitary improvement as a means of disease prevention reflected liberal ideas in being less restrictive of personal and commercial freedoms than alternative solutions, the scientific interventionism inherent in the utilitarian principle of providing for the common good impinged on the freedoms of the liberal subject to manage their own affairs and favoured a more directive approach.

The reception of the 1848 Public Health Act encapsulates these ideological tensions and highlights the fundamental dichotomy at the heart of mid-nineteenth century debate regarding governance between centralisation and local self-government and which featured in the divisions in Wrexham in 1849-52. The change in direction in the 1858 Local Government Act, away from centralisation, shows how this dichotomy dictated the path of public health policy as society endeavoured to balance an anti-statist desire for local autonomy with the need to protect the population from disease. Only when broader changes in society, engendering a more active citizenry and an understanding that the state had a responsibility to ensure a basic level of service was provided, would the distance between the two extremes diminish, generating the conditions in which a degree of uniformity in sanitary administration could emerge.

Chapter 3 showed how the adoptive nature of the mid-century model of public health, although safeguarding local autonomy, meant an unevenness and lack of uniformity in sanitary provision. The Royal Sanitary Commission reports which acknowledged these failings while reiterating the fundamental duality of governance, and the landmark legislation derived from them marked a pivotal point in the politics of public health and

reflects the narrowing of the division between centralisation and local self-government. The realisation of the limitations of local self-government neutralised the anti-centralisation lobby and, combined with the emergence of a municipal spirit and broader working-class franchise, created an environment in which the more interventionist measures of the 1872 and 1875 Public Health Acts were societally acceptable. This definitive legislation founded a uniformity of system and created structures with uniform powers in the urban and rural sanitary authorities which became characteristically modern in their bureaucratic and professional operation. At the centre, the importation of a generalist bureaucracy to the Local Government Board through its incorporation with the Poor Law administration acted as a further modernising influence on local administration in order to deal with the Board's more administrative methods of communication. The compulsive appointment of Medical Officers of Health and Nuisance Inspectors after 1872 and the systematic and routine inspections, written reports and note-keeping they carried out, as discussed in chapter 4 in relation to Nuisance Inspectors, shows the professionalisation of public health administration at local level and is indicative of a modern, bureaucratic system; centrally driven but locally implemented.

The saga of Wrexham's sanitary progress serves not only to highlight the degree of opposition to centralisation in the mid-nineteenth century, it also illustrates the challenges for local authorities which have influenced their characterisation as parsimonious, small-minded and obstructive. Although the 1848 Act divided the town the solutions proposed by both sides; either an elected Local Board of Health or an Improvement Commission, inherently acknowledged the shortcomings of the existing parochial government. However, public health alone was not a sufficient push factor for change and only when conjoined with other moral and cultural factors was there enough support for the transformation to a unified incorporated borough. Ostensibly, the projects taken forward by this infant authority in the 1860s reflect the understanding of this as a golden era of sanitarianism.¹ However, the debates within the Local Board discussed in chapter 4 show them to have been at times characteristically parsimonious and disorganised but also as understandably bewildered and confused regarding the new and complex technology of sanitary

¹ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, (London: Methuen, 1984), p.155.

engineering as historians have identified in other towns.² The Wrexham Local Board also exemplifies the analysis of the centre-local relationship as one of specialist knowledge at the centre empowering localities to exercise their autonomy to make informed decisions. The role of Robert Rawlinson as a consultant, notwithstanding the Board's neglect to take his advice regarding waterworks, and the correspondence between Clerk to the Board John James and the Local Government Act Office, supports this analysis. The more generalist, administrative approach of the Local Government Board significantly changed the centre-local relationship; technically more interventionist through compulsory powers but more empowering and modernising through the transfer of specialism to localities through the professionalisation of local officials. The methodology of local nuisance inspection, as articulated by David Higgins on taking up his appointment, exemplifies the modernity of the role; bureaucratic, systematic and routine.

Clearly, Wrexham reflected broad contemporary concerns regarding centralisation and local autonomy, official intervention in daily life and the desire for low rates and economy and was subject to similar determining factors as other towns in overcoming its sanitary challenges. Although Wrexham perhaps experienced more dramatic change than many towns due to its original fragmented structure, it is clear public health issues sparked a debate in 1849 which led ultimately to the creation of the incorporated borough in 1857, laying the foundation for path to modernity. More widely, the fundamental identification of public health as a local responsibility instigated changes which resulted in the creation of structures in the Local Government Board at the centre and in the urban and rural sanitary authorities which were characteristically modern in their rationality, professionalism and bureaucratic organisation. In this way the politics of public health revitalised local government, confirming the fundamental duality of governance but establishing a relationship between the polities which facilitated the implementation of a uniform and modern system of sanitary administration. The politics of public health was therefore a central factor bringing modernity to local government.

² Christopher Hamlin, 'Muddling in Bumbledom: On the Enormity of Large Sanitary Improvements in Four British Towns, 1855-1885', *Victorian Studies*, 32.1 (1988), 55-83, p.79.

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