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*An historic graveyard in the heart of Hampstead*

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## Victorian Public Health

**Hampstead was always popular because of its clean air and elevated position, but its healthy reputation relied on more than an accident of geography. Efforts to improve public health in Hampstead had a dramatic impact in the period after 1830. New local government structures, water supply, sewers and medical services extended the life expectancy of the local population significantly. In addition, various organizations – including the Hospital for Consumption and the Medical Research Council's Institute – made national contributions to health protection.**

**What made the difference?**

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### Lower child mortality

Hampstead has always had a reputation for being a healthy place to live. But in the late 1880s and early 1890s this was particularly true. The corrected death rate for the Hampstead Sanitary Area was about 14 per thousand population, compared with over 18 in the wealthier parts of London, Westminster and Southwark,

and over 30 in the poorest parts.

Much of the difference was a result of reducing child mortality. At this same period, the rate in Hampstead (deaths under one year old per thousand births) was 113, compared with over 130 in “good” areas of the city and over 180 in the poorest areas. Some of it was to do with better housing conditions – in particular, lower housing density. In 1851, Hampstead had an average of only four houses per acre, compared with at least 10 in the better central areas and over 20 in the poorest. Clean water, improved sanitation, better nutrition and access to good basic health services also contributed to this difference. The 19th century was a period of significant change for the better.

## Improved sewers and water supply

In the 18th and early part of the 19th centuries people threw rubbish and waste into local streams and drains, which carried it down to the River Thames. Sewerage was rudimentary, using cesspools that drained into the soil – contaminating water supplies and surface water drainage ditches. The river grew dirtier because the sewage kept coming up and down with the tide and, when the river rose to more than its usual height, the drains were blocked.

As Hampstead was near the top of a hill, drainage was not seen as a problem. But in the 1840s the latest cholera outbreak heightened awareness of disease. Complaints were made about crowded alleys and courts, which in addition to receiving sewage were piled with refuse. Open drains were also full of sewage, and complaints in Hampstead grew.

In 1852 the Vestry appointed a committee to discuss improvements with the Metropolitan Commissioners of Sewers. A short sewer was built in 1853-4 from South End Green to the Fleet river before the Metropolitan Board of Works came into being and built the metropolitan sewer system. And in 1857 the Vestry’s surveyor proposed to drain the area between North End and Pond Street, requiring some 7 miles of sewers. By 1872 the whole parish drained into the MBW’s system, the eastern part into the high-level ‘intercepting’ sewer, and the western area and Kilburn into the Ranelagh sewer.

In this same period there was also a very limited supply of piped water in central London – most of that was drawn from the River Thames and was not fit for drinking. Some houses and districts had access to water from wells, but the rising levels of contaminated water in the river also poisoned the wells and cisterns in which it was stored. Spring water was better quality, but was not widely available and cost more to buy from water carriers. ,

Improving the quantity and quality of piped water was, therefore, a key constraint on development. Piped supplies from Camden Town were extended to the southern part of Hampstead in the 1830s and 1840s. In 1852 the Vestry and the Board of Guardians asked the local MP to approach existing water companies. In 1853 the New River Company extended pipes from Highgate to the top of the town, with the Vestry consenting to a reservoir at Hampstead Grove in 1856 which enabled the company to serve the eastern half of the town by 1884. In parallel, in 1866 the West Middlesex Water Company obtained powers to serve parts of Hampstead, building reservoirs near Kidderpore Hall (in 1868) and Fortune Green. By 1872 they provided a constant supply to the area between Kilburn High Road and West End, and by 1884 the company supplied the area roughly west of Haverstock Hill and Fitzjohn’s Avenue.

(Insert photographs of springs in Hampstead)

## Efficient refuse collection and disposal

Keeping London clean and disposing of physical refuse was also a problem. Imagine all the rubbish from some 800,000 houses, the waste produced by all the horse-drawn traffic and the ash and soot generated by a million chimneys. When it rained, all this would become a greasy sort of “mud” which either evaporated into the air –

creating breathing problems – or became dust which had to be swept up and got rid of.

In Hampstead this waste was swept or scraped to the sides of the roads by 40 or 50 men employed by the Vestry, and removed by contractors in carts. In the mid 19th century it is estimated that some 17,000 tons was collected at intervals during the year and taken to the Hampstead Destructor on the banks of the Grand Junction Canal at Willesden. Some of it was burned, and some used “on the land” – perhaps as fertilizer rather than land-fill.

Meanwhile, it provided a playground in which mice, fleas, rats and other disease carrying animals could live and feed and, more importantly, incubate disease. Even with more hygienic refuse collection policies, the Vestry’s rat catchers were busy right into the 1950s (see the story of Bert Matthews).

This process is similar to what happens today, although the infrequent collection and the incineration of waste would have been much less environmentally friendly. An inspection by the Local Government Board’s surveyor (Mr Codrington) reported that the Destructor was very efficient relative to others in the country, but this was measured in relation to the quantities of material burnt relative to those of the resulting ash and clinker, and took no account of the nature of the exhaust gases being expelled into the atmosphere.

## Control of infectious diseases

These improvements reduced the amount of disease from water-borne sources (eg cholera and typhoid) and from animal infestation (eg diseases of the liver, kidneys, central nervous system and heart).

But other infectious diseases were also a major problem, and diphtheria, enteric fever, measles, meningitis, mumps, pneumonia, polio, scarlet fever, smallpox, TB and whooping cough were regular killers (see the Sinton family story). For example, smallpox struck London in 1751/3, 1796, 1816/19, 1825/6, 1837/40 and 1871/2. Each time the numbers of deaths were significant – aggravated by the fact that (in the late 19th century) there was a significant anti-inoculation movement to “protect” children from government interference.

Nowadays children are immunized against these diseases as a routine and, if they catch the infection, doctors have access to antibiotics to make them better. However, immunization only became possible for some diseases towards the end of the 19th century, and antibiotics were only discovered some 50 years later.

## Discussion questions

- 1) Can you imagine what life was like before we had modern street cleaning and refuse collection? Before there was clean water to drink and drains to carry away our waste? How do you think you would have managed?
- 2) Nowadays we rely on NHS doctors, nurses and hospitals for medical services when we are ill. Before then people had to pay or rely on charity. What are the advantages and disadvantages of the two systems?
- 3) How many in your class have been vaccinated against childhood illnesses? What difference do you think it would have made if Victorian children had the same opportunity?
- 4) Trace where some of these places are on a map of Hampstead. Can you see any remains of them today? How could they be preserved?
- 5) What do you think of the Victorians’ environmental policies and priorities? What are the equivalent challenges for us today?

### Sources

‘Hampstead: Public Services’, A History of the County of Middlesex: Volume 9: Hampstead, Paddington (1989), pp. 138-145; Victoria County History series

Dictionary of Victorian London- Health and Hygiene – <http://www.victorianlondon.org/health/disposal.htm>

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