

# Overcrowding in 19th century britain



## **The Problem of Overcrowding in 19<sup>th</sup> Century Urban Britain**

During the nineteenth century urban populations grew at an extremely fast rate as industrial growth drew people into the cities in the search for employment. This rapid growth caused a great deal of concern amongst Victorian politicians and authorities regarding law and order, but they were at first unaware of the far greater danger which was the poor sanitation caused by the speedy building of back-to-back housing created to accommodate this population growth. The main points I will be addressing in this essay will be a) how far the growth of population was the main cause of bad health caused by overcrowding, and b) how the authorities dealt with such health problems and how far they were successful. I have chosen this particular subject because it can be argued that it was the main problem of urban living in the nineteenth century, and other problems such as pollution, cholera outbreaks or infant mortality could be said to be caused or exacerbated by such overcrowding.

By the time of the 1851 census, and for the first time in the nation's history, more people were living in urban areas than they were in rural areas.

Between each census from 1841 to 1881, the population of urban areas grew by an average of 25% and by 1881 the urban population was 70.2% of the total population of England and Wales. <sup>[1]</sup> In Manchester, the city where the cotton industry caused massive urban growth, the population had increased six times within sixty years by 1831. <sup>[2]</sup>

In order to cope with such numbers building of houses was undertaken as quickly as possible, often in small areas of land, which meant that in poorer

areas houses were built back-to-back in high density in order to accommodate as many people as possible. In order to save space, they were built without gardens, around dark courtyards with communal privies at the end of each street. Some buildings in Edinburgh had more than ten storeys, which meant that people had to carry water up many stairs - and often didn't bother. In Manchester, the large numbers of Irish immigrants created pockets of poverty-stricken communities living amongst the factories and smoke where 'several families might be living under one roof or even in "the pestilential atmosphere" of one room.' [3] In London, in the period before the underground railway, when people still needed to be able to walk to work, building programs took place close to the city areas without any planning from central sources. Thus areas such as Bethnal Green and Whitechapel suffered from gross overcrowding, and in Covent Garden, older buildings were converted into tenements and cellars to provide for the poor settlers who swept into the metropolis, particularly in the area known as 'The Rookeries' where refugees from the Irish famine had settled. In 1847 Dickens described the 'disorderly crop of beginnings of mean houses, rising out of the rubbish, as if they had been unskilfully sown there.' [4]

Edwin Chadwick's *Report on the Sanitary Condition of the Labouring Classes*, commissioned by the government to investigate sanitation in 1842 was undertaken through a system of interviews and visits carried out by Poor Law medical officers and commissioners. Its evidence revealed how many families lived in cellars, often several families at the same time, which were subject to flooding. In one example in Manchester, 40 people were discovered to be living in one cellar. Furthermore, unscrupulous owners of

lodging houses, taking advantage of the need for housing, would put lodgers up in 'poorly furnished, badly ventilated and overcrowded' rooms. [5]

Chadwick's report revealed that mortality rates in urban areas were much higher than in rural areas, particularly amongst the poorer classes. In fact, the average age of death for labourers in districts such as Liverpool and Manchester was around 15 during the period 1839-40, indicating an extremely high infant mortality rate. Chadwick himself attributed these figures to squalid and overcrowded living conditions, although badly ventilated working areas and long working hours were also a contributory factor. [6] Chadwick's report did raise awareness, yet many people, in particular the Conservative Party, did not support his recommendations, and the pressure group set up in 1844, the Health of Towns Association, found very little was being done in towns and cities to counteract the effects of poor sanitation. The attitude of *laissez-faire* was strong, and many authorities were opposed to sanitary reform for economic reasons.

The evidence shown by Chadwick would seem to show an obvious correlation between overcrowding and poor health. However, the association between dirt and disease was not yet fully understood at this time. Outbreaks of cholera in the 1840s and 50s were the subject of much debate over its likely causes and very little was understood about how the disease was spread. It was noted, however, that the worst cases of cholera seemed to prevail in areas of towns where there was very poor sewerage or drainage, and Dr John Snow tried to demonstrate through scientific experiment that disease was water-borne. However, Snow met with huge opposition within the medical

profession, and it was not until 1883 that his theory was proved. Thus, although people like Snow and Chadwick tried to encourage cleanliness amongst the working classes, very little effective work was done by the authorities.

Chadwick did not suggest curative methods in his report. He declared: 'engineers were needed for the task at hand not the medical profession' [7] He was more concerned with preventative measures, ensuring towns had regular supplies of clean water, and that houses had adequate drainage into proper sewers. However, this is not to say that medicine did not play a role in the developments that eventually led to improvements in town and city health. Medicine did in fact play a very important role in the improvements in housing.

At the beginning of the century very little was known about the causes of disease, and doctors had very little equipment with which to carry out research. Surgery was extremely primitive and carried out in what we now know as unhygienic conditions. It was not until 1865 that Louis Pasteur proved his germ theory: that these micro-organisms could cause decay and disease. Robert Koch built on Pasteur's work by showing that different types of germs caused specific illnesses, and that the answer to curing disease was to destroy the specific germ. It was Koch who, in 1883, identified the germ that caused cholera. From Pasteur and Koch's work, vaccines began to be developed in the 1880s. [8]

It was due to these discoveries, and the work of Dr. John Snow, that the authorities finally realised that it was necessary to make radical changes in

the drainage and water systems in towns and cities. In 1866, the year after Pasteur had made proved his germ theory, the Sanitary Act was passed, forcing towns to appoint sanitary inspectors. Local government became responsible for public health, and eventually *Public Health Act 1872* was formed, creating separate bodies each headed by a Medical Officer of Health.

Despite these developments, it took a long time for housing to improve.

Back-to-Back housing was still being erected in Leeds and Bradford up until 1937, despite some building regulations and strong calls for their demise. <sup>[9]</sup>

In rural areas, especially around the mining towns of Wales, house building was still very hasty without due care for health, as is evidenced in this report on the area by Merthyr Tydfil: ' If a new colliery is opened in an upland valley 200, 300 or 400 houses are built very rapidly, and they inhabited long before they are dry.' <sup>[10]</sup> However, some cities, such as Bury and Liverpool, forbid the building of back-to-backs in the 1860s.

To sum up, the problem of overcrowding in urban and industrial Britain in the 19<sup>th</sup> century was one that was not widely recognised by the authorities in the early part of the century. Housing was created to accommodate vast numbers of industrial workers who flooded into the cities, and the speed at which they were built meant that little care was taken to provide adequate drainage and disposal of sewerage. Reformers such as Chadwick saw that there was a distinct connection between overcrowding and mortality rates, but it was not until scientific and medical advances proved that germs and bacteria carried by dirty water supplies caused diseases such as cholera that the government took any adequate action.

The main sources I have used for this essay are Taylor, Best and Briggs. Taylor does not provide the highest academic level of text, but his clear chapters separated into different economic and social subjects, and his use of primary sources provides useful factual information. Best is one of the recognised authorities on Victorian Britain and he provides a detailed account of life in mid Victorian England. Briggs is also highly regarded as an expert in this field, and his detailed historical research provides a good, detailed overview of specific British cities during this period.

## **Bibliography**

Best, Geoffrey, *Mid-Victorian Britain 1851-75*, Fontana Press, 1990

Briggs, Asa, *Victorian Cities*, Penguin, 1990

Taylor, David, *Mastering Economic and Social History*, Macmillan, 1988

Wilson, A. N., *The Victorians*, Arrow, 2003

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## **Footnotes**

[1] Best, Geoffrey, *Mid-Victorian Britain 1851-75*, Fontana Press, p. 24

[2] Briggs, Asa, *Victorian Cities*, Penguin, p. 89

[3] *ibid*, p. 92

[4] quoted in Briggs, A, p. 346

[5] Taylor, David, *Mastering Economic and Social History*, Macmillan, p. 303

[6] *ibid*, p. 307-8

[7] Taylor, D., p. 310

[8] *ibid*, pp. 319-20

[9] Briggs, A., p. 156

[10] quoted in Best, G., p. 39