SECTION III

The local authority and the control of epidemic disease.

Chapters 15 - 18, pages 346 - 468.

SECTION IV.

The local authority and the problem of housing the working classes.

Chapters 19 - 21, pages 469 - 571

APPENDICES

MAPS.
The administrative and sanitary reforms described in the previous chapters were all carried out against a background of appalling disease, destitution and living conditions which had made Glasgow during the nineteenth century one of the unhealthiest cities in the British Isles. The difficulties in the way of providing a longer, healthier life to the citizens must have seemed insuperable to the infant public health service. During the period 1842 to 1872 there was little decline in the high rate of mortality and even less in the levels of infant mortality to mark the progress of public health so far as infectious diseases were concerned, but this is not to say that much was not achieved. In this section it is hoped to show how the frequent epidemics of infectious diseases, the adverse mortality statistics and the high infant death rate were major agents for the improvement of public health in Glasgow, first by forcing local politicians to give urgent attention to the problem of epidemic disease and then, through the hastily conceived and badly co-ordinated remedial measures devised to meet emergencies, preparing the ground for a more stable and permanent policy.

No attempt is made in this section to outline hospital procedures in administration or clinical techniques, which is a subject for investigation in itself. Nor, for the same reason, are the causes for changes in the incidence of specific diseases or patterns of morbidity and mortality
investigated. Only those infectious and pulmonary diseases which caused most concern to health officials in the second half of the nineteenth century and had the greatest influence on the development of a public medical service are examined.

In the early years of the nineteenth century, Glasgow was no less healthy than any other city of comparable size. Typhus was comparatively rare, smallpox diminished for a period after the introduction of vaccination and only measles was on the increase as a major cause of infant deaths.\(^1\) The first recorded epidemic of typhus in the century occurred in 1817-1818 and affected both city and suburbs. It was to the followed by many such epidemics in the years to come, particularly in 1837, 1842, 1847, the greatest typhus epidemic of the century, 1864 and finally 1870. These were the peak years, but at all times it remained a frequent visitor in the poorer quarters of the city and localised epidemics were common. In 1843, more than seven hundred cases were reported from the block of houses formed by the Saltmarket, Stockwell Street and Trongate alone, out of a total of five thousand in that year. Although typhus was Glasgow's most frequent epidemic killer, it was not the only one. Cholera visited the city in 1832, 1848-1849, 1853-1854 and 1866. Smallpox smouldered in the back courts and rose to near-epidemic proportions in 1855-1857 and again in 1870. The remission due to vaccination at the beginning of the century proved

\(^1\) J. Cleland, *Statistical Tables Relative to the City of Glasgow*, (Glasgow 1823), pp. 29-30. See also R. Cowan, *Vital Statistics of Glasgow*, (Glasgow 1838). p. 11.
short-lived, probably owing to neglect among parents in having their children vaccinated, and it was to be near to the end of the century before smallpox ceased to be a threat.\textsuperscript{1} Scarlet fever, whooping cough and measles were widespread every year, although breaking out into epidemics regularly. While typhus and cholera received the lion's share of attention, these childhood diseases were frequently in excess of the former in fatalities. The table on page 378 gives figures for twelve of the most common fatal infectious and pulmonary diseases over a period of twenty years of recording by the Registrar General for Scotland. It shows that in eleven of the twenty years, the deaths from whooping cough exceeded those from typhus. In 1872, the death rate from the contagious diseases class was 16.8\% of deaths, of which nearly half was attributable to whooping cough alone.

In this particular year diseases of the lung contributed 34.5\% of the total deaths in Glasgow, yet it was only in 1869, after a substantial rise in cases of pulmonary diseases, that attention began to be diverted seriously to lung conditions, although phthisis and bronchitis had been responsible for more adult deaths than any other ailments since the mid-century or earlier.\textsuperscript{2}

Mortality statistics had been compiled and published in Glasgow from at least as early as 182\textsuperscript{1}, along with more

\begin{enumerate}
\item W.T. Gairdner. \textit{Annual Report on the Health of the City}, 1871, p. 9. (Board of Police pamphlet).
\item The Bills of Mortality for 1856 were the first to show phthisis as the principal adult killer, \(1,045\) deaths in a total of \(14,837\) in the 5-20 age group being attributed to this cause.
\end{enumerate}
general statistics dealing with births, marriages, church
attendances and the city's commercial and industrial aspect.
The compiler of these early tables was James Cleland, he
and his successors in the task obtaining the death stat-
istics from the wardens of the fourteen burying grounds
within the city and suburbs, who kept registers of all
burials in their respective graveyards. The wardens would
use their registers to fill up printed schedules, which
were then sent to the statistician who compiled the tables.¹

To some extent these mortality statistics are patchy
and unreliable, up to 1855 when the Registrar General's
reports begin to give a more accurate picture of the health
of the city. Systematic recording of data over a consecu-
tive period of years was never carried out and much of what
was recorded depended on the approach to health statistics
of the individual compiler.² Cleland was followed as City
Statistician by Alexander Watt in 1842 and John Strang,
the City Chamberlain in 1848. Up to the advent of Strang
the mortality figures always showed an alarming prepon-
derance of deaths over the number of births, owing to the
method of compilation of birth statistics which used the
established church baptismal registers only and totally
ignored Catholic and dissenting church baptisms in the city,
not to mention those who went unbaptised and thus were

1. James Cleland, Statistical Tables Relative to the
City of Glasgow, (Glasgow 1823). p. 17.

2. In his early statistical tables, Cleland did not
publish details of fatal diseases, although those
diseases most frequently treated by the Royal
Infirmary were listed.
never put on record at all.\(^1\) Strang's Tables for 1856, which were based on the Registrar General's figures, showed that births stood at fifteen thousand, two hundred and forty-three and deaths at ten thousand, two hundred and eighty, a comfortable excess of births over deaths which had the effect of proving the earlier figures to be wrong.\(^2\) However, in spite of certain inaccuracies in compilation, these mortality tables for the city of Glasgow form the most comprehensive set of tables, probably for any city in Britain up to the commencement of mortality statistics for England and Wales in 1837 and for any Scottish city up to the passing of the Scottish Registration Act in 1854. In effect they 'sample' the population so far as mortality figures are concerned, and the picture of fatal diseases they give must be very accurate, even if the figures they present are less so.

Even if the birth rate was shown to be healthier than had been previously imagined, this could not detract from the appallingly high death rate. In epidemic years such as 1847, this was reckoned by Strang to stand at the incredible figure of 52.63 per thousand, exclusive of still births, and for 1848 at 35.08 per thousand. The normal death rate was not so high, the average for the three years 1850 to 1852 inclusive being 28.74 per thousand, the mean

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1. According to the Calton burgh council, commenting on a bill to turn voluntary churches into parish churches, only 8,226 persons out of a total population in the burgh of 20,613 were members of the established church. (Calton Burgh Minutes, 11 April, 1844).

2. J. Strang, Report on the Vital Statistics of Glasgow, 1856. Strang's Tables for 1852 showed Catholic infant mortality to be 53.4% against 47% for the city and suburbs as a whole.
mortality being ten thousand, two hundred and ninety-nine deaths in a population reckoned at the 1851 census to be 344,986. This figure fluctuated from year to year without any improvement during the period to 1872, falling in 1859, a healthy year, to as low as 26.66 per thousand but rising again in 1871, the year of the relapsing fever epidemic, to 31.05 per thousand.¹

In common with other towns similarly situated to Glasgow, the death statistics were not uniform throughout the city and suburbs but depended on social and economic factors which were the cause of constant comment. The Vital Statistics tables for 1856 outlined the striking differences between the mortality of the Blythswood district, a wealthy area, and that of the High Church, a poor one. In Blythswood the death rate equalled only 16.86 per thousand of the population, whereas in High Church it was 35.08 per thousand. The High Church district included the Royal Infirmary which naturally pushed the death statistics up artificially high, and had Strang extracted the figures for some of the urban parishes rather than registration districts, the figures might have reflected more accurately the high death rates in some of the back wynds of the city.² He attempted this in his 1861 Report when he made a comparison between the Blackfriars parish, which was bounded on the east by the Molendinar in its impure state and on the south by the Gallowgate, taking in within its thirty

1. Figures compiled from the mortality tables within the Vital Statistics of Glasgow between 1847 and 1872.
two acres the unhealthy streets of Havannah and Old and New Vennel; and the spacious area near the West End park which he termed 'the Crescents', stretching over an area of over eighty-seven acres from St. George's Road to the banks of the river Kelvin.

Strang took the total population of Blackfriars parish as 10,577, with a density per acre of three hundred and twenty-eight, obtaining his figures from the 1861 census, and compared this with the Crescent area's population of 2,972, a density per acre of only thirty-four persons. The death rate per cent of the population in Blackfriars was 3.44, that of the Crescents 0.53. The mortality figures for children under one year old were 26% in Blackfriars and only 1.78% in the Crescents.¹

In this study of the Crescents and Blackfriars, Strang also compared death ratios for all age groups between the Crescent area and the city as a whole:²

<table>
<thead>
<tr>
<th>Age</th>
<th>Crescents</th>
<th>Whole city</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>1 in 56</td>
<td>1 in 5.25</td>
</tr>
<tr>
<td>1 and under 5</td>
<td>1 in 72</td>
<td>1 in 14.49</td>
</tr>
<tr>
<td>5 and under 20</td>
<td>1 in 238</td>
<td>1 in 103.49</td>
</tr>
<tr>
<td>20 and under 60</td>
<td>1 in 268</td>
<td>1 in 67.34</td>
</tr>
<tr>
<td>60 and upwards</td>
<td>1 in 41</td>
<td>1 in 13.50</td>
</tr>
</tbody>
</table>

Such statistics were popularly used to outline the enormous differences in expectation of life in the different districts of the same city. Russell's 1872 Report as medical officer of health gave a detailed analysis of groups

of districts according to their healthiness or unhealthiness. Gairdner used typhus as a yardstick to measure the unhealthiness of different districts and classified them into groups accordingly. Great pains were taken to analyse the reasons why the differences existed, and although the answers produced were usually the obvious ones of insanitary conditions, poor ventilation and intemperate habits, humidity, rainfall and other atmospheric factors were examined to try and find out their effects on health. Strang in his analysis of the Blackfriars and Crescent districts pointed out that a large part of the population of the latter area spent several months away from Glasgow at the coast or country during the summer, a privilege that few Blackfriars inhabitants could afford. All too frequently, however, the questions remained unanswered. Gairdner's investigations of fever districts could not explain how the healthy district of North Cowcaddens remained strangely unaffected by the notoriously unhealthy district of Cowcaddens to which it was adjacent. Nor could he explain satisfactorily why mortality was so high in 1869 when no particular disease had become epidemic and a sanitary service had been operating for eight years to try and combat ill health and poor living conditions.

1. W.T. Gairdner, Memorandum for Mr. Ure, with map of the sanitary districts of Glasgow, 1865.
3. W.T. Gairdner, Report on the Health of Glasgow for the first quarter of 1869, with special reference to the unusually high rate of mortality in March, 1869. Gairdner found the increased mortality to apply to all districts although each district kept its normal position, the Central being the worst and the Western the most healthy. He concluded poor housing was chiefly to blame.
Although after 1855 the mortality statistics issued by the Registrar General for Scotland gave a more accurate account of the diseases affecting the population of Glasgow, they were still far from giving the complete picture. The difficulty in obtaining accurate statistical data remained throughout the period. By the early 1870s there was considerable criticism of the method of recording deaths, which permitted large numbers of uncertified or inaccurately certified deaths to be registered. In 1872 the deaths recorded were 14,357 of which 3,281 or 22.85% were not certified. The figures were most inaccurate for the under-five age-group. Here the total deaths came to 6,505 and those not certified 2,070 or 31.82%.1

The possibilities for the wrong cause of death to be given were also considerable, particularly where no doctor had been in attendance. Among the poor, children could be born, fall sick and die without their birth or death being recorded or a doctor being called in to help them. In his first monthly report in August, 1855, the Registrar General stated that in Glasgow 25% of those who died had no medical attendance in their last illness, a deplorable figure but better than Dundee where the number was 41%.2 This pointed to a very low standard of medical care among the poor in the mid-1850s, after a decade of parochial medical aid to the sick poor. The Registrar General drew the customary moral from his statistical analysis.3

2. Ibid, p. 15.
3. Ibid, p. 15.
infectious or epidemic disease is allowed to spread unchecked among the poor it will soon extend its ravages to the wealthier classes' he commented. This reflected the prevailing middle class attitude towards disease among the working population, but a few sanitary reformers in Glasgow, particularly those doctors working among the poor, were occasionally drawing attention to the other side of the coin. Disease among the rich was privately treated and not isolated and could spread through servants, tradesmen or other means to the homes of the poor. However, the time was a long way off when the privacy of the well-to-do home could be invaded and patients suffering from smallpox, scarlet fever or typhus removed compulsorily to hospital in the same way as their less well-off neighbours.

The inaccurate recording of deaths led to difficulties in coming to conclusions about diseases and their prevalence. If a relative recorded a death using only his native wits to give a cause to the registrar, it was often incorrect. 'Dropsy' stayed an important disease for some time when an experienced general practitioner might have given the cause of death more correctly as heart, lung or kidney disease.\(^1\) Diphtheria was sometimes mistaken for croup or scarlet fever. Bronchitis, which rose sharply in the 1860s yet fell equally sharply as the major lung disease by the end of the century when pneumonia had taken its place, may in fact have been given as a cause of death when

experience failed to suggest any other, 'bronchitis' thus becoming a popular term for any lung ailment whose exact nature was unknown to the deceased's relatives.

The various Life Tables for Glasgow prepared during the course of the nineteenth century show a decrease in the expectancy of life from the beginning to the middle years of the century, which was only to be made up in the final quarter. Two principal tables were compiled in the pre-registration period, those for 1821-1827 being prepared by James Duncan, manager of the West of Scotland Life Assurance Company, while those for 1832-1841 were prepared by Neilson and published in 1857, his calculations being based on the census of 1831 and that ten years later of 1841, together with the bills of mortality prepared by Cleland during the same period. Later tables were made up by officials of the Corporation of Glasgow.

The calculations show that expectation of life at ten years in 1821-1827 was 42.27 years for males and 45.24 for females; in 1832-1841 it was 37.40 years for males and 39.94 for females. By 1870 it had risen to 40.15 for males and 41.83 for females, which was still short of the 1821-1827 levels; and not until 1881-1890 had it achieved 44.32 for males and 45.44 for females, which was a greater expectation of life at ten years than at the beginning of the century.¹

Expectations of life were sometimes made to appear better by commentators through the simple expedient of

¹. William Jones, The Expectation of Life of the City of Glasgow, (Glasgow 1925).
deducting a particular disease, such as typhus, and re-calculating death rates per thousand of the population so that the resulting figures appeared more favourable. This was also true of infant mortality. A high infant mortality was largely responsible for pulling down the expectation of life to such low levels and this was quickly pointed out by observers who discussed mortality in the under-fives with a certain amount of complacency. In Strang's 1852 Report on the Vital Statistics of Glasgow he remarks '... that if infant mortality is excluded, Glasgow people have a chance of a long life ...'. As this was true of practically every district in the British Isles, both rural and urban, it was hardly a profound or reassuring statement, but it was in keeping with the attempts of the non-medical observers of the public health scene in Glasgow to explain away high child mortality rates in moral and social terms or generally pass over the subject as beyond remedy. Both Strang and his predecessor, Alexander Watt, in producing the mortality statistics, blamed many infant deaths on the need for mothers to go out to work and the subsequent handing over of young children to child minders who used opiates and other inappropriate mixtures to feed them and keep them quiet. Laziness, intemperance and poor housing conditions, with 'a strange infatuation for herding together' were also blamed. Watt used the

1. John Strang, Glasgow Bills of Mortality, 1848, p. 3. Cholera statistics were deducted on this occasion.
medical observations of his time to conclude that the whole business of birth and infant mortality were bound together in a circle of cause and effect. He pointed out that women rarely became pregnant while nursing their infants and breast-fed their children for more than twelve months expressly to avoid pregnancy. High mortality in infants under one year meant women conceived more frequently and pushed the birth rate artificially high, so increasing the infant mortality rates again.¹

These fatalistic attitudes towards what was to remain the most intractable problem in public health from the point of view of morbidity and mortality, inevitably coloured practical attempts to improve the situation. No hospital for sick children existed in Glasgow until 1889 and even then only the smallest dent could be made in the infant mortality statistics, since the largest number of deaths in the very young were from acute diseases, such as bronchitis, diarrhoea or infectious diseases, many of which ran their course before removal to hospital could be contemplated, whether the fever hospitals later established by the Police Board or to some other establishment. All the traditions of family life among the very poor were against seeing young children taken away to hospitals which, before the municipal hospitals turned to this problem, were not organized to receive them. The Royal Infirmary made some attempt to

¹ A. Watt, *Vital Statistics of Glasgow, 1843-1844*, p. 79. Watt was probably right in attributing long periods of breast-feeding to a desire to limit family size, but this is now known to be a very unreliable method of birth control.
fill the bill as an institution for treating general ailments in children from 1860 onwards, after a movement had been set in train to provide the city with a children's hospital which would have seriously threatened the hospital's subscriptions, but apart from stepping up their vaccination services to those willing to accept it, the directors could do little for those suffering from acute infectious diseases. Infection spread very quickly in the crowded areas of the city, particularly in schools from where whooping cough, measles and scarlet fever could be carried into homes where much younger children were then put at risk. Gairdner recognised the difficulties in combating these diseases, since the authorities had no powers to disperse a school in which infection had broken out or to prevent an infected family from settling in an over-crowded but disease-free district. Early on in his period of office as medical officer of health, Russell was to enlist the co-operation of school teachers in sending home children known or suspected to be suffering from infectious diseases or their contacts.

Among the well-to-do portion of the population, identification of infection was difficult as these people were visited by private practitioners and any attempt to get systematic knowledge of cases of contagious diseases would be regarded as an invasion of the privacy of the home and

2. Gairdner had initiated this during a scarlet fever epidemic in 1870. (CHM, 31 October 1870, 17^). Russell also was responsible for the hospitalisation of children suffering from lesser infectious diseases. (Barony PBM, 29 August 1874, 508-509).
of the 'strict confidence of professional responsibility!' If it was difficult to persuade the poor to move to hospital when infectious, it was almost impossible to persuade the rich. The Royal Infirmary had converted the medical superintendent's house at the hospital into a private block for paying patients with infectious diseases in 1845, but found it very little used. Infant mortality among the rich, though still high when compared with the mortality of other age-groups in this section of society, was considerably lower than that among the poor, as the table on page 352 shows.

The major causes of death in Glasgow for both adults and children were listed yearly by the Registrar General with details of the twenty-six most fatal diseases. The list included items such as drowning, not an ailment and usually twenty-sixth on the list, but also all the major infectious diseases of childhood, typhus and allied fevers, smallpox and the major bowel diseases. Bronchitis and tuberculosis, generally named phthisis, invariably headed the list. The overwhelming importance of these lung diseases to the mortality of Glasgow did not lead to any attempts to remedy the situation so long as the infectious diseases caused greater public concern, which was the case until the post-1872 period.

The first disease to have the full attention of Dr. Gairdner and his sanitary staff was in fact typhus.

Gairdner's determined and relentless attack on typhus as a first priority may have been coloured by the fact that he was appointed at the commencement of the last large-scale epidemic of true typhus, as opposed to typhoid or relapsing fever, but may also have been partly due to the position held by typhus in the popular imagination as the great killer disease of the city. By comparison, cholera was a rare migrant which could be put out of mind once it had disappeared from the urban area after one of its infrequent invasions. Typhus, a louse-borne disease, was apparently uncommon in Glasgow prior to the 1818 epidemic, but subsequently became so firmly entrenched in the poorer areas of the city that it became the principal cause of adult deaths apart from phthisis and later bronchitis.\(^1\)

The epidemics of 1818 and 1829 were not violent but that of 1837 caused 2,180 deaths and was followed by an epidemic of the much less fatal relapsing fever in 1843 which caused 1,398 deaths, and finally the great epidemic of 1847 when 4,346 people died.\(^2\) These deaths of course only represent a small proportion of the numbers attacked by typhus. The Royal Infirmary fever hospital recorded a total of 4,849 patients treated for typhus and 'epidemic' fever in 1847, of whom 702 or 14.4% died. Using this percentage as a rough guide, the 4,346 known deaths from typhus in the city as 14.4% of total cases, means that some thirty thousand people suffered from the disease in that

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1. Although this study deals with the development of epidemic disease between 1847 and 1870, the earlier period, from 1818 to 1843, is of equal importance in the context of epidemic disease in the century as a whole.
year. By comparison the final epidemic of typhus, that of 1864, was very much less severe, the total deaths from the disease being 1,502 representing about fifteen thousand cases, according to figures issued at the time by Gairdner.¹

In the years between epidemics, the disease remained endemic and deaths never fell below 381, the 1859 figure, in any year from 1855 onwards. The possibility of foci of endemic fever suddenly breaking out into epidemics was always present. Fever rose and fell haphazardly, so that small-scale localised epidemics might arise which had all the potential of the 1847 outbreak, and yet died away to normal limits for no obvious reason.² Cholera could be tracked over continents in its advance, so that even though the authorities might be helpless to do much when it did arrive, at least its advent was expected and some sort of preparations made, however ineffective in practice. Typhus, and the other fevers linked with it, did not behave so predictably, but its constant presence in the city robbed it to some extent of the melodramatic qualities that cholera possessed, so that remedial action was rarely taken before a localised outbreak had become an epidemic throughout the city.

To the dwellers in the wynds and back courts to whom typhus was a familiar, if singularly unpleasant, fact of life, fear of the disease overcame to some extent the natural distrust of hospitals that existed among the poor.

². An outbreak of typhus of 'a malignant or aggravated type' was closely watched by the City parochial officials in the Broomielaw area in May 1850. (City PB Sanitary Committee Minutes, 4 May 1850, p. 168).
In-patient treatment for typhus was not uncommon in the mid-century, although the number of beds available in the Royal Infirmary fever hospital, even in 'good' years when some were vacant, was never sufficient to give a comprehensive in-patient service for infectious diseases.¹

Once the municipal fever hospitals had opened their doors and the hospital treatment of infectious diseases had become more widely accepted, neighbours of a fever patient could be relied upon to inform the health authorities of an undetected case, so that the sufferer was removed from their midst even if he and his family were reluctant for him to leave home.²

The position of the Royal Infirmary was a crucial one in the treatment of typhus. Its fever hospital with around three hundred beds, had been opened between 1829 and 1833, when the second typhus epidemic had driven the Managers to

¹. Dr. Steele, writing in the Glasgow Medical Journal for 1854, considered rather optimistically that the habit of sending fever patients to hospital was so general that the mortality figures for fever in 1852 almost corresponded with those for the Royal Infirmary for the same year.

². The medical officer of the Central district of Glasgow, writing in the Poor Law Magazine and Journal of Public Health, 1868, relates how eight members of a family, all suffering from typhus, were detected through an observant neighbour noticing that chaff beds had been emptied into the ashpit and set on fire. Freeland Fergus, a Glasgow doctor writing in the 1920s, tells how his father, who practiced in Anderston during the period when Gairdner was medical officer of health, once had a fever patient whose single-roomed home could only be reached through the house of another family. The family who possessed the luxury of a door to the street, locked the unfortunate patient into his room, leaving Dr. Fergus to make his visits via the window. (Freeland Fergus, 'Early Reminiscences', Glasgow Medical Journal, July 1922).
the conclusion that some permanent accommodation for fever sufferers was essential in the city. As a charitable institution, the Royal Infirmary falls outside the scope of a study of local government medical aid, but its existence had a profound effect on the various municipal bodies within the city, who in consequence felt no responsibility to provide accommodation themselves. The frequent occurrence of empty beds in the fever wards only convinced the parochial and police authorities still more of the adequacy of the Royal Infirmary as a permanent infectious diseases hospital in all but exceptional years.

In fact, the complacency was totally misplaced and once a Sanitary Department had been set up, investigations showed up just how much undetected typhus there was in the city. The ticketing of houses gave the first clue, as inspectors and constables engaged in this occupation reported many small houses whose inmates were sick from both typhus and smallpox without any medical aid.1

Gairdner used typhus as a means of grading the city into good and bad districts in 1866, and in a published Report showed that, taking 10 cases per thousand of the population as the dividing line between a good or bad district, almost the entire urban area outside the west end was a fever 'black spot'. The worst district proved to be the Garngad, a small area to the north of the Royal

1. The 'Black Land', a notorious tenement in Garngad Road, had to be fully investigated in October 1864 after it was found to be so full of fever cases that often six or eight members of a household were discovered affected at the same time. (SCM, 25 October 1864, 72).
Infirmary, where out of a population of 4,649 there were 153 cases of fever, giving a ratio of 32.9 per thousand of the population. Several other areas, including all the old city and old Gorbals, had incidences of typhus exceeding 20 per thousand of the population. Detection of cases, therefore, became the vital factor in controlling this disease, and this was only possible with the establishment of a city-wide, co-ordinated sanitary and medical department. Even then detection was extremely difficult and relied heavily on information from sanitary officials and neighbours as already outlined. Nevertheless, although it was not obvious until several years after 1872, typhus as a major infectious disease in Glasgow was to show a marked and steady decline during the last quarter of the nineteenth century and was to occur only very occasionally in the first quarter of the twentieth.

Traditionally linked with typhus was smallpox, the great killer of the eighteenth century. Tables of mortality for 1774 show that smallpox was responsible for one death in 5.5 of total deaths for that year, while phthisis was responsible for about one in 9.0, whooping cough for one in 10.25 and measles one in 287.5. Typhus and the major diarrhoeal diseases were conspicuous by their absence in these tables, though probably the latter were concealed

1. W.T. Gairdner, Memorandum for Mr. Ure, with map of the sanitary districts of Glasgow, 1865.
2. A.K. Chalmers, The Health of Glasgow, pp. 297-300 (for typhus fever), and 300-310 (for typhoid fever).
under other names such as 'bowel hives', 'flux' and 'iliak passion'. Smallpox had been a fatal disease of the very young and of older age-groups for so long that the relatively low death rate by the mid-nineteenth century had not in any way impaired the authorities' dread of the disease. Smallpox was never epidemic in the sense that typhus and cholera were in the nineteenth century, with many thousands contracting the infection, and a large proportion of these subsequently dying, in a comparatively short space of a few months, but it maintained a level that ensured it a place in the lists of most fatal ailments, although Table II shows that of the twelve diseases listed, only cholera and diphtheria were invariably less fatal.¹ Measles, scarlet fever and whooping cough nearly always exceeded smallpox in their death rates.

Once again, the only hospital accommodation for the treatment of smallpox was the fever hospital in the Royal Infirmary. Most cases were looked after in their own homes and a high proportion probably never received proper medical care, particularly the very young who were the chief victims. Vaccination had been available free through various institutions, such as the Cowpock Institute opened in 1813 and the Royal Infirmary, since the early years of the century, but by the middle decades the number of people availing themselves of the opportunity to have themselves or their children protected was declining.² One of the chief drawbacks to vaccination was the need for re-vaccination a

1. See below, p. 378.
2. For a detailed examination of smallpox in the nineteenth century, see A.K. Chalmers, chapter 16.
few years later. It was only by a process of trial and error that medical men realised that vaccination only protected the individual for a certain period, after which the operation had to be repeated,¹ and cases of people who had been vaccinated subsequently catching the disease turned the working people against it, particularly for adults. It was not so difficult to persuade mothers to have their children vaccinated, provided there was little inconvenience to themselves, and the most successful vaccination programme during the period was the house-to-house visits operated during the smallpox epidemic in 1872.²

Smallpox was erratic in its occurrence, the number of deaths falling as low as 27 in 1862 which was prior to compulsory vaccination of infants, and rising to 228 in 1873, by which time the Act had been in force for several years. Between 1867 and 1870 the disease appeared to be almost stamped out, and its untimely reappearance in the autumn of 1870 was the cause of frantic efforts to vaccinate both adult and infant population. However, control of smallpox could be considered the one signal success in public health of the nineteenth century so far as infectious diseases were concerned. Unlike typhus and cholera which became epidemic whereas in the previous century they were uncommon or unknown, smallpox declined steadily in the course of the nineteenth century. If the ratio of smallpox deaths to population had been maintained from the


figures for 1784, when 425 deaths occurred, the fatalities for the mid-1860s should have been in the region of 4,000.\textsuperscript{1} In fact, the average number of deaths per year from smallpox for the period 1858 to 1867 was 163, with a decline to an average of 83 per annum for the next decennial period to 1877. For the five years following 1875 there were only 29 recorded deaths from smallpox in the city, or an average of just under five per year. Thereafter sporadic cases occurred to the end of the century, sufficient to maintain the smallpox wards of the municipal fever hospitals at Belvidere and Robroyston, with an average attack rate for the city by 1898-1900 of 2.3 per thousand of the population.\textsuperscript{2}

Cholera, of all the epidemic diseases of the nineteenth century, was the most dramatic in its slow progress towards the British Isles, its sudden leap over the North Sea and its virulence once established. It was the one disease which gave the various bodies within the city, both elected and voluntary, time to prepare for disaster if they should take advantage of it. Of the four epidemics experienced by Glasgow in the course of the century that of 1832 caused a mortality of 2,842 or 140 per ten thousand of the population; that of 1848-1849, 3,772 or 106 per ten thousand; that of 1853-1854, 3,386 or 119 per ten thousand; and that of 1866, 68 or 1.6 per ten thousand of the population.\textsuperscript{3}

\textsuperscript{2} A.K.Chalmers, \textit{The Health of Glasgow}, 1818-1925. (Glasgow 1930), p. 356. In many of the poorer districts the attack rate was higher, for example London Road, 9.9, Barrowfield, 6.4, Calton, 4.2 (Ibid).
\textsuperscript{3} J.B.Russell, \textit{Public Health Administration in Glasgow}, p. 357.
The decline in mortality during the last epidemic was considerable and was attributed by Russell almost entirely to an improved water supply and better cleansing. These certainly must have played a large part in the decline in the number of deaths, but the west coast towns as a whole suffered less severely from cholera in 1866 than those on the east coast, Glasgow's mortality being less favourable than Greenock with only fourteen deaths, or Paisley with a mere two, although considerably better than Dundee with one hundred and five deaths, or Edinburgh with one hundred and thirty-four. This suggests other factors may have operated to lower the number of cholera deaths.

Cholera never became endemic, although British cholera was always given a place in the mortality tables. The death rates from the other diarrhoeal diseases remained fairly constant throughout the period from 1855 to 1872, averaging three hundred and eighty-three per annum over this time, the lowest figure occurring in 1861, two hundred and twenty deaths, and the highest in 1857, seven hundred and eighty-eight deaths. The introduction of an improved water supply lowered the proportion of diarrhoeal deaths from twelve per cent of the total, which it had been in the years 1838-1844 when poorly filtered Clyde water had formed the main supply, to four per cent of the total deaths by 1868. However, the average number of deaths from the

bowel diseases was still as high as four hundred and fifty one for the period 1885-1899, a slight increase on the mid-century figure. Most of the sufferers were very young children, and so long as open middensteads, ashpits and manure heaps were still commonplace in the city, providing a breeding ground for flies which could then spread the disease, and until mothers could be educated in simple hygiene in the preparation and serving of food, a major impact could not be made on this group of diseases.¹

Two ailments which went unrecognised as diseases in their own right but were confused with others showing similar symptoms, were diphtheria and typhoid. Diphtheria was linked to scarlet fever statistically until 1857 and was frequently confused with croup clinically. Typhoid, or enteric fever, was not listed separately by the Registrar General until 1865, although the Royal Infirmary statistics had shown separate figures for typhus and typhoid since 1851. Typhoid was more common in country areas than typhus, 54.86% of fever cases in rural areas of Scotland being attributable to typhoid in 1869 against 25.42% in urban areas. The ratio was to change in the 1870s in towns in Scotland, by 1872 48.5% of fever deaths being attributable to enteric fever and only 37.3% to typhus.² Glasgow shares in this swing from typhus to typhoid in the final quarter of the nineteenth century, and minor epidemics of typhoid, usually traced to infected milk or other food

sources, were not uncommon.¹

Of the other infectious diseases, of which whooping cough, scarlet fever and measles were the most important, there was less public alarm, although put together they were responsible for killing more individuals than typhus, cholera and smallpox in any except epidemic years of these latter diseases. There was an ambivalence towards these diseases which prevented any concrete reforms being put through before the 1870s. Two important factors in the indifference with which they were regarded in general was the high recovery rate, nearly every child contracting measles, chicken pox and whooping cough but very few dying in comparison; and the fact that the adult population was not at risk to any appreciable extent. To take average figures for the period 1837-1841, 99.35% of all deaths from measles, 97.5% of deaths from scarlet fever and 99.7% from whooping cough had occurred in the under-twenty age group. The figures for the under-five age group for the same diseases were 88.08% for measles, 70.95% for scarlet fever and 91.52% for whooping cough.² These figures were not subject to much variation throughout the period.

Infantile diseases were not regarded in the same light as adult, for the economy was not disrupted by sudden epidemics, the poor rates were not affected by the deaths of fathers which might throw widows and orphans onto the parishes, and the constant excess of births over deaths

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² A. Watt, Glasgow Bills of Mortality, 1841-1842.
appeared to make good the deficiency in the raw material of the future labour force caused by a high child mortality. Some cases of scarlet fever and whooping cough were taken into the Royal Infirmary fever wards, but they were few and far between and until the opening of sufficient municipal fever accommodation, the children suffering from these diseases were cared for at home. By the time Dr. Russell took over from Gairdner as Glasgow's first full-time medical officer of health, typhus and smallpox were declining sufficiently for attention to be turned to the provision of hospital beds for the lesser infectious diseases. Russell began by circularising the various parochial boards in a letter which stated '...the Committee (on Health) are impressed with the fact that the actual loss of life from scarlet fever, measles and whooping cough exceeds that from fever and smallpox. They believe that the same measures of isolation and disinfection which prove so effectual in limiting epidemics of fever and smallpox would prove effectual against the infectious diseases of children if they could possible be applied to the same extent....No one who has seen how badly the sick children of the poorer classes in Glasgow are nursed at home, how seldom they get medical attendance, and how the miserable material conditions which surround them effectually nullify any medical treatment they may obtain, can fail to be convinced that the comforts of home and parental care in sickness are in reference to them more figures of speech than matters of fact....' 1

1. Barony PBM, 29 August 1874, 508-509.
Russell went on to request that cases of infectious diseases in children detected by the parochial surgeons should be reported to the Sanitary Department and the parish officials would do all they could to enforce hospital treatment of all cases, more particularly scarlet fever. The hospitalisation of cases of childhood infectious diseases, together with the attempt to isolate them from their schoolfellows through the good offices of schoolteachers, was an important beginning in the drive to cut the death rate in children under five years old.

Table III on page 379 gives the percentage of deaths in children under one year old and under five to the total deaths in the city for the period 1855 to 1872. The years of highest child mortality, between 1856 and 1861, correspond to a period when the principal adult diseases were at fairly low levels, particularly typhus and bronchitis, until 1860. 1863 shows the lowest percentage of infant deaths, although in the same year the percentage mortality of children between one and five rose to its fourth highest level. This was probably due to a serious epidemic of scarlet fever which would affect this age-group most severely.

Although the infectious diseases had greater public attention and were more carefully monitored by the officials of the Sanitary Department than any other fatal ailment, the major pulmonary diseases accounted for an increasingly large proportion of mortality every year. By 1872 this had risen to 34.5% of total deaths in the city, but long before that date phthisis and bronchitis had proved to be
the most frequent causes of adult deaths. In 1869 deaths from bronchitis alone rose to 2,532, which led to the detailed survey of the situation with regard to lung ailments already referred to. Until the precise causes and effective treatment of phthisis and bronchitis could be discovered, their control was out of the hands of the public health authorities, who did not recognise the infective nature of the former and confined their sphere of activities to those diseases which were communicable and in theory could be prevented. The fight against pulmonary diseases was to come later in the century, once the bacillus causing tuberculosis had been discovered and the effect of smoke and foggy atmospheres on the lungs of chronic bronchitics had made smoke control an issue in local politics.

Glasgow in the middle decades of the nineteenth century was therefore still a very unhealthy place in which to live. The chief infectious, pulmonary and diarrhoeal diseases contributed almost half the total number of deaths within the city with monotonous regularity throughout the period. Over much of the time, morbidity and mortality statistics relating to the city were compiled and interpreted by lay statisticians who put heavy emphasis on moral and social factors rather than medical and environmental as causes of disease. The collection of data was inaccurate even after the introduction of compulsory registration of births, marriages and deaths, and until the institution of a Sanitary Department little was done to investigate and track down cases of infectious disease. The Royal Infirmary, a charitable institution, was relied upon heavily to
accommodate fever and smallpox cases by municipal and parochial officials, with the result that most sufferers from these diseases remained undetected in their homes and ensured that infection remained endemic in the city. Nevertheless, under the surface considerable inroads into this morass of sickness and early death were being made which were to bear fruit in the last quarter of the century. The Sanitary Department of the Police Board was largely responsible for this improvement, and a large share of the responsibility for the initiation of a Sanitary Department at all can be laid at the door of the epidemics. The epidemics performed a first-rate service in moulding public opinion, particularly within the Police Office and City Chambers, even if to the individual patient and the community at large they were an unmitigated disaster at the time. The progress of the major epidemics from 1842 onwards and the way in which each was handled by the authorities marks the stages by which parochial and municipal officials groped their way towards an enlightened and rational public health policy. There can be no comparison between the badly co-ordinated chaos which passed for municipal co-operation during the 1847 typhus epidemic and the swift and competent response towards a much less formidable threat in 1870 when the final epidemic of relapsing fever took place. Only twenty-three years separated these two events and in that time the governors of Glasgow had learned what they had failed to learn in the previous thirty years, between 1818 and 1847, a period no less scarred by typhus, cholera and other epidemic diseases.
Obviously the lesson of the epidemics was not the only one to be learned or it would have been mastered much earlier, but as the city grew in numbers and in physical area, the impact of disease became more formidable and the conclusions to be drawn from disaster too obvious to be overlooked once the emergency was over. The crisis years lay between 1847 and 1854, during which short period the city experienced its worst typhus epidemic and two visitations of cholera. For a decade after 1854 no major disease appeared to disturb the calmer waters into which the city's health seemed to have drifted, except smallpox in 1858-1859, but between 1864 and 1871 typhus, cholera and relapsing fever appeared in epidemic proportions once again.

The following chapters investigate these two separate periods of epidemic disease and the years between them to discover what effect each had on the administrators of the city and to what extent the conclusions reached in theory were implemented in practice. Much of the earlier period is bound up with cleansing, for to the sanitary reformer of the period, with no precise medical and epidemiological knowledge to guide him, cleanliness was the only preventive medicine available. If through the judicious application of the hose and the whitewash brush the city was made both cleaner and healthier at the same time, then this was an admirable example of killing two birds with one stone. The equation between dirt and disease drawn by important sanitary and medical minds beyond the confines of Glasgow certainly boosted the drive to clean up the dirty corners of the city, but also kept the municipal authorities from...
involving themselves directly in disease prevention and the provision of hospital facilities for infectious diseases far longer than the situation demanded. However, as medical knowledge and the treatment of diseases advanced, the involvement of municipal government in epidemic control advanced with it. While progress depended so much on the attitudes of individuals engaged in local government it could only proceed slowly, but a growing public awareness of the penalties to be paid for ignoring public health matters, together with frequent sharp reminders of what these might be in the form of epidemics, quickened the pace of improvement and turned a municipal authority with little commitment to controlling epidemic disease into a major agency in effecting its containment.
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* Figures compiled from the Registrar General's Reports between 1855 and 1872. For a discussion of the Table, see paragraph two, page 373.
Chapter 16. The Years of Crisis, 1847 to 1854.

By the mid-nineteenth century, epidemics were nothing new to the citizens of Glasgow. The curtain had been rung up with the typhus epidemic of 1817-1818, a modest affair when compared with that of 1837 when 2,180 people had died of the disease, or 8.6 per thousand of the population, and with that of 1843, when 1,398 people had died.\textsuperscript{1} When dealing with 'fever', the local authorities trod a well-worn path, dramatically described by Russell '...the usual course of events was the rapid extension of the epidemic until the Infirmary Fever House was overflowing, then public excitement, public meetings, the appointment of a 'Fever Committee' or a 'Board of Health', as in 1832 and 1837, the collection of funds, a rushing about for sites for temporary hospitals, attendance at home, the organisation of a staff of fumigators, etc. Then the disease in due time began to decline; it shrank within the capacity of the Royal Infirmary; the hospitals were pulled down, the doctors, nurses and fumigators who had not been buried were paid off; a report of the receipts and disbursements was submitted and the Board or Committee ceased to be. The play was over; the old properties were not even stowed away, they were burned...\textsuperscript{2}

Although this unfavourable picture is basically true, there were difficulties in the way of better organisation,

\textsuperscript{1} This important early period of epidemic disease falls unfortunately outside the scope of this study.
\textsuperscript{2} J.B. Russell, \textit{Public Health Administration in Glasgow}, p. 16.
quite apart from the fact, as Russell remarks, in a continuation of the passage quoted, that 'this was the method of the period'. The Town Council of Glasgow under its Lord Provost usually put itself at the head of the emergency measures, but co-ordination prior to 1847 meant the welding together into one unit of such a variety of municipal bodies that co-operation was extremely difficult. Four separate town councils had different police authorities, while the laws relating to the removal of nuisances or any other public health matter might not coincide or even exist in some cases, and parochial boundaries cut across municipal boundaries to create even more confusion than already existed. Hence there were inevitable delays in setting up the apparatus for disease control once the decision to do so had been taken, a decision which itself was usually delayed until long past the point at which the epidemic had reached dangerous proportions, through the understandable if parsimonious desire of officials and citizens to wait and see if the Royal Infirmary could cope with the situation without other, and expensive, measures being adopted.

The 1847 typhus epidemic did not share all these inherent drawbacks, for the city was united under one local authority for municipal affairs and the 1845 Poor Law Amendment Act had at least laid some sort of statutory responsibility for public health measures on the parochial boards. Nevertheless it so closely follows Russell's pattern that he may have had it in mind when writing the passage. The epidemic was well under way before the
parishes and the Royal Infirmary began talks regarding fever accommodation, and the hospital was full to overflowing with hundreds of patients being tended in their own homes before, reluctantly, the City and Barony parishes agreed to provide accommodation of their own. The search for sites caused public protests on the part of neighbouring ratepayers. The Police Committee was not brought in to assist the common cause until the epidemic was well advanced and when finally the disease began to wane, there was an indecent haste to pull down temporary sheds or convert more permanent buildings from hospital accommodation to other uses or abandon them altogether.

Contemporaries laid the blame for the 1847 epidemic squarely, though not altogether fairly, at the door of the immigrant Irish who flooded into Glasgow and the Clyde ports throughout the year. A great increase in vagrancy, particularly of Irish beggars, began to trouble the citizens early in the year and by March the City Parochial Board was complaining that it had run out of funds and was seeking protection against the 'inroads of Irish poor'. In the same month 'the alarming state of disease in the city' prompted the Police Committee to appoint three additional lodging house inspectors, following complaints from private individuals and the parishes about conditions in the common lodging houses of the city, a perennial source for the dissemination of fever.

1. A return of destitute Irish made by the City parish in 1847 numbered them at 49,993 by November 1847.
2. City PBM, 5 March 1847, 55.
3. PCM, 29 March 1847, 147.
Meanwhile the Royal Infirmary was providing the only practical aid to the fever victims in the form of in-patient accommodation. By April this was exhausted, and efforts to build temporary accommodation on a site owned by the managers in St. Andrew's Square, in the heart of the fever district of Bridgegate, brought such a storm of protests from neighbouring ratepayers that, being a public charity dependent on subscriptions, the managers thought it prudent to bow out and try to set up a further hospital in a building they owned in Bridgeton. Even here a neighbouring proprietor tried to prevent the establishment of a hospital by seeking an Interdict against them from the sheriff of Lanarkshire, who refused to grant this but called upon the managers to prove the building would not constitute a nuisance. So important did the managers consider the issue of additional fever accommodation that they resolved to fight and not retire on this occasion, but meanwhile the epidemic was raging and the hospital accommodation overcrowded.

The parochial boards during this period had been doing very little in the form of epidemic control. Their ideas of preventive medicine centered around preventing the Irish from arriving on Glasgow's quays in the first place, and though they failed in this an observer was posted at the quayside to check on the numbers arriving and if possible hasten them on their way back to Ireland.

again through judicious application of the settlement laws.\(^1\) The two principal parishes, the City and Barony, had also begun joint but ineffectual attempts to rent back from the Caledonian Railway Company the old Town's Hospital, a building which the Town Council and City parish had sold to the company with considerable lack of foresight only in March 1847.\(^2\) As negotiations were nowhere near completion and the situation becoming desperate so far as fever accommodation was concerned, the two parishes agreed to give financial assistance to the Royal Infirmary for the erection of temporary sheds within the hospital grounds.

The meeting between the City parochial authorities and the representatives of the Infirmary at which this arrangement was made, which took place in mid-May 1847, was the first positive co-operation between two bodies concerned with controlling the epidemic, although it had been obvious one was raging in the city since March.\(^3\)

From this point onwards, the City parish made a concerted attempt to deal with the emergency as best it could. While the sheds in the Infirmary grounds were still under construction, the City authorities decided that they had

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1. City PBM, 4 June 1847, 114. In drawing up their balance sheet of the cost to the City parish of the Irish invasion in 1847, the authorities reckoned on a bill of £21,245 to include not only such admissible items as £6,000 on temporary relief, £500 on inspecting steamboats and £760 on the transmission of paupers back to Ireland, but also more dubious expenses such as £8,000 for the erection of a new fever hospital, an expense they would no doubt have borne in any case. (City PBM, 10 November 1847).


3. City PBM, 7 May 1847, 107.
'become satisfied of the necessity of an active interference on their part to provide accommodation for the daily increasing number of sufferers from Fever',¹ and hastily concluded its bargaining with the Caledonian Railway Company for the former Town's Hospital, announcing at the end of June its opening as a fever hospital.

The City Parochial Board had at least been in possession of a poorhouse, having acquired the former lunatic asylum in Parliamentary Road as a replacement for the Town's Hospital. The Barony Parochial Board was caught completely unprepared by the epidemic, without a poorhouse or even a positive decision to obtain one. In fact the resolution of the Board to build a poorhouse at Barnhill, a resolution without which the Board of Supervision would not even countenance the fitting up of a temporary building, was not passed until August 1847.² When the attempt to combine with the City in order to rent the Town's Hospital had fallen through, the parochial authorities made attempts to search for a site for temporary sheds, even sending a deputation to visit Belfast and Lurgan in order to inspect the use of military tents for fever cases,³ and was more fortunate than efficient in being eventually offered the use of a plot of ground in Anderston as a site for their temporary buildings by a prominent parishioner.⁴

2. Barony PBM, 3 August 1847.
3. The tents were pronounced suitable for convalescent patients but not acute cases of typhus.
4. Barony PBM, 3 August 1847.
By mid-summer of 1847, three months after the epidemic had begun causing serious concern, there was still no concerted action between the various local authorities but a series of independent expedients. Not until mid-July did the Police Committee meet to decide on a common course of action to be taken. Figures produced by the chairman showed that something in the region of one thousand, eight hundred cases of fever were being treated out of hospital at that time, probably an underestimate as detection of cases was hopelessly inadequate, and that the total bed complement for fever in the city was eight hundred and forty-nine. Of these the Royal Infirmary provided three hundred and sixty-eight, the Town's Hospital in Parliamentary Road three hundred and thirty-one with a further eighty beds in the offing, and the Clyde Street fever hospital, the old Town's Hospital, seventy beds with room for expansion. This particular meeting, purely a Police Committee affair, laid great emphasis on improved cleansing as the municipal authority's particular responsibility, but also arranged a meeting with the parochial boards to arrange further accommodation, even if this might have to be tents on Glasgow Green.

The meeting between municipal and parochial authorities, the first joint meeting of the emergency, took place at the end of July. Only the City parish could present

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1. PCM, 12 July 1847, 242-243.
2. Ibid, 243.
3. Ground was made available to accommodate tents if necessary, but in fact nothing came of the suggestion. (Ibid, 244).
much evidence of effective action. Barony parish could only promise one hundred beds once the sheds at Anderston had been completed, but up to the date of the meeting, 26 July 1847, not a single bed for a fever victim had been provided by the parish, apart from a contribution towards the sheds in the Royal Infirmary grounds. Gorbals parish frankly admitted to having neither funds nor land for a hospital, but was willing to pay for accommodation for their fever-stricken paupers. Govan was not represented at all. The meeting resolved to increase efforts to cleanse the city and fumigate dwellings of fever victims, the parishes undertaking to pay for clothing and bedding which the cleansing authorities thought necessary to burn, and the 'respectable inhabitants' at large were to be invited to give contributions of cast-off clothing, bedding and other assistance for the relief of the necessitous poor. Steamboat proprietors and companies were again to be exhorted not to bring boatloads of Irish immigrants to swell the ranks of the sick and destitute. No special co-ordinating committee was set up to control these various activities, although the convenor of the Cleansing Committee of the Police Committee and one magistrate was to attend the weekly meetings of the City Parochial Board. With these totally inadequate measures, the governors of Glasgow prepared to do battle with the epidemic.¹

While the generals in the Committee Rooms were formulating the policies to be pursued their legionaries, the

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¹ PCM, 26 July 1847, 251-252.
parochial and police district surgeons, the hospital physicians, nurses and orderlies and the overworked inspectors of the poor, were conducting the fight in practical terms in the back streets and courts of the city. This particular epidemic stands out for the high mortality among the medical and other staff. The City parish alone lost twelve employees - three doctors, one of them the surgeon at the Clyde Street fever hospital, the inspector of the poor and two of his assistants, three nurses, two clerks and a driver of the fever van. There were similar numbers of fatalities among the staff of the Royal Infirmary and the police and fumigating staff of the Police Committee.¹

The strain of coping with such numbers of fever cases erupted in a serious quarrel between the City parish and the parochial surgeons in the districts, particularly over payment for extra duties and over the way a lay administration was running the Clyde Street hospital. This quarrel resulted in the dismissal of four doctors in August 1847 when they could least be spared.² Nevertheless, in spite of mismanagements and the gross overworking of the staff, this parish came through the epidemic crisis with the most creditable record of any in the city. Its two hospitals had been responsible for treating a total of five thousand, seven hundred and twenty-four patients, which just exceeded the Royal Infirmary's total of five

1. City PBM,
2. City PBM, 24 August 1847, 166; 3 November 1847, 189, 196-197.
thousand, four hundred and eighteen. From the time that the former Town's Hospital had been rented back from its new owners only six weeks had been needed to fit up the delapidated and rather unsuitable building into a fever hospital of four hundred and fifty beds, with a convalescent section of two hundred and fifty beds, all at a cost of £3,300 which compared favourably with the £6,000 spent by the Barony parish on the erection of its hospital buildings alone.¹ The staff employed at Clyde Street included seven doctors, two matrons, thirty-three nurses and an apothecary on the medical side and a further sixteen ancillary staff. The cost of management and treatment during the epidemic amounted to £4,873 or around 17s. per patient (85p.), this sum including the cost of cleansing and fumigating which was undertaken in conjunction with the Police Committee. Of the patients treated, seven hundred and seventy-five, or 1 in 6.7, died.

By the beginning of 1848 the epidemic had passed its peak and the task of dismantling the apparatus for disease control began almost at once. At the beginning of February the Police Committee considered the cessation of fumigating operations and by the end of the month these had been discontinued, only to be started up again in April when the City parish undertook to bear the cost.² By early July

¹. City PBM, 23 May 1848, 278-285. The information in this paragraph comes from a long and interesting Report of a sub-committee on the Fever Hospital. It contains data on numbers of patients treated, wages of staff, cost of equipment, etc.

². PCM, 3 April 1848.
the Barony parish had ceased to use its Anderston fever sheds for hospital cases and had opened them as a test house.¹ The City parish kept up its fight against typhus until September. A motion to close the Clyde Street fever hospital was fortunately rejected in that month, for within a fortnight cholera had broken out in Edinburgh and the city as a whole prepared to meet the new emergency.²

At first sight the handling by the authorities of the 1847 typhus epidemic seems inept and badly co-ordinated. However, there were some redeeming features to be set against the tale of mismanagement. The cleansing of the city had been pursued by the police authorities with more vigour than usual and although they took no part in the medical aspect of epidemic control, they had co-operated closely with the parishes in the fumigation of houses. The police surgeons and other officials had also played an important part in the detection of cases of typhus. The link between cleansing and epidemic control had thus been more closely forged. Most important of all, the parochial boards had been forced by circumstances to throw themselves in at the deep end of hospital management. Having only been instituted in late 1845 or, in the case of Barony, 1846, they had at the outset to become involved in a field which was on the fringe of poor relief in general and might not have been tackled with such promptness otherwise. The parochial boards, always with one eye on the ratepayers and their finances, were quick to learn that it

1. Barony PBM, 12 September 1848.
2. City PBM, 22 September 1848, 336.
might prove cheaper to maintain a hospital than pay for in-patient treatment in a charity institution. In their final report on the fever hospital at Clyde Street, the City parish Fever Committee had pointed out that the cost per patient at the Royal Infirmary was £1 per patient to the Parochial Board, whereas treatment in their own hospital had amounted to 17/-, or a saving of 3/- per patient, which mounted up to a sum of £858.12s. on the 5,724 patients treated in the hospital during the epidemic. Nor was this the only benefit to be reaped. As the hospital was emptied of its fever cases, the Committee 'took advantage of the room thus afforded to treat a certain number of medical and surgical patients, who could better and more economically be attended to in an hospital than in their own homes...The emergency which compelled the Board to take the step of establishing a fever hospital has furnished the experience which will enable the Board to erect with great advantage the permanent Hospital enjoined by the Board of Supervision...and they have here the furniture for seven hundred patients provided...'.

The establishment of provision first for fever cases and subsequently for medical and surgical cases as a direct result of the fever epidemic was an important step for the future development of individual patient care in Glasgow. Limited at first entirely to pauper patients, the parochial hospitals lacked something of the humanity of the Royal Infirmary and other charitable establishments and complaints

over the attitude of staff and treatment and food were not uncommon. They did, however, form the foundation for the fine parochial hospitals of the end of the century.

If the various authorities in Glasgow were left very much to themselves in their procedures for dealing with typhus and other fevers in Glasgow, this was not the case when it came to epidemics of cholera. The advent of the disease was usually anticipated for several months before its arrival, giving central government time to pass some sort of panic measure through Parliament in an attempt to prevent or at least diminish the effects of the disease. As a result, whenever cholera arrived on its doorstep, the city of Glasgow usually found some government interference had arrived along with it. Although Scotland was not subject to the 1848 Public Health Act, the country fell within the Order in Council of 28 September 1848, bringing into effect the Nuisances Removal and Diseases Prevention Act of 1848. The long arm of Edwin Chadwick and his fellows at the central Board of Health in London thus reached out as far as Glasgow.

The system instituted within the city to combat cholera was later to be the subject of a special Report of the Board of Health written by Dr. Sutherland, the man appointed from London to be in overall charge of operations in Glasgow.

3. Dr. Sutherland, Report on Cholera in Glasgow, 1848-1849.
The Board of Health had arranged the appointment of general superintendents for the two parishes of City and Barony to serve under Dr. Sutherland by the beginning of October, before cholera had appeared in Glasgow. Dr. Lawrie, appointed to the City parish, began attending meetings of the Parochial Board discussing the coming emergency by 9 October 1848. He was formally given charge of the fever hospital, was recognised by the Board as having overall control of the management of cholera throughout the parish, and a Committee was formed to assist him. Good relations were established at the outset by the congratulations bestowed upon the parish by Dr. Lawrie on their possession of such a fine fever hospital.\(^1\)

The various municipal authorities had improved upon their performance of the previous year by co-operating with each other long before the first confirmed case of cholera. Magistrates and parochial officials had got together to discuss special cleansing methods that might prove necessary and formal request was made to the two water companies in mid-October to provide a gratuitous supply to those closes totally without water. In 1847 the typhus epidemic had raged for a full seven months before the police officials had made a similar request.\(^2\)

The system set up by Dr. Lawrie and his colleague in the Barony parish, Dr. Dempster, was more thorough than anything Glasgow had experienced under the former ad hoc fever committees or boards of health. It was also

\(^1\) City PBM, 9 October 1848, 341.
\(^2\) PCM, 9 October 1848, 166; 16 October 1848, 173.
considerably more expensive, which was to cause grumbles and a certain lack of co-operation as the epidemic wore on. Once again, the police authorities confined themselves entirely to the cleansing aspect of public health, leaving the parishes the task of fighting the cholera with the assistance of the Board of Supervision's directives from Edinburgh and their new and formidable allies in London. The system pivoted on thorough house-to-house visitation to detect as many cases as possible, a system extended to all large factories within the parishes, and then prompt removal to hospital. This called for large numbers of medical visitors to carry out the systematic visits to as many houses as possible in a neighbourhood. Medical students were used for this purpose, the City employing forty and the Barony twenty-eight. Their task was not enviable, for the houses they had to visit were not to be found in neat rows but heaped one above the other in the crazy tenements of the old town, reached only through narrow and filthy courts and up rickety and often dangerous stairways.

Just how necessary some sort of complete house-to-house investigation proved to be is shown by the numbers of corpses discovered by these students, fifty-one in the City parish alone, all of victims who had died without aid even from the parochial doctors. Many more sufferers were discovered still alive and removed to hospital, a process in the event more fatal than leaving them where

1. This account of the cholera epidemic and the measures adopted to control it is based on Dr. Sutherland's Report on Cholera in Glasgow, 1848-1849, presented to the Board of Health in 1850.
they were to die or recover in their own homes.  

Besides the medical visitors, the two parishes found themselves employing their limited resources in other expensive ways, although the accounts for the cholera epidemic were kept separate as means other than the rates were to be found for payment. Apart from the two general superintendents, one for each parish, the parishes employed between them twenty-three district medical superintendents with assistants to help in the emergency; provided a House of Refuge each for families of patients; together with a total of four cholera hospitals, twenty-six day dispensaries and thirteen night dispensaries.  

The Clyde Street hospital served the City parish as both hospital and house of refuge, providing two hundred beds in its wards. Barony does not seem to have revived its Anderston buildings as a hospital on this occasion, but used the Royal Infirmary's two hundred and fifty cholera beds, joining with the City to provide a small, twelve-bedded hospital at Woodside in the north-west of the city, which can have been of very little practical use. The Royal Infirmary's establishment at Bridgeton, which had been the subject of the interdict during the typhus epidemic, seems to have been handed over to the Barony parish and used as a house of refuge during the cholera, providing an additional twelve beds for patients as well.

1. In the 1853-54 cholera epidemic, home rather than hospital treatment was favoured. See below, p. 408.

2. Dr. Sutherland, Report on Cholera in Glasgow, 1848-1849, p. 75.

The impact of the hospitals on the epidemic, however, was minimal. The over-worked doctors going round their districts, their assistants at the dispensaries dealing with a constant stream of requests for ineffective remedies and the medical visitors seeking out victims and closely pursued into the dirtiest parts of the city by the staff of cleaners and fumigators, had the greatest moral and social effect, even if their efforts did nothing to abate infection. Between the end of December 1848 and late February 1849, the worst period of the epidemic, the visitors reported over thirteen thousand cases of cholera, many of them being treated by private doctors. The infected houses were systematically cleansed and whitewashed, with what thoroughness it cannot be ascertained, and their occupants if possible removed to a house of refuge.¹

Dr. Sutherland later described the aim of the house-to-house visitations as being to prevent persons who might not apply for medical aid, even when attacked by cholera, from dying without such aid; to seek out neglected cases of cholera, bring them treatment and diminish mortality; to discover every case of diarrhoea and prevent it from developing into cholera; to keep a constant medical inspection over affected districts and ensure they remained in a sanitary condition; and finally to exercise a moral influence over people by giving them instructions with regard to cleanliness, ventilation and personal habits.

¹ Dr. Sutherland. Report on Cholera in Glasgow, 1848-1849, p. 81-82.
and by explaining the need for application to dispensaries or doctors when taken ill. Not all the parochial doctors agreed with Dr. Sutherland's method for diminishing the epidemic, and many of the visitors may have delivered their advice to the poor in an overbearing manner, but the sheer volume of visits and the fact that help was offered even at the risk to the visitor of himself becoming a prey to the disease must have had an effect on the mass of population most in danger from epidemics, who otherwise might have felt abandoned by the authorities and unable to seek help for themselves. Some idea of the extent of the work can be gauged by the figures for Bridgeton. In this district with a population of around seventeen thousand, there were fourteen visitors operating at a daily payment of 2/6d. Between them they inspected a daily average of two thousand, five hundred houses, reporting cases and suspected cases of cholera and any houses needing to be cleaned. As a result, Bridgeton by the end of 1849 was reported as being 'exceptionally clean'.

Early in the new year of 1849 the expense of the epidemic measures was beginning to hurt the usually parsimonious parochial boards. Under the watchful eye of Dr. Sutherland they were unable to make many savings on the medical side, and the City parish made the necessary cuts in expenditure in the one area where it was still relatively unhampered by official controls, cleansing.

1. Dr. Sutherland, Report on Cholera in Glasgow, 1848-1849, p. 78.
2. Ibid, p. 77.
As a result, the inspector in charge of cleansing the interior of cholera houses was ordered to cleanse only those houses from which cholera victims had been removed.\(^1\)

As the cholera passed its peak, an attempt was made to cut down the number of medical visitors before the doctors felt that they could reasonably do without them. They appear to have agreed on payment of a gratuity of £40 for extra services, as a quid pro quo to the loss of some of the medical visitors, for a request to dismiss some assistants was forwarded to London at the same time. The request was authorised by Chadwick on the condition that they should be re-engaged if cholera once more returned in full force.\(^2\) By mid-March the epidemic was pronounced almost over, the Royal Infirmary undertook to provide accommodation for the remaining cases, and the whole operation was quietly run down to vanishing point.\(^3\)

The outside agency operating in Glasgow during this epidemic seems to have had the effect of compelling at least the parishes to taking early action and of maintaining preventive measures throughout the duration of the crisis. Where the system failed was in not extending assistance to Glasgow south of the river Clyde. The day and night dispensary service was established to some extent in Gorbals, but no other help was given so far as can be discovered, and what happened to the two southern

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1. City PB Sanitary Committee Minutes, 12 February 1849, 20; 28 February 1849, 41. See also pp. 206-207 above.
2. City PB Sanitary Committee Minutes, 7 February 1849, 19; 15 February 1849, 22; 19 February 1849, 26.
3. The total number of cholera cases treated by the City parish was 1,035 of which 528 died. (Ibid, 26 March 1849, 50).
parishes during the epidemic remains a mystery, chiefly through lack of surviving records. Govan found it necessary to pay extra money to the inspector and his two sub-inspectors for cholera work and presumably in both parishes the cleansing authorities, being a department of the Corporation rather than parochial, offered assistance.1 Obviously Sutherland, and Chadwick along with him, regarded Glasgow in the light of its two major parishes only, and as the Police Committee had no medical role to play, the two remaining parishes with responsibility within the city boundary had to get on with the job of coping with the epidemic with only the Board of Supervision to assist them.

The management of the 1854 epidemic followed similar lines to that of 1849, but with important additions to the procedures. Chief among these was the appointment of a medical inspector for the two south-side parishes to ensure the carrying out of directives from Edinburgh and Whitehall and to see that medical arrangements were not allowed to lapse quietly, as they otherwise certainly would have done in Gorbals parish at least. The official appointed by the Board of Health this time was Dr. Gavin, who was given the title of Superintending and Medical Inspector.2 Procedures for epidemic control were started well in advance of the expected arrival of the disease. By late September a deluge of directives and circulars from the Boards of Health in London and Supervision in Edinburgh were arriving at the parochial offices, and the parochial boards had delegated

2. City PB Sanitary Committee Minutes, 5 January 1854, 88.
the work of carrying out these directions and regulations to appropriate sub-committees. In the case of the City parish, the Medical and Sanitary Committee created in 1849 in response to the last cholera epidemic was still in existence to deal with medical matters, while Barony had established a Medical Relief and Sanitary Committee for dealing with nuisances and medical matters. As a large parish with a rural hinterland, the Barony had health duties to perform in these areas and this committee was a convenient vehicle for such responsibilities. Gorbals and Govan found it necessary to appoint sub-committees for cholera measures, though neither parish seemed to take advantage of the experience gained to make permanent administrative procedures for medical relief once the emergency had passed.

The first confirmed case of cholera occurred on 22 December 1853 in Bishop Street, Anderston, where a thirteen year-old girl, Martha Casey, had sought refuge after having been taken ill and turned away from her lodgings at Cheapside a short distance away.1 The unfortunate girl was removed to Barnhill poorhouse where she soon died. Bearing in mind the date of this first confirmed case, the flurry of activity between the beginning of October and the end of December to prepare the city for its expected and unwelcome visitor was a considerable improvement on the former practice of waiting almost until the last moment before looking for hospital accommodation, laying on additional

1. Unconfirmed cases were reported sporadically from September 1853.
water and medical supplies or engaging extra staff. The north-side parishes were in any event far better prepared for an epidemic. Although Clyde Street hospital had now been finally abandoned and the buildings given back to the railway company, the City's poorhouse accommodation in Parliamentary Road allowed for fever wards within its provision for the sick and there was room in the grounds for expansion if necessary. As early as 6 October 1853, the part of the poorhouse set aside for cholera patients was open to an inspection by the Lord Provost, the magistrates and sheriffs of the county, accompanied by members of the Parochial Board, on which occasion the wards were reported 'well ventilated and fitted'.¹ A building nearby was set aside as a house of refuge for infected families. Barony had at last opened a suitable poorhouse at Barnhill with some accommodation for infectious diseases in the hospital section, but recognising that the accommodation there was not adequate for a major epidemic, the Board officials started the search for a suitable site in mid-October.³

As usual, nobody wanted a cholera establishment as a near neighbour, and the unhurried efforts of the parish had met with no success by the end of December when the first confirmed case occurred in Barony parish itself. Poor Martha Casey was taken ill in Anderston and removed to the opposite end of the city where Barnhill was situated, a journey from the extreme west end to the extreme northern fringe of Glasgow. This highlighted the need for several

¹ City PBM, 6 October 1853, 74.
² Barony PB Medical Committee, 11 October 1853.
cholera hospitals to be established in the parish, owing to the lack of geographic contiguity between the various districts. As a result, the parish attempted to get land at Stobcross to serve the west end of the city and applied for a portion of Glasgow Green to be allotted to the Parochial Board for the erection of a temporary hospital to serve the Calton area in the east.¹

Although Barony still failed in the attempt to provide adequate accommodation for this epidemic, the city as a whole possessed three establishments ready to take in cases of cholera at a moment's notice, these being the fever wards of the two parochial poorhouses and the Royal Infirmary fever hospital, although the total number of beds was still not sufficient. The whole business of dealing with this epidemic was better handled than had been the case previously, chiefly owing to an overhaul of the treatment of pauper sick which had taken place in the four years between emergencies, some of which were the result of the parishes' experiences during the 1847 and 1848-1849 epidemics but many of which were due to the promptings of the Board of Supervision in Edinburgh.² The administration of medical aid to sick paupers had been reorganised with a rationalisation of medical districts, reformulating of regulations to guide district medical officers,³ and the establishment of sub-committees to deal specifically with

1. Barony PB Medical Committee, 30 December 1853.
2. City PB Sanitary Committee Minutes, 17 October 1853, 314.
3. For the regulations of the City parochial authorities, issued to all newly appointed doctors, see Appendix C.
medical and sanitary matters connected with the parish. Nor had the machinery for dealing with cholera been forgotten in the few short years between epidemics. Medical visitors, additional medical inspectors and the paraphernalia for fumigation, white-washing and cleansing were all engaged or arranged well in advance. Assistance was sought or offered from unusual quarters. The Police Committee and parishes brought the Medico-Chirurgical Society of Glasgow to join with them in discussions on cholera arrangements to get the most modern medical opinion on the subject. Barony parish was offered the assistance and premises of the Western Public Dispensary, a charity established to give medical aid to the very poor who were not paupers and therefore not entitled to parochial medical relief. This dispensary offered to make part of the dispensary rooms available free of charge for the prompt treatment of those suffering from diarrhoea or other possible symptoms of cholera, if in return the parish would give the services of a qualified doctor who should attend night and day. Posters were printed and distributed throughout the city giving advice on how to avoid the cholera and what action to take on the first appearance of diarrhoea, with lists of dispensaries to which the sufferer might apply for free medicines; and

1. PCM, 3 October 1853, 290.
2. Barony PBM, 7 October 1853.
3. These were a shortened version of a set of rules for precautions against cholera issued by the Board of Health in London. Employers would obtain a supply for distribution among employees. (Barony PBM, 7 October 1853).
thus cleansed, exhorted and hopefully well-supplied with hospital accommodation, the city awaited the arrival of the disease.

The distinguishing feature of this epidemic was its spasmodic nature, the disease reaching a peak in January 1854, dying away again in mid-February, breaking out again in early March until mid-May, diminishing rapidly until July and then recurring once again, only to finally die out in September. On each diminution of the disease there was an over-hasty attempt to dismantle the control machinery, dispensary assistants and house-to-house visitors being dismissed and final accounts made up before cholera had really taken its departure. Dr. Lyon, the Barony's medical superintendent for the duration of the epidemic, was dismissed from this position in late February 1854 in spite of Gavin's request that he should be kept on at least until Gavin's next visit to Glasgow to assess the situation. The Barony was so determined to run down its cholera services that in addition to dispensing with Dr. Lyon, in early March the decision was made to close the cholera depot at Parkhead in the extreme east end, to dismiss all medical assistants and reduce the staff of sanitary inspectors. This action was to prove precipitate, for a fortnight later the assistants had to be re-employed.

The effort put into actual cholera control seems in this

1. City PB Sanitary Committee Minutes, 16 February 1854, 333.
2. Barony PB Medical Committee, 17 and 18 February 1854.
3. Barony PB Medical Committee, 3 March 1854; 13 March, 1854.
parish to have fallen short of that put into preparation for the epidemic. One of the Board members, himself a doctor, visited several districts with the inspector of the poor and found cases of cholera in wretched conditions with complaints that neither doctor nor visitor had ever been near them. The parish does not appear to have sorted out its hospital accommodation problems before the epidemic had passed into history.

Dr. Gavin had even greater problems with the Gorbals Parochial Board. Their tactics in all epidemics, whether of typhus or cholera, seemed to be to ignore official instructions of any sort, their record in 1864 bearing out that of 1854. Dr. Stewart of Govan Parochial Board was appointed by Dr. Gavin as superintendent medical officer for both parishes, and in this capacity appointed medical visitors to Gorbals for the carrying out of house-to-house visits. The Gorbals board refused to confirm the appointment either of Dr. Stewart or the visitors, or to accept liability for their payment, withdrawing the power granted to Dr. Gavin by the parish as superintending inspector and medical inspector to which they had agreed in January 1854. This sort of non-co-operation was difficult to counter by an official based in London, and although Dr. Stewart insisted on continuing the house-to-house visits until he should be instructed otherwise by Gavin, the Gorbals board appears to have done as little as possible

1. Barony PB Medical Committee, 17 March 1854.
2. Gorbals PBM, 16 February, 1854.
to obey the cholera directives it received. When the financial report from the parish was presented in May 1854 the total expenditure for a year on medical relief was £112.2s.4d., with an extra £22.8s.6d. for cholera patients.1

Apart from these and a few similar instances of non-co-operation, the existence of a supervising officer from the Board of Health appears to have provided a focal point for epidemic management, given on other occasions by the Lord Provost less effectively. Gavin was sometimes accompanied by an engineer from headquarters in London, who gave more practical, non-medical advice where needed for the Board was just as concerned with the sanitary and cleansing side of epidemic control.2 Gavin's attitude was generally conciliatory when dealing with touchy and sometimes hostile representatives of local self-government. He stressed to the boards that he was there not to control but to assist them, because of the wide experience gained by Board of Health officers throughout the United Kingdom.3 He made himself responsible for drawing together parishes and Police Committee in a common committee where both the medical and sanitary aspects of the cholera battle could be discussed. For the most part co-operation was a lesson well learned and maintained from previous years and expense was the chief stumbling block to a more enthusiastic effort.

Another drawback to the efficiency of the programme

2. City PB Sanitary Committee Minutes, 27 March 1854, 345.
3. City PB Sanitary Committee Minutes, 5 January 1854, 88.
for cholera control was the inevitable overworking of the parochial staff. There was a considerable amount of paper-work for the hard-pressed parochial doctors to get through, which was probably something to which they were not accustomed. Each case of cholera had to be reported in detail, the returns being collected by the inspector and forwarded to Edinburgh. The treatment of the disease was altered in 1854 from 1849, bitter experience of the high death rate in hospital having decided the medical men to treat more cases at home. The remoteness of all three hospitals—Barnhill on the northern edge of Glasgow, the City poorhouse and the Royal Infirmary, both within a stone's throw of each other and all three situated on the northern perimeter of the city and far from the crowded streets of the centre and the east and west ends—meant many cases transported to the wards arrived dying or dead, and for those who arrived with some chance of recovery the journey had done them little good. As a result, a greater burden was put on the doctors maintaining domiciliary visits, and on the other outdoor staff performing a back-up service such as apothecaries, dispensary assistants and medical visitors. It also meant a greater expense for the parishes in paying wages to the outdoor staff, hence the scramble to run down this side of the service on the least sign of diminishing disease.

The energies expended by the local authorities in coping with these three major epidemics probably had little practical effect in lowering mortality or preventing the
spread of infection. For the most part, the authorities were groping in the dark in dealing with epidemics since lack of medical knowledge reduced doctors and administrators alike to speculation as to the causes and spread of disease. Had not the correlation between poverty and dirt on the one hand and disease on the other been so high, they might not have done so much as they did to clean up the city, and even then most of the effort was performed out of deference to the false theory of 'miasmata', a good example of doing the right thing for the wrong reason. To a certain extent the parochial effort was diminished by the need to keep one eye on the accounts and some of the most necessary innovations were initiated and kept in being by pressure from an outside agency, either the Board of Supervision or the Board of Health in London.

However, no municipal or parochial administration could experience such a prolonged public health crisis without undergoing some change in procedures for the better. Sub-committees were convened with the express function of handling medical and sanitary matters, which in the case of the northern parishes remained in being after the immediate cause for their convening had passed, so keeping together a core of expert and first hand experience which could accumulate over years and be called upon whenever the need arose. Wards for sick paupers, and dispensaries with their staff of qualified personnel had been established where none had previously existed. Put together, although rudimentary as a health service serving a community of three hundred and fifty thousand souls, these
efforts make a considerable advance on what had existed prior to 1847, when a handful of parochial doctors was all that the parishes could muster between them by way of medical aid to the sick poor. However, it could be regarded as no more than a base upon which something larger might be built, for it fell very far short of what was needed before any impact could be made on the high mortality from infectious diseases.

There was also some small gains made on the medical side. The facts and figures issued after the cholera episodes show that in neither epidemic had the death rate of 14 per thousand from cholera experienced in 1832 been reached. The figures were 11 per thousand in 1848-1849 and 12 per thousand in 1854.¹ In 1854, the relative fatality of hospitalised cases was reduced, though this was partly accounted for by the fact that in 1832 and 1849 only the final stages of cholera, known as 'collapse', was recognised as cholera and as this was the most fatal stage of the disease it naturally pushed the death rate artificially high on these two occasions.² No such small crumbs of comfort could be gleaned with regard to the 1847 typhus epidemic which was handled by the local authorities entirely unaided, but in the event it was to prove the high water mark of typhus in Glasgow. The next epidemic, sixteen years later, was to be handled with much greater

1. J.B. Russell, Public Health Administration in Glasgow, p.3.
2. See the series of articles by Dr. John Crawford, physician of the Glasgow City Parish cholera hospital, in the Glasgow Medical Journal 1854, Vols. 1, 2 and 3.
efficiency, partly owing to the experience gained in the dark year of 1847.

The administrative changes begun during the crisis period were to be continued in the following years in a way which was to change the whole pattern of epidemic control in Glasgow. Up to 1854 the responsibility of the parishes to maintain a medical service, to the pauper sick in normal years and to fever sufferers during epidemics, had never been questioned. Even at the height of the typhus and cholera epidemics when thousands of Glaswegians were affected in all parts of the city, the Town Council and Police Committee were never involved in the treatment of patients or the management of the hospitals, which was the province of the parishes or of the charity establishments. However, events were to prove by the time the next epidemic period broke upon the city that the parishes had played their final hand so far as epidemic control was concerned. New forces were at work and new administrative methods developing which had roots in the period 1847 to 1854 but needed less hectic times to come to fruition. Fortunately for the city, this was granted in the decade following the 1854 cholera epidemic. During this quieter period the administrative revolution, which had begun with the creation of the parochial boards as organs of local government in 1845 and the enlarging of the municipal area in 1846, was to be extended to the medical field of public health. As a result of the experiences gained in attempting to finance hospitals and domiciliary visits to sufferers from epidemic disease,
in organising cleansing and fumigating of houses, in reconciling the conflicting demands for assistance and money in a variety of ways during day-to-day operations of both Police Committee and parochial boards, administrative changes were to be introduced by both central and local government which, though often opposed or on occasions hardly noticed at the time, were to lead both parishes and Police Committee along very different paths from those they had trodden previously. By the time the next epidemic period occurred, their roles had reversed so that the Police Committee was to become solely responsible for the care and control of epidemic disease and the parishes came to confine their medical activities more and more to the treatment of individual medical and surgical cases to the eventual exclusion of cases of infectious diseases. How this reversal of roles took place, and its importance to the history of public health administration in Glasgow, has now to be explored.
of medical relief, the majority of the population fell into the category of those who were neither well enough off to afford the services of a doctor or to pay a subscription entitling them to regular medical aid, nor poor enough to qualify for treatment through the parish. When epidemic diseases hit the city, this class was usually the first to become seriously affected. Any urban medical service would need to incorporate provision for this vast section of the public within its framework if it was to have any appreciable effect on the alarming morbidity and mortality statistics of the city.

Apart from private medicine and charity, there were only two possible authorities in Glasgow in a position to fulfil the overwhelming need for a medical service to the poor - the parishes and the Town Council. Both inherited from the past a rudimentary responsibility towards the sick, the parishes traditionally providing relief through alms donated by the congregation and the Town Council supporting through donations the charitable institutions within Glasgow, such as the Glasgow Eye Infirmary, the Lock Hospital for venereal diseases and the Royal Infirmary. It also was ultimately responsible for the Town's Hospital which treated pauper lunatics and chronic sick.

By the early 1840s the situation so far as medical aid in the city was concerned was ripe for change. The typhus epidemic of 1818 and again of 1837 and the cholera epidemic of 1832 might be regarded in the light of unusual events unlikely to be repeated again, but the recurrence of 'fever' in the form of relapsing fever in 1843 and again
of true typhus in 1847, dispelled this illusion completely. The typhus epidemic of 1837 was in fact the first in a series of epidemics lasting until 1854, setting up a new pattern for disease in the city, these major visitations of typhus and cholera tending to obscure the fact that at the same time bronchitis, phthisis, smallpox and the other infectious ailments of childhood were in no way diminishing within the city. Private charity, augmented by the small amount of aid given by Town Council and parishes, could no longer cope with the sheer volume of sickness in Glasgow and there was an urgent need for a change of direction if the situation was not to get out of hand.

In the period 1842 to 1872 both parochial boards and Town Council did make important innovations in the aid they provided to the sick. The response of each to the problem, although unplanned and unforeseeable in the early 1840s, was to evolve by 1872 into a sharing of medical responsibility fairly equitably between parishes and the Council as Police Board, so that the medical services provided in the city, while very far short of comprehensive or even within the reach of every citizen, was a considerable improvement on that of 1842.

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The Poor Law Amendment (Scotland) Act of 1845 which established parochial boards as organs of local government in Scotland, also laid responsibility for a minimum of medical care for the destitute sick upon the parishes,
so incorporating in a formal Act of Parliament what had been established practice for many years. The provision for the sick made by the Act was more suitable to a small country parish than a large urban one. A medical attendant had to be appointed, provision for dispensing and supplying of medicines, cordials and nutritious diet was to be made from the rates and contributions to public infirmaries, dispensaries and lying-in hospitals permitted, all to be given 'in such manner or to such extent as may seem equitable and expedient' to the parochial board, which gave a tight-fisted board the excuse to be very sparing in its dispensation of aid.¹ No mention was made of in-patient treatment, and had the epidemics not forced the hand of the parishes in Glasgow so that they came to the conclusion that it was cheaper to provide sick wards themselves rather than pay another agency to care for their paupers, the parochials hospitals might have taken a good deal longer to become established.

After the series of epidemics had hit Scotland between 1847 and 1849, the Board of Supervision realised that there was a considerable need for more in-patient accommodation in parochial poorhouses. As well as encouraging the provision of permanent sick wards in new or existing poorhouses, the Board from 1847 onwards distributed money in the form of a medical grant to parishes whose expenditure on the sick poor had reached a certain minimum standard. The share apportioned to each parish was based

¹. 25 & 26 Vict. c. 57, clauses 66-69.
on nine-tenths of a penny per head, calculated on the total population of Scotland, divided into £10,000 which was the total amount of the grant per annum, only those parishes which had spent at least double their share being entitled to receive it. Of the four Glasgow parishes, only the City parish had contributed sufficient funds from the rates to qualify for the grant in 1847, the year in which the scheme was announced, having spent £1,896 on the sick poor which was considerably more than the minimum of £1,000 necessary to obtain a £500 share of the grant.¹ At the other end of the scale was Gorbals, who only needed a minimum expenditure of £69 to claim its £34 share, but by the time the accounts were made up in May 1847 had spent a mere £55 on the sick poor.² Ultimately all the parishes qualified and received the grant, but only after they had overcome extreme suspicion as to the motives of the Board of Supervision in giving over this money.³

The period of epidemics up to 1854 might appear to have vindicated the concept of parochial aid to the sick. In reality it showed up the glaring imperfections of the system to anyone capable of seeing them. Those small triumphs of advancement such as the parochial hospitals and dispensaries upon which the parochial boards congratulated themselves, could be regarded conversely as hasty and totally inadequate improvisations, wrested from a

1. City PBM, 23 May 1848, 287.
2. Board of Supervision Reports, 1847. Report on Medical Relief Grant, 3-7. (West Register House HH/58/2).
reluctant and parsimonious Board under the stress of the emergency. However, the parochial boards did earn their congratulations by having the foresight, at least so far as the two northern parishes were concerned, of maintaining their hospitals and dispensaries in being once the ordeal that had given rise to them in the first place was over, although this was largely due to the fact that they had proved their usefulness and were considerably less expensive than making use of other facilities such as the Royal Infirmary.

Having embarked on the unfamiliar seas of hospital administration, both City and Barony parishes enlarged upon their establishments over the next few years, being joined belatedly by Govan parish by the early 1870s when the Merryflats poorhouse was opened. The reorganisation of parochial medical aid has already been mentioned for the period up to 1853. After the 1854 cholera emergency had passed away, the parishes continued to improve upon the system established in the early 1850s. More dispensaries were set up, particularly where outlying areas found themselves far away from a parochial doctor's surgery, or where the enormous numbers of patients made treatment difficult as in some of the city centre districts. So far as in-patient treatment was concerned, the parishes employed resident physicians, consultant medical personnel

1. See above, p. 1403.

2. At the request of the minister and 'respectable gentlemen', Maryhill was made a medical district with a doctor paid £20 per annum in 1855, the poor of Maryhill finding great hardship in going to the Cowcaddens dispensary for sick relief. (Barony PB Medical Committee, 18 September, 8 October 1855).
and apothecaries. Nurses were still chosen from among the female paupers, but as the standard of nursing was low throughout the city's hospitals, this did not necessarily lower the standard below that of non-parochial establishments.¹

This medical relief service was comprehensive to the small section of the population it was designed to serve, the sick pauper. It ranged from the initial visit by the parochial doctor to the patient, removal to hospital where necessary, in-patient treatment until recovery and finally discharge to the care of the doctor or dispensary until completely fit. It remained in being whether epidemics raged or were absent, it catered for medical and some surgical cases with provision for maternity cases as well, generally on a domiciliary basis, and was extended to pauper lunatics for whom the parochial boards erected first special wards within the grounds of the poorhouse and finally special country-based asylums.²

These small hospitals grouped around the normal poorhouse accommodation were at first subjected to the same austere regime that marked out the treatment of paupers as a whole, but the softening of attitudes towards the destitute in general was extended to pauper hospitals. Although they had been established under threat of epidemic disease, during periods when infectious diseases

¹ For a contemporary comment on the training of nurses, see J.B. Russell, Public Health Administration in Glasgow, pp. 44-48.

² The most celebrated was Woodilee Hospital, built by the Barony Parochial Board between 1872 and 1873, and an important establishment for treating the mentally sick to the present day.
were comparatively quiescent, attention came to be diverted onto the medical and surgical side of hospital treatment. Ultimately, this branch of medicine was to predominate in the poor law hospitals, and by the end of the century they were to rival the great charity hospitals in the standard of treatment and nursing care provided. In the 1850s, however, this change lay in the future and the treatment of infectious diseases remained a large part of parochial responsibility. Parochial surgeons going on their rounds were still the most likely people to come across cases of fever and until the municipal fever hospitals were opened in 1865, the parochial fever wards and the Royal Infirmary provided the only in-patient accommodation for infectious diseases. The parochial dispensaries were a major source of medical out-patient aid for the sick poor, and although in the 1850s this was usually given only on written instructions from the inspector of the poor, certifying that the prospective patient was in fact a pauper, during the 1860s a much more liberal policy was adopted and in most cases casual poor calling at dispensaries were treated without investigations as to their entitlement.¹

The standard of domiciliary medical treatment in Glasgow to those unable to afford a private practitioner was very low. Only one medical mission in the city provided a home visiting service through its doctors, and for this reason the parochial surgeons performed a valuable

service in this branch of medical care by visiting pauper sick in their own homes. As cases of infectious diseases fell increasingly under the responsibility of the municipal health authorities after 1870, those remaining in the care of the parochial doctors were chiefly general medical and maternity cases, a development in the outpatient and domiciliary side of parochial medical relief which paralleled that within the parish hospitals.

In one area, that of vaccination, the parishes continued to play an important role in the fight against infectious diseases. Each parish appointed an official vaccinator or vaccinators, to whom returns of births had to be made by the district registrars. As the municipal role in medical aid increased, however, that of the parishes diminished and from 1871 the work of vaccination was largely taken over by the officials of the Committee on Health for the general population, leaving the responsibility of the parishes limited to the pauper population of the city.¹

* * * * * * *

The parochial boards had been set up through the medium of an Act of Parliament which laid down to a very great extent their range of activities and responsibilities. The municipal authorities were not hampered in this way, the legislation by which they carried out public health

¹ The activities of the Police officials in vaccinating and re-vaccinating the population during the epidemic of 1870-1871 accelerated this process.
administration being framed by themselves, and thus reflecting attitudes towards public health within the city rather than enlightened opinion within the British Isles. A great deal depended on the particular branch of municipal administration actually responsible for public health matters. Where this was forward-looking, reforms could be instituted or at least planned. Where the opposite was the case, public health reform stagnated or needed to be propelled forward through an outside agency such as an epidemic. Only when the pace of reform had gathered sufficient momentum and public support to be kept going in spite of municipal antagonism was the battle for an improved health service to the people of Glasgow virtually won.

The old Police Commission had shown considerably more enlightened views towards the provision of medical aid to the sick than its successors were to show until the advent of the Sanitary Committee in 1863. It is possible that during the period up to the extension of the city in 1846 and the creation of the Police Committee from members of the Town Council alone, a more fluid attitude towards the responsibilities of the Police authorities was held, and the rigid demarcation into parochial responsibility for medical aid and municipal responsibility for cleansing and nuisance removal was a later development. The Health Committee created in 1832 to cope with cholera had never been disbanded, and could have been expanded to deal with more specifically medical matters than was in fact the case.
Certainly nothing similar was established until the appointment of the Nuisance Removal Committee under direct government interference in 1857. The Police Commission had been prepared in 1840, when a rise in the number of fever cases had caused some alarm, to set aside funds to pay for one hundred and fifty fever patients to receive treatment in the fever wards of the Royal Infirmary. 'In order to prevent the spread of the contagion among the resident inhabitants... (which was)... manifestly a more necessary and higher branch of every statutory system of Police than the mere protection of property against depredation...'.1 These words would have seemed out of place coming from the Police Committee after 1846. In the same year the Police Commission had considered a bill which would provide a municipal medical service including the creation of a Board of Health and the erection of hospitals, dispensaries and the appointment of medical officers by the Commissioners, but failure to win support for the concept of an integrated administration controlling cleansing and a medical service to the community meant the death of the whole idea for a quarter of a century.2

In its latter days the Police Commission was unable to pursue any enlightened policies to fruition owing to the fight for survival which was ultimately lost. The Police Committee which succeeded it hardened its attitudes towards accepting responsibility for medical aid within

2. See above, p. 66.
the city. The Committee confined itself to cleansing and nuisance removal alone and interpreted its responsibilities in this field as narrowly as possible, hence the fatal decision to cut down cleansing operations early in 1847, which caused a build-up of dirt in the city at a time when typhus was beginning to accelerate towards an epidemic. 1

The succession of epidemics between 1847 and 1854 forced the Police Committee into a closer involvement with public ill health than it would normally have felt was appropriate. As a by-product of their cleansing duties, the officials working under the Committee's direction received notification of all cases of infectious diseases from the parochial boards, in order that the cleansing staff might clean up the courts and closes surrounding the patients' homes, a practice which was extended to the houses themselves by arrangement with the parishes. 2 This system continued to some extent after the epidemics had died down, with the result that when notifications relating to a particular district rose to a high level, the cleansing officials were automatically made aware of a localised epidemic and could co-operate with the parish officials to see that disease did not spread. 3 Although only 'fever' and cholera merited such attention, it was at least a step in the right direction, for otherwise the police authorities would probably have remained ignorant.

1. See above, pp. 190-193.
2. City PBM, 19 July 1847, 145.
3. City PBM, 13 August 1850, 613.
of the state of public health within the city until disease had reached sufficient proportions for this to be no longer possible, by which time it would probably be too late for remedial measures. Under normal circumstances the parishes coped with infectious diseases that affected the pauper population and the Royal Infirmary provided accommodation and treatment for those obtaining a subscribers' line for the fever wards, and there was no reason to notify the police authorities of cases of fever unless the numbers had risen beyond the powers of the parishes and Infirmary to deal with. Hence automatic notification did at least keep the Police Committee informed so far as typhus and cholera were concerned.

The Police Committee, however, does not appear to have become more deeply involved with medical matters in any way, or to have explored the possibilities of combining cleansing and medical aid in the manner of the old Police Commission. During the whole of the period from 1854 until the setting up of the Sanitary Department in 1863 there was no apparatus for epidemic prevention in operation, and it was only by good fortune that the city did not suffer from a major epidemic during this period. The links between epidemic disease and insanitary living conditions, stressed by the most important sanitary and medical writers of the day, appeared to be sufficiently strong for the Committee to regard its cleansing operations as a positive and vital role in the fight against disease, beyond which it was not prepared to go. During this same period there was no trained medical man in any
position of authority where his opinions or influence could be felt. The statistics prepared annually in the city using the Registrar General's Reports were all in the hands of lay officials rather than a medical interpreter, who might have used the Vital Statistics tables to show how fundamentally unhealthy the city was even in good years.

Had public health reform been left entirely at the mercy of the Police Committee, the pace of advance would necessarily have been very slow. There were, however, other agencies at work which ensured that changes were brought about. The Town Council in the first place carried through the important measure bringing water to the city. This was to prove of paramount importance once the Sanitary Department in the 1860s began to get to grips with the problem of insanitary houses and must have been at least partly responsible for the prevention of a major cholera epidemic in 1866. Secondly the central government at Westminster passed the Nuisance Removal (Scotland) Act in 1856. This piece of legislation forced the Police Committee to set up a Nuisance Removal Committee specifically to carry out wider public health duties than those performed by the Committee itself. These included the provision of house-to-house visitation, the dispensing of medicines and the provision of hospital facilities during

1. Dr. McGill, police surgeon of the Central district, was sometimes consulted by the Nuisance Removal Committee after 1857 and would report on specific health matters when directed to do so.

2. See above, pp. 114-118.
periods of epidemic disease. None of these duties was new or unfamiliar in any way and all were part of normal procedures during the last two cholera epidemics. What was totally new was the authority authorised to perform them within the city, a sub-committee of the police authorities, rather than the parochial boards who would have accepted the responsibilities without question.¹

In the event, these important medical functions given to the Nuisance Removal Committee were never used, as during the period of six years in which this Committee operated there was little disease at epidemic level to compel their use. So far as nuisance removal was concerned, this Committee was not unenlightened but the lack of use of its medical powers meant a very real danger that these, like an unexercised limb, might have withered away in the fullness of time, for the Police Committee had only reluctantly accepted them in the first place. Two events were to alter this situation and bring about a transformation in the municipal authorities' role in the care of infectious diseases in Glasgow. The first was the thorough investigation into the whole question of public health in Glasgow which resulted in the Ure Report, and the other, as a result of this Report, was the passing in 1862 of the Glasgow Police Act which set up a Sanitary Department under a trained doctor, with important medical duties which were given specifically to the municipal

¹ Although defeated by the municipal authorities, both Barony and Govan parochial boards attempted to become the local authority under the Act for their parishes. See above, p. 117.
rather than the parochial authorities. The involvement of the police authorities in the control of epidemic disease was now unquestionable, although to what extent they would choose to exercise their powers was not.

The Ure Report has already been discussed in Chapter 10 and so far as medical matters were concerned, the chief recommendation contained in the Report was for the appointment of a medical officer of health, a sufficiently controversial suggestion in view of the very small part played in municipal medical affairs by the police authorities. It was a recommendation which was to have far greater practical importance than would have been apparent at the time, for a determined medical officer of health would see the whole spectrum of public health in Glasgow not from the point of view of cleansing as previously but from the aspect of disease prevention and control. Ure himself waited until the Report had been incorporated into the 1862 Police Act before emphasising the medical side of the new duties more strongly. His 'Suggestions' on the duties of a medical officer of health, issued to the members of the new Sanitary Committee, were timed to drop into their laps just before the appointment of the first holder of that office, and for want of any other or better suggestions, they were accepted without comment.²

Ure regarded the office of medical officer of health as one of supreme importance in the fight against epidemic disease. His function '...has higher aims (than that of

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2. The 'Suggestions' as presented by Ure to the Sanitary Committee form Appendix B at the end of Volume II.
the proposed sanitary inspector); it seeks to anticipate disease, to trace the more hidden sources of that class of death producing ailments which spring from, or are aggravated by local conditions, to suggest the means by which these conditions may be improved, and by the application of these means, prevent the occurrence, or mitigate the severity and prevent the spread of such diseases, and in periods of epidemics it might be made the centre of a system of medical treatment for the poor and needy of the city, if the Magistrates and Police Committee then think of organizing such a system...¹

This interpretation left any medical officer who might be appointed considerable scope in setting up his department and fulfilling the general aims of the office, while at the same time encompassing in theoretical terms all the immediate objectives of sanitary reformers. Ure than went on to consider the qualifications of his medical officer. 'He must be a physician of enlarged views in Sanitary Science, properly informed with respect to the leading phenomena of disease; skilled in the causes and conditions which influence the origin, propagation, mitigation, prevention and treatment of diseases of the zymotic class, and in the examination, collection and promulgation of facts relating thereto. He must also be a man of acknowledged reputation, that his opinions may carry weight with them'².

1. SCM, 23 December 1862.
2. Ibid. The 'Suggestions' are discussed from the point of view of cleansing in pages 235-237 above.
In neither of these two passages does Ure refer to nuisances or miasma or in any way link the duties and qualifications of the medical officer directly with cleansing, although elsewhere he emphasised strongly the need for good cleansing as a preventive measure. In stressing the medical side of the new appointment, the whole emphasis was completely though imperceptibly reversed, when the Sanitary Committee was too new and untried to appreciate this point and before an appointment to the post of medical officer of health had even been made. Ure also placed great emphasis on the gathering of accurate statistical data in order to pinpoint localities where disease was particularly prone to occur, with the object of trying to find out why this should be so no less than to clean these areas up. His whole concept of a permanent, medical investigation of the city by a Department of trained personnel, who would form the nucleus of a system of medical treatment for the poor in times of epidemics but would remain in being whatever the state of public health in the city, was revolutionary so far as the municipal authorities of Glasgow were concerned, for the old habit had been to treat epidemics as so out of the ordinary that the hastily improvised control measures were abandoned as soon as the disease had died down.

Ure had to make sure that his new broom would sweep clean without unnecessary procrastinations and obstructions and to this end he had has Suggestions formally accepted by the Sanitary Committee and written into the Minutes, so that in years to come the Committee could be reminded of
their original intentions. This was to prove a sensible move, for in 1865, when the typhus epidemic was fading away, certain members of the Committee criticised the extensive work done by the district doctors and managed to bring a temporary curb to their activities. Ure had his Suggestions printed as a detailed Report, coupled with an account of the duties of the southern district police surgeon, and had this circulated in pamphlet form to the members of the Police Board.¹ He was not able on this occasion to over-rule his fellows on the Sanitary Committee, but he had at least placed before them the evidence of their own decision to operate an efficient Sanitary Department.

Dr. William T. Gairdner, later Sir William Gairdner, the medical officer of health appointed in January 1863, was professor of medicine at the University of Glasgow, an eminent physician and thus an excellent choice in Ure's terms for the position. As there appear to have been no other candidates, Ure possibly had him in mind when detailing the qualities to be sought in a medical officer, and Gairdner himself may have been a moving spirit behind the Ure Report of 1859 and the Suggestions of 1862. He certainly entered into his new job with energy, and fulfilled his function as outlined by Ure to the letter. The two men worked closely together as colleagues, and Ure supported Gairdner loyally through most of the schemes.

¹ J. Ure, Statement by Mr. Ure for the Information of the Board of Police on the Sanitary Scheme and the Medical Officers of Health, 1865. (Board of Police pamphlet).
the latter initiated until his resignation in 1872. The timing of the appointment proved by accident rather than design to be exactly right. The parochial doctors were reporting increasing cases of typhus fever and smallpox in all parts of the city. The threatened epidemic was not sufficiently firmly established to overwhelm the infant Sanitary Department, while at the same time sufficiently alarming to make sure that Gairdner's programme for curbing the epidemic would be considered in a co-operative mood by the members of the Sanitary Committee.

Gairdner's arrival did more than form a starting point for a new administrative unit. His was the first medical mind to be given a position of authority when considering questions closely relating to public health. Previously laymen - the superintendent of scavenging, the master of works, the chief constable - had been the officials most closely concerned with health affairs and only on certain occasions was a police surgeon called in to give an opinion on a specific subject in a consultative capacity.\footnote{In the months prior to the appointment of the medical officer of health, it is noticeable from the Minutes that the opinion of Dr. McGill, surgeon of the Central district, is sought more frequently.} The statistics most immediately connected with the city's good or bad health had been interpreted by municipal employees with no pretence to any medical training. Few conclusions were ever reached on the facts of morbidity within the city. Gairdner set out to remedy this from the outset. He presented a mass of facts and reports concerned totally and exclusively with health and sanitation to a statistics-conscious Committee. He came to an arrangement with the...
district registrars for the city for the provision of mortality returns which were then analysed in detail and the results published. Among his chief areas of interest was housing, and one of his earliest Reports concerned two tenements, one the Rookery in Drygate and the other Binnie's Court, a massive building containing a front, middle and back-land in Argyle Street. He investigated their sanitary and other defects, the cases of fever taken from them in recent years and the ways in which improvement could be made to make both buildings healthier. As a result of this particular pamphlet, the small houses of the city were inspected and the number of inmates each might house limited under the 'ticketing' clauses of the 1862 Police Act. As a by-product, the inspection brought to light unsuspected cases of fever and smallpox in the overcrowded tenements of the city, showing that detection was the most intractable problem in controlling the spread of infection.3

Through his Reports and constant presence at meetings of the Sanitary Committee, Gairdner slowly turned the face of municipal public health away from cleansing and towards an active part in medical aid to control epidemics. A small Sanitary Department was gathered together with considerable speed and began work immediately on investigating nuisances, detecting cases of fever and overcrowding

2. The ticketing of small houses is more fully discussed in Chapter 20.
3. SCM, 4 August 1863.
and generally attempting to put the public health clauses of the 1862 Act into effect with the limited resources at Gairdner's disposal. As a result, for the first time in its long history the city of Glasgow was not caught entirely unprepared when the 1864 typhus epidemic burst upon it.

This epidemic heralded a second decade of disease which was to end with the relapsing fever epidemic of the early 1870s. The story of the local authorities' response to the crisis in this period is told in the following chapter. It remains to consider how the administrative metamorphosis in epidemic control which took place during the period between the cholera epidemic of 1854 and that of typhus in 1864 came about. During these ten comparatively disease-free years, the parishes gradually relinquished their position as the authority responsible for the medical aspect of public health so far as infectious diseases were concerned, a responsibility they had held for many years, while the municipal authority took up this responsibility, one which they had studiously avoided previously. In 1854 during the cholera crisis, the municipal authorities had taken no part in the treatment of patients, the dispensing of medicines or the provision of hospitals, all of which had been undertaken by the parishes. In 1864 they undertook all these tasks and improved upon them. How had this important change in roles come about?

There is, in fact, no clear-cut answer but a series of clues. To take the parishes first of all, their
position as general superintendents of disease control operations during times of exceptional disease had never sat lightly on their shoulders. In normal times they dealt with paupers, and many of those suffering from fever were not in this category, or only so temporarily. Although the parochial boards were in general responsible for the care of a group within society, the destitute, in practice their concern was primarily with the individuals within that group, the particular pauper applying for relief. He or she was investigated, the circumstances of the case noted and acted upon and, if entitlement was proved, given a place in pauper society, whether on the out-relief roll, as an inmate of the poorhouse or as a patient in the sick wards. Paupers as a group may have been despised and on occasions ill-treated by the parish authorities, but they were individuals with a case history and a need for rehabilitation if possible and permanent care if not.

This type of individual treatment could not easily be applied to fever cases during epidemics, whereas it fitted the pattern of general medical and surgical treatment very well. Surgeons and physicians were maintained in a permanent capacity at the poorhouse hospitals, and formed the nucleus around which more advanced methods of patient care could develop. With the advances in surgery and antiseptic procedures, the parochial hospitals were in a position to meet the demand for hospital treatment which followed improvements in medical knowledge. In addition, until
the opening of the Western Infirmary in 1874, there was no major charity hospital apart from the Royal Infirmary to meet the needs of the expanding city.¹ Obviously the parochial hospitals were concerned with pauper patients, but there were sufficient of these to fill the sick wards and ease the pressure on accommodation elsewhere. As a result, the parochial hospitals during the latter part of the nineteenth century were to develop into general hospitals along the lines of the charity establishments, introducing major reforms such as nursing schools in line with the rest of the country. The Barnhill poorhouse hospital was among the first to send nurses to London for special training in midwifery.²

The municipal authorities, on the other hand, were becoming increasingly involved with the improvement of urban conditions as a whole. They did not deal primarily with individuals but with groups of people or with planning for the entire population of the city. The actual process by which they took over responsibility for the control of infectious diseases - from the establishment through the medium of the Nuisance Removal Act of a Nuisance Removal Committee with specific medical duties, ranging through the

1. In a letter to the Glasgow Herald of 2 March 1861, Dr. A.D. Anderson, who was attempting to gain support for the establishment of a children's hospital, complained of the Royal Infirmary that it was 'at a remote corner of the city, to which it would be no less cruel than injudicious to drag the sick poor of half a million of citizens'.

investigation into the health of the city and ways in which this might be improved undertaken by Ure and his colleagues in 1859, an investigation which in turn led to the 1862 Police Act and the appointment of a medical officer of health backed up by a small Sanitary Department - is perhaps less important than the gradual transformation over the period between 1842 and 1872 of the municipal authority's attitude towards public health. With cleansing and nuisance removal the springboard from which the police officials and Town Council made further ventures into public health, the municipal bodies next became involved in slum clearance on a small scale,¹ considered the problem of sewage and drainage as their ultimate responsibility and finally and triumphantly gave to the citizens a very fine water supply.

In all this, they were kept on their toes by the opinion of prominent sanitary reformers within the city, such as Baird in the 1840s and Ure later, by medical research and improvements and finally by the movement of attitudes towards public health within the United Kingdom as a whole. It was becoming increasingly difficult to turn a blind eye to urban public health problems in the second half of the nineteenth century, and even if this was possible in good years, an epidemic soon roused both local authority and the local population into efforts to improve the situation. Even if a period of apathy followed, usually some gain was made in procedures, however small,

¹. See below, Chapter 20.
which ensured that public health improvement did not remain static but moved forward.

These pressures might not have been sufficient to goad the Police Committee on its own to take over the responsibility for the control of epidemics, but taken in conjunction with the legislation passed by both central and local government between 1856 and 1862 they were sufficient to compel a change of direction. There was in any case an urgent need for some authority other than the parishes to take overall charge during periods of epidemics. The parishes were concerned chiefly with paupers and their planning was directed towards the pauper population and limited by the need to keep within the budget of the poor rates. The municipal authority on the other hand had a more flexible approach to urban problems, was in a position to obtain legislation to suit the needs of the city if this seemed appropriate and was not under the direction of an outside body. Nor did it differentiate between sections of the population on the grounds of social position or lack of employment.

Ultimately, control of epidemic disease began to be seen in terms not so much of remedial measures once the situation had got out of hand, but in methodical, planned disease control during periods of comparative healthiness. As cleansing, nuisance removal and epidemics seemed closely

1. The parochial boards appear to have been very limited in their administrative procedures by lack of money and the need to keep down the rates, hence the fight against giving relief to able-bodied men out of work. See above, pp. 126-127.
allied in a chain of cause and effect, the municipal authority seemed best placed to have overall control of efforts designed to break this chain.
<table>
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<th>Parish</th>
<th>Amount expended to year ending May 1847</th>
<th>Population of Parish in 1841</th>
<th>Minimum Expenditure for Grant</th>
<th>Share of Grant</th>
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<td>City</td>
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<td>120,183</td>
<td>£1,001.10s.6d.</td>
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<td>106,075</td>
<td>£718.4s.3d.</td>
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<td>10,200</td>
<td>£69.1s.3d.</td>
<td>£34.10s.</td>
</tr>
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</table>

On the above calculations, only the City Parish had spent enough money on medical relief within the parish to qualify for the medical grant.
Between 1864 and 1872 Glasgow was again hit by a succession of epidemics, one of typhus accompanied by a lesser visitation of smallpox in 1864-1865, which was succeeded by cholera in 1866 and finally by a major epidemic of relapsing fever, also accompanied by smallpox, in 1870-1871. In 1872 there was an outbreak of scarlet fever affecting the child population.

The comparative rapidity with which one epidemic followed another in both this period and that discussed previously in Chapter 16 gives to each a cohesiveness which enables them to be studied comparatively for administrative techniques in epidemic control. However, it has to be pointed out that the period of ten years separating them, although not noted for any particular epidemic, was only healthy by comparison, for years in which the death rate from typhus rose to five hundred and forty-nine, (1857), from the diarrhoeal diseases to seven hundred and eighty-eight, (also 1857), from scarlet fever to seven hundred and seventy-two (1859) and one thousand, two hundred and three (1863) and from whooping cough to nine hundred and one (1856) and nine hundred and twenty-eight, (1859) would not have been regarded as healthy by any capable medical officer of health. Even if the infectious diseases affecting the adult population had temporarily diminished, those whose chief victims were young children had never appreciably declined.
The major reform of the early 1860s was the passing of the 1862 Police Act and the establishment of the new Sanitary Department under the medical officer of health. However, one other reform at least had crept in as a result of the former period of epidemic disease and remained in being as a warning beacon on disease. The system of notification by parochial doctors, both to their own inspectors of the poor and to the cleansing authorities, was sufficient to detect a change for the worse in the normal ground-swell of typhus by early 1863. As a result, a note of urgency was given to Dr. Gairdner’s measures for disease control from the outset. At this time, early in 1863, he and his staff functioned more as detectives and advisors rather than direct operators in the task of controlling infectious diseases. Gairdner and his medical officers, the sanitary inspector and his assistants, all were engaged in detecting cases of typhus and smallpox and investigating possible sources of infection, but the job of cleaning up nuisances and the apparatus for prosecution of offenders against the nuisance laws lay with the Department of Statute Labour and Cleansing and the master of works on the one hand and the procurator fiscal on the other. Not until the formation of the Committee on Health in 1870 were all public health functions to be co-ordinated under one controlling body.

Nevertheless, a considerable advance had been achieved through the tacit admission, written into the 1862 Police Act in its clauses on the control of epidemic disease, that it was the responsibility of the municipal authority
to direct operations during epidemics. The procedures laid down had the disadvantage of having to wait until the medical officer should declare a disease epidemic in certain defined areas before they could be put into effect and could then only remain in operation for a limited time without official renewal by the Magistrates' Committee of the Police Board, but at least there was now an established procedure in place of tradition and habit as hitherto.

Nevertheless, the part played by the parishes and the Royal Infirmary at this juncture should not be minimised. The municipal measures were largely prophylactic, leaving the parochial doctors and the established hospitals to provide treatment for sufferers from typhus. These had still to be given medicines, treatment and hospital care where possible and only the parishes and Infirmary were in a position to provide these up to the opening of the first municipal fever hospital in 1865.

Gairdner began formulating plans for dealing with the epidemic soon after his appointment in January 1863. These included efficient house-to-house searching for cases in suspect tenements, the removal immediately of a patient to hospital, the fumigation of his house and then a thorough washing of his bed and body clothing. The final stage was to be the provision of a house of refuge for the isolation of a patient’s family and contacts. It was obvious that such a comprehensive programme could not be put into effect all at once or even within a short space.

1. Gairdner was, however, reluctant to set this procedure in motion as contrary to the spirit of ‘self reliance’. See his Report of the Medical Officer of Health, January 1864, pp. 8-9.
of time. Several years and a succession of epidemics were to pass before the process was finally completed with the opening of the Weaver Street house of refuge in 1872, but with few major set-backs, the story was one of steady advance. Only two months after his appointment, Gairdner had circulated a letter to the parochial boards on '...the absolute necessity under the circumstances of providing immediate accommodation for additional fever cases...' and suggested to the Sanitary Committee that a fever van might be bought to prevent patients being conveyed to hospital from the necessity of using hackney carriages, so infecting the public vehicles of the city. The cleaning of patients' personal clothing had always been a parochial responsibility but this was a matter Gairdner decided to gather into the hands of the Sanitary Department. He first requested a municipal washing house in September 1863, and by the following September it was fully operational. Thus before completing his first two years of office, Gairdner had forged several of his links in the chain of fever control.

Working in conjunction with the parochial doctors and officials, the sanitary staff were engaged in detection of cases. The municipal fever van then conveyed the patient to hospital where possible, the cleansing staff cleaned up the house and the wash-house van took the clothing to the municipal wash-house in the High Street where it was duly

1. SCM, 1 April 1863.
2. SCM, 1 April 1863.
3. SCM, 29 September 1863, 6. 13 September 1864, 60-61.
washed and fumigated and returned to its owner pure and wholesome, or replaced where destruction was found more practicable. The biggest link in the chain still to be achieved was the in-patient care of fever sufferers, a more difficult reform to draw out of the Sanitary Committee if only because it was specifically medical and could not be disguised under the cloak of cleansing in any way, unlike the establishment of the wash-house. However, events were to put Gairdner in a position shortly to achieve this most important addition to his fever control programme.

Meantime Gairdner had to make do with the facilities the parochial hospitals and Infirmary could offer. In practice he relied very heavily on parochial efficiency to carry out his programme. His staff was too small and the city too large for a really thorough detection programme. Nor could one fever van cope with all the cases to be taken to hospital, or his wash-house with all the clothing and bedding to be dealt with. The theory was sound but difficult to put into practice with enough efficiency to make it effective, and the parishes had constantly to be chivvied in order to maintain a minimum standard of detection and removal, which alone in Gairdner's view could prevent the immediate spread of infection in an overcrowded neighbourhood. His long term plan relied on the elimination of overcrowding and insanitary conditions to prevent disease, but in the short term, every case of fever or smallpox provided a focus of infection and had to be removed out of harm's way.
For the most part the parishes responded well to Gairdner's directions, the exception being Gorbals. As a result, the Gorbals Parochial Board was rapped over the knuckles by the Sanitary Committee through Gairdner, all to no effect as the Gorbals officials were used to turning a deaf ear to requests that might mean spending money unnecessarily. Their inspector of the poor had been in the habit of making detailed investigations as to the liability of the parish towards the fever patient before sending him to hospital. As immediate removal and prompt cleansing measures were the essence of Gairdner's fever control procedures, such delays were unwarrantable, more particularly as the other parishes reserved consideration of such matters until the patient had been attended to. However, Gorbals was relatively isolated on the south side of the river, and removal to hospital was not easy in any case owing to the distance a patient might have to travel.

In spite of the measures operated from the spring of 1863, the tide of typhus continued to rise. By the autumn of 1864 it was necessary for the special powers written into the Act to be invoked. This involved the publication of lists of streets and districts within which special regulations relating to inspection, cleansing, whitewashing and the provision of medical facilities applied. Among the latter was the authorisation of in-patient accommodation under Clause 257 of the Police

1. SCM, 13 October 1863, 8.
Act, and the decision to put this clause into effect provided Glasgow for the first time with a fever hospital solely under the charge of the municipal authority.¹ There was no intention at the time that it should be more than a temporary measure during the emergency, yet on this insecure foundation the whole system of municipal hospitals for infectious diseases was to be built. A suitable site in Parliamentary Road was found late in December 1864, but plans for building were held up while efforts were made to acquire existing premises at Nassau Court in Anderston, which would need little time or money to convert into a hospital.² This plan fell through owing to intense local opposition, but as the Nassau Court negotiations were prolonged into February 1865, time was now running out. New cases of typhus, reported fortnightly by Gairdner to the Sanitary Committee, reached a peak of four hundred and twenty-seven in the fortnight to 16 February 1865, the fever accommodation in the city, even augmented by some additional fever sheds at Barnhill poorhouse, was long since exhausted and many cases were receiving treatment in their own homes.³ Once the decision to open a hospital in Parliamentary Road had been made, however, the actual construction and equipping of the wooden pavilions was carried out very rapidly, and by mid-April this make-shift hospital was ready to receive its first patients.⁴

1. Magistrates' Committee Minutes, 29 November 1864.
2. SCM, 24 January; 6 February; 8 February, 1865.
3. SCM, 6 February, 1865.
Dr. Gairdner wasted no time in appointing as first medical superintendent of the hospital Dr. James Russell, who was physician in the fever wards of the Town's Hospital and had considerable experience in this field of medicine. Russell was to prove a superb administrator as well as a dedicated doctor, and was to become particularly adept at obtaining supplies and staff from the Sanitary Committee, even when it was making savings on expenditure in other branches of the sanitary service. It is difficult to believe that Russell would have left his post at the Town's Hospital to become medical superintendent of an establishment whose useful life was to be limited to the duration of one epidemic, so probably he and Gairdner, perhaps assisted by Ure, intended to try and keep the hospital in being permanently from the outset.

From Gairdner's point of view the logic behind a permanent establishment was impeccable. He now had under the control of the Sanitary Department the whole process of epidemic control, ranging from detection, removal and fumigation to hospitalisation. His only remaining gap was that of accommodation for quarantine. He had requested that this should be provided as early as November 1863, but after the clerk had searched the Police Act for any possible means by which this could be agreed, the Committee rejected the scheme as beyond the powers contained in the Act.¹

The procedures laid down by the 1862 Act required the Magistrates' Committee to declare certain streets and areas

¹ SCM, 24 November 1863, 16-17.
which were considered to be particularly affected by epidemic disease or at risk of becoming so, to be subject to certain emergency regulations drawn up by the Sanitary Department through the medical officer, approved and published by the Magistrates' Committee and finally passed by the Privy Council. This rather cumbersome procedure had to be set in motion before extra powers, including the provision of the hospital, could be given to the sanitary staff. As a result, although the Magistrates' Committee was convened to consider the emergency at the end of November 1864, it was not until mid-January 1865 that the rules were finally approved and published. Once put into operation they could only remain for six months without lapsing, unless renewed by the Magistrates' Committee for a further period. This meant that any procedures set in motion, including the dispensing of medical aid and the provision of the hospital, automatically lapsed unless a good case could be made out for their retention, which would only appear justified if fever or other epidemic disease continued. Seen in this light, it was perhaps a blessing in disguise that this particular typhus epidemic was long drawn out, not diminishing appreciably until well into 1866, by which time cholera was on its way. Otherwise, had the control measures in 1864 proved effective enough to halt the epidemic, it is unlikely that either the hospital or the intensive field measures for disease control would have been permitted to remain in being past the original six months.

The rules, drawn up by Gairdner and put into operation
during January 1865, were in effect an intensification of
the measures already operated by the Sanitary Department,
but with more compulsion behind them, apart from Rule Five
which authorised the provision of medical aid and hospital
accommodation for infectious diseases which had no pre-
cedent. The rules allowed the sanitary staff powers of
inspection of buildings and dwellings, limited the number
of occupants in houses within the designated areas, gave
the medical officer of health powers to compel proprietors
to deal with nuisances or sources of infection rapidly and
authorised the sanitary staff to instruct property owners
on what was necessary to put property into a sanitary
condition. They were implemented with extreme thorough-
ness and dedication by the district medical officers. An
account of their work fortunately exists and shows with
what energy all members of the staff, the sanitary inspec-
tors no less than the doctors, pursued Gairdner's epidemic
control policy.

The account follows the work of Dr. Dunlop, the
southern district medical officer, an area which included
the whole of old Gorbals and parts of Tradeston, Lauriston
and Hutchisontown. The sanitary staff of the southern
district consisted of the doctor, paid £25 per annum for
his sanitary duties which were additional to his work as
a police surgeon for which he received £35 per annum, and
one assistant sanitary inspector. The southern district
was similar to the other four districts, northern, western,

1. SCM, 9 January 1865.
eastern and central, in the number of staff and their duties, with the exception of the central district which had a greater number of sanitary inspectors because of the density of population within it.

The doctor and his assistant sanitary inspector had to attempt a multiplicity of duties connected with public health. The detection of infectious diseases was of most immediate concern in 1865, when Dunlop wrote his account, and information on confirmed cases was received daily at the Southern Police Station from the parochial medical officers of the parishes in which a district lay, giving information on the condition of the pauper population; from the Royal Infirmary on cases arriving there from the district, from the registrars on fatalities from infectious diseases; while finally private practitioners helped to fill in the gaps. With this information to hand the medical officer had a fairly good impression of where unreported cases might be found, and house-to-house visitations were aimed particularly in their direction. Dunlop made a point in the first year of the sanitary experiment, as it became known, of visiting every house where fever or smallpox had occurred and so familiarising himself with his district. In the course of the same year, 1864-1865, an average of four or five cases of infectious diseases per day were reported or discovered in the southern district alone, the total being over fourteen hundred.¹

¹ Dr. Dunlop, A Memorandum of the outline of the Sanitary Scheme in operation in the Southern District, 1865. (Board of Police pamphlet).
During a typical working day the doctor and his inspector worked closely together. At around ten o'clock the inspector received instructions on the visits he was to make, where he was told '...to note the condition of the infected house, the number of apartments, the number of inmates, of lodgers if any, and whether the house is ticketed or not. Making the infected house the centre of enquiry, to extend his observation to all the other houses in the tenement, to note their condition, and the presence or absence of disease. Before leaving the land, to note its general condition - the cleanness of its stairs and jawboxes (sinks) - the state of its courts, of its dung-pits, of its water supply and of its drainage...'.

The inspection was next widened to the surrounding area to a less detailed extent, the inspector returning at 6 o'clock in the evening to Dunlop's office to report his day's work. The doctor then issued practical orders to back up his inspector's findings. Where patients had been removed to hospital there were fumigation and white-washing orders to be issued. These might also be made where no disease had actually occurred but the inspector found the sanitary state of a house or building unsatisfactory. Cases of overcrowding, particularly in ticketed houses, and of unauthorised lodgers were reported to the district night inspector of police who would then make a visit which could result in a summons before the magistrates. Where cases of fever had remained at home through the refusal of the patient to go to hospital or for any

1. Dr. Dunlop, Memorandum, p. 13.
other reason, special activities had to be adopted to limit this focus of infection. Dunlop generally visited the tenement himself and in conjunction with the beat policeman saw that full dung-pits were emptied promptly by the contractor, the court washed and swept out regularly and as much 'wholesome instruction on the benefits of pure air, clean houses and tidiness in their own person' was imparted to the inhabitants as possible in the course of his visit. Occasionally factor and landlords had to have pressure brought to bear upon them to whitewash and clean stairs and walls of infected buildings.

This general picture of the work of medical officials and sanitary inspectors during the typhus epidemic takes no account of searches for nuisances, defective drainage and delapidated buildings which had to be undertaken at the same time. It is difficult to believe that all these duties were carried out as punctiliously as Dunlop would have his readers believe, and as his Memorandum was written in conjunction with Ure in order to obtain a rise in salary for the district doctors, he probably painted a rosier picture of industry and application on the part of doctors and sanitary inspectors than was the case. Nevertheless, all the duties he outlined were the responsibility of these officials, and the burden of performing them proved too much for such small financial rewards and as a result the medical staff demanded a rise in pay in 1865 which aroused the successful opposition of a formidable member of the Sanitary Committee, Mr. John Taylor, in spite

1. Dr. Dunlop, Memorandum, p.14.
of support for the doctors from John Ure. Although in outline the system remained in operation, it was not pursued so extensively and thoroughly for the next few years, and only slowly crept back up to the high standard of 1864-1865 over a period of five or six years. ¹

In spite of this set-back, the operations of the Sanitary Department since 1863 had opened up a new dimension in the control of epidemic disease. One authority working throughout the urban area with all the necessary powers and means of operation at its disposal had replaced the several parochial authorities, whose work had been limited to specific areas and specific sections of the population. ² The greatest danger to the infant Sanitary Department was that it would be so successful that it might put itself out of business or find its work severely curtailed. However, there was no possibility of this in 1865, for typhus stayed at a sufficiently high level to ensure the continuation of the emergency rules. It was still a formidable threat when the prospect of another epidemic of cholera appeared on the horizon. Cholera without doubt saved the municipal fever hospital, for typhus or no, this unusual incumbrance was beginning to be a burden to some members of the Police Board. However, from early in 1866 onwards there was no question of its closure until this new emergency was over.

1. SCM, 16 March 1865, 102-109.
2. In November 1864, when the Town's Hospital fever wards were full, the City parish refused to take in fever cases to the additional wards the Board hoped to provide unless they were paupers. (Magistrates' Committee Minutes, 5 December 1864, 159-163).
Cholera could always be relied upon to strike fear into the hearts of the entire population, rich and poor alike. Gairdner was thus ensured of a reasonable degree of co-operation from the Sanitary Committee and the other local authorities in the Glasgow area in combating the disease. He obviously expected a fairly severe epidemic, and acted swiftly in order to minimise its effects. He had the remaining public wells analysed and closed if found impure.\(^1\) He researched into the medical literature on cholera and wrote and circulated a pamphlet urging clean water and early cleansing measures as the best preventive method.\(^2\) The question of hospital accommodation was as always an important one to settle, particularly as typhus was by no means completely under control in the city. Gairdner decided that a rationalisation of existing resources would best meet the needs of the city. The municipal fever hospital would be best devoted totally to cholera cases, leaving the parochial fever wards to take in cases of typhus. The parishes were not entirely happy with the suggestion that they should open their doors to non-pauper fever patients, but Gairdner eventually obtained their qualified agreement, the magistrates paying for non-pauper patients.\(^3\)

These arrangements ensured that cases of disease could be dispatched with reasonable speed to an establishment.

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1. SCM, 17 August 1865; 8 November 1865.
2. Dr. W.T. Gairdner, Report on the prevention of Cholera, 1865. (Glasgow Board of Police pamphlet).
3. SCM, 6 August 1866. The Lord Provost chaired the meeting with the parochial boards at which the request was made.
equipped to receive them. Gairdner had the presence of mind to begin all these arrangements over a year before the first case of cholera actually arrived, a move justified in the event as arrangements were not totally completed even by the summer of 1866. As usual, the need to have peripheral cholera hospitals in centres of population to prevent patients having to travel long distances when ill caused considerable complications. Mass public meetings and threats of violence greeted Gairdner's attempt to set up a small cholera hospital at Greendyke Street in the central district, to serve the area most likely to be hardest hit by any epidemic. A portion of Glasgow Green had to be used as the site, as no proprietor was willing to let his land for such a purpose. This time, owing to Gairdner's firmness in the face of public hostility, the hospital was duly erected and kept in readiness from mid-October, barely a week before the first confirmed case. Another small hospital was opened in Anderston to serve the western district of the city.

As many cases were likely to be treated at home, Gairdner also prepared a memorandum for the Magistrates' Committee, seeking special cholera powers so that infection could be contained and the sick properly looked after. These included the organising of a staff of house-to-house visitors and additional medical staff, both for the field

1. SCM, 16 August 1866; 30 August 1866.
2. The hospital had a medical staff of two doctors and three nurses, together with a small ancillary staff of cooks and porters. (SCM, 13 September 1866; 15 October 1866).
3. SCM, 15 October 1866.
work and for the hospitals. Arrangements were made with the Board of Supervision in Edinburgh for returns on cholera cases at the end of August 1866, the Water Commissioners were approached in order to obtain an improved supply in those districts still poorly catered for so far as water was concerned, and a watch was kept on the progress of cholera within the British Isles. As far as possible, Gairdner had put the city in readiness for the coming disaster.

In the event, it never happened. The first case of cholera was reported in late October 1866, and between that date and the end of December around sixty-eight cases of Asiatic cholera and choleraic diarrhoea with twenty-six deaths were treated, and four hundred and fifty cases of simple diarrhoea with fifty deaths. The first fortnight of the epidemic, to mid-November 1866, saw all but five of the cases of Asiatic cholera and by the beginning of December the number had dwindled to two. Greendyke Hospital, cause of so much public uproar, had hardly needed to open its doors, and was closed from 6 December 1866. At the same time, wards for fever cases were cautiously opened at the Parliamentary Road fever hospital. Hardly daring to believe that they had escaped so lightly, the Sanitary Department began to run down its cholera procedures.

1. SCM, 13 September 1866.
2. SCM, 17 August 1865.
3. Particular watch was kept on other ports such as Liverpool. (SCM, 19 July 1866).
4. These figures are taken from the fortnightly cholera reports of Gairdner between October and December 1866.
The mildness of the epidemic was an unexpected bonus to the Sanitary Department. Whatever had been the true cause, the Department reaped the benefits in improved public standing. The sanitary idea had been completely vindicated and the municipal authorities would find it very difficult to return to the situation that had existed previously, when epidemic control had been under the sporadic control of the parishes.

However, certain aspects of the Department's work, particularly the hospital, were not without their critics. Once the immediate danger of both typhus and cholera was past, there was a movement among the members of the Police Board to close down the hospital, which was expensive to maintain in normal times. Dr. Russell was summoned to a special meeting between the Magistrates' and Sanitary Committees in 1867 to state his reasons for considering that the hospital should remain open. He pointed out with perfect reason that fever was always present in the city, and epidemics could break out at any time. Should they do so it would be more difficult, as well as more costly, to re-open and re-equip the hospital than to maintain it in its present state. It was agreed to keep the hospital for a year under the management of a committee nominated from among members of the Magistrates', Finance, Statute Labour and Sanitary Committees of the Police Board.1 It should be pointed out that this meeting took place after the passing of the 1866 Glasgow Police Act had laid upon

1. Town Council Special Committee Minutes, 9 October, 1867, 327.
the Police Board the obligation of maintaining in-patient accommodation for the treatment of infectious diseases.\footnote{29 & 30 Vict. c. 273, clause 266.} Already the City parish was making use of the accommodation available in the municipal fever hospital for pauper cases of smallpox and scarlet fever.\footnote{SCM, 14 February 1867, 15.} The need for such an institution was not in question and this fact was to be proved even more forcibly in 1871 when the Committee on Health, successor to the Sanitary Committee, was forced to open an additional fever hospital to accommodate patients suffering from relapsing fever, so justifying Russell's words on the unpredictability of epidemics.

Before leaving the subject of the cholera epidemic of 1866, it is worth mentioning the interesting experiment in community involvement known as the 'sanitary visitation movement' which was a direct result of the epidemic. The original idea, for which Dr. Gairdner was responsible, was for each of the many church congregations in the city, both established and dissenting, to supply a body of trained nurses to assist in combating cholera. This suggestion was unsuccessful, but the problem of how to instruct the ninety thousand-odd households in Glasgow in methods of combating cholera without at the same time creating public panic remained.\footnote{Dr. W.T. Gairdner, Report on the Sanitary Visitation Movement, 1867. (Glasgow Board of Police pamphlet).} Under the leadership of the Reverend Mr. Lang of Anderston, the churches in the city agreed to provide volunteers under the supervision of
Gairdner who would distribute printed instructions to households and follow this up with visits to homes where the family was coping with actual cases of cholera. Three thousand visitors were recruited and many of these were given as revealing a lesson in the lives of the poor, their poverty, wretchedness and sometimes their noble battles as one minister put it, as they themselves gave to the poor in terms of general hygiene. After the epidemic had gone, an attempt was made to keep the movement in being in order to supervise the forty thousand-odd families Gairdner reckoned were in need of regular sanitary instruction and supervision. These volunteer visitors would be guided by a Central Committee with one or two paid officials to distribute funds, clothing and coal and keep the accounts. Although it was generally agreed that the congregations of the various churches in Glasgow had an enormous pool of members who might do excellent service among the poor of the city, once the threat of cholera had been removed enthusiasm waned, and the sanitary visitation movement died an early death. The lesson to be learned from this experiment in community involvement was that, apart from those few members of society always ready to give voluntary help in visiting the poor or instructing them in how to improve their homes or standards of family care, the vast majority can only be moved to give active assistance in times of particular danger, preferring at all other times to leave sanitary affairs to paid officials and

1. The minister, Dr. McLeod, pointed out that the public meeting would have been better attended if aid to negroes was being discussed. (Report on Sanitary Visitation Movement, p. 34.)
experts.

The year 1866 saw other important events besides the cholera epidemic. The 1862 Glasgow Police Act had a limited life, for it was an experiment particularly with regard to the sanitary and health measures. The efficacy of these, proved through two epidemics, ensured that the more permanent measures designed to replace the Act would strengthen the hand of the medical officer of health. By the 1866 Glasgow Police Act, the municipal authorities now had a duty to provide hospital accommodation for infectious diseases and reliance for extra powers on the Magistrates' Committee was considerably weakened. The Sanitary Department could now regard itself as a permanent fixture rather than on trial. The amalgamation of the Sanitary, Fever Hospital and Cleansing Committees in 1870 to form the Committee on Health was another essential administrative reform.¹ At the same time the medical side of the Health Department was streamlined by the appointment of Dr. Dunlop as Gairdner's assistant, with the idea of laying upon him much of the physical labour of the medical officer's work, such as visits to districts, instructing new staff and arranging meetings of the medical staff, so leaving the senior medical officer free to give his whole attention to the more theoretical and administrative problems of public health.²

These innovations were completed none too soon. The final round against fever and smallpox had still to be

¹ See above, pp. 118-120.
² CHM, 18 February 1870, 17.
fought before they disappeared out of the ring once and for all. The alarm note was first sounded on smallpox which showed an increase early in 1870, while fever had not shown its normal seasonal decline during the summer of 1869. The particular type of fever was relapsing fever, a highly contagious form of infectious disease which spread rapidly in dirty and overcrowded conditions such as existed in old Glasgow, but which was notable for its low fatality rate and the very long period of recovery and convalescence necessary.¹

By the late summer of 1870 the fever accommodation at the Royal Infirmary was filled to capacity, and Dr. Russell was forced to turn away cases from the City and Gorbals parishes as his hospital was also full, although a new pavilion had been erected in February of that year. The whole carefully-built system of epidemic control was at the point of breaking down altogether once the City parish inspector of the poor had taken the step of treating infected paupers in their own homes.² This was a grave threat, as it cut right across Gairdner's cherished system of immediate isolation to prevent the spread of infection. The decision was made early in October 1870 to search for a site for a second municipal fever hospital, but the size of the city was such that it was now difficult to find anywhere suitably isolated from other dwellings and yet

². CHM, 5 September 1870, 100; 19 September 1870, 106-107; 23 September 1870, 110.
reasonably accessible to the city centre, the most affected area in this particular epidemic. Eventually the estate of Belvidere was acquired around the end of October 1870 and work began immediately on the fitting up of pavilions in the grounds.¹

The situation was in fact deteriorating. Hospital beds available in the city, numbering six hundred in all, were fully occupied, several cases were now being treated in their homes and thirty new cases a day were being reported. By this time Gairdner's own Department had been forced to admit defeat and begin treating patients at home, the number of cases so treated numbering around two hundred and thirty by mid-November.² In December six additional female visitors were employed to attend fever patients in their homes until the new accommodation at Belvidere should be ready. The continued increase of smallpox at the end of 1870 decided the Committee on Health to provide a pavilion for this disease at Belvidere, in addition to those accommodating patients suffering from relapsing fever. As pavilions were completed they were put to immediate use, so that by the time the peak of the epidemic was reached at the end of December 1870, the accommodation problem was on the way to being solved. By early February 1871, Belvidere hospital had overtaken the Parliamentary Road hospital in the numbers of patients under treatment and the atmosphere of crisis subsided.³

1. CHM, 31 October 1870, 133-134; 14 November 1870, 140.
2. CHM, 14 November 1870, 140.
3. CHM, 6 February 1871, 173.
All the local authorities were now able to turn their attention to the vaccination of the population against smallpox, which was increasing as relapsing fever was abating. As the parishes were not in full agreement on the subject of vaccinating the non-pauper section of the population, the Committee on Health decided under Section 57 of the Public Health (Scotland) Act of 1867 to undertake this as a municipal responsibility. Medical students were employed for house-to-house visits to bring vaccination right into the homes of the poor, and vaccination stations were set up in Main Street, Gorbals, the Saltmarket for the Central district and in Cowcaddens for the northern area. By the spring of 1871 the disease began to decline. These two epidemics of 1870-1871 were the last chapter in the long history of epidemics on a large scale in the city of Glasgow. Typhoid still returned occasionally in localised outbreaks and smallpox could cause a scare from time to time, even into the twentieth century. Typhus and relapsing fever were to diminish steadily until by 1881-1890 the death-rate from typhus had fallen to forty per million and by 1901-1910 to six per million. Cholera was to show an even more pronounced decline.

Each epidemic left some reform in medical administration behind in its wake, those of the 1847-1849 period

1. CHM, 24 February 1870, 183.
4. Ibid, p. 298.
bringing the parochial hospitals and dispensaries, the cholera epidemic of 1854 the systematic notification of typhus and cholera to the cleansing authorities, the typhus epidemic of 1864-65 the first municipal fever hospital. The cholera epidemic of 1866 ensured the survival of both hospital and Sanitary Department and their enlargement, and finally the relapsing fever epidemic of 1870-71 brought the second municipal fever hospital and ultimately the house of refuge, long a dream of Dr. Gairdner and at last realised with the opening of an establishment for the quarantine of close contacts in Weaver Street in February 1872.1

To what extent epidemics influenced such measures as the Loch Katrine water scheme, the Glasgow Improvement Trust for the demolition of slum property of 1866, the formation of the Cleansing Department in 1868 and other major sanitary measures is not open to accurate assessment but their effect on municipal administration should not be minimised. As reforms were introduced, administration in all branches of local government had to be expanded or contracted to suit the requirements of each new development. For example, the opening of two municipal fever hospitals gave the opportunity to the Royal Infirmary and the parochial hospitals to close down their accommodation for infectious diseases and concentrate on medicine and surgery. The decision to treat all cases of infectious diseases, whether pauper or non-pauper, was taken by the municipal authorities during the period 1870-1871 as a

1. CMM, 5 February 1872, 292.
result of the epidemics and was explicitly applied in the first instance to 'fever' and smallpox, but became later extended to other diseases such as scarlet fever and measles. The other medical establishments were more than willing to shift the responsibility onto municipal shoulders, the Royal Infirmary requesting that all smallpox cases should be transferred to the municipal hospitals from their wards in February 1870 and the parochial boards falling in line with the trend once payment for pauper patients had been agreed upon.\(^1\) The way was now open for the specialisation of medicine within the city which was a feature of the remainder of the century, enabling the Royal Infirmary and to a lesser extent the parochial hospitals to concentrate all their resources on providing the highest possible standard of medical, surgical and nursing care.

The municipal authorities for their part came to accept that all branches of public health administration should be under their control. The formation of the Committee on Health in 1870 was the first important move in bringing together all the various branches of public health and the decision in November 1870 that the Board of Police should provide all accommodation for communicable diseases in the city was a further rationalisation of the health programme.\(^2\) An enormous amount of work still remained to be done after 1872. Typhus and cholera might decline, but

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1. CHM, 23 January 1871, 170; 10 February 1871, 176.
2. CHM, 14 November 1870, 139.
a vast pool of infectious diseases existed in the city in the form of scarlet fever, whooping cough and diphtheria which effectively ensured that the mortality returns remained high, particularly so far as children under five were concerned. Inadequate detection methods by a small staff in a large city and lack of uniform notification of diseases until the adoption of the Infectious Disease (Notification) Act of 1889 by the Corporation in 1890, meant the day was far off when all cases of communicable disease could be promptly removed to hospital.¹

Russell, Gairdner's successor as medical officer of health after 1872, took advantage of the decline in adult infectious diseases to open the municipal hospitals to cases of the principal childhood ailments, but no more than a fraction of the sufferers could ever be discovered and treated. A whole new dimension was added to the existing problem by the discovery of the true means by which tuberculosis is spread, which was eventually to add sanatoria to the municipal hospital establishment. The discovery that smallpox wards somehow raised the number of cases of smallpox in the area around meant the opening of a special smallpox hospital well beyond the city boundaries in 1920.²

These were the problems that faced the Health Department after 1872, but they could only be tackled at all owing to the developments in public health made between 1847 and 1872, most notably in the last decade of that

2. Ibid, 175-188; 361-362.
period. Many of these were more administrative and legal than purely medical, and it had to be admitted after ten years of operation that the existence of a Sanitary Department appeared to have had little effect on the morbidity and mortality statistics for the city. This, however, should not detract from the very real achievements made by the Sanitary Department in its first ten years, when the medical officer, only working in a part-time capacity, had to battle against ignorance and apathy towards dirt and disease among the citizens he and his staff were supposed to be helping, and against parsimony and hostility towards essential reforms among rate-payers and Committee members. This was a stage in public health advance that had to be undergone before anything concrete could be built.

The milestones along the road to reform were marked by the epidemic diseases, because they alone could arouse sufficient public alarm to force the introduction of otherwise unacceptable measures. However, once a Sanitary Department had been set up and a practising doctor was at its head, the other acute health problems of the city could be shown in their true colours. To a doctor, one death is as bad as another, whether it be an adult operative dying of typhus or a week-old infant dying of some other ailment. A yearly death rate from lung diseases of around one quarter to one third of total deaths is a far more serious problem overall than an occasional typhus epidemic. Once the Health Department had been reorganised after 1870,
with the setting up of a staff of sanitary inspectors under the head inspector and with the addition of female visitors to the payroll, it was possible for the medical officer of health not only to bring such matters as infant mortality and the incidence of lung disease to the notice of the Committee on Health but also to suggest remedies and put these into operation.

Soon after Russell took over from Gairdner as the first full-time medical officer of health in 1872, he began an attack on scarlet fever through making in-patient accommodation available in the fever hospitals and involving the school-teachers of the city in an attempt to prevent contacts of infected children from attending school. The sanitary net was being widened to catch those diseases once thought too common-place for municipal concern. It was this process, particularly when applied to child welfare with the setting up of a maternity and child welfare service, that was to succeed in bringing the mortality statistics tumbling down in the first half of the twentieth century.
By far the most intractable of the public health problems facing the nineteenth century municipal administration was that of housing the working classes. Although for the first sixty years of the century poor housing conditions were accepted as the lot of the poor, the Town Council had tacitly recognised its involvement in the housing stock of the city, particularly with regard to safety, for many years and in the mid-century had even gone so far as to attempt to obtain proper building regulations to prevent the perpetuation of insanitary conditions in new tenements. From the 1862 Police Act onwards, the first tentative steps at building controls were taken but it was not until the final decade of the century that an Act specifically aimed at the control of new buildings was finally passed.¹

A large part of the problem was the inheritance from the past. So much of Glasgow's public health improvement had started from a relatively clean slate. The water works had been carefully planned on the drawing board before being brought into the city with comparative ease. The municipal hospitals had had no precedent and could be erected from scratch. The cleansing system could be improved with very little trouble if a great deal of expense. The situation with regard to housing was totally different, as it was quite impossible to wipe this slate clean and even piece-meal redevelopment of the worst areas meant serious dis-

¹. 55 & 56 Vict. cap. 239.
ruption in the lives of the inhabitants and possible overcrowding in adjacent areas unless alternative means of accommodation were immediately available. In addition, interference by the municipal authority or central government in the landowner's right to dispose of his property as he thought fit was likely to be both resented and even resisted as an infringement of individual liberty. As a result, the local authorities from the mid-century onwards made ineffective stabs at the problem of the housing of the working classes and only came to grips effectively with improving the urban environment for the poor towards the end of the century.

The result of this comparative indifference towards housing is reflected in the records on the subject from the point of view of the municipal administration. The various aspects of municipal involvement in public health studied so far - administration, the improvement of the cleansing and general sanitary services and the provision of medical aid - all saw considerable local government activity in the period 1842 to 1872 and as a result are so well documented that in dealing with each the problem is one of too much information, making it necessary to leave out a great deal of detailed but secondary material. With the housing of the working classes, the local authority was involved so little in a direct way with the actual houses in which the poor lived out their private lives that it is not easy to find relevant material. The passing of the Glasgow Improvement Act in 1866 does provide information

1. 29 & 30 Vict. c. 85.
in this particular field, and in the last quarter of the nineteenth century literature on the subject of working class housing begins to multiply. Ultimately a situation has been reached in which the Glasgow housing crisis is the most intensively studied public health problem concerning the city, chiefly owing to its apparently insoluble nature. Some of this interest has deflected backwards, and more articles and studies are appearing of the nineteenth century aspect of the problem. Among these recent publications are an article by J. Bett contained in a volume of essays on working class housing collected together as a result of a symposium on the subject held in 1971, and a study of the workings of the Improvement Trust made by H. Bull in an unpublished M.Litt. thesis of Strathclyde University presented in 1973. In addition there is an important article by C. Allan on urban redevelopment using Glasgow as a model, published in the Economic History Review in 1963.

These studies have been able to draw on the increased volume of documentary material for the post-1870 period in Glasgow. A rich source of evidence is the writings of the medical officers of health, commencing with Gairdner who began his duties with a study of two notorious tenements, Binnie's Court and the infamous Drygate Rookery, which he

presented to the Sanitary Committee in 1863 in a successful bid to convince the members that ticketing of small houses should begin without delay. Gairdner’s later writings continued to point out that evils inherent in insanitary housing conditions, and his successor as medical officer of health, Dr. J. B. Russell, took the matter even further in his famous lectures and pamphlets such as Life in One Room and The Children of the City in which he graphically presented to his audience or his reader the physical difficulties under which the poor laboured in overcrowded conditions. These pamphlets were collected together and published in the book Public Health Administration in Glasgow, in 1905. Another valuable source of information of a slightly later period is the Municipal Commission on Housing, undertaken by the Corporation on the lines of a Royal Commission in 1903. Although concerned with early twentieth century conditions, some of the evidence is sufficiently retrospective to provide a picture of Glasgow housing problems in the last part of the nineteenth century.

Valuable as this material is, there are still considerable gaps in the documentation of the period 1850-1870. The Dean of Guild Court records commence in 1862 but the information contained in them is sketchy and the plans of the proposed tenements, which might have provided vital clues as to the type and size of houses, the sanitary defects or density of buildings per acre, have been destroyed. Few houses built prior to the 1870s remain in

existence as tangible witnesses to the housing standards of their day, and those that do remain are chiefly middle class housing which conforms even to the more stringent regulations of the present day. Certainly none of the old insanitary tenements that featured so often in nineteenth century writings have survived, the slums of to-day being the improved dwellings of yesterday.

Nevertheless, it is still possible to find something constructive to say about local authority involvement in the field of housing, both from the point of view of the construction of working class housing and of living conditions within them once they had materialised in stone and mortar. Although most of the evidence is scattered through Minute Books and official reports, there are two major sources which provide considerable information. These are the Dean of Guild Court records already mentioned, which provide information on numbers of houses per tenement and apartments per house, the number of privies or water closets to be provided and the identity of builder and developer. Although not sufficiently detailed to be of major importance, when studied over a period of fifteen to twenty years these records can give valuable evidence of changes in construction or the amenities provided, such as the trend away from privies towards water closets in new tenement blocks already discussed. The other source of information is the Enumerators' Books for each decennial census. Studied for a period of thirty to forty years, information on room occupancy, on numbers of lodgers and their

relationship to the head of the household, on cellar dwellings or windowless rooms and on the number of houses per tenement, information totally lost otherwise owing to the destruction of the buildings themselves, can be obtained.

This section begins with a study of the urban environment and the development of the city from the original Royalty to the urban sprawl of the late nineteenth century. It continues with an investigation into municipal involvement in housing conditions through control of common lodging houses, of overcrowding in the small houses of the city and through the movement to obtain comprehensive buildings regulations. Finally the effect of municipal efforts in housing and other fields of public health is reviewed and the success or failure of the local authorities put into perspective.

* * * * * * * *

The Glasgow that Daniel Defoe so much admired in the early years of the eighteenth century, with its graceful piazzas providing a sheltered passage way for passers-by and those lingering before the wares displayed by shopkeepers and its tall, quaint tenements of golden sandstone, straggling between cathedral, university and tolbooth, had suffered a steep descent from charm and dignity to squalor by the time another visitor from London, Dr. Sutherland,
visited the city in 1849. The purpose of his visit was not to admire the undoubted splendours of the commercial buildings and west end crescents but to seek out and control the cause of cholera, so he can perhaps be classified as a hostile witness. There is nevertheless an unmistakeable authenticity in the picture he drew of 'those frightful abodes of human wretchedness', the wynds and closes of the city, which 'consist of ranges of narrow closes, only some four or five feet in width, and of great length. The houses are so lofty that the direct light of the sky never reaches a large proportion of the dwellings'. His criticism did not stop at the exterior of the houses, but continued 'the interior of the houses is in perfect keeping with their exterior. The approaches are generally in a state of filthiness beyond belief. The common stairs and passages are often the receptacles of the most disgusting nuisances. The houses themselves are dark, and without the means of ventilation. The walls dilapidated and filthy and in many cases ruinous'.

The buildings described in favourable terms by Defoe and in such an unfavourable manner by Sutherland were in many cases one and the same. Many of the most dilapidated buildings were the former stately homes of Glasgow merchants a century or so earlier. That none remains to-day as a witness to a dignified past is the result of the wholesale demolition of the old city in the second half of the nineteenth century. The regime of destruction was ushered in

by the first Glasgow Police Act of 1800, which doomed the piazzas as an obstruction. They were the first casualties of a century which was to see the entire city that had existed prior to the turn of the nineteenth century disappear, with the exception of a handful of buildings which survived by reason of their architectural and civic merit, such as the medieval cathedral, Hutcheson's Hospital in Ingram Street and the old Cunningham mansion in Queen Street which was saved through its incorporation in the Glasgow Stock Exchange. Of the older type of tenement dwelling house, only Provand's Lordship survived to provide an example of medieval domestic architecture. Among those buildings demolished were many notable sixteenth and seventeenth century buildings such as the Old College in High Street and Elphinstone's Land in Gorbals. Nor were streets immune from destruction. Whole series of streets with a long if ultimately infamous history were obliterated through the activities of the City Improvement Commissioners from the 1870s onwards, including Havannah Street and the Old and New Vennels, so that the modern Glaswegian is probably unaware that they ever existed. Even well-known landmarks suffered in this onslaught on the old city. The famous Bell o' the Brae, a steep portion of the High Street below the cathedral and the scene of a battle between Wallace and the English in the thirteenth century, was lowered on two different occasions during the century to make an easier passage up and down the road, so that today it is difficult to establish where it used to be.

1. The building now houses Stirling's Library.
It is easy to blame the Victorian citizen and Town Council for the destruction of so many buildings that today would be considered of great historic and architectural interest, but in all probability by the mid-century most of these buildings were in no fit state to be repaired. Many years of neglect must have preceded this unhappy state of affairs, since the seventeenth century tenements of the Saltmarket had been built to last for centuries with proper maintenance. The famous tenement of Gibson's Land in the Saltmarket, described by McUre in 1736 as a 'great and stately tenement of land' standing 'upon eighteen stately pillars or arches, and adorned with the several orders of architecture...': a building ascribed to Sir William Bruce of Kinross House, had become sufficiently ruinous by 1823 to collapse into the street with the loss of one life, a higher death rate only being avoided through the foresight of the Dean of Guild Court officials who had warned the inhabitants to leave only the previous day. A long period of decay must have preceded such a disastrous end to the building.

Some of the blame must probably be put on the change of patterns of living which made the tenement style of social organisation, where all classes lived in the same building but at different levels according to their income, unpopular with the better off who departed to the newer residential housing on the outskirts of the city. The poor who crowded into their erstwhile dwellings were quite

incapable of keeping the buildings in their former state of respectability, even if they had desired to do so, and in any case the landowners or their agents or tenants divided up large houses into many small ones, so helping to cause the chronic overcrowding of the old town. Decay was probably a problem from the beginning of the nineteenth century, for had the fabric of many buildings been kept in a better state of repair, they would not have been in such a precarious state by the time the worst rush of immigration commenced.

Fragmentation of ownership was an important factor in causing decay. Even the smallest houses might be owned by several proprietors, who left the management of their affairs in the hands of a factor and probably had not been near the building for many years, if indeed ever. When it came to repairing buildings owned by several proprietors in order to forestall decay, the difficulties in obtaining agreement and payment were multiplied, hence too often no repairs were executed on old property until the buildings tumbled down of their own accord or were pulled down by order of the Dean of Guild Court.

If the old city was to disappear totally in the course of the nineteenth century, what was to rise up in its place and form the nucleus of modern Glasgow? In the early part of the century much of the building was for houses aimed at

1. Senex describes a small property consisting of a single storey with attics above which proved to belong to no fewer than four proprietors, all of whom had to be contacted before it could be demolished. (Senex, Glasgow, Past and Present, p. 68).
the higher income groups. The middle class expansion of the city began with the feuing of the lands of Ramshorn and Meadowflats to the west of the old city, on which the commercial heart of Glasgow was to be laid down, and of the Gorbals property, owned jointly by the Town Council, the Trades' House and Hutcheson's Hospital, from 1790 onwards. Most of the housing was for the prosperous merchant classes, expansion of working class accommodation being allowed for by the practice of sub-division, or 'making-down', of existing tenements and warehouses to fit in considerably more people than had previously lived there. This emphasis on middle class housing created the fine new terraces and crescents springing up at Blythswood Holme on the estates of Campbell of Blythswood and the suburban development at Laurieston, laid out from 1820 onwards near the old burgh of Gorbals on a portion of the estate belonging to Hutcheson's Hospital.

While middle class Glasgow expanded westwards and southwards, the suburban burghs themselves were expanding at an even faster rate. From the lack of surviving middle class building, particularly in Calton, it is probable that most of the housing here was for the artisans, mill operatives and less skilled workers crowding into the area. The suburbs were too close to the more attractive amenities provided by the city of Glasgow to be able to develop good residential areas of their own to the same extent, although Anderston may have had better-class housing towards the Kelvin river. Calton and Anderston, having no dilapidated if historic buildings from the past, seem to have provided
the developing urban area with its first working-class housing built specifically for this purpose. As far as Calton was concerned, the inability of the burgh to expand onto new ground ultimately caused a chronic overcrowding problem which the extended city of Glasgow after 1846 was to inherit.

By 1846, both city and suburban burghs had extended in all directions sufficiently to have created a continuous built-up area stretching from Bridgeton to the east to the river Kelvin to the west. Beyond the perimeter of the city lay a number of smaller settlements and villages, all of which were eventually to be incorporated into the municipal boundary. To the north lay the village of Springburn, part of the ancient royalty but separated from it by Garnagad hill, a pleasant, southward-facing hill dotted with villas and market gardens. To the west of Springburn were the lands of St. Rollox, upon which the great chemical works of Charles Tennant had been established, and the inland port of Port Dundas at the Glasgow end of the Monkland Canal. Between Port Dundas and the new west end of Glasgow growing up around George Square lay open countryside, which between the early years of the century and 1842 was to fill with houses, mainly middle class round Shamrock Street, but with tenements designed for the working classes springing up around Cowcaddens. Further west, beyond Anderston, lay the village of Partick, separated from Glasgow by the river Kelvin. To the south of the city, beyond the Clyde, was the burgh of Gorbals, extended from 1820 onwards through the development of middle class
housing at Laurieston and by commercial developments at Tradeston. Further along the banks of the Clyde, but within easy walking distance of the city, lay the fishing village of Govan. To the east, beyond the Molendinar and the villages of Calton and Bridgeton, were the weaving communities of Mile-End and Camlachie. Still further east, connected to Glasgow by a street glorying in the unearned title of Great Eastern Road, lay the mining settlements of Westmuir and Parkhead. All these eastern villages were uniformly poor, depressed and insanitary and were to remain so even after their incorporation into the city.

By the mid-century the demarcation of the city into rich and poor areas was complete. The old historic town around Glasgow Cross and the banks of the Molendinar was now almost totally abandoned by its former, prosperous inhabitants and had become the haunt of the most depressed classes of the city. The heart of old Gorbals to the south paralleled it in reputation. The aspiring middle class areas of Gorbals had also suffered a reverse of fortunes, particularly with the development of Dixon's ironworks and the criss-crossing of the former burgh by railway developments, and had slipped down the scale to artisan level. The eastern portion of the urban area, as far as Westmuir and Parkhead, remained almost universally the home of the poor, with workshops, small industry and domestic housing filling in the gaps that once had separated the villages of Mile-End and Bridgeton and reaching out along the newly laid out Great Eastern Road to the mining
villages of Tollcross. To the north of Calton lay one of the last remaining stretches of countryside still untouched by development, the lands of Golfhill and beyond them of Kennyhill. This area was to remain miraculously free from housing until late into the 1860s, when they were to form the east end's middle class area, to be known as Dennistoun after the owner of the Golfhill estate. Northwards, the pleasant Garngadhill had suffered a serious reverse of fortunes by the mid-century. The building of the Monkland canal to the south and of the St. Rollox chemical and Blochairn iron works to either side had isolated it in a sea of industrial activity from which it was never to recover. The pleasant villas were gradually abandoned, their gardens feued off for tenement building, and by the 1860s and 70s the Garngad was to become the most notorious contemporary slum, with a death rate that equalled and occasionally exceeded those in the old, historic black-spots. Port Dundas similarly suffered during the first half of the century and degenerated from a pleasant canal-side settlement into a damp and unhealthy collection of dilapidated cottages and cellar dwellings.

To the west of the old city, development was mainly middle class, with the exception of the heart of the old burgh of Anderston. The last remaining open space around the river Kelvin was rescued from development in 1846 and turned into the West End Park for future generations to enjoy, later renamed Kelvingrove Park. Beyond the pleasant crescents and terraces which fringed the park, such as
Royal Terrace and Lyndoch Crescent, was relatively open countryside towards the villages of Woodside and Maryhill. Most of this ground was to be filled up in the sixties and seventies with substantial tenements of five and six apartment houses, many of which remain to-day. An attempt was made in the early 1870s to develop terrace housing of the more expensive type between St. George's Cross and Woodside village, by then incorporated in the built-up area, along the line of Great Western Road. Some fairly substantial housing, particularly at Holyrood and Lansdowne Crescents and Burnbank Gardens, was built here, but the nearness to Maryhill and the industries of Woodside prevented this section of Great Western Road from becoming as popular a residential area as that built further along beyond the burgh of Hillhead, where large mansions and some fine terraces, the most beautiful of which is probably 'Greek' Thomson's Great Western Terrace, were built from the 1840s onwards.¹ Southwards and eastwards, the growing middle class suburbs at Pollokshields and Dennistoun, the former chiefly substantial villas and the latter mostly five to six-roomed tenement housing, provided the better off with a variety of areas to choose for their dwellings.

There was sufficient demand among skilled workers for a considerable amount of building to be undertaken of one, two and three-roomed housing. Much of this centered round Springburn and along the Garscube Road, but the remaining open spaces at Dalmarnock and Bridgeton and the area to the

south of old Gorbals around Kidston Street, within walking
distance of the workshops and warehouses of Tradeston, were
also built over with single and two apartment houses. The
few remaining tenements built during this period, most of
them now condemned or awaiting demolition, consist of four-
storey blocks with at least one single apartment and two
'rooms and kitchens' to each landing. The two-apartment
houses usually had two rooms of ten foot by twelve foot, with
a ceiling height of around ten foot and a window occupying
almost the height of one wall with a sink below its sill
and piped cold water. In addition there would be a small
entrance lobby and a bed recess in each of the rooms. Later
houses of this type, though possibly not as early as 1872,
would have a kitchen range built into the fireplace as a
standard part of the amenities provided and a water closet
to each landing. The single apartment house, or 'single-
end', had no lobby and consisted of a single room ten foot
square with a bed recess. 1 So far as space, ventilation
and construction were concerned, these houses were a great
improvement on the type of house built in the 1840s and 50s
for a similar class of workers. The infamous Drygate
Rookery, built around 1851 and the object of complaints by
the City Parochial Board to the Police Committee on account
of its insanitary features, 2 consisted of forty-eight small
apartments eight foot square. A rough plan survives of

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1. Information obtained from condemned and empty tenements
   in Nuneaton Street, Dalmarnock, measured by the writer
   in 1972 before demolition. They were built, according
   to the Dean of Guild Court records, between 1871 and
   1875. Additional measurements made in Nisbet Street.

2. See above, p. 111.
No. 21, Middleton Place, a tenement which in the 1860s was a constant headache to the Water Commission and Sanitary Department. The plan shows that the building consisted of four single apartments and four two-apartment houses on each floor, all entered from an unlit and unventilated T-shaped lobby. These lobbies, which occurred frequently in the old town in houses which had previously had only one family occupying each floor at least on the lower storeys, were correctly criticised for their insanitary features, but Middleton Place had not the excuse of an older and once-respectable background. It is difficult to escape the conclusion that the builders deliberately reproduced this style of building to pack as many dwellings as possible on the ground with complete disregard for the comfort and wellbeing of its occupants and in the face of evidence of the unsuitability of this style of building from a health point of view. As a street, Middleton Place must have been built during the 1850s, for at the time of the 1851 census only Nos. 1-3 were built and occupied and by 1861 the street was completed. In 1871, the nineteen single apartment houses in No. 21 were occupied at a density of 4.0 persons per room, the sixteen two-apartment houses having a density of 2.25 persons per room.2

For the middle classes, there were few public health problems connected with their dwellings. After the

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1. See Appendix E. pp. 503-4.
2. A more detailed breakdown shows very high densities in individual houses. Three of the single apartments had five inhabitants, one had six, two had seven and one had eight. In the same year, No. 5 Middleton Place had a single room occupied by eleven persons. (Enumerators' Reports for 1871 census).
passing of the Glasgow Improvement Act, the new suburb of Dennistoun benefitted from the laying out of the Alexandra Park, which provided for the east end an open space and recreational area as a counterpart to Kelvingrove Park in the west end. For the artisan of modest but regular income, the new tenements with their piped water, their water closets one to a landing and their improved cooking and washing facilities, provided a dwelling which was a marked improvement on the housing of their fathers' day, always providing the family resisted the temptation to overcrowd their small house with relatives or lodgers. There still remained the bulk of the population, of uncertain or no regular income, desperately poor and subject to frequent periods of unemployment, with whom the city's housing and public health problems lay.

Although in general the educated citizens of Glasgow were indifferent to their poorer neighbours, a sufficient number were fascinated yet horrified by the tumultuous way of life among the wynds and closes of the city to become better acquainted with it. They have fortunately left behind a record of their findings in many cases. John Smith, a minister with the conviction that poor housing conditions and poverty were at the root of crime in Glasgow, made a study of the lodging houses and small dwellings of the old town in 1846.¹ He observed that up to ten thousand people sought a roof over their heads in one of the many

common lodging houses around the Saltmarket and Bridgegate. He described rooms with an average size of ten foot by twelve foot with a ceiling height of only seven foot, in which ten lodgers might sleep on a dirty, straw-stuffed mattress laid directly on the floor or on blocks of stone covered with filthy rags.¹ His investigations of the rented accommodation available in the old town showed rooms where the walls had no plaster and the floor was of wet clay, others where the only window was almost completely blocked by a building put up immediately outside and others where the ceiling might, at its highest, be only just over five foot high. One stair in McLaren's Land, off the High Street, gave access to more than forty dwellings housing around three hundred and sixty persons. The stairs themselves were worn and dangerous and the average annual rent for each apartment was £3.² The observers posted by Smith watched the activities of the poor in divesting themselves of their money and belongings in the many spirit shops and 'wee pawns' which were situated within the courts and closes themselves.³ Robert Perry, writing two years earlier in 1846, after describing how families of ten or more people might share their living accommodation with donkeys and pigs and how he had observed, in a notorious close in old Gorbals, ten individuals all suffering from fever lying in a windowless room, observed '...few, very few indeed, besides the District Surgeons, know the actual condition of the pauper population of Glasgow'. Perry found instances

2. Ibid, pp. 24-29.
of as many as four families crammed into a single room, and could not forbear from drawing the moral conclusions as well as the social to such patterns of living.¹

Both these accounts were written by well-meaning investigators who were prepared, in the collection of data, to be shocked by what they saw and were duly rewarded. Their sympathy for their subjects was practical and moral, but held little understanding. Two accounts which treated the back streets of the city and their inhabitants in a more human manner were the three-volume work Glasgow - Past and Present, a collection of reports and articles from the Glasgow Herald contributed by several well-known local reporters, and the curiously-titled Midnight Scenes and Social Photographs, being Sketches of life in the Streets, Wynds and Dens of the City, by the anonymous author 'Shadow'. The first work is mainly based, in its first volume, on the disappearing city of the mid-century and is heavily biased against the Irish immigrants, who are treated in a scathingly jocular manner which in no way conceals the prejudices of the writer. The work does, however, give the occasional vivid picture of life among the wynds and closes on a human level. 'Shadow' shows considerably more sympathy for the people about whom he writes and a certain appreciation of the culture which is evolving as a response to the way of life many are forced to live.

1. Robert Perry, Facts and Observations on the Sanitary State of Glasgow during the Last Year. (Glasgow 1844).
2. 'Shadow', Midnight Scenes and Social Photographs, being Sketches of life in the Streets, Wynds and Dens of the City. (Glasgow 1858).
By the early 1860s such accounts were bearing fruit in publicising conditions in the poorer parts of the city and there was little opposition to the 'ticketing' clauses of the 1862 Police Act. The arrival of the medical officer of health in 1862 provided another source of information on urban life. Cairdner himself was shocked by the housing conditions of the poor and was converted very soon to the belief that these were at the root of the public health problem. In his Report for October 1863 he describes some of the worst instances of bad housing that had presented themselves to him in his first months as medical officer of health. They included a house in the Bridgegate nine foot by eight foot by seven foot high, which housed two adults and four children; a cellar dwelling housing five people all ill with fever, that was below the statutory size for one person; a room five foot square housing a widow and two children of nine and seven years old, and instances of midden-steads and wash-houses roofed over and used as dwelling houses.¹

These latter cases, although not common, occurred from time to time and at least as late as 1869 when a similar case was reported by the North British Daily Mail reporter.² The poor of Glasgow, in their desperate search for cheaper lodgings or anywhere to live at all, would creep into the most unlikely holes and corners and attempt to make a home. Condemned houses were highly favoured as no rent could be charged, and in a few cases tenements having a

landlord and factor and no demolition order awaiting implementa-
tion, would establish a reputation as a 'free land', a building from which no rent was paid to the factor's office and into which his agents would not, or dared not, enter. The Free Land off the Saltmarket was reported in 1862 as having returned no rent to its owner for twenty five years.¹ Vacancies in such tenements were eagerly awaited and fiercely contested when they occurred.²

Few people, however, were in a position to make use of such opportunities. Most had to find accommodation as best they could in whatever building they could afford. If living in a roofed-over midden at one end of the scale, or enjoying the privilege of a free land at the other, was unusual, having to share one's living space with a large number of other beings, both human and non-human, was not. Nor was infestation by rats and other vermin, damp, rotten plaster peeling from the walls, inability to keep warm in winter without sacrificing adequate ventilation completely or total lack of privacy. The best description of living conditions for the late 1860s comes from the reports carried out by the North British Daily Mail as a special investigation of living conditions among the poor in Glasgow. The reporters almost inevitably made the Garngad and its most notorious street, Middleton Place, one of their first ports of call. Here they found cases of extreme overcrowding in ticketed houses, one in particular in which the dwelling consisted of one large room and a windowless

¹ The Glasgow Herald, 5 February 1862.
² Senex, Glasgow, Past and Present, p. 141.
closet, ticketed to accommodate five adults and one child, which in fact housed six adults and five children. The inhabitants were determined to keep warm and cozy for the reporter noted that the thermometer stood at seventy-five degrees fahrenheit. Throughout Middleton Place the houses were described as dark, overcrowded and crawling with vermin to a degree visible by the light of a torch. The dreary story was repeated in investigations of the other parts of the city. Cellar-dwellings were particularly noted in the northern area. In the south old Gorbals bore the brunt of criticism and here the reporter noted that many of the poor were in the unenviable position of having to pay poor rates for the support of their even poorer neighbours. Here rickety, external wooden stairs and large open middensteads still survived behind the old houses in the Main Street of the former burgh. The city centre, inevitably the worst area from the point of view of sheer dilapidation, overcrowding and disease, provided the reporter with instances of whole blocks of tenements with only a single privy for the use of the inhabitants, houses with no water supply and low-roofed cellar-dwellings with contaminated water oozing down the walls.

Among the objects of the Report in this newspaper was

1. NBDM, 18 November 1869, p. 14.
2. The reporter found one old woman, a ratepayer, who rented a tiny room a few feet from a middenstead and who, on once failing to pay her rates, had had her few pots and pans and articles of furniture seized by the sheriff's officers. (NBDM, 16 December 1869). This confirms the contentions of Gorbals Parochial Board. (See above, p. 140).
3. Inhabitants in Abbotsford Place used a back middenstead as a short-cut to the Main Street, preferring this to going the long way round on the pavement.
to assess the effectiveness of sanitary legislation. Instances of overcrowding in ticketed houses, of lack of water supply and sanitary facilities and of disease were therefore particularly noted, and under this scrutiny the Sanitary Department did not make a very satisfactory showing. Cases of fever were discovered by the reporter in the area around the Gallowgate indicating a break-down in the fever removal and fumigation services. In another instance a dead body was discovered, without a coffin, in a small house inhabited only by four young girls, the deceased's daughters. The parochial authorities were no doubt just as responsible as the Sanitary Department for the plight of these children, and it is difficult to see in a large city how cases such as this could be easily discovered by either authority, but the story made good telling. Cases of overcrowding and of cellars occupied by whole families in direct contravention of the regulations were not difficult to find, nor were instances of inefficient cleansing methods but they all added up to an indictment of the authorities that could not be explained away.

Without doubt the public health movement had fallen far short of its own ideals, so far as Glasgow was concerned. Some of the blame for this has to be put on the nature of the inhabitants themselves - for example a much-criticised cast-iron urinal found at the foot of a stair-case, broken and uncleansed, had originally been placed there for the convenience of the people living in that particular building and was intended as an improvement on

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1. NBDM, 27 December 1869. The account was contained in a letter to the newspaper, printed in conjunction with the day's Sanitary Report.
the middenstead which no doubt had graced the courtyard previously. Its misuse was not the fault of the local authority. A larger share of the blame needed to be laid at the door of the housing stock itself and here the local authority could, if it had so wished, have played a large part in urban improvement. To what extent the Town Council and its Police Board intervened in the housing of the working classes in the period 1842 to 1872 remains to be investigated.

1. NBDM, 27 December 1869.
Chapter 20.  Local Authority Involvement in the Housing of the Working Classes.

In 1842 neither the town council nor the police authorities had any responsibility for seeing that the working population of the city was decently or adequately housed. This area was left entirely to private enterprise, the local authority affecting the issue only in a variety of side skirmishes with the proprietors in the fields of cleansing, drainage and the demolition of buildings too dilapidated to be safe for human habitation. A choice of dwelling was very much limited by the size of the family purse, so that every size and shape of house, from a cellar dwelling to a three-roomed flat, might house a working class family.

The proprietors of the city, in carrying the responsibility for housing the population of the city, particularly the immigrants pouring into Glasgow from the countryside and from across the Irish Sea, had their problems to face. So far as Glasgow was concerned, the land available for new building was minimal and property values of existing tenements in the old city had sunk to very low levels. 1 In the decade 1831 to 1841, the population increased by seventy-eight thousand, while the number of new houses built was only three and a half thousand. In the same decade the population of Blackfriars parish, an area which included the notorious Havannah Street and the Old and New Vennels as well as part of the High Street, increased by forty per cent,

1. In 1849 a tenement building at 94 High Street was sold by auction for 47s.6d., exclusive of the ground-stead. Senex, Glasgow, Past and Present, p. 33.
while the number of new houses did not increase at all.\(^1\) The most popular method of accommodating the newcomers was by making down dwellings designed for one family into small dens which could then be let at great profit to several tenants. In the mid-century, there was nothing illegal in this and chronic overcrowding became an accepted part of life in the city's poorer quarters. Many immigrants went first of all to lodgings in the innumerable common lodging houses around the Saltmarket and Gorbals Cross, over which the Town Council had no control before 1843. Great profits could be made in the lodging house business, charges of 2d. or 3d. a night for a miserable bed shared with several other lodgers giving the lodging house keeper a good return for the annual rent of around £4 or £5 which he paid for the lodging house, particularly if he crammed in more lodgers than his accommodation could decently be expected to house.\(^2\) Complaints against the common lodging houses of the city as sources of disease, vice and immorality long preceded the first attempts at controls brought in by Calton in 1841.

The Extension Act of 1846 opened up the lands beyond Bridgeton in the east, Gorbals in the south and the Garngad in the north to housing development, particularly low-cost, high density housing for the working classes, leaving the western expansion of the city to middle class developments.

\(\text{To the builder or property developer concentrating on low-}\)


\(^2\) See above, p. 15.
cost housing, this was the golden age when, according to Thomas Binnie, the most influential builder of his day, looking back from the 1890s, great profits could be made. For the greater part of the nineteenth century there were few statutory controls upon building, either to regulate construction or the internal arrangement of apartments to allow for good ventilation or sanitation and the builder or proprietor of the 1840s and 50s were as yet relatively unaffected by the sanitary movement which might have forced them to pay more attention to such matters. Such large-scale planning as there was could only be found in the areas designed to attract middle-class occupancy.

Much of the working class building was speculative, a feu-holder obtaining permission for the erection of a tenement or tenements upon a portion of ground, engaging a builder for the purpose and probably never again involving himself in the building trade after the completion of his building. Applications for permission to build which came before the Dean of Guild Court from 1862 onwards were chiefly from men, and sometimes women, whose main occupation was completely unconnected with the building industry, such as shoemakers, doctors, portioners and others. A few large-scale building firms, such as Thomas Binnie & Sons, operated throughout the city, but more frequently a builder who engaged in tenement building on his own account rather than for a feu-holder would concentrate on a particular district, such as John Short, who built five ill-constructed

tenement blocks in the Camlachie area of the east end between 1869 and 1874, Alexander MacNeill who built a number of tenements at Garngadhill and D. Fraser, ostensibly a clothier of Dale Street, Bridgeton, who was responsible for a total of sixteen different building projects between 1865 and 1876 around the Bridgeton and Dalmarnock area of the east end. Some of these houses were substantially built and have lasted into the second half of the twentieth century, but far too often, although adequate for room size and windows from the late 1860s onwards, they lacked the sanitary amenities which should have been mandatory in new buildings from 1862 onwards, were of unsound construction and crowded too many small houses together on too small an area of ground. Certain districts were more prone to this than others. The Garngad in particular carried on the tradition of the 1850s, when Middleton Place was built, into the 60s and 70s when Millburn and Rosebank Streets were constructed, many of the new blocks lacking adequate water supply and sanitation. The villages around Tollcross, particularly Parkhead and Westmuir, were also badly developed. The new streets of Salamanca Street and New and Bald Streets, along with new buildings in the old-established streets of Westmuir Street and East Wellington Street, were totally unprovided with water closets and frequently had no ash-pit accommodation. Here lack of water supply could not be argued as an excuse, as the water supply of the city

1. The information on new house construction 1862-1880 has been obtained from investigations of the Dean of Guild Court Record Books, particularly those dealing with applications for permission to erect new buildings.
was extended to Tollcross and Shettleston in 1869 and most of the new building in the area took place after that date.¹ Nor could high ground, as in Garngadhill, cause serious problems over water pressure, as this area was particularly low-lying.

The town council was not, at least in the early part of the period 1842-1872, at all anxious to become involved in working class housing. However, in common with other areas of urban public health, it was to find itself drawn more and more deeply into involvement with housing conditions as the century wore on. The springboard from which the council was to be launched into this involvement was the Dean of Guild Court, an institution which already controlled such building regulations as existed. The Letter of Guildry of 1607 had given the Court, among its other duties, that of '... decerning all questions of neighbourhood and lyning within this burgh; and no neighbour's work shall be stayed but by him... The dean of guild and his council to oversee the common work of the town, above the master of work...'² By the early nineteenth century the chief function of the Court, so far as property was concerned, was the arbitration of disputes over the extent of individual feus and ensuring that no building encroached either on the line of the street or on neighbouring property, settling squabbles over joint property and reciprocal rights and interests of parties and inspecting potentially unsafe buildings and ordering their demolition if found ruinous

¹ WCM, 15 September 1869.
² Quoted in Senex, Glasgow, Past and Present, p. 4.
or dangerous. The early Police Acts made use of the Dean of Guild Court by making it responsible for ordering a course of action in sanitary matters, such as deciding who should have the duty of cleaning a courtyard or front pavement when several proprietors were involved and none were willing to admit or take up the duties. This body of useful functions ensured that the Dean of Guild Court would survive the onslaught on outdated municipal institutions of 1833 and expand its field of operations even more as sanitary legislation multiplied.

The powers of the Court were, however, limited in some important respects. They could not prevent the overcrowding of buildings, even those condemned by the Court and subsequently occupied by those prepared to overlook the drawbacks of this precarious and sometimes dangerous way of obtaining a roof over their heads in order to get a free lodging. Nor were they able to prevent the rebuilding of houses which virtually reproduced the defects of the former tenement whose site they occupied. Provided the developer kept within the line formerly utilised and did not encroach either on the street or onto adjacent property, he had carte blanche to produce a spacious mansion house or a warren of single apartments on the site. The Drygate Rookery was a perfect example of this. Built on the site of an old tenement, it consisted of two blocks connected by a staircase and containing forty-eight separate dwelling houses, arranged eight to a landing in the four storeys of each block, and about eight foot square in size. ¹

However limited in its powers, the Dean of Guild Court did provide the local authority with a foothold in the area of housing which could, if necessary, be used to enlarge its scope. In a city such as Glasgow, with many of its older houses coming to the end and beyond of their useful life while others were mushrooming from what had been open countryside, there were many aspects of housing which might involve the local authority to good effect. As for most of the period it was taken for granted that private enterprise should provide the homes themselves, direct involvement in housing the working classes did not come into the picture at all. The principal aspects which could involve the Town Council were slum clearance for street improvement, control over common lodging houses, preventing overcrowding in the smaller houses and introducing building regulations to prevent new houses from becoming a carbon copy of the former insanitary tenements.

The Council had to approach the whole subject of housing with considerable caution. Even the most tumble-down tenement represented an investment and most councillors were also property owners and therefore had a foot in both camps. It was not in fact until the later 1840s that sufficient interest was aroused in the subject of housing at local authority level for the matter to be considered from the point of view of building regulations, although the less controversial issue of common lodging houses had been tackled earlier, this involving lodging house keepers rather than tenement proprietors. However, interest among the informed public had already been aroused over the
question of living conditions among the very poor, more particularly since the parallel had been drawn between poor living conditions and epidemic disease by several eminent sanitarians. Where one or two determined and influential citizens led, the Council usually found itself obliged to follow. In the case of housing conditions, there were one or two councillors who interested themselves in the problems of housing the working classes as early as the 1840s. Lord Provost Blackie and James Lumsden were concerned with model lodging houses, while Bailie John Smith championed the cause of slum clearance.

The question of lodging houses was the first to be tackled by the Council. Common lodging houses of the type soon to be common around the Saltmarket were of comparatively recent origin in Glasgow and, along with the Irish immigrants who largely made use of their services, aroused considerable indignation among the older established residents. Anyone who had sufficient capital to rent a house of several rooms and furnish it with a few sticks of furniture could set himself up as a lodging house keeper. To those unfortunate immigrants arriving in Glasgow after a long journey with little money and no contacts, these lodging houses provided a refuge of a sort among their own kind at a time when there was no alternative. Usually the time spent by one individual or family at a lodging house was short, alternative accommodation on a more permanent basis being found as soon as time or money permitted, but there were always other newcomers to fill the beds and keep the lodging house keeper in business. However, there were
few incentives to provide decent, clean beds or personal privacy, the same quick profit being made for a bed consisting of little more than a dirty straw mattress for less trouble and outlay. Nor was the keeper inclined to enquire as to the health of his guests, provided the money was forthcoming at the right time. A bed that had lately accommodated a fever victim might be let almost immediately to a healthy guest who, unmindful of the danger lurking in the presence of his predecessor's lice left behind in the straw, gratefully made use of the sleeping accommodation and frequently caught typhus as a result. By the early 1840s the medical fraternity were well aware of the importance of common lodging houses as agents of infection and the fear of an epidemic goaded local authorities to control common lodging houses as an early preventive measure.

By the mid 1840s the size of the problem was considerable. Figures issued by the superintendent of police for Glasgow in 1843 showed there to be over five hundred common lodging houses in the city alone, two hundred and forty being situated in the Saltmarket and Stockwell Street area. This figure did not include the suburban burghs, of which at least Gorbals was noted for common lodging houses. The extent of overcrowding in these houses is difficult to imagine. The Gorbals district doctor, reporting in 1844,


Glasgow University thesis for the degree of Doctor of Philosophy, June 1955, printed by the Health and Welfare Committee of the Corporation of Glasgow.

described a room in Parker’s Close in the Main Street of Gorbals where ten people, all sick with fever, were lying huddled together in one apartment with no window. Gorbals in general and Main Street in particular were to keep their evil reputation for many decades. The enumerator’s book for 118 Main Street, Gorbals, a little beyond Parker’s Close, in 1871 shows a common lodging house more typical of the mid-century. Here an eleven-roomed house was let out to lodgers, a total of thirty-eight single men and six families sharing nine single-apartment and one two-apartment lodgings, making a grand total of fifty-nine persons or a ratio of 5.36 occupants per room. In one of the single rooms in this particular lodging house were two unrelated families, one with six and the other with three members, while in another case two families, one with four and the other with three members, shared a single room with two unrelated male lodgers, making a total of nine to the room. By 1871 this was uncommon, a survey of several streets in Gorbals made through the enumerators’ books for the census year of 1871 revealing only this example, but it echoed a fairly frequent establishment of earlier years.

The Police Commissioners’ early investigations into the problem of common lodging houses has already been described, but it led to no practical remedial measures. The first burgh to make a positive move in this direction was Calton. The 1840 Police Act included several clauses

1. Ibid, p. 35.
2. Enumerators’ Books for the Main Street/Portugal Street district of Gorbals for the census year 1871.
3. See above, pp. 15-16.
to regulate the letting and conditions of common lodging houses within the burgh. These regulations, which became the pattern for the other burghs in the Glasgow area, established a system of inspection and registration. The lodging house inspector would fix the number of inmates a lodging house could reasonably accommodate and rules were drawn up for the lodgers to observe, which had to be hung up prominently within the lodging house. The Act drew attention to the fact that frequently beds from which infected patients had been removed were re-let without any process of disinfection and there was no separation of fever victims from other inmates of the houses. Provision was laid down for the prompt removal of infectious cases to hospital, for disease notification and for efficient fumigation of infected apartments and bedding, the remaining lodgers if necessary to be sent packing while the disinfection processes were being carried out.¹

This Act did at least make a stab at the problem of common lodging houses, but it initiated a distinction between common lodging houses and houses let in lodgings which persisted until the Public Health (Scotland) Act of 1867. Clause XX stated 'whereas the keepers of lodging houses of an inferior description for the accommodation of mendicants, strangers and other persons, for the night or other short period...' were to be the only ones subject to the clauses of the Act. This description of a common lodging house as being for the accommodation of persons '...for the night

¹ 3 & 4 Vict. c. 28, clauses 20-23.
or other short periods..." remained embodied in the 1843 Glasgow, Anderston and Gorbals Police Acts, which limited police interference in the many small houses where several lodgers crowded into already overcrowded apartments on a semi-permanent basis. The 1862 Glasgow Police Act, the first major piece of sanitary legislation for the city, did not attempt to bring houses let in lodgings under supervision, although by that time short-stay lodging houses were probably less of a problem than the very common habit of taking in permanent lodgers in order to help pay the rent. The distinction was finally made by the 1867 Public Health Act, where the expression 'common lodging house' was now defined as a house, or part thereof, where lodgers were housed at an amount not exceeding 4d. nightly per person, the rent to be paid at least fortnightly or sooner. This no longer limited common lodging house regulations to short-stay lodgings and gave greater flexibility to the local authorities in their dealings with overcrowding due to the presence of more than one family to a house.

The publication of regulations for the administration and cleansing of lodging houses and the keeping of a register necessarily led to the appointment of lodging house inspectors, who were among the first of the army of minor officials who were to be appointed in the course of the century for sanitary purposes. Their duties were to visit and check on the registered lodging houses and ferret out cases of unlicensed lodging house keeping. Calton, in pre-extension days, seems to have been the most successful in bringing prosecutions, over twelve hundred
persons having been brought before the Police Courts for keeping unlicensed lodging houses between 1840, when the Act became operational, and 1846 when the burgh ceased to be. A further three hundred had been fined in the same period for offences connected with the registration of their houses and several hundred applicants refused registration on the grounds that their furniture, particularly bedding, was inadequate. Calton used police officials who doubled as common lodging house inspectors to perform this work and probably the other burghs copied this procedure as cheap and efficient. Not until the reorganisation of the sanitary services following the formation of the Committee on Health in 1870 were lodging house inspectors appointed, confined to this one duty alone.

Another avenue of attack on the common lodging house, initiated by private enterprise without much success but taken up by the Corporation with greater success later, was the establishment of rival model lodging houses. A group of prominent businessmen and philanthropists, which included several councillors such as John Blackie and James Lumsden, both future Lord Provosts, founded the Glasgow Association for Establishing Lodging-houses for the Working Classes in 1847 with the object '...not to interfere with private lodging house keepers, but to foster and encourage houses of a proper description...', in other words to reform by example rather than coercion.

1. PCM, 14 December 1846, 42-43.
2. See above, pp. 273-274.
A model lodging house was opened in Mitchell Street offering a good, clean bed for 3d. a night, with a wholesome breakfast for 2d. Further model lodging houses were opened in Greendyke Street in 1849 and in McAlpine and Carrick Streets in 1856. They were financially successful in a modest way, but they totally failed to affect or improve the common lodging houses, which carried on as usual, providing board and lodging for less than the model lodging houses could hope to do profitably. Describing one common lodging house, where nine adults were crammed into a small room 'at the rate of 1/6 weekly in the gross', the Glasgow Herald reporter remarked 'can the promoters of the Model Lodging Houses enter into competition with a bivouac of this kind'? Expense probably mattered less than the freedom and 'coziness' of the common lodging house when compared with its model counterpart. There was no separation of the sexes, families might stay together even when sharing with other, unrelated families, and drinking and roistering were in no way frowned upon. By the time the Glasgow Improvement Commissioners had moved into the model lodging house field and opened their first establishments at Drygate and East Russell Streets in 1871, cleanliness and comfort had become more acceptable and the example of the Corporation venture led to the establishment of well-regulated commercial lodging houses.

Common lodging houses remained a problem throughout the period to 1872, although towards the end of the century the

1. Ibid.
2. Senex, Glasgow, Past and Present, p. 29.
practice of 'house-farming' was causing more concern.¹ The Corporation, through the Improvement Commission, opened a total of seven model lodging houses between 1871 and 1879, at a total cost of £109,343, and proved that they could be run profitably. In spite of their regulations for orderly and cleanly conduct, they proved very popular with the floating population requiring short-stay accommodation. Some of the standards and ideals of the sanitary movement appear to have percolated down to the lowest levels of the social scale so that clean beds and water closets were preferable to verminous and dirty conviviality in a common lodging house, if a choice was to be had.

Although the first area of the housing problem to be dealt with actively by the local authority, common lodging houses were not the first to be considered actively. The Town Council first looked at the problems of slum clearance as early as 1824, when an Act had been obtained for raising the necessary funds to drive streets through the more closely packed districts of the city, both to improve the city centre aesthetically and to lessen the risk to other adjacent areas from infectious diseases in the wynds. Having obtained their Act, the councillors then laid it aside, presumably on the grounds of expense, and there the matter rested until 1841, when the Town Council convened a Committee on Street Improvement and obtained plans from a local architect, showing three streets to be driven

¹ House-farming involved the sub-letting of inadequately furnished apartments at a high weekly rent.
² 6 Geo. IV, c. 3. An account of the previous debate on the new street is in GBM Vol. 11, 23 March 1824, 91.
through the Bridgegate district between King Street and Stockwell Street. Once again these administrative sallies were not followed through, and it was left to private enterprise and public philanthropy to draw up the next schemes for street improvement. Several isolated plans were under consideration by 1845, in none of which did the Town Council have any direct hand, although a further sub-committee, entitled the Committee on the Projected Improvement of the City and Suburbs, was convened in September 1845 to consider one particular plan, the opening up of a new street from London Road to the north end of a new bridge to be erected near the southern end of Stockwell Street, by a newly formed company known as the Eastern Improvement Company. This projected street would be drive right through the densely-packed tenements which lay between the Saltmarket and Stockwell Street and so perform for the Town Council the very improvements that had been under consideration on and off for the past twenty-two years. On the recommendation of the sub-committee, the Town Council went so far as to purchase five hundred shares in the Company.

Unfortunately for the Council, the Eastern Improvement Company was unable to fulfill its promise and was dissolved in April 1846. All its plans were handed over to the Council in the pious hope that the work envisaged would be carried out. So far as the Council was concerned, the

1. Town Council Special Minutes, 22 January 1841.
2. Town Council Special Minutes, 23 September 1845. Other schemes mentioned by the Council included one to widen Mitchell Street and another to form the Union Arcade.
3. Town Council Special Minutes, 23 April 1846.
particular time was inappropriate for considering street improvements, and the councillors were more than fully occupied with the major administrative reforms involved in taking over the old Police Commission and suburban burghs.

Although slum clearance for street improvements was not seriously considered again until the Improvement Act of 1866, slum clearance on a piecemeal scale was going forward all the time through the Dean of Guild Court orders. Every now and then activity in this direction was increased, usually for some specific reason, for example the collapse of a sugar-refining house in Alston Street in October 1848 with the death of fourteen people resulted in 'renewed zeal' on the part of the Dean of Guild Court in enforcing its orders and inspecting potentially dangerous buildings.¹ There was also an increased activity generally during the period of the typhus and cholera epidemics between 1847 and 1849. At this time there was no question of the authorities concerning themselves with the fate of the inhabitants dislodged from their houses by the demolishers. As it was usually the poorest class of people turned out into the streets, they made their way to similar dwellings and it was not uncommon for the same families to be shifted from one tenement to another equally ruinous one, time and time again.²

However, the Town Council was not insensitive to the criticism directed towards the tenement system of housing the poor and to the nature of much of the housing stock of

¹ Senex, Glasgow, Past and Present, p. 21.
² Ibid, p. 29.
the city, both by outsiders such as Chadwick and Arnott and natives such as Charles Baird. Up to 1848 this sensitivity had not led to much active involvement, apart from taking the lead in the formation of a Health of Towns Association, but in the spring of 1848 affairs were to take a different turn. At a meeting of the Council, Baillie Smith moved a Resolution:

'That the crowded and ruinous state of the Dwellings of many of the working classes has been a fruitful source of misery, disease and crime. That it would tend greatly to mitigate the distress arising from these Causes and would save an enormous annual expense in the treatment of disease and crime if some of this old property were acquired by the Corporation and when a sufficient amount is obtained if such were rebuilt and re-arranged. That with a view to carrying out such a desirable and necessary object a Committee of this Council...be appointed who shall be empowered to purchase on the best terms they can such properties in crowded localities as may appear to them most suitable for improving the access widening classes, supplying drainage and ventilation and in general for promoting the sanatory condition of the Districts...'

The Resolution went on to recommend in forceful terms that property to be purchased must be in the densely-built districts so that its demolition and redevelopment should

1. City PBM, 30 December 1847, 252-254.
2. Town Council Minutes, 24 February 1848, 161-163.
effect a genuine sanitary improvement. It also recom-
mended that the Corporation undertake to rebuild or to
sell the ground to developers who would be compelled to
construct houses for working people of improved construc-
tion. Baillie Smith pointed out that it was useless to
demolish property in order to build fine streets. What
was needed was constructive redevelopment to suit the same
class of people displaced by demolition, and at the same
time build streets through the wynds and closes that could
be used with as much ease by 'the more virtuous, decent
and more opulent portion of the population' as the lower
ranks of the community so that 'a kindly and beneficial
intercourse may be promoted among all ranks of the community.'

Although this far-sighted Resolution was passed and a
sub-committee appointed under the title at first of the
Sanitary Improvement Committee and later the Committee for
the Purchase of Property, the Town Council had no coercive
powers in any local Act of Parliament to prevent the re-
building of houses on cleared sites in an insanitary manner,
nor did they have at the time the necessary borrowing powers
to undertake large-scale street improvement schemes. Never-
theless, £10,000 was immediately set aside for the purchase
of insanitary property and the sub-committee began its work
immediately. By the time the scheme was merged with the
Improvement Commission after 1866, a considerable amount of
property had been purchased and the old buildings demolished.

1. Ibid, 163.
2. Ibid. According to John Carrick, the master of works,
the sum was later raised to £30,000 but there is no
evidence of this in the Minutes. (Senex, Glasgow,
Past and Present, p. xxi).
However, the Council made no attempt at compulsory purchase but waited until a property came on the market before buying it. Only infrequently did they manage to acquire adjacent buildings which might give them some scope for substantial improvements although they went to considerable trouble, though never excessive expense, to try and round off properties where this was practicable, to the extent of attempting purchases of buildings not on the market.¹

They were fortunate in the low level of property values among the type of housing in which they were interested, their very first purchase in May 1848, two small properties in Jeffrey's Close off 87 Stockwell Street and a building under different ownership to the rear, being effected for a total sum of £275. Nevertheless, the end result of their efforts over a number of years was isolated groups of property under Town Council ownership, the buildings being demolished and the space allowed to remain free of further development in order to allow air and light into crowded areas or sold off to private speculators for redevelopment. Once again an admirable scheme had trailed off into limbo for lack of money, or application, or perhaps necessary coercive powers. It needed the Improvement Scheme, backed up by an Act of Parliament, which could raise the necessary funds and use compulsory purchase powers, to really clear away the vast amount of slum property by wholesale demolition.

The councillors were brought round to a reminder of their original intentions in passing Baillie Smith's ¹

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¹ Town Council Special Minutes, 5, 19 March 1851; 10 July, 1851.
Resolution when they received a letter from the City Parish in September 1851, drawing the attention of the Town Council to the erection of a large tenement in Drygate Street, intended for the occupation of the 'humbler classes'. The Parochial Board pointed out that, though '... the Board has no right to interfere with the manner in which any landlord may think fit to deal with his own property, and it is not invested with any power to prevent such buildings as may tend to become nuisances and detrimental to the health of the inhabitants, but as the reduction of pauperism and the consequent freedom from the heavy burden of poor rates is materially affected by the general health, this Board is interested in anything which has relation to the sanitary condition of the city...' ¹

The building in question was the famous Drygate Rookery, built from the first with the deliberate intention of crowding in as many inhabitants as possible on the smallest area of land. Forty-eight single-roomed houses only eight foot square and arranged eight to a landing could not have been anything else but chronically overcrowded, except in the unlikely event of each housing a single occupant. The Parochial Board was to be proved correct in regarding the building as a potential health hazard to its neighbourhood. Dr. Gairdner in the 1860s was a frequent visitor, along with his sanitary staff, and the building was the first to be measured and ticketed.²

The Board pointedly requested the Council to take steps to

1. City PBM, 19 September 1851, 247.
2. SCM, 7 July 1863.
ensure the building was not occupied, and further to arm itself with comprehensive building regulations which would prevent other, similar tenements from being erected.

The immediate result of this communication was the convening of a sub-committee of the Town Council with the express purpose of drawing up a bill 'for placing under proper control the formation and laying out of streets, erection of houses and buildings, the formation of sewers and drains and the general improvement of the city, particularly in a sanitary point of view.' After seeking the advice of the Association of Architects and receiving from them a detailed Report on city improvement, a bill was drawn up for promotion in the 1853 session of Parliament. The bill proposed to give the Police Committee powers to regulate linings, the widths of streets and height of buildings, subject to appeal to the Dean of Guild Court whose decision would be final. The same regulations were to apply to the construction of common sewers. The stability of buildings both internally and externally was to be regulated and no house built after the passing of the proposed Act should have in it rooms of less than nine foot high from floor to ceiling, with the exception of attic rooms where the height was to be six foot. The width of internal passages and of staircases was also regulated, water pipes were to be provided for dwelling houses and water to be taken to each flat, which was also to have well

1. Town Council Special Minutes, 11 December 1851.
2. See above, pp. 111-112.
constructed sinks and soil pipes. No cellar was to be let where the height of the cellar was under eight foot, or where the height was less than one-third below the level of the street. Proximity to dung heaps, dampness and lack of ventilation might also cause a cellar to be declared unfit for habitation after inspection by the Police Committee. Animals were not to be kept within tenements and swine only permitted with the Committee’s consent in built-up areas. Other clauses regulated burials and permitted the closing of graveyards dangerous to health; made the setting up of offensive industries subject to the approval of the Committee; provided for the purchase of ground for public parks; made all refuse the property of the Police Committee and gave powers to acquire tenements in order to make new streets and improve ventilation in the densely populated districts of the city.

Had this bill been successfully passed through Parliament, it would have been the first and only measure before the 1892 Glasgow Buildings Regulations Act¹ to owe its origin directly to the need to improve housing conditions and regulate the otherwise haphazard building of tenements. Like its near-contemporary on a national scale, the People’s Charter, its provisions had to wait a considerable time before becoming law and were introduced piecemeal in several different Acts of Parliament. Again like the People’s Charter, it may have been a statement of what its authors would like to have been able to achieve at a blow but knew instinctively was too big to be digested at one time. The

¹. 55 & 56 Vict. cap. 239.
Glasgow Police Act of 1862 introduced some of its provisions, notably those controlling the keeping of animals in built-up areas, cellar dwellings and the vesting of the city's refuse in the local authority. Most of the building regulations had to wait until 1892, although some of the sanitary provisions, such as the proposals for regulating offensive industries, crept in earlier through the Public Health (Scotland) Act of 1867 and other various measures.

Had the bill passed, it would have enabled the Town Council to prevent repetitions of the Drygate building and, while not giving powers to control the making down of existing houses, would at least have enabled new housing to have rooms of a reasonable height and of sound construction. The powers of compulsory purchase envisaged in the bill would have given the opportunity to the Council to clear away much of the old property still remaining in the city. Its withdrawal and final abandonment owing to a complicated and long drawn out, although ultimately useless, investigation into sewerage has already been briefly described.¹

The only survivor of this earliest foray into the housing problem of the city was the Committee on the Purchase of Property. It continued to buy up old buildings in a desultory way for the next twelve years until 1865. By this time the scheme for obtaining an improvement bill for the demolition of the worst parts of the city was nearing completion and the old sub-committee was recon-1. See above, pp. 111-112.
stituted into one whose function was to acquire property within the area to be designated by the bill. Once the bill had become law as the Glasgow Improvement Act in 1866, the properties acquired were handed over to the new Improvement Commission, a transaction made considerably easier by the fact that both sub-committee and commission were departments of the Town Council.¹

The undue haste with which the Town Council had decided to drop its 1853 bill and pursue the problems of sewage and the water supply may have been prompted by the inherent difficulties in interfering with private property. The City Parochial Board had hastened to insert in its letter to the Town Council on the Drygate Rookery ¹...that the Board has no right to interfere with the manner in which any landlord may think fit to deal with his own property...¹

The slow accumulation of controls over management of property did not go unchallenged, and as late as 1871 the landlords of the first, second, third and fourth municipal wards protested in a Memorial to the Council against the use of compulsory powers to force them to pave courtyards and otherwise improve their properties, when in the opinion of the landlords they were already in a sanitary condition.²

Landlords did not always accept the word of the sanitary officials that their properties were sub-standard. An owner-occupier in Richard Street, Anderston district, was very indignant when his tenement was declared unfit for human habitation by the medical officer of health on the

1. 29 & 30 Vict. cap. 85.
2. CHM, 22 July 1871, 230-235.
grounds of insufficient water closet or privy accommodation, particularly as there were water closets installed in the building. Investigation showed only one to be in working order and that was kept locked for the proprietor's use. On being informed by the sanitary officials that his tenement was overcrowded, dirty, ill-ventilated and not fit for human habitation he replied that it had been in a similar condition for the past twenty-five years without being regarded as unhealthy and the accusation was absurd. Possibly prying officials irked him as much as the slander upon his establishment, but only threats of police action could stir him to put matters to rights. The assumption on the part of the authorities that all courts, privies, ashpits and ventilation systems should be constructed or altered to their design, leaving no room for the owner to exercise his right of choice, was particularly obnoxious to the proprietors and singled out by them for mention in the Memorial of 1871.

As a result of this opposition, the Council did not find it easy to move against the proprietors in a body. It was found easier later on, by which time a certain number of regulations had been passed to provide a legal framework for attack, to select a particularly bad tenement in an area and prosecute its proprietor over a variety of insanitary features - overcrowding, lack of privy accommodation, poor water supply - and hope this action would induce neighbouring proprietors to do something about their own tenement buildings on a voluntary basis. Inevitably
the first building to be chosen for this treatment was in Middleton Place in the Garngad, the tenement in question, No. 5 Middleton Place, being merely one among many similar buildings in this notorious street. Later in the century, the Sanitary Department was able to 'persuade' the owner of No. 21 Middleton Place to reconstruct the internal arrangement of apartments and the access to his building so that each floor contained, in place of the former four single-apartments and four two-apartments, six single apartments and a mere two two-apartments. In place of the single privy and ashpit in the courtyard which had served the entire block, the building now boasted a pair of water closets to each landing and a wash-house in the back court.

Such improvements were piecemeal and hardly scratched the surface of the problem of insanitary housing, but they aroused less opposition and were easier to pursue successfully with a small staff. So much of the housing stock of the city, even outside the area designated for demolition by the Improvement Commission, was substandard that to effect any noticeable improvement was a Herculean task which the Town Council, no Hercules, was not equal to. Its powers were built up slowly, firstly through the definition of houses unfit for human habitation as being a nuisance as defined in the Nuisance Removal Act of 1856 and secondly through Glasgow's own Police Acts which made

2. Fortunately small drawings of these alterations have survived and are shown in Appendix E, p. 593.
the first attempt at controlling overcrowding. The Nuisance Removal Act had tentatively tackled the subject of poor housing conditions by classifying houses of insufficient size, defect of structure, in want of repair or in other ways unwholesome and unfit for human habitation as a nuisance under clause 8, and this had at least enabled the authorities to move into houses and remedy these defects, but dwellings had first to become sufficiently insanitary to qualify as a 'nuisance'. The Police Act improved on these provisions by attempting to ensure sound construction of new buildings in the first place, with sufficient ventilation and privy accommodation, and secondly to prevent the overcrowding of small dwellings through fixing the legal number of occupants any small house might be permitted to accommodate. The method adopted was to use the cubic capacity of a room as the yardstick for the numbers who should be accommodated. A single apartment dwelling house had to have a minimum of seven hundred cubic feet of space if already used as a house before the passing of the Act, and nine hundred if constructed or 'made down' after. The minimum cubic capacities for two-apartment houses were one thousand, two hundred cubic feet and one thousand, five hundred, depending on whether occupied before or after the passing of the Act as a dwelling house.1

In addition to these overall room minimums, a standard was laid down for individuals. This was fixed at three

1. 25 & 26 Vict. c. 204, clause 385.
hundred cubic feet for adults and one hundred and fifty for children, figures which were openly admitted as being insufficient for good health but fixed upon as the minimum which the authorities could reasonably enforce. This latter standard was the one generally used for controlling occupancy of small houses, since there were many single apartments which did not even reach the required seven hundred cubic feet minimum in the first place and had all their occupants been turned out into the street, it would only create more overcrowding in the neighbouring tenements. For example, the forty-eight houses in the Drygate Rookery each had a cubic capacity of only five hundred. Although this tenement was the first to be 'ticketed', in other words, measured for cubic capacity and a brass ticket fixed to each door stating the maximum number of persons permitted to reside in the single apartment houses, it was not closed down.

The Rookery was already below the minimum size for a single apartment before the passing of the Act so little could be done to rectify it apart from radical internal reconstruction. The ticketing clauses did, however, ensure that other similar buildings should not be built and that existing premises should not be made down into rooms below the permitted limit, always provided the Act was efficiently applied. Although the internal arrangements of houses were not within the powers of the Dean of Guild Court to control under the Act, it became illegal to

1. These tickets, usually made of brass, were still attached to the doors of many old houses in the 1950s and were not uncommon in the 1960s.
alter apartments which came under the provisions of the Act for the regulation of small dwelling houses. In addition, clauses dealing with the erection and alteration of buildings required proprietors and developers to obtain permission from the Dean of Guild Court before altering the external dimensions of buildings.

These provisions were virtually the only statutory regulations made upon buildings already in existence. Those made for buildings yet to rise from the ground were a little more stringent. Various regulations under clause 372 attempted to ensure that new buildings were of reasonably sound construction, were well drained into common sewers, had adequate ventilation, privy and ashpit accommodation and - this latter being taken straight from the 1853 draft bill - had passageways and staircases of a certain minimum width and depth of stair. Every sleeping apartment was in future to have a window which could open by at least one third of its height and cellar dwellings had to reach certain minimum standards before they could be let as dwelling houses.

The obvious defect of the Act was in not controlling the alterations which could be done to interiors of houses more adequately. It ensured new tenements were divided up into houses whose rooms conformed to a minimum size, had a window in each room capable of opening and access stairs which were of sufficient width to be reasonably safe. There was no statutory provision for water to be brought into each house, and the clauses dealing with sanitation
merely stated that 'adequate dungstead, ashpit, water closet or privy accommodation to be provided for use of occupiers...,' which left room for very wide interpretations of what was adequate. Some builders seem to have taken advantage of the vague wording in the regulations to install totally inadequate privy accommodation, as the Dean of Guild Court records show, and one or two privies might be deemed 'adequate' for a large range of tenements.¹ It was far more common for water closets to be installed in new blocks of houses at the ratio of two to four families per water closet, privies being already an anachronism so far as new house construction for the working classes was concerned by the mid-1860s if not earlier.

This improvement in domestic sanitation was matched by those in house size and construction. Middleton Place and the Drygate Rookery, products of the 1850s, were also anachronisms by the 1860s. The plain, four-storey, grey tenement blocks which are so characteristic of Glasgow, began their long ascendancy in this period. Even in the single-ends, the rooms were well above the statutory minimum size, had high ceilings, large windows to let in light and air, piped water and cooking facilities. Where the responsibility for this improvement lies is difficult to say, but it is possible that the builders of the city had taken the hint from the proposed bill of 1853 and improved their standards of house construction before the passing of the 1862 Act, which was merely laying down a legal framework for already established practice.

¹ The Dean of Guild Court records show cases of up to twelve families sharing a single privy, though this may have had seating for several persons.
The question of obtaining comprehensive building regulations was not completely lost sight of after the 1866 Police Act had reinforced the provisions of the Act of 1862. Baillie Moir suggested a revision of the clauses dealing with building regulations in 1873 although this was not acted upon. In 1875 the Town Council went so far as to convene a sub-committee under the title of the Sub-committee on Building Regulations which reached the point of drawing up a bill, but this was abandoned when the committee became involved in a dispute with the Trustees of Sir John Maxwell of Pollok, who at the time were busily engaged in feuing out and developing parts of the Pollok estate. The matter was resurrected again in 1882, to be laid aside when the government proposed to bring in a Burgh Police and Health (Scotland) Bill in 1883, which would have provided many of the powers sought after by the Town Council. In the event this bill never materialised, and ultimately the Town Council pursued its own measure to a successful conclusion in 1892.

The implementation of the 'ticketing' clauses of the 1862 Act had a more immediately successful history. The newly-appointed medical officer of health began a campaign against overcrowding in the small houses of the city by investigating the Drygate Rookery and Binnie's Court, a massive and older tenement in Argyle Street, writing up a Report upon them and presenting this to the Sanitary Com-

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1. The sub-committee was originally formed in February 1875 under the title 'the sub-committee on Objectionable buildings'. (Town Council Special Minutes, 9 February 1875, 145).
2. Ibid, 4 April 1879, 381.
mittee with the recommendation that they should be measured and ticketed at once. The work was carried out with such enthusiasm on the part of both sanitary officials and proprietors that shortly afterwards the two tenements were declared to have empty houses in them, chiefly because the families evicted by the proprietors for overcrowding their apartments beyond the permitted number of inmates were in themselves too large, not because they had taken in lodgers. It was too often overlooked by sanitarians complaining of overcrowding in small dwelling houses that the root cause was an initially large family size as much as additional inmates who were unrelated to the householder. In spite of a high incidence of disease and of infant mortality, it is not difficult to look through the enumerators' books for the slum areas of Glasgow and find many examples of families numbering five, six or even up to ten children, all obviously offsprings of the householder and his wife. When this large family group sought accommodation it could afford, it must have had difficulty in doing so and remaining within the limits laid down by the 1862 Police Act with regard to cubic capacities per person.

After this start had been made, investigations in all parts of the city were undertaken to track down small houses and measure them. Placards were posted in particularly overcrowded areas, in order to direct landlords' and factors' attention to the provisions of the Act.

1. This was the opinion of the Chief Constable reporting to the Sanitary Committee. (SCM, 1 March 1864, 30-31).
2. SCM, 26 April 1864, 38.
Once the sanitary staff had measured and ticketed the apartments, the work of inspection to ensure the law was being obeyed was carried out by police constables. They appear to have done this in their off-duty hours at least on occasions, and were given extra money for performing this duty,¹ not apparently as a right but as evidence of the Police Board's appreciation of their work. The police do not appear to have been very happy in this particular work and in 1867 the Sanitary Committee recommended that the constables should be relieved of it, but once again it was not until the reorganisation of the sanitary service in 1870 that inspectors were appointed to control overcrowding in the small dwelling houses of the city.² These officials were possibly among the least popular of the sanitary staff as much of their work entailed turning people out of their lodgings, or at least threatening to do so. In self-protection, the citizens developed a system whereby information was passed from street to street when an inspection was in the neighbourhood, and escape routes were opened or hiding places planned to avoid detection. An inspector giving evidence to the Municipal Commission on Working Class Housing held in Glasgow in 1902 reported cases where lodgers had scrambled onto the roof and hidden behind chimneys to escape discovery.³

However important the control of common lodging houses

1. SCM, 21 November 1867, 54.
2. Ibid. The chief constable reported 13,930 small houses inspected for the quarter ended 31 January 1866, of which 1,126 were found overcrowded.
and of overcrowding were to the drive to improve housing conditions, by far the most ambitious undertaking in this direction was the slum clearance and urban redevelopment programme embodied in the 1866 Glasgow Improvement Act. This scheme aimed to sweep away the most congested and insanitary areas by wholesale demolition, leaving open spaces which could then be built over to approved plans in order to provide the lowest class of inhabitants with better housing.

The Improvement Act was largely the brain-child of Lord Provost Blackie, who twenty years earlier had taken part in the attempt to set up model lodging houses in the city. It was also to prove his undoing so far as his career as a councillor was concerned, for the unpopularity of the Improvement Trust with ratepayers caused him to lose his seat on the council.\(^1\) Blackie had joined the ranks of Gairdner and those who believed that housing was the root cause of Glasgow's public health ills. As Blackie stated in his evidence before the House of Lords Committee considering the bill, good water, a medical staff and a fever hospital, all benefits to the city, had not reduced fever in the densely populated areas.\(^2\) 'I am convinced that the dense population has been created by the crime and drunkenness which prevails in the central part of the city' he said to the Committee, although to-day we should probably put his cause and effect in reverse order.

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1. This event is examined in detail by H.W. Bull in his thesis. See above, p. 471, note 2.

The evidence presented to the House of Lords Committee did underline an aspect of urban life that statistics might easily distort when quoted for the city as a whole, as too often they were. Some areas of the town which the proposed Act would demolish had populations so dense that each individual had no more than 4.45 square yards on which to live. Death rates here were inevitably well above the standard set by Gairdner for the well-run city, which should not rise to above 17.0 per thousand, reaching as high as 49 per thousand in the area around the Saltmarket. No general sanitary measures could really touch the public health problems of such districts, nor reduce the level of fever, hence the diversion of attention to housing as an aspect of public health in itself from the 1860s onwards.

The Glasgow Improvement Act of 1866 undertook to demolish eighty-eight acres of old property in the centre of Glasgow, the Gorbals, Calton and Bridgeton. The physical impact of this Act on the city was to be greater than any other, for it swept away old streets, landmarks and buildings, created new thoroughfares and finally stamped its own mark on the city by authorising the erection of blocks of workmen's dwellings, Glasgow's first municipal housing, buildings which still form the west side of the ancient street of the Saltmarket and replacing the once-fine Jacobean mansions with their piazzas. Most of the work of the Improvement Commission was carried out in the years

2. 29 & 30 Vict. cap. 85.
following 1872, a period more fully covered by recent research, but one or two interesting developments began earlier and are worth exploring.

The Improvement Commissioners, who were ex officio the Lord Provost, magistrates and council of Glasgow, began their work rapidly. By December 1866 property worth £30,471 had been purchased and the work of demolition had begun.¹ This brought them up against their most formidable problem of these early years - the provision of alternative accommodation for the displaced population. The uncaring days when inhabitants were turned out into the street by the demolition agents to shift for themselves had gone, and the Improvement Act had laid down under Clause 28 that no more than five hundred persons might be displaced within a period of six months without ensuring that other suitable accommodation had been provided or existed within the city or immediate neighbourhood. By May 1867 the Commission was casting around for sites upon which workmen's dwellings might be erected, at a cost not to exceed 10/- per square yard. A large amount of property in the Saltmarket area, where the highest densities of population occurred, was scheduled for demolition and provision would be required for seven and a half thousand people, which in turn would mean the purchase of thirty acres of ground in order to provide alternative homes at a density of two hundred and forty persons to an acre.²

After much discussion, two estates were purchased,

1. ITM, 5 December 1866.
2. ITM, 7 May 1867; 3 September 1867.
one at Oatlands on the edge of the old barony of Gorbals and the other at Overnewton in Anderston. The Commission was divided on the subject of whether to develop the land themselves and erect houses to provide a model for private enterprise, or whether to play the safer game of feuing out the land to private builders at once, keeping outline control on the finished houses by laying down stringent regulations as to materials, room size and number of single apartment and two-apartment houses per block. So far as these two estates were concerned the latter course was chosen, the feu duty being kept deliberately low to encourage the building of working class housing. The buildings had to consist of not more than four storeys without attics or cellars, with a ceiling height to the rooms of ten feet. Most of the houses were to be of two or three apartments, with one single-apartment only to each flat.

The Improvement Commissioners' estate at Overnewton still stands, solidly presenting its dull, grey ashlar front to the world in rows of tenement blocks. The streets were named after former prominent citizens, Lord Provost Blackie receiving recognition in Blackie Street. The tenants, however, were very far removed from the shifting population of the Saltmarket dislodged by the activities of the Commissioners. An examination of the Enumerators' Reports for 1881 show the effectiveness of the authorities in selecting the right type of occupant and in preventing

1. ITM, 28 April, 1870.
2. ITM, 5 January 1871.
overcrowding. Most of the tenants were skilled workers or in 'respectable' occupations such as boilermakers, platers and school janitors. A very low percentage of the tenants were of Irish origin, consisting chiefly of native-born Scots with a scattering of English and Irish.¹ Although the habit of taking in lodgers had not been eradicated, these were nearly always housed in two or three-apartment houses in a separate room from the main family. The average room occupancy over the whole estate as built and occupied in 1881 was 1.805 persons per room, which compares favourably with a similar area in the Garngad Road/Middleton Place area of the Garngad in the same census, when room occupancy was 3.204.²

The Overnewton and Oatlands estates still belonged to the future in 1868, and were in any case not designed to house those in direst need of alternative accommodation. Between 1868 and 1870, when the two estates were purchased, the Commissioners toyed with the idea of building workmen's dwellings for themselves, examining the concept more seriously as the accommodation situation became worse, and finally plunged into property development by erecting a block of small houses.

The chief stumbling block to the direct provision of working class housing was the fear that private enterprise would no longer undertake the building of this class of

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1. In Blackie Street at the 1881 census, only 4.3% of the population were of Irish origin, as compared with figures for the Garngad of 80-90%. See Appendix E, p. 393.

2. This was in fact an improvement from the previous census when the figures had been 3.65 persons per room.
property, in the belief that the local authority would then be compelled to continue to do so.\(^1\) However, the Commissioners also recognised that private enterprise rarely works through altruism, and when in 1868 the condition of the building market was such that it was no longer profitable to supply low-cost tenement housing, no builder engaged in building as a business enterprise was going to undertake this work out of charity. When the master of works reported the urgent need for houses for about three hundred families to be evicted from the Saltmarket and St. Andrew's Square area in the summer of 1868, the Commissioners had come round to the view that, although they would have preferred to have avoided becoming builders, 'after giving the matter every consideration they are satisfied they cannot fairly carry out the duty committed to them by the Act of Parliament without doing so, at all events to a limited extent'.\(^2\)

The immediate plan was not to undertake anything so revolutionary as the construction from scratch of a new building, but to convert an old mill in the High Street, Bartholomew's Mill, which stood in isolated and airy eminence with its neighbouring buildings demolished, into fifty-four single and three two-apartment houses for temporary occupation by displaced families. The scheme, though criticised, at least provided small homes of a better type than were available elsewhere.\(^3\)

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1. ITM, 16 September 1869.
2. ITM, 17 June 1868. The Commissioners had purchased small estates for model houses by this date and were preparing building plans.
3. The Scotsman, 6 December 1869.
By September 1869, when the mill conversion was under consideration,¹ the Improvement Trust owned a large amount of the worst property in the city and was itself landlord to the type of tenant the sanitary authorities deplored, the floating population who lived a hand-to-mouth existence, seeking cheap lodgings from one night to another and never remaining long in one place. It was to provide accommodation for this population that the parallel development of the model lodging house was taking place. By the end of 1869 the Drygate model lodging house for males was under construction at a cost of £2,600,² while a similar one for females was under consideration. However, neither mill nor model lodging house could accommodate all the people driven from their homes by demolition in the autumn of 1869 and spring of 1870. Well over one thousand people were reported displaced by the end of the year, and although a survey of the number of small houses either unoccupied or under construction within the urban area showed a total of two thousand, six hundred and seventy-seven to be available, not all of these were of sufficiently low rent and nearly eight hundred were beyond the existing municipal boundaries and were therefore outside the normal acceptable limits for the average Glaswegian.³ Faced with this insoluble problem, the Commissioners finally overcame their scruples and passed a resolution to build three tenements in Drygate Street.

¹ It was hoped to house three hundred people, the conversion to cost £1,500. (ITM, 16 September 1869).
² ITM, 7 December 1869. Accommodation was provided for 14½ persons in separate beds, with dry closets and washing facilities.
³ ITM, 21 December 1869.
By December 1871 these buildings, consisting of two tenements each of three storeys, were completed and occupied.¹ Very little else is known about them, but they seem to have included specially designed sanitary features, particularly a ventilation system built into the main wall at each landing.²

In spite of the success of this venture into the direct provision of working class housing, there were to be no similar projects. Another twenty years were to pass before the Commissioners, in different circumstances, once more took up the question of building workmen’s dwellings in response to an overwhelming need that was not being fulfilled by private enterprise. Meantime they abandoned this controversial area of housing policy and concentrated on the provision of model lodging houses, a field with fewer powerful vested interests to contend with which was profitable as a business venture into the bargain. The recovery of the private building sector in the early 1870s gave the Commissioners the excuse to abandon any further tenement schemes. They missed an opportunity to strike a blow against the flatted style of building so criticised by sanitary reformers in favour of the cottage-style normal in England, for under the terms of the Improvement Act they could either have set an example by direct building or have laid down more stringent regulations as to house size in feuing out the land acquired by their demolition activities. Ure had foreseen the possibilities of publicising

1. ITM, 28 December 1871.
the new style when he had suggested that the Improvement Commissioners 'should be prevailed upon to exercise the powers they have obtained for reconstruction in some of the quarters where they have exercised their powers of demolition, that they will set a leading example to private enterprise in the character of the style of buildings they may erect, avoiding as much as possible the barrack style now prevalent... and instead approach as near as possible to the cottage form of building, which spreads out the population over a larger area, giving a better chance of pure air and preserving health and decency'.

Opportunity or no, the Commissioners were to find it impossible to depart from the time-honoured tenement block even in their own direct building venture, principally because a change to the cottage style would have swallowed up more land to house fewer people than circumstances would permit. Not only did they fail as pioneers of improved building methods, the Commissioners were also to find themselves before long the owners of the worst tenement housing in the city owing to a slump in building which left them with no takers for the sites they had to offer. It was this situation that eventually drove them into providing working class housing once again, the first municipal housing scheme being erected in the Saltmarket in 1890, the acorn from which such giants as Castlemilk and New Drumchapel were to grow in the twentieth century.

1. J. Ure, Report of the Deputation appointed by the Board of Police of Glasgow to visit the city of Bristol and various towns in England as to sanitary matters. (Glasgow 1869), (Board of Police pamphlet).
This survey of local authority involvement in various aspects of the housing problem has been brief for the reasons already stated, but this should not obscure the fact that advances had been made which were as important in housing as was the introduction of a water supply to cleansing and the Extension Act of 1846 in the administration of the city. The Glasgow Improvement Act authorised an extensive slum clearance programme, which swept away many of the remaining old, insanitary buildings with their courtyard privies and ashpits and forced at least a number of their former inhabitants to seek better and more sanitary dwellings in place of their former hovels. Although most of this work was performed in the post-1872 period, a beginning had been made earlier, two large estates had been purchased and feued out to speculative builders with the object of providing improved working-class housing and an experimental block of tenements had been erected under the direct supervision of the Improvement Commissioners themselves, an important precedent for the future.

Quite apart from this important advance, other areas of the housing problem had been tackled with varying degrees of success. Comprehensive building regulations eluded the Corporation until the last decade of the century, but certain basic sanitary regulations concerning room size, adequate ventilation and sanitation had been incorporated in the 1862 and 1866 Police Acts. The problem of overcrowding in small dwelling-houses had been tackled by the introduction of the system of 'ticketing', Glasgow being the first city to pioneer such a scheme. Common lodging
houses had been brought under local authority inspection and registration, while from 1870 onwards inspectors of common lodging houses enforced the regulations on a full-time basis, in place of the part-time inspectorate whose members also doubled as nuisance or epidemic inspectors.

It would be misleading to suppose this comparatively paltry number of regulations could have much effect on a city the size of Glasgow where overcrowding was a way of life, family size was large particularly when nephews, aunts, cousins and even 'good-brothers and sisters'; are included, the one and two-roomed house made up more than half the housing stock of the city and the population was expanding at a sufficient rate to ensure the survival of the common lodging house keeper and the house farmer, to cater for those in need of short-term accommodation. Nor was it a simple task to rid the city of its ancient, crumbling tenements and replace them with something better at a price the displaced population could afford. With such an inheritance from the past, it is small wonder that the difficulties of housing the working classes should have pursued the Corporation into the twentieth century.

In their own day, the local authority's officials had to contend with a deep ignorance of working class housing conditions among the middle classes which could only put a brake on progress, as they formed the body of ratepayers.

1. A 'good-brother' in Glasgow family groupings is the brother of a sister-in-law or brother-in-law. There are occasional references to good-brothers and good-sisters in the Enumerators' Books, describing relationship to heads of households.

2. In 1881, 25% of the population of Glasgow lived in one-roomed houses and 45% in two-roomed houses. Russell, Public Health Administration in Glasgow, p. 194.
Russell recalls the incident when John Bright, an Englishman, visited the city to deliver the Rectorial Address to the students of Glasgow University. His statement that forty-one families in every hundred in the city lived in one room was greeted with incredulous laughter, and only when he assured the students that he had obtained the figures from the official Census of 1871 did the disbelief subside and, so far as the general public beyond the walls of the University were concerned, shame take its place. ¹

His remarks were seized upon and widely commented on from press and pulpit until no-one was left in any doubt that large numbers of Glasgow's citizens lived out their daily lives in the narrow confines or one or, at the most, two small rooms.

Russell, Glasgow's best-known medical officer of health, hammered home the same point in a series of superb lectures and articles in the last quarter of the century, in which he described the plight of the children among the back courts of the city with no-where to play but in the streets or around the ashpits; the difficulties of keeping house in condemned and dilapidated property; and finally the impossibility of preserving a semblence of privacy and decency, let alone cleanliness, within the one-roomed houses of the city. ²

Increased concern led the Glasgow Presbytery of the Church of Scotland to set up an enquiry into housing conditions among the poor in 1891 in which evidence was

1. Russell, Public Health Administration in Glasgow, pp. 189-190.
2. These are included in the volume of writings by Russell quoted above.
taken from landlords, builders, sanitary officials and almost every interested party except the poor themselves.¹ Most of the information contained in the subsequent Report is relevant to a later period than that under consideration here, although anyone reading the document without knowing its precise date might be forgiven for believing it referred to a time twenty years earlier. The made-down house, the crumbling mansion converted for multiple occupancy, the overcrowded 'single-end' and the courtyard privy and ashpit were all still present to show the durability of Glasgow's housing problem, although considerable praise was given to the work of the Improvement Commission in sweeping away much of the insanitary buildings of the city centre and assisting in improving the mortality statistics of these districts.

The final Report could suggest few remedies to the problems of housing the working classes as the building fraternity, represented by Thomas Binnie, were adamant that small, low-cost housing was not a profitable venture.² Nor did the Report feel more than mildly hopeful that a charitable venture in building workmen's dwellings on the lines of that founded by Octavia Hill would have much success. Considerable sympathy was shown towards the decent, hard-working people who were forced to live among 'the criminal classes' at the bottom of the social pile through their inability to obtain a decent wage which might enable them

to pay a higher rent for better accommodation. Although no-one in 1891 may have cared to say so, the real culprit was not so much the dissolute habits of the poor, but a society which permitted many thousands of its citizens to exist on a wage which might be as low as eight shillings a week. The Commission was able to point out that many houses of two and three rooms were being built on a profit-making basis for the working class man able to pay a rent above the average of £8 a year for a room and kitchen. This was well beyond the means of the fifty thousand workers who were reckoned to be earning less than twenty shillings a week. They still had to seek a home among the congested streets of Bridgegate and the wynds, where population densities per acre were still over two hundred, the mean number of persons per room was as high as three and death rates might reach 38.3 per thousand.

This old, insanitary Glasgow was dwindling by the end of the nineteenth century although many officially uninhabitable houses still remained occupied. The improved working class housing of the 1860s and 70s was itself decaying by this period. Gone, however, were the days when the poor lived incarcerated behind the main streets, with the narrowness of the wynds concealing the entrances to their courts and closes so that the middle class business-

1. Ibid, p. 11.
2. Ibid, p. 10.
3. Ibid. In Cowcaddens district the density was 249 per acre and the death rate 32 per thousand. In Bridgegate district the density was 223 per acre and the death rate 38 per thousand.
man with some justification might be ignorant of their existence. The new slums of Glasgow were not so easily concealed. As he travelled to his suburban home by railway train, the businessman of the 1870s looked from his carriage window into the heart of the tenement blocks, those of Springburn if his destination was the suburbs of Bishopbriggs or Lenzie, or of Gorbals if his home was a fine villa in Pollokshaws. If he went home by carriage, his journey might take him up the Garscube Road past long, grim lines of tenements with the occasional glimpse into a back court. The densely-populated district of Cowcaddens reached right down to the fashionable Sauchiehall Street where many of the city's apartment stores had been established. The grimmest tenements of Maryhill lay cheek by jowl with the pleasant housing that lined the banks of the river Kelvin and faced into the Botanic Gardens. Effectively, after more than half a century of separation, rich and poor were once more being brought together in the Glasgow that was developing in the final quarter of the nineteenth century.
Chapter 21. Public Health Administration in Glasgow - Success of Failure?

By 1872, public health administration in Glasgow had certainly come a long way from the days in 1842 when Edwin Chadwick had accompanied Dr. Arnott through the wynds of the Bridgegate and had described the condition of the working classes as 'the worst of any we had seen in any part of Great Britain', the poor existing in a city without parallel for dirt and disease anywhere in the United Kingdom. To what extent, however, had reforms, many of them locked up in statutes and not put into operation, really changed the state of the city? Had Chadwick, or any observant man who was intimately acquainted with Glasgow in 1842 but had had no contact with the city for thirty years, come back in 1872, would he be struck by the improvement that the intervening years had brought, or would he in fact feel that time had almost stood still?

His first impressions, once he had become accustomed to the great physical growth of the city over former open country, would probably be that little had changed at least outwardly. If he had ventured into the wynds and closes that still lay behind the main streets and walked around the Bridgegate and the Saltmarket, he would still find the narrow closes incredibly dirty and covered with rubbish, the surfaces of the courts slippery with slime, the houses grimy, packed closely together and often sufficiently delapidated to be dangerous. He would have little difficulty in the central area in finding evidence of
common lodging houses - there were still one hundred in 1887 with accommodation for over six thousand lodgers\(^1\) - or of pawn and drink shops. The pall of smoke hanging over the city may well have thickened, the pollution of the river Clyde become far more offensive, the small workshops would still be busily at work, producing smell and effluent regardless of the domestic housing piled around or above them.

Had the visitor ventured further out of the city to inspect the new tenements going up rapidly along the Garscube Road and around Springburn, he would no doubt find examples of new housing whose structure left a lot to be desired and showed him that the jerry-builder was not a thing of the past.\(^2\) He would have had to look no further than the newly-developed area of Garngadhill to find every familiar sanitary evil, well remembered from 1842, including windowless rooms, enclosed box beds with no ventilation, T-shaped lobbies and that culmination of all sanitary evils, the open middenstead.\(^3\) The general impression to anyone walking the streets of the city in 1872 must have been one of dirt, decay, overcrowding and extreme poverty in most of the traditional working-class districts, in contrast to the evident grandeur and opulence of the business centre and middle-class suburbs.

However any observant man revisiting the city after

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3. See Appendix E, p. 573.
several years' absence could not fail to notice the more obvious signs of improvement. Most of the new housing being erected for working-class occupancy was vastly superior to that of 1842. The straight, regular rows of tenements with wide staircases, piped water and water closets - an unheard of amenity in such dwellings thirty years earlier - were replacing the tumble-down, gabled tenements that were a legacy of a previous century and had outlived their usefulness. The familiar middensteads would only be found in a few, neglected courts in the heart of the old town or old Gorbals, while in their place ashpits and privies had been introduced, sometimes little better from a sanitary viewpoint than the old dungsteads, but frequently of brick construction and in a reasonable state of cleanliness. A striking change would be the almost universal supply of water, not only to the tenement courts but frequently in the newer areas into individual houses. There would also be greater evidence of cleansing activities, and possibly the sight of one of the new horse-drawn sweeping machines which from 1870 onwards gradually replaced the old, manual bass-broom for cleaning the streets.\(^1\) Evidence of slum clearance, particularly around the High Street and Drygate, under the Improvement Commissioners would also strike a visitor to the city, not to mention the formation of two fine parks, Kelvingrove Park to the west being laid out by 1846 and Alexandra Park in the east still under construction under the terms of

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\(^1\) *Municipal Glasgow - Its Evolution and Enterprises*, (Glasgow 1914), p. 150.
the Improvement Act. Apart from these major areas of open space, a few of the old burial grounds which had been closed in 1870 would have been reopened as small green gardens in the heart of the city. Familiar streams would have largely vanished from above ground, the pigs, donkeys and chickens which once shared the tenement courts with their human owners would have disappeared from the city centre, while a small army of uniformed officials would be observed, discreetly going about their duties.

As for the medical establishments of the city, these would have undergone a transformation. In addition to the charitable institutions, the parishes now had sickwards for medical and surgical cases attached to the poorhouses, themselves an innovation, and the municipal authorities had changed their policies to the extent of establishing two fever hospitals, the older, in Parliamentary Road, a rather ramshackle affair but the latest, at Belvidere in the grounds of a former mansion-house, a very substantial hospital where the single-storey pavilions were supplied with every modern device for the treatment of infectious diseases.

All of these outward manifestations of reform rested on an elaborate administrative edifice which was a development of the post-1842 period. The 1846 Extension Act put paid to the days when a number of local authorities of varying efficiencies ruled Glasgow, allowing antiquated survivals such as the Feuar Court of Bridgeton to control
a large industrial population and forcing even efficient and well-intentioned burgh councils, such as that of Calton, to find difficulty in keeping up a reasonable standard of local government in the face of public apathy.¹

The established system of local government in the post-1846 age was sufficiently strong and stable to ride over general indifference to essential reforms or the occasional ratepayers' protests when the Police Board's activities were considered either insufficient in the face of a crisis, or too expensive during periods of relatively good health. The statute law which this reformed local authority was empowered to operate was considerable. By 1872, and had it all been fully implemented Glasgow would have been a cleaner and healthier city than it was. Laws on the statute book but still not put into practice by the municipal authorities included provision for a system of public baths and wash-houses. In addition, many were not very stringently enforced, such as the ticketing clauses, owing to magisterial sympathy for the plight of poor families who could not afford better and more expensive houses.²

Cleansing methods still lagged far behind what was technically possible. In spite of this, the essential groundwork had been done and by the end of the century building regulations, infectious diseases notification and

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1. For example, no-one turned up to elect three Police Commissioners for landward districts of Anderston, in spite of newspaper advertisements. (Anderston Police Commission Minutes, 7 October 1845).

a comprehensive sewage system for the city had been added to the public health structure, while existing laws against defective water supplies, offensive industries, deposits of dirt and general uncleanliness were for the most part operated as efficiently as a small staff and a large, dirty city would allow.

Placed in the context of other nineteenth century cities, Glasgow's record is not unimpressive. Great efforts had been made to drag the city upwards from its unenviable position as Britain's dirtiest and unhealthiest urban area in the mid-century, although it had to be admitted that in 1872 Glasgow still hovered near the bottom of the table of British cities when it came to mortality statistics and population densities. However, Glasgow was second only to Manchester in providing its citizens with plenty of pure water and, although after 1872, was second only to London in introducing a system of sewage disposal for the urban area. In Scotland Glasgow pioneered municipal fever hospitals and the control of overcrowding in small houses. It was the first Scottish city to pledge itself to the appointment of a medical officer of health, through the 1862 Police Act, and was only just prevented from making the first such appointment by Edinburgh, which was catapulted into appointing a medical officer of health through a scandal when a large tenement in the High Street fell down with considerable loss of life, revealing to the startled citizens the large numbers of people packed into a single
If these were the triumphs, what then of the defeats, for defeats there were, chiefly in the areas of high mortality statistics and poor housing conditions? Also, to what extent had the authorities carried the ordinary citizens along with them in their reforms? These are important questions which need exploring before coming to any conclusions on the improved quality of life.

Thomas Orr, a Glasgow councillor writing in 1858, said of the attempts to clean up his native city that at least a generation or two would need to come and go before the full benefit of improvements such as a water supply and better sanitation could be felt. This observation underlines the reason why Glasgow in 1872, with so much achieved, had still a long way to go to provide a healthy environment for its citizens. Public health reform was much more than the passing of the necessary laws and the setting up of an administrative apparatus for their enforcement. However public-spirited the councillors and however dedicated their employees might be, they were a mere handful of men compared with the vast mass of the population, which had to be educated away from almost total indifference and ignorance of public health matters to an awareness of the importance of the individual in the fight against dirt and disease. Every employer who invested in improved sanitary accommodation for his men, every housewife who learned to cover food at home to keep off

1. Thomas Orr, 'On the Duty of Municipal Authorities to improve the Sanitary Conditions of Towns'. Transactions of the National Association for the Promotion of Social Science, 1858, p. 452.
flies, was playing a small part in public health improvement.

Changes in public attitudes towards such things as municipal involvement in public health are extremely difficult to measure. All that can be said with reasonable certainty is that the Sanitary Department as it existed in 1872, with its hospitals, cleansing depots, extensive offices and its epidemic, common lodging house and nuisance inspectorate, not to mention female visitors, would have been considered an intolerable invasion of liberty and an unwarranted expense in 1842. It was not at all difficult for the ratepayers and employing classes of 1842 to ignore local health bye-laws with very little inconvenience to themselves and general support from their fellows, whereas by 1872 they could not be so sure of public support if they caused pollution or created some indictable nuisance. The proprietors of 1842 were in complete charge of their tenement property up to the point at which it became so ruinous as to become a danger to life and limb. The proprietor of 1872 would have found official interest in his building long before this state had been reached, and with few exceptions would have accepted interference from the local authority without much protest. The proprietors who memorialised the Committee on Health on a variety of topics regarding official intervention in the management of their property and the direction of public health administration in general in July 1871, did not question the right of the Committee.
to perform its various duties, but merely criticised the way in which these were performed. They could not resist as a parting shot, harping back to the time when a small staff and a handful of constables performed all the sanitary work then considered necessary for a total expenditure of £4,000 a year. However, this was not intended as a hint to the Committee to revise its policies and expenditure but rather as a veiled reminder that they still depended on the goodwill of the ratepayers.¹

In normal years, the general attitude towards public health among the citizens was one of almost complete indifference. Only when danger in the form of some epidemic threatened, was sufficient alarm generated to involve the public in assisting in its own protection. The sanitary visitation movement, an interesting experiment in social self-help organised for the expected cholera epidemic of 1866, fell apart once the threat was removed from lack of support, although the enthusiastic originators of the scheme, headed by local churchmen and Dr. Gairdner, tried to keep it in being in order to harness the services of the large number of volunteers in permanent public health work among the poor.² Public apathy among the ratepayers did, on the other hand, permit the sanitary authorities to increase their operations and spending slowly but unobtrusively, for while many were prepared to grumble, few actually did anything practical to prevent an increase in the activities and budget of the public health services.

¹ CHM, 24 July 1871, 230-235.
² See above, pp. 458-459.
Probably the most important effect of public opinion on the developing health service was in putting the brakes on the enthusiasm of the sanitary reformers. Men of advanced views such as John Ure were usually counter-balanced by other Council members who represented more closely the feelings of the average ratepayer. However, the day-to-day working of the public health services appears in retrospect to be comparatively unaffected by scandals and pressures from outside the sanitary offices. A meeting might be arranged with a deputation of ratepayers, a sub-committee convened to investigate a complaint, but nothing was allowed to deflect the local authority from the path of improvement to which it had set its hand.

The most damning criticism directed against the local authority, perhaps because the most widely publicised, was the series of articles in the North British Daily Mail during the autumn and winter of 1869 and 1870. The articles caused considerable comment and a flood of letters to the newspaper, the series ending in a great meeting in the City Hall in March 1870, attended by members of the Town Council, which publicly condemned the inefficiencies of the cleansing and other health services. As the Committee on Health was formed in January 1870, while the Mail sanitary investigation was still being published in the newspaper, it might appear that this Committee was a response to so much unfavourable publicity. In fact, the Committee on Health was the product of John Ure's visit

to Bristol earlier in 1869 and of his subsequent Report, and the activities of the Mail, although an embarrassment, may in fact have proved very useful to the Police Board by creating a favourable atmosphere for the setting up of a potentially expensive organ of administration.

The meeting of March 1870 was followed by another a short time later, and both were attended by prominent men in the field of medicine and local government. The statistical data and other information produced by these speakers could not fail to damage the Police Board, such as the great discrepancies in expectations of life between the well-to-do classes in Glasgow - forty-three years - and the operatives - sixteen years - or on the high population densities of some of the urban parishes. These statements must have been acutely embarrassing to the infant Committee on Health, but again they were probably instrumental in permitting the up-grading and expansion of the Sanitary Department under the first sanitary inspector, Kenneth MacLeod, and the great increase in the inspectorate with hardly a murmur of public protest.

The meetings of March 1870 are interesting in showing the almost complete unanimity of those attending to the importance of public health and to the need for greater efficiency on the part of the local authority. Some of the grumblings and criticisms directed against the cleansing services in particular were petty and predictable but some sound advice was also given on a wide range of topics. A Resolution was passed to put pressure on the
Police Board to enforce those parts of the various Acts, both local and national, which they failed to implement and a Vigilance Committee was formed to this end. The meetings also noted that the activities of the Improvement Commissioners and the railway companies in demolishing much of the older housing in the city centre had increased the overcrowding in the remaining tenements considerably. A further Resolution was passed urging the Improvement Commissioners to stop wasting time on temporary palliative measures such as the conversion of Bartholomew's Mill or even the opening of model lodging houses, and to overcome any reluctance to interfere with private enterprise in order to begin providing housing for the working classes themselves. It was pointed out that the ticketing clauses were a dead letter, for the poor had no-where else to go at prices they could afford, and when inspectors brought cases of overcrowding before the Courts, the defendants were let off with little more than a warning by a sympathetic magistrate. Under these circumstances, the inspectors could not be expected to do their job with efficiency or enthusiasm.

It is hardly necessary to say that little more was heard of the Vigilance Committee and the righteous indignation of the ratepayers soon dissipated once summer arrived and the Mail turned its attention to other matters. Nor did the Police Board and Improvement Commission take much notice of the advice given. Nearly twenty years later, at the time of the Glasgow Presbytery's investigation
into working-class conditions in 1891, the housing inspectors were still complaining that magistrates were too lenient to offenders brought before them for overcrowding and contraventions of the ticketing laws, while it took almost the same length of time for the Improvement Commission to begin their programme of building for the working classes.

In fairness to the Police Board, it has to be remembered that it was common for the same ratepayers who met together to demand reforms on one occasion, to meet together and demand cuts in expenses on another. The ratepayers were far from being a homogeneous body with a collective consciousness, able to impose conditions on municipal government. The thousands of individuals making up the body of ratepayers were as different from each other in income and social standing as any other major group, ranging from the merchant princes at one end of the scale to the struggling artisan at the other. Both these extremes might pay their rates and both might have plenty to say on the subject of public health administration, although their views were likely to be very different. The merchant prince would presumably be better educated and have more leisure time, if public health was his particular interest, to read the many reports and pamphlets on the subject produced nationally as well as locally. He was in a position to take a more

detached view of the public health scene than most of his fellow citizens, for he was in the enviable position of being able to abandon the city for a country retreat, should smoke, disease or any other inconvenience of urban life compel him to do so. ¹ This class had the leisure to engage in the time-consuming business of attending the many Committees and functions which were a necessary part of civic administration and thus provided many of the most prominent Lord Provosts and council members.

The vast majority of middle-class ratepayers, however, although they could afford to live in attractive districts near parks and open spaces, might still find it difficult to shake off the dust of the city altogether in the evening, and therefore had a more genuine reason for grumbling at the inefficiencies of the public health services. They made up the type of articulate and well-informed ratepayer who attended the March meetings and came from a higher income bracket than the bulk of ratepayers, many of whom were not much better off than the poor upon whose lot they deliberated. At the bottom of the ratepaying pyramid, the artisan would be fortunate if he was in a position to flick over the pages of his local newspaper to keep himself informed of municipal affairs, and yet by his income and living conditions was most intimately acquainted with the problems discussed, but not experienced by, his social superiors.

¹. Even John Ure deserted his native city towards the end of his career, and built himself a gothic mansion at Rhu on the Firth of Clyde. The Lumsden family, who produced two Lord Provosts, moved to Arden on Loch Lomondside where their descendents still live.
As for the poor themselves, few people before 1842 from outside their ranks attempted to gain any real insight into how they lived their lives. One effect of the public health movement was to send a probe of light into this twilight zone of urban society in order to reveal to those not forced to live in the wynds and closes what life must be like for the poor. It made public their appalling living conditions, their lack of medical aid when sick, the odds against their living to a ripe old age and the immense difficulties they had to surmount to keep themselves and their families in a reasonable state of nutrition and cleanliness. If many investigators also stressed the seamier side of working-class life, the violence, drunkenness and immorality that undoubtedly existed, there were others able to pierce the ugly facade and see the despair and courage of many who struggled against tremendous odds to live decently.

This urban working class, a generation removed by 1872 from their country origins, was evolving a culture of their own. Frequently this revolved around kinship groups and was cemented by identification with a specific neighbourhood, such as Bridgeton, rather than Glasgow. These Glaswegians of the back streets were fiercely independent. They resented the well-meaning efforts of the sanitary officials, were often openly hostile, and found it difficult to understand why habits pursued for centuries were now attracting so much unfavourable attention. The single-ends in which so many lived were
of much the same size as the hovels in the country their ancestors had lived in for generations. They had always been at liberty to pile up their rubbish outside their front door and keep livestock next to their living quarters. Overcrowding, dirt and vermin were accepted as part of life. A single-end occupied by three or four inhabitants seemed cozy, two rooms would have been spacious, while three rooms would be too large. The extra accommodation almost inevitably would be used to house a lodger and perhaps his family, who might well be a relative from the country, and the old habits of packing far too many people into a small house would be perpetuated. The way of life which developed in the wynds and closes suited admirably the people forced to live in the uncomfortable surroundings of the Glasgow tenements, and it was this tough, resilient population which had somehow to be wooed away from its insanitary habits and taught lessons of basic hygiene and diet, and to appreciate more spacious living conditions.¹

The public health services could not have achieved as much as they did if they had not received help from the private citizens of Glasgow in the form of charity. In medical aid to the sick poor and in many other areas, such as the provision of clothing and soup kitchens, of schools, convalescent homes, orphanages, asylums and

¹. Russell tells of a visit made by him to a hovel in New Vennell with Dr. Gairdner in 1866, to-visit cholera cases. A 'kindly remonstrance' from Gairdner brought forth a stream of abuse from the woman to whom it was directed and the advice of a neighbouring workmen to hold their tongues and leave as quickly as possible. (Russell, Public Health Administration, p. 358).
other charitable undertakings, the ordinary citizens of Glasgow attempted to ease the lot of the poor. Charity was more flexible than municipal aid, which was often rigidly circumscribed by Acts of Parliament. A charitable undertaking could be created to meet a sudden need, and just as easily be wound up once the need had gone. It seemed quite reasonable to the Deacon's Court of Renfield Free Church to go into Binnie's Court and clean and whitewash the worst of the houses, replacing bedding where necessary,¹ or for a Sanitary Society to be set up in Anderston for general cleansing purposes during a public health crisis.²

So far as medical aid was concerned, the only people among the poor to receive medical care through the local authorities were paupers and those suffering from fever and smallpox. Charity hospitals, headed by the Royal Infirmary, provided in-patient care for those lucky enough to gain admission. The Royal Infirmary was the only general medical and surgical hospital until the opening of the Western Infirmary in 1874, but specialist establishments, such as the Eye Infirmary, the various lying-in hospitals and the Lock Hospital for venereal diseases filled in the gaps. A number of dispensaries also gave out-patient aid, one founded in 1861, the Dispensary for Skin Diseases, devoting its money and energies to the treatment of skin diseases and treating more than seven

¹. SCM, 13 September 1869, 177.
². PCM, 5 July 1847, 229.
hundred cases in the first ten months of operations. So far as domiciliary medical care was concerned, the only charity providing such a service was the Glasgow Medical Mission, which from 1858 onwards had penetrated into the wynds giving advice and medicines to thousands of patients. To those too sick to travel to a dispensary and who were not brought to the notice of the medical missionaries, the choice was one of paying for the services of a general practitioner or facing illness alone and unattended by any doctor. Only pauper patients and the rich were confident of a good domiciliary medical service when ill.

Left to themselves, the poor evolved a folk medicine of their own, many of their remedies lasting well into the twentieth century. They also crowded to the few dispensaries available in an attempt to get free treatment. Their ignorance of the first elements of hygiene and home care was often profound, but their faith in the medical profession was unbounded, and at least one resourceful dispensary physician at the Royal Infirmary out-door dispensary turned this to good account. In order to get the mothers of his infant patients to give their babies a much-needed wash, he would give them a small tub of 'ointment', whatever ailment their offspring had come to be treated for, and tell the mother this must be spread all over the child, carefully washed off the next day, and clean.

1. For example, a dog would be induced to lick open wounds and sores, in the belief that there were healing properties in the saliva, a cure still used in the 1930s.
flannel put on the baby. Although the ointment contained nothing more than coloured lard, it probably was responsible for giving the baby the first thorough wash of its life and enabled it to be clean at least for the period it was under dispensary care.¹ The same doctor noted the absence among many of the mothers of the rudiments of knowledge of infant feeding. Children of four to five months old were given a meal of tea, herring, bread and potatoes. He remarked that in London, where in the worst districts the death rates were lower per thousand than those in comparable districts of Glasgow, no mother would dare to feed her child, as a Glasgow mother would, on cake, cheese and whisky, 'because of the law and the opinion of her neighbours'.²

It is therefore not surprising that mortality rates, particularly infant mortality rates, remained high in the city in spite of municipal efforts to improve them. However, so far as the control of communicable diseases was concerned, it is possible that the local authorities were near the limit of what might be achieved, and that however efficient their disease control procedures and however great the financial investment in hospitals for infectious diseases and isolation units, not much improvement would have been made through their direct efforts. Modern research has suggested that only smallpox, which was controlled by compulsory vaccination, was reduced through

¹ Dr. Charteris, The Excessive Mortality of Glasgow, (Glasgow 1875).
² Ibid.
direct human intervention. Other major diseases may have been indirectly affected through rising living standards, improved diet and better environmental conditions for which the local authority was at least partly responsible, but diseases such as scarlet fever seem to be liable to fluctuations in virulence which were beyond human control in the nineteenth century while typhus, the major infectious disease of adults in the mid-century, declined on a national scale after 1870 for reasons not yet fully explored. Until the science of bacteriology had progressed to a much greater extent, and the organisms causing diseases, together with their vectors, had become identified, little positive attack could be made on infectious diseases.1

Although it is beyond the scope of this study to discuss anything so technical as the aetiology of infectious diseases, the experience of Glasgow would perhaps suggest that the view expressed above is a little gloomy. The municipal and parochial health services may have been helpless to prevent epidemics of scarlet fever or lessen the virulence of particular attacking organisms, but they could do a valuable job in removing patients, particularly children, from dirty and overcrowded conditions where nursing was impossible to be nursed back to health in well-organised hospitals, which must have saved many lives. The decline in major epidemics after 1872 would suggest that the city's medical establishment,

which provided not only hospitals but a range of other facilities including houses of refuge for infected families and a system of disinfection and fumigation for infected premises, had some part to play in bringing about the decrease in typhus, typhoid and other adult infectious diseases. Whether this proves to be the case or no, the local authorities at the time felt that their efforts were responsible for any improvements in public health that they noted, and this at least maintained the medical services at a reasonable level, with sufficient public support to ensure standards would not decline. There were obvious areas where a great deal more should have been done, particularly among those of the poor who fell outside the scope of the parochial medical and surgical service to the pauper sick or the municipal service for infectious diseases, but regarded as a whole, the medical aid available in Glasgow in 1872 was greatly augmented when compared with that of 1842, largely as a result of local authority involvement.

The other area of public health improvement where the municipal authorities have been criticised for not doing as much as they might have is that of improving the living conditions of the poor through slum clearance, firmer building regulations or even through building working class housing for themselves. The previous chapter has shown that the Town Council skirted round the problem of housing for many years before finally taking the plunge and seeking an Improvement Act, but by the time this was finally passed
the possibility of the Improvement Commissioners being able to do very much to improve the situation without a radical departure from accepted thinking on the subject was remote. Although permission to build working-class housing was written into the Act, and they received plenty of advice on the subject of improving the style of houses from tenement to cottage-type, both of these would have appeared undesirable in 1872. The Improvement Act was not only for clearing away slum properties and providing an opportunity for better houses to be built, it also was for the improvement of the urban environment as a whole, through creating new streets and redesigning the lay-out of the central area. If the Commissioners could have shaken off the habits of thinking of their day and decided to build new, improved, houses for the poor displaced by their demolition operations, they would either have had to build far fewer dwellings on the cleared sites, allowing for smaller houses and new streets, or would have been forced to undertake a revolutionary programme of building cottages in schemes on the perimeter of the built-up area. This would then have involved them in improved, cheap travelling facilities to enable the tenants to travel back into the city to get to work. All this was quite out of the question in 1872, and the only alternative was to build tenements piecemeal which, as we have seen, they did as an emergency measure prior to 1872 and with extreme reluctance.

The Improvement Commissioners were in any case not
free to think and plan in such an advanced manner, but were just as hidebound as the majority of their social equals by the conventions of a society wedded to the idea of self-help and private enterprise. Their fears that any involvement in building projects might land them the permanent job of providing low-cost, unprofitable housing which would soak up all the available resources at their disposal, leaving them nothing left over for the redevelopment projects they were bound to undertake, were quite sufficient to make them turn a deaf ear to suggestions that they might turn builders, even when aimed at them by the ratepayers themselves through the Vigilance Committee of March 1870.

Had they yielded to these demands, they would almost certainly have been forced to concentrate on one and two-roomed houses in tenement blocks, in much the same manner as private builders, so helping to perpetuate a style rapidly going out of favour with the public health reformers. Their housing schemes in the Saltmarket and elsewhere from 1890 were composed of tenements and when the Corporation of Glasgow did finally begin an extensive housing programme after the First World War, the houses still owed a great deal to the tenement in their lay-out and external design, the habits of hundreds of years proving extremely difficult to break. Some of these early housing schemes, particularly Blackhill, are well on the way to becoming slums in their turn, providing a perpetual reminder of the immense difficulties facing the housing
authorities of Glasgow in housing the working classes. Inheriting from the nineteenth century a belief that adequate accommodation, well-designed homes and a bath and water closet in every house would result in a happy, healthy population, experience has shown these presumptions to be false. Modern planners have still to find the formula to turn a desert of well-planned council houses such as Easterhouse into an acceptable environment. If the late twentieth century has failed to solve Glasgow's housing problem, perhaps it was beyond the capabilities of the late nineteenth century.

In 1872 the activities of the Improvement Commission in demolishing old housing was, if anything, intensifying the housing crisis. As the older tenements were pulled down, the displaced families were often forced into accommodation they could not really afford, and thousands took in lodgers to help pay the rent. Others crammed into the remaining blocks and even into condemned houses, in order to stay in cheap accommodation that was at the same time as near their work as possible. The new housing built by private enterprise concentrated on one and two-roomed apartments. The proportion of the population living in one and two-roomed houses was higher at the end of the century than it had been in 1861. In 1861, 73.4% of Glaswegians lived in these very small houses. In 1871 the number had risen to 78.5% and in 1891 it was still

1. The 1871 Census shows that in Glasgow, 14.12% of 1-roomed houses, 27.10% of 2-roomed houses and 31.61% of 3-roomed houses also housed lodgers along with the main household. (Report of the 1871 Census of Scotland, pp. xxxv-xxxvi).
as high as 76.2%. The proportion of the population living in single-ends rose to 41.3% in 1871, but then declined towards the end of the century, leaving the room and kitchen the commonest form of housing for city families. 1

The new houses, although an improvement on the crumbling tenements of the old town, were out-of-date almost as soon as they were erected, as ideas on housing standards in the British Isles became revised upwards. The rooms were small for the numbers they housed and water closet accommodation was shared between several families. The buildings formed great, hollow rectangles letting little light into those houses looking into the back 'green'. These new tenements, going up in Govan, Maryhill, Springburn as well as Glasgow, were perpetuating overcrowding and poor conditions before the previous slums had finally been swept away. If any branch of local government deserves blame for failing to think ahead in its housing policy, this should be the Town Council for not setting adequate building standards apart from those in the 1862 and 1866 Police Acts, and its Dean of Guild Court for proving very unsuccessful in enforcing even these inadequate regulations. At the time, the building of one and two-roomed houses appeared to be the answer to housing a population so lowly paid that they could not afford anything better, but the problem has merely been passed on to future generations, who have had the task of clearing away a vast amount of slum property, built to last a century but far too small to be acceptable by modern standards.

This chapter has returned to be subject of infectious diseases and of working-class housing, not only because these were two areas where the local authorities' public health effort appeared to be least effective, but also because the spread of epidemic diseases in Britain had been the cause of turning the spotlight of publicity on public health in the first place, and by 1872 the spotlight had come to rest uncomfortably on the inadequacies of contemporary housing standards. The fact that there had been any improvement in public health at all rested on certain factors. First of all, that good public health begins with sound administration. The small local government units of pre-1846 would have been incapable of meeting the challenges, let alone the expense, of a modern public health service and a strong, uniform system of administration was the stepping-stone to further improvement.

The next essential is a succession of well-informed, far-sighted and exceptionally determined public figures to lead the public health movement within the Council chamber. Such men as Ure, Blackie, Moir, Stewart and Lumsden all contributed an incalculable amount to urban public health, by never allowing the general run of councillors to forget for an instance the need for improvement. The public health machine, once set in motion by these men, then needed to be kept in motion by able public servants. Glasgow was very fortunate in its administrators in the mid-nineteenth century. Men such as Lang, the clerk to the Police Board and the Sanitary Committee for many years and finally to
the Committee on Health, Burnet of the Water Commission, James Smart the chief constable, James Carrick the master of works and Drs. Gairdner and Russell as medical officers of health, were only the best-known among a number of men and even women, who worked for public health improvement. They had their counterparts in parochial administration, particularly Adamson of the City parish and Beattie of Barony. Without these men, the urge to improvement might have slackened off altogether and the public health service of 1872 been only a shadow of what was actually achieved.

A final essential is the need to educate all sections of urban society as to their responsibilities towards each other, so that the better-off could appreciate that the rates they provided with their hard-earned cash was spent not only on improving the lot of the spendthrift poor, but indirectly in improving their own position, and the poor could be brought to see that by attending to cleanliness and basic hygiene in their own homes, they could better their own chances of survival, and by doing so better the chances of everyone. By 1872 the authorities had at least succeeded in convincing the better-off that indifference to public health did not pay off in the long run, while the poor had learned to appreciate the benefits of a good water supply and the water closet and had absorbed enough of the propaganda of public health to know that dirty conditions could cause disease.

If 1842 was a watershed in the public health history of the British Isles as a whole through the publication of
the Chadwick Report, 1872 was a watershed in the history of Glasgow's public health administration. It saw the completion of thirty years of effort to improve the city, and more directly it ended the formative decade of Dr. Gairdner's period of office as medical officer of health. Eighteen seventy-three was to begin a long period of consolidation under his famous successor, Dr. Russell. Public health administration was no longer something that could be performed by an eminent physician, however energetic, in the spare time left over from his more important and lucrative positions in university and private practice. It had become an essential position in its own right, demanding all the energies of one man at is head and of a trained and dedicated staff working to his direction. The period after 1872 had different problems to face from that of the previous thirty years. There were to be no more great epidemics like those of 1847 or 1851. There was no need to fight public hostility for basic improvements. The great battles had been won and the main work lay in polishing and improving the service, in educating the ordinary working person in basic hygiene and in tackling the greatest problem of all, housing. In this way the remaining infectious diseases could be contained, infant mortality improved and a better life provided for the citizens, whichever class of society they happened to come from.

Glasgow has come a long way since 1872 in public health administration, and employees in this branch of
of local government are now numbered in thousands rather than hundreds. Few people would seriously question the fact that the quality of life for the average Glaswegian has changed radically for the better. Much of this improvement owes its origins to the public health movement, both directly through improved medical and cleansing services, and indirectly through its influence on the provision of public parks and better recreational facilities.

It is still an unescapable fact, however, that many of the problems of the nineteenth-century city have been carried over into the twentieth. Housing is still very inadequate, many people still have no sanitation within their homes, areas such as Dalmarnock, Bridgeton and Govan shock the visitor by their aspect of dereliction and dirt, the health statistics are unfavourable when compared with other British cities. How long it will take the present-day rulers of the Glasgow area to sweep away the remnants of this unacceptable side of urbanisation is impossible to say, but of the long story of Glasgow's public health improvement, begun in the mid-nineteenth century, there is still a great deal to be written before coming to a happy conclusion.
THE URE REPORT. This Report, written following an investigation into nuisance control in various cities and towns in the United Kingdom by a deputation from Glasgow led by Ure and including the master of works and superintendent of police among its members, is the only one of the many written by John Ure to have apparently vanished. Although printed and circulated to members of the Police Committee, so far no copy has been discovered of this important public health document, which appears to have contained valuable information on the condition of the city and the powers possessed by the local authority for coping with nuisances and other similar matters, and which subsequently laid the foundation for the Glasgow Police Act of 1862 and the setting up of a Sanitary Department. Quotations from the Report were written into the Police Committee Minutes for 30th January 1860, and were made by Russell in his book Public Health Administration in Glasgow and by John Carrick, the master of works who accompanied Ure on the deputation, in his Introduction to the three-volume work Glasgow, Past and Present which would show that the Report was available at the end of the nineteenth century. The Report is reconstructed as far as possible from these three sources.

The Report began with an account of the deputation's investigations in the cities and towns in England and Scotland visited. It continued:--

'After terminating the inspection of cities and towns throughout the Kingdom, the deputation conceived it to be their duty to visit some of the districts in Glasgow whose sanitary condition was represented to be unsatisfactory. The deputation accordingly inspected some of the more densely-populated parts of the Old and of the New Town. Originally the closes and lanes of the city were not at all objectionable. The houses were of moderate height, and unbuilt spaces were attached to many of the dwellings, which promoted ventilation; now, however, in these localities almost every spare inch of ground has been built upon, until room cannot be found to lay down an ash-pit. Houses, too, which were only intended to accommodate single families
have been increased in height, and are found tenanted by separate families in every apartment, until they appear to teem with inhabitants. The ash-pit and other conveniences are altogether insufficient for the wants of such a population; the water supply is very defective, and in many cases none is provided. The evils to which such a state of matters gives rise are great indeed, and call loudly for improvement.

But bad as is the condition of the older districts of the city, a worse state of matters was disclosed by an inspection of some of the more recently-erected houses for the working classes. The meuse lanes of Anderston, Cowcaddens and Blythswood Holm furnish examples of the wretched character of the modern class of dwellings for the poorer order.

Tenements of great height are ranged on either side of narrow lanes with no back-yard space, and are divided from top to bottom into numberless small dwellings all crowded with occupants. The atmosphere of such houses is, to a stranger, oftentimes unbearable, and is rendered more pestilential by the presence of water closets in the ill-ventilated lobbies or staircases of the building. Such houses as these are not confined to particular localities, but are found spread over the city. The necessity for some restriction upon the building of dwelling-houses which in their arrangement outrage all sanitary laws is most urgent. The occupation of cellars and sunk flats as dwelling-houses is largely on the increase in the city, and must also be checked...
'In contrasting the sanitary condition of Glasgow with that of the cities and towns in the Kingdom visited by the Deputation, it must be admitted that, while that of Glasgow may not be excelled in Scotland or Ireland, it is greatly surpassed in England. This may be accounted for to some extent by the more cleanly habits of the English working-classes, and by the tidy cottage form of dwelling which they generally occupy; but it is undoubtedly also attributable to the extensive powers possessed by the local authorities, the thorough organisation of their sanitary departments, and the enforcement of their sanitary regulations...

(A section dealing with the defects in the powers of the local authority appears to have followed here).

'It may be deemed advisable, before the introduction of any change in the arrangements of the city, that the powers of the local authority be extended by legislative enactment, in order that the success of any attempt which may be made to improve the sanitary condition of the city, by whatever agency it may be undertaken, may be relied upon with some degree of certainty. But the adoption of some improvement upon the system now in operation should not be long delayed...'

'Impressed with the importance of having some control over house building, they (the Deputation) would recommend:

'That power be obtained to regulate the erection of new buildings, in order that the height of such buildings

may be preserved proportionate to the width of the streets, lanes, courts and closes in which they may be built. That the dimensions of the apartments be not too small, and that, in the arrangement of area and back yard space, due regard be paid to light and ventilation.

That it be rendered compulsory that such buildings have ample ash-pit and water-closet or privy accommodation, the position of such conveniences being made subject to the approval of the local authority; and further, that all existing houses and public works be provided with the conveniences most suitable to each; and that provision be made in the construction of dwelling-houses, halls, churches, schools, workshops and other buildings, to secure internal ventilation.

That owners of houses be obliged to provide a sufficient water-supply to their tenements, to the satisfaction of the authorities.

They would further suggest that the powers conferred in a general way upon the local authority by the Nuisance Removal (Scotland) Act, 1856, should in more complete detail - with modifications adapted to the special wants of the city - be embodied in the new Local Act, and in addition thereto power be taken.

To appoint a competent Medical Officer and staff of Nuisance Inspectors, should it be considered desirable so to do.
'To prevent the overcrowding of dwelling houses, regulating the maximum number of inmates by the superficial area of the apartments.

'To prevent the occupation of sunk floors as separate dwellings, unless possessed of certain favourable qualifications.

'To prevent the occupation of houses, workshops, or other places which may be certified by the Medical Officer as unfit for human occupation.

'To compel owners of property to whitewash the outside of their houses, when the authorities consider it needful for the comfort of the inhabitants.

'To render it compulsory that the interior of dwellings occupied by the working classes, together with the lobbied and staircases leading thereto, be regularly and periodically whitewashed, the first by the occupier, and the two last by the owner or factor for the property; and of houses or dwellings let for a shorter period than twelve months, or whose annual rental shall not exceed £6, the owner or factor be regarded as the occupier, and be held subject to the regulations applicable to such occupier.

'To prevent drainage from chemical works, distilleries, gasworks, etc., from entering the sewers or drains of the city.

'They further recommend:—

'That the soil and ashes of the city, with the exception of horse and cow dung, be made the property of the
authorities, who may be required to remove the same.

That the Smoke Act be incorporated with the new Act to be obtained.

That proceedings under the Act be taken in a summary manner before the Magistrates; and

That power be taken to acquire property for the purposes of sanitary improvement, on giving the proprietors such compensation as may be agreed on, or, in the event of difference, as may be determined on by a competent tribunal.

The deputation regard it as most desirable that baths and wash-houses for the use of the working-classes should be erected throughout the city, and that powers be taken to erect the same. By the existing Police Act the authorities are at liberty to erect baths on the Public Green, but the power has not been exercised.

signed John Ure,
            James Moir,
            John Carrick,
            James Smart.
APPENDIX B.

SUGGESTIONS offered by Mr. Ure to the Sanitary Committee as to the appointment of a Medical Officer of Health and incorporated into the Minutes of the Sanitary Committee for 23rd December, 1862.

"In order that the position and duties of the Medical Officer of Health may be intelligently set before you, it will be proper, first, to state that the department for the inspection and improvement of the Sanitary condition of the City as contemplated under the existing Act \(^1\) will in its full development consist of two sections, one, the office of the Inspector of Nuisances. The other, the office of the Medical Officer of Health. The former, the office of the Inspector of Nuisances, proposes to deal with material nuisances, discovering their existence and procuring their abatement, and this by a system of persuasion rather than of coercion; the latter, the office of Medical Officer of Health, has higher aims, it seeks to anticipate disease, to trace the more hidden sources of that class of death producing ailments which spring from, or are aggravated by, local conditions, to suggest the means by which these conditions may be improved, and by the application of these means, prevent the occurrence or mitigate the severity and prevent the spreading of such diseases, and in periods of epidemic it might be made the centre of a system of Medical treatment for the poor and needy of the City, if the Magistrates and Police Committee then think of organizing such a system. Before referring more specifically to the office and its duties, it will be

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1. The Glasgow Police Act, 1862, 25 and 26 Vict. c. 204.
proper to indicate some of the qualifications which must
distinguish the Chief Medical Officer. He must be a
Physician of enlarged views in Sanitary (matters) Science
properly informed with respect to the leading phenomena of
disease; skilled in the causes and conditions which in-
fluence the origin, propagation, mitigation, prevention and
treatment of Diseases of the zymotic Class, and in the
examination, collection and promulgation of facts relating
thereto. He must also be a man of acknowledged reputation,
that his opinions may carry weight with them. He must take
a deep interest in the duties of his office, and if his time
be not exclusively devoted to them, while he may be a con-
sultant, he must not be a General Medical Practitioner, in
order that in the discharge of Public duty he may be in-
dependent of, and unbiased by, local or personal consider-
ations. Two methods of filling the office and discharging
the functions of the Health Officer present themselves to
me, one, the appointment of a high class Physician (with an
adequate salary) whose time shall be exclusively given to
the office, and who will discharge its duties in all their
detail. Another, the appointment of an equally eminent
physician and five district assistants, the former to act
as chief, but with restricted labours, the latter under him
to have the more laborious duties. To this latter method
I decidedly incline as the one which promises the most
efficient discharge of the functions of the office, provided
a suitable Chief Officer can be obtained; at the same time
it greatly restricts the field of choice of such an officer,
as from what has been stated of the qualifications of the
office, it will be apparent that our more eminent local practitioners whose attainments might otherwise justify them becoming candidates are by the nature of their calling excluded. Assuming that a qualified officer can be obtained, the following would be the distribution of duty. The chief medical officer would be the responsible head of the medical staff, and the organ of communication with the Sanitary Committee. The medical staff would consist of the chief officer and the five district surgeons of Police. The medical staff would take the general supervision of the state of the city, as regards these causes or conditions which operate prejudicially, or are unfavourable to public health. The District Surgeons would each, in his district, observe and inspect, under the guidance of the Chief Medical Officer the condition of their districts; visiting streets, lanes, courts, closes, tenements, and dwellings, as may be necessary to discover the prevalence, or threatened prevalence, of disease and the causes thereof, reporting to the Chief Officer. The Chief Officer would adopt such other means as may be available to him to obtain accurate information on the same or kindred subjects. The return of the Registrars of Deaths, the observations of the Parochial Boards, or his own observations and inspections might each contribute. His information obtained, it will be his duty to consider and advise the course to be pursued, to report to the Sanitary Committee at their meetings, who will take action as may be thought best.

It may be within the scope of the ordinary duty of officers to suggest on the spot and apply the remedy to evils
disclosed, and it may advance the objects of the Sanitary Committee that the medical officer take steps to inform and enlighten the people, more especially the humbler classes, as to their duties. In (combating) existing evils it should be the aim of the staff to carry the good feeling of the community along with them to show them that the end in view is their personal good. Coercive measures should only be resorted to in important cases and when persuasion has failed.

It would be the duty of the Chief Officer aided, if necessary, by his assistant, to inspect and report upon works etc. complained of by the inhabitants or otherwise ascertained to be the occasion of a Nuisance. The District Surgeons would be required by the Police Superintendent in their districts to inspect houses for which Lodging House Licence is sought, to ascertain their suitableness, and determine the number of Lodgers who may be kept according to a rule prescribed by the Chief Officer, and conformable to the Act.

The foregoing is an outline of the medical duties intended to be discharged, the more minute and extended detail will suggest themselves to the department. The advantages of the arrangement proposed will be apparent. The whole time of the Chief Officer will not be taken up, he will be at liberty to follow his profession while also discharging his public duties. His services will therefore be obtained for a lesser salary than they could be otherwise. The duties of the District Surgeons will be performed for a limited increase of salary, and the
physical labour (which in so extended a sphere as this city might be too great for a single man) will be distributed amongst six officers and the intelligence and professional skill of so many medical men being brought to bear on the duties, gives the hope of efficient service. The District Surgeons being skilled medical men, would also form a medical council to whom the Chief Officer could resort in case of difficulty, when the deliberate judgement of medical men might be valuable to him".
APPENDIX C.

DUTIES of the District Surgeons of the City Parochial Board, Glasgow. A copy of these duties was signed by each surgeon on appointment and assignment to his district; the signed document then being pasted in the Minutes.

The duties of each District Surgeon shall be:-

1. To attend within his District all poor persons who stand in need of medical or surgical assistance, including patients during cholera and other epidemics, whenever required, by a written or printed order from the Inspector. The same services to be given in the case of poor persons having claims on Glasgow Parish, but residing in the Parishes of Barony, Govan, or Gorbals, contiguous to his District.

2. To perform the above duties to all persons without a written or printed order from the Inspector, whenever the Parochial Board shall deem it fit to suspend that part of the above Rule which requires such Order, and during the time it is so suspended.

3. To attend all aged and infirm persons permanently disabled, who are in receipt of Parochial relief, and residing within his District, on producing to him a Ticket, furnished to them by the Parochial Board. A list of the names of such persons will be furnished to the Surgeon from time to time for his guidance.

4. To be at all times furnished with vaccine virus, and to vaccinate all persons who may come, or may be brought to him, for that purpose.

5. To transmit to the Inspector, whenever required, a written report of the state of health and fitness for work of any person applying for relief.

6. To give under this hand a certificate in the case of Lunatics, or of any other poor person, whenever required by the Inspector.

7. To enter in a regular and complete manner in the book provided for that purpose, the names and other particulars of illness and attendance, according to the form prescribed, of all poor persons receiving at his hands Parochial medical relief.

8. To make monthly returns of the sick poor to the Parochial Board, and an annual return on or before the first of June to the Board of Supervision, according to the forms prescribed by that Board, and to make such other returns...
of the sick poor as the Parochial Board and the Board of Supervision may from time to time require.

9. In keeping the books prescribed by this order, to employ, so far as is practicable, the terms used or recommended in the regulations and statistical nosology of the Registrar-General.

10. To attend when required any meeting of the Parochial Board.

11. To furnish the Inspector with the name of a duly qualified medical Practitioner, for whose diligence he will be held responsible, and who will perform his duties in case of his absence from home, or other unavoidable hindrance to his personal attendance.

12. To obey all present and future Rules and Regulations of the Parochial Board and the Board of Supervision.

13. His salary for these services shall be £55 per annum, without other fee or emolument whatever, except in District No. 10, the salary for which shall be £45 per annum.1

1. Information taken from a document signed in June 1859.
APPENDIX D.

The various local authorities in charge of nuisance removal received four hundred complaints regarding nuisances during the period 1842 to 1872. The following appendix gives details of these complaints during selected periods of approximately one year, as random samples of the type of nuisance dealt with by the individual authorities. All recorded complaints during the period are given, together with information as to how each was resolved where this is available, with the exception of complaints against smoke as these were not recorded separately in the records but in batches, frequently with no reference to the number of complaints being dealt with by the Committee considering them.

THE POLICE COMMISSIONERS

Complaints received between 14 August 1845 and 15 October 1846.


SUFFOLK STREET/KENT STREET (East). Ashpit and dungstead. Resident Commissioner for the Ward reports them to be in a filthy and delapidated state. Committee on Health and Vagrancy recommend that the proprietors should repair the walls, roof in the dungstead, erect doors on the necessaries and keep the premises in good order. Repairs to be done under the supervision of the master of works. 1 January, 1846. No further information.

DOBBIE'S LOAN/CAMBRIDGE STREET (North). Committee on Health and Vagrancy reports road is in a filthy state with accumulations of animal and vegetable matter lying on it. 22 January 1846. No further information.

1. For an abstract of nuisance complaints, see Table I, p. 282.
CAMBRIDGE STREET (North). Stagnant water reported. The road is under the charge of the Garscube Road Trustees. The superintendent of police is directed to take action under the 1843 Police Act. 22 January 1846. No further information.

GREAT HAMILTON STREET (East). Ashpit nuisance reported. The master of works gives details of the nuisance. 22 January 1846. No further information.

MOORE STREET (East). Complaint against a manure depot belonging to the Police Commissioners by the Town Council, who state liquid is running into the cattle market. 29 January 1846. On investigation, the liquid is found to come from cow byres within the cattle market, which is under the charge of the Town Council. 5 February 1846.

PORT DUNDAS (North). Manure depot complained of. Investigated and reported to be an 'intolerable nuisance'. The Commission decide steps should be taken to remove it. 5 February 1846. No further information.

ALSTON STREET (Central). Offensive trade reported. Complaint against guano in store is remitted to the Committee on Health and Vagrancy by the Commissioners to investigate. 21 May 1846. No further information.

DALHOUSIE STREET (West). Unspecified nuisance. The superintendent of police is directed to investigate and dispose of. 4 June 1846. No further information.

GARNGAD ROAD (North). Unspecified nuisance. Petition from inhabitants of Garngad Road remitted to the inspector of cleansing for disposal. 14 August 1846. No further information.

NELSON STREET (Central). Unspecified nuisance. Petition from shopkeepers given to the superintendent of police to deal with. 13 August 1846. No further information.

WYNS IN CENTRAL AREA. A general complaint from James Moir, a member of the Police Commission, as to the filthy state of the narrow lanes and wynds. An officer is specially detailed to suppress the 'great nuisances' which exist in this area. 20 August 1846.

SALTMARKET STREET/JAIL SQUARE (Central). Complaint against a private slaughterhouse. Complaint passed to the superintendent of police to deal with as a nuisance if he thinks fit. 24 September 1846.

GREENVALE STREET (East). Complaint against a dung depot. This depot is the property of the Commissioners and the complainer is to be informed that it is shortly to be removed. 15 October 1846.
THE POLICE AND STATUTE LABOUR COMMITTEE.

Complaints were received from the entire urban area under this Committee and its successors, following the 1846 Extension Act. The Committee on Health and Vagrancy which had dealt with nuisances under the Police Commission was disbanded. The master of works (Mr. Carrick), working under the direction of the Committee on Statute Labour and Paving, and the inspector of cleansing, working under the direction of the Committee on Lighting and Cleansing, dealt with the majority of the complaints. These two committees were amalgamated later to form the Committee on Statute Labour, Paving and Cleansing.

Complaints, 26 December 1853 to 5 February 1855.

KINNING PLACE (South). Unspecified nuisance complained of by proprietors in Kinning Place, Kingston. The convenor and subconvenor of the Committee on Statute Labour and Cleansing to visit. 26 December 1853. The Procurator Fiscal is directed to take measures against the nuisance. 23 January 1854.

QUEEN'S CRESCENT (West). Pinkston burn reported as a nuisance. The master of works reports that traps should be introduced but bad weather has so far prevented work. He is directed to confer with all parties concerned to see if the whole burn can be made cleaner. 9 January 1854. The master of works reports traps have been put in successfully. 23 January 1854.

ABERCORN STREET, No. 37. (North). Offensive dungstead reported. The dungstead is also improperly constructed and the Sub-committee on Cleansing reports the issuing of notices to proprietors. No further information. 1 May 1854.

CALTON (East). Public convenience near the slaughter-house complained of as a nuisance by Barony Parochial Board. The master of works to execute any improvements considered necessary. 1 May 1854.

GEORGE STREET, MILE-END (East). Foul water reported. Remitted to the Committee on Statute Labour and Cleansing to dispose of. 12 June 1854.

WEST STREET, TRADESTON (South). Offensive trade reported. A naphtha works has been complained of. 12 September 1854. The Committee on Statute Labour and Cleansing, reports that the proprietors have been ordered to construct two tanks to collect ammoniacal liquor or other matter from which smell arises. 3 October 1854. In January 1855 the master of works reports that the nuisance must be removed and recommends the clerk to require the proprietors of the works to take steps to do so, under certification in case of their failure of legal proceedings. 22 January 1855.
WEST STREET, TRADESTON (continued). A large deputation of inhabitants from nearby Kinning Place complain to the Police Committee that the chemical works is affecting their health and comfort. 22 January 1855. The Sub-committee on Cleansing is remitted to investigate again and take necessary steps. A meeting is arranged for 5 February 1855 with the owners. The Police Committee hears the report and delays the subject for further consideration. 19th February 1855. No further mention of this matter.

BURNBANK STREET (North). Offensive discharge of matter from distillery into a pond connected with a stream. Statutory notices ordered to be issued, calling on the proprietor to cover the water-course. 2 October 1854.

CAMLACHIE BURN (East). Section between Peel Street and William Street needs to be covered. Statutory notices ordered to be issued to proprietors. 27 November 1854.

KINNING BURN (South). The Sub-committee on Statute Labour and Cleansing to investigate complaints from householders. 27 November 1854. No further information.

GREENHEAD STREET (East). Filthy condition of this street complained of by Mr. Moir. Sub-committee on Statute Labour and Cleansing to report. 5 February 1855. No further information.

CLYDE HARBOUR (South). Offensive industry reported. Complaint of a nuisance coming from a Mr. Bethell's works into the Clyde at the harbour reported to the meeting with no further comment. 5 February 1855.

THE NUISANCE REMOVAL COMMITTEE.

This Committee became the local authority responsible for dealing with nuisance complaints following the passing of the Nuisance Removal (Scotland) Act in 1856. The Committee dealt with an increasing number of complaints, particularly against offensive industries.

Complaints received between 1 January and 31 December, 1860.

BURNSIDE STREET (Central). Damp tenements and other unspecified nuisances reported. A known centre of smallpox in the district. The Committee empowers the clerk to make complaint and take proceedings so that the sheriff can compel adoption of remedial measures. 17 February 1860.

CANAL STREET, PORT EGLINTON (South). Bone works complained of. The superintendent of police to inspect and see if a police offence has been committed, and if not to ask the
CANAL STREET (continued).

inspector of the poor of Govan parish to instruct his
medical officer to visit the works and issue the necessary
certificate of nuisance required by the 1856 Act. 17
February 1860. The matter is reported disposed of in
the Police Court, 20 April 1860.

FIRHILL ROAD (North). Springbank Chemical Works reported
a nuisance by the inhabitants of Wilton Crescent. The
inspector of the poor of Barony parish to be requested to
inspect the works and give a certificate. 17 February
1860. The medical officer is reported to have found
offensive smells and the clerk is directed to take pro-
ceedings. 2 November 1860. Repeated inspection by
chemists is reported to the Committee on 19 February 1861
when it is also reported that the sheriff is continuing
the case. The sheriff continues the case two more times
over the next few months. Case reported taken to
avizandum on 27 December 1861. Further time is granted
to the firm for proof on 13 June 1862.

Further complaints from Wilton Crescent against the
firm in the summer of 1862 and steps are to be taken to
get the necessary information to start proceedings against
them either through the Nuisance Removal Act or through
the 1862 Glasgow Police Act. 19 September 1862. (The
Sanitary Committee is now dealing with the case). The
decision in the Police Court is reported to have gone against
the defendants who have intimated their intention of
appealing to the next Circuit Court. 17 October 1862.

More complaints received from the neighbourhood, 14
November 1862. The superintendent of police in the
district, as inspector of nuisances, is instructed to
take steps to collect information for the procurator fiscal.
14 November 1862. Superintendent reports that he was
refused admission to the works when he called. The
Committee hears that the Procurator Fiscal had taken steps
to bring the firm before the Court for penalties consequent
on this refusal. 12 December 1862.

THE HIGH STREET, HAVANNAH STREET, TONTINE CLOSE (Central).
Insufficient privy accommodation reported. Notices are
ordered to be served on proprietors and in the event of
non-compliance, steps are to be taken under the 1856 Act.
20 March 1860.

SUMMERS STREET (East). Nuisance from chemical works
complained of. The medical officer of Barony parish
states on inspection that if any cause for complaint had
existed, it had been removed.

WARROCH STREET (West). Foundry complained of. The medical
officer can find no nuisance under the Act. 20 April 1860.

WEST STREET, TRADESTON (South). Wilson's Chemical Works.
After receiving the medical officer's certificate, the
Chairman reported a complaint had been made to the sheriff. 20 April, 1860. A bad smell in the local water closets, sinks and sewers between one and three in the morning of 24 August traced to effluent from Wilson’s Chemical Works and reported to the Committee on 10 September 1860.

BRIDGEGATE (Central). Ashbox in a lane near the Free Church complained of. This had been ordered to be removed and the master of works and clerk were ordered to take the necessary steps to compel proprietors to provide proper ashpit and privy accommodation. 24 August 1860.

DOBBIE’S LOAN (North). Blood works complained of. The clerk is authorised to make complaint and take proceedings under the 1856 Act. 10 September 1860.

HIGH STREET (Central). Houses reported unfit for human habitation. On production of a medical officer’s certificate, the clerk is authorised to take proceedings. 3 December 1860.

NORTH JOHN STREET (Central). Damp houses unfit for human habitation reported. The clerk is authorised to take proceedings. 3 December 1860. Sheriff dismisses the case as not proven. 19 February 1861.

BURNSIDE STREET (Central). Molendinar burn reported a nuisance. On production of a medical officer’s certificate to the meeting, the clerk is authorised to proceed under the Act. 17 December 1860. The nuisance is found to be caused by a dam and pool on the Molendinar attached to a works. Professional chemists are to inspect and report back to the sheriff the means for abatement, the Committee is informed. 19 February 1861.

FINNIESTON LANE (West). Unwholesome houses reported. Inhabitants are from the poorest classes, but on investigation the landlady is reported as doing her best to keep the building clean. No sufficient grounds for prosecution. 17 December 1860.

THE SANITARY COMMITTEE.

This Committee replaced the Nuisance Removal Committee following the 1862 Glasgow Police Act. In its first full year of operations, under Dr. Gairdner’s supervision, the Committee dealt with thirty four complaints, a considerable increase on former years. However, these dwindled in the typhus epidemic when other, more pressing matters, had to be attended to, and only twelve complaints were attended to in 1864, none at all being recorded in the first three months of the year when typhus was at its height, the records being taken up with fever reports. From mid-1865
onwards, proceedings against nuisances are once again pushed forward with vigour.

Complaints received 1 January to 31 December 1864.

APSLEY PLACE (West). Nuisance from insufficient and improperly constructed drains reported. The master of works reports the steps necessary to remove the nuisance. 12 April 1864. The drains are reported to be free from smell by the assistant master of works but the Committee agree they should be opened and inspected. 10 May 1864. The master of works reports this has not been necessary as no nuisance can exist from them. 24 May 1860.

ANDERSTON FOUNDRY (West). Gas tar vapours reported. The clerk reports the matter is being investigated in order to bring before the magistrates. 26 April 1864. A further complaint is reported as being dealt with under the Police Courts. 24 May 1864.

LITTLE HAMILTON STREET (East). A tenement is reported to have had no water for eleven days. The medical officer to inspect and report. 10 May 1864.

GROVE STREET (North). Burn causing a nuisance. The master of works to inspect and report. 24 May 1864. The assistant master of works reports no cause for complaint can be found. 21 June 1864.

GARSCUBE LANE (North). Works of Hugh Baird, maltings. Malt burning causing a nuisance. The chief constable to enquire and report. 1

BOGSIDE (East). Piggeries causing a nuisance. The chief constable to deal with under the nuisance clauses of the Police Act. 21 June 1864.

HOSPITAL STREET (Central). Offensive drains reported. The proprietor is reported as remedying the fault by renewing the drains. 21 June 1864.

CLYDE STREET (West). Obnoxious smell from an oil and soap works. Report submitted by the superintendent of the western district and the chief constable to report further on the subject. 11 October 1864. No further information.

GARNGAD ROAD/VILLIERS STREET (North). Unwholesome houses and lack of water reported. Proprietors have been told that unless water is put back into the houses within fourteen days, the Nuisance Removal Act will be enforced to declare them unfit for human habitation. 25 October 1864. Nothing has been done by the proprietors so a peremptory

1. This firm was to be a frequent offender in the future. See above, p. 219.
GARNGAD ROAD/VILLIERS STREET (continued). notice is to be sent. 19 January 1865. The Water Commissioners report that no law at present can compel these proprietors to provide a water supply. 2 February 1865.

154 GARNGAD ROAD (North). Unwholesome property, chiefly through bad ventilation and overcrowding. To be kept under sanitary supervision and ordered to be ticketed. 25 October 1864.

MIDDLETON PLACE, GARNGAD (North). Lack of water to several tenement blocks. One stand-cock reported for one hundred and seven families. Dungsteads reported as objectionable, being below the level of the back court and with the back walls of dwelling-houses forming the wall of the dungstead on one side. The Committee directs the clerk to tell the proprietors to give the tenants a good supply of water and get the dungsteads put in good order and properly constructed or the Nuisance Removal Act will be put in force against them. 22 November 1864.

Nothing has been done to put matters right, so peremptory notices are to be sent. 19 January 1865.

DOBBIE'S LOAN (North). Nuisance from a works reported, but firm is at present subject to a prosecution before the Central Police Court. 8 December 1864.

After the passing of the 1866 Glasgow Police Act and the 1867 Public Health (Scotland) Act, action was stepped up against underground dwellings and intramural burial grounds. A typical case, dealt with by both the Sanitary Committee and its successor, the Committee on Health, went as follows:

SIGHTHILL CEMETRY (North). Complaint against mode of burial in pits. The clerk to require the managers of the cemetery to ensure there is twelve inches between coffins and three feet from the top coffin to the surface, with three feet between each pit grave. 14 January 1870.

A deputation from the Directors of the cemetery ask to meet the Police Board. At this meeting, it is agreed to reduce the required distance between each coffin to six inches, while the uppermost must be two and a half feet from the surface, exclusive of mound on top, with eighteen inches of solid earth between each grave. 11 February, 1870.

The Committee on Health took over from the Sanitary Committee in 1870 and in the two years investigated, to December 1872, dealt with fifty-five complaints. Most of these were, however, of a routine nature, the most frequent being complaints regarding delapidated housing and river pollution.
APPENDIX E.

No. 21, Middleton Place.

Middleton Place was a small street of large tenement blocks, stretching from the Garngad Road up the slopes of Garngadhill to join Garngadhill Road, where it ended in a pair of gates, probably a relic of the days when Garngadhill was the setting for fine villas rather than shabby tenements. In the 1860s Middleton Place was one of the most notorious streets in the city. Dr. Gairdner and his staff waged a constant battle with the proprietors of tenements to clean up their buildings and provide the inhabitants with a decent water supply, and when in 1865 Dr. Gairdner made his survey of the city district by district, dividing them into good and bad according to their fever record, the Garngad had the highest figures at 32.9 cases per 1,000 of the population, almost all of them coming from Middleton Place. 1

Anyone would be forgiven for assuming Middleton Place to be a street in the tradition of Main Street, Gorbals or the Bridgegate, in other words of old, substantial housing from the past that had been subjected to sub-division under the stress of industrialisation. In fact the street was very new in the 1860s, only Nos. 1-3 being completed in 1851 and the remainder during the following decade.

Needless to say, Middleton Place was the street

1. W.T. Gairdner, Memorandum for Mr. Ure with Map of the sanitary districts of Glasgow, 1865.
selected by the North British Daily Mail to open its famous sanitary investigation. The reporter described the buildings as respectable from the outside, but indescribably filthy, overcrowded and verminous on the inside. The drawing on page 598 shows the T-shaped lobbies so deplored by the Sanitary Department, which permitted no light to enter, let alone the free movement of air to circulate in the passages from which the various houses led off. These lobbies were common in old, made-down housing in the old town but could have been avoided in buildings as new as those of Middleton Place. In the two-apartment houses, the second room was described by the Mail reporter as being little better than a cupboard, and in 13 Middleton Place had no windows.¹ The Sanitary Department would therefore appear to be justified in insisting that these second rooms should be given up to allow light and air to enter the landings (see centre drawing). According to the Mail reporter, the rent of single-ends in 3-21 Middleton Place, in his opinion the worst houses in the street, was six shillings per month. Most of the houses were ticketed, but the reporter found evidence of tickets being defaced and of superfluous inhabitants hiding under beds to escape detection. A system of signalling to alert the illegal occupants was in operation, and on the approach of the police these people would steal out into the stairs and passages 'like ants swarming out of an anthill'.

¹. North British Daily Mail, 15 November 1869, p. 5.
The whole of the Garngad formed what could be described as an Irish quarter of the city. A large Roman Catholic convent had been established on Garngad-hill prior to 1841, and this may have attracted the Irish to the area, although the low rents may also have been equally important. No. 21, Middleton Place, can be taken as typical of the tenement blocks in the Garngad. 80.3% of the inhabitants were of Irish stock in 1861, and 80.6% in 1871, when the number of people living in the building numbered one hundred and fifty-five, the maximum during a census count. By 1881, although the total number of inhabitants had fallen, the percentage of Irish had risen to 91.92%. This high percentage of people of Irish stock contrasts sharply with 'respectable' working-class districts such as the Improvement Trust estate of Overnewton, where the percentage of Irish living in the whole of Blackie Street in 1881 was 4.3% of the inhabitants.

In 1861, in the first census in which the building makes an appearance, the block consisted of ten single apartments and eleven two-apartment houses into which one hundred and seven people were crammed. By 1871, the year when overcrowding in small houses appears to be most general in the city, 21 Middleton Place was no exception. By now the tenement had been divided up, or possibly completed with the addition of a back-land, into nineteen single-apartment houses, with an average room occupancy of 4.5 persons per room, and sixteen two-apartment houses.

1. All the figures quoted here have been compiled from the Enumerators' Books for the censuses 1841-1881.
with an average room occupancy of 2.25 persons per room. A further break-down of room occupancy shows that of the single apartments, three housed five, one housed six, two housed seven and one eight people. According to the Mail reporter, describing Middleton Place in general, sleeping arrangements were of the most primitive, 'the floor covered with men, women and children huddled up promiscuously in corners of the rooms, on tressel beds or no beds at all, in closet beds with the doors shut to exclude even the suggestion of fresh air...Rags, scraps of blankets and old clothing, grey with dirt and crawling with vermin...the walls glittering with a moist film of condensed vapour and filth from the reeking mass of life and dirt...'.

The drawing overleaf was included by R. Bremner in an article entitled The Housing Problem in Glasgow, and was probably given to him by an official of the Glasgow Workmen's Dwelling Company, which acquired the building in order to make the alterations shown in the final plan. The first drawing shows the tenement as it was built originally, with the typical T-shaped lobby giving access to the single and two-apartment houses and the back-court privy and ash-pit. The alterations made on the instructions of the Sanitary Department reduced the number of two-apartment houses to improve the ventilation of the building but did not apparently include any basic improvements to the sanitation which remained one block of privies. This

1. NBDM, 15 November 1869, p. 5.
2. R.L. Bremner, The Housing Problem in Glasgow, (Glasgow 1904), p. 27.
change probably was made between 1871 and 1881, for the 1881 census shows a decline of two-apartment houses from sixteen to ten. The final alteration to the building was made by the Glasgow Workmen's Dwelling Company, which bought up substantial tenements and attempted to bring them up-to-date and re-let them at a reasonable rent to poor but deserving workers. However well-intentioned the efforts of the company, they were doomed to failure so far as Middleton Place was concerned, for this street is one of the very few outside the old town of Glasgow to be erased without trace.\(^1\) The buildings were demolished and even the old line of the street has disappeared, the area around being laid out along a different pattern. The infamous Garngad Road and Garngadhill were renamed Royston Road and Roystonhill after the First World War. However, memories in Glasgow are long, and to this day the local people remember it as the Garngad, and to this day it has remained largely a preserve of the descendents of the Irish immigrants of the nineteenth century.

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1. The area was redeveloped by the Corporation in the 1920s and 30s, although old tenements in Millburn Street, Garngadhill, survived to the early 1970s.
No. 21 Middleton Place -

ORIGINAL PLAN

AS ALTERED FOR SANITARY REASONS

AS NOW COMPLETED
I PRIMARY

A Manuscript.

The following series of Committee and other Minutes and manuscripts have been consulted in the preparation of this thesis. In some cases only isolated volumes have been used, in others full use of the complete series has been made.

Strathclyde Regional Archive Office,
(formerly Glasgow City Archives).

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Minutes of the Police and Statute Labour Committee of the Town Council of Glasgow.

Minutes of the Nuisance Removal Committee.

Minutes of the Sanitary Committee of the Police Board of Glasgow.

Minutes of the Committee on Health of the Police Board of Glasgow.

Minutes of the Special Committees of the Police Board of Glasgow.

Minutes of the Fever Hospital Committee of the Police Board of Glasgow.

Minutes of the Cleansing Committee of the Police Board of Glasgow.

Cleansing Committee Report Book.

Minutes of the Town Council of Glasgow.
(The printed Minutes edited by R. Renwick, volumes 7-11, have been used for 1770-1832. Manuscript Minutes thereafter).

Minutes of the Special Committees of the Town Council of Glasgow.

Minutes of the Magistrates' Committee of the Police Board of Glasgow.

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Primary Sources (Manuscript).

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Minutes of the Burgh of Calton.
Minutes of the Police Board of Anderston.
Minutes of the Burgh of Gorbals.
Minutes of Gorbals Statute Labour Commission.
Records of the Dean of Guild Court of Glasgow.
Dean of Guild Court Inspectors' Book, 1872-1873.
Minutes of the City Parochial Board.
Minutes of the City Parochial Board Sanitary Committee.
Minutes of the Committee of Management of Barony Parochial Board.
Minutes of the Barony Parochial Board Sanitary and Medical Relief Committee.
Minutes of Gorbals Parochial Board.
Minutes of Govan Parochial Board.
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(For the manuscript of a defence to be given on behalf of the St. Rollox Chemical Works in an action for smoke pollution brought against the firm by local market gardeners).

General Register Office, Edinburgh.

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Report to the Board of Police of Glasgow by the medical officer of health and the master of works on Intramural Burying Grounds, 1870.

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Gairdner W.T., Memorandum by the medical officer of health on the Public Health Act, 1867, as compared with the sanitary clauses of the Police Act, 1866. 1868.

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(Except where otherwise stated, occasional issues of the following newspapers have been consulted).

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KEY - Map II.

Glasgow, showing parochial boundaries, c. 1860.

Barony Parish
City Parish
Govan Parish
Gorbals Parish.

Key to numbers.

1. Alexandra Park (site of)
2. Anderston
3. Barnhill Poorhouse (Barony parish)
4. Belvidere (site of future fever hospital)
5. Binnie's Court, Argyle Street
6. Blackfriars, the Vennels and Burnside Street
7. Blythswood
8. Bridgegate and the Wynds
9. Bridgeton
10. Calton
11. Camlachie
12. City Poorhouse (Town's Hospital)
13. Cowcaddens
14. Crescent area
15. Dalmarnock
16. Dennistoun
17. Drygate
18. Garnet (Middleton Place marked in red)
19. Garscube Road
20. George Square and business centre
21. Glasgow Cross - High Street - north
   Saltmarket - south
   Gallowgate - east
   Trongate - west
22. Govan
23. Gorbals
24. Great Western Road
25. Kelvingrove Park (West End Park)
26. Maryhill
27. Parkhead and Westmuir (Tollcross)
28. Parliamentary Road Fever Hospital (site)
29. Partick
30. Port Dundas
31. St. Rollox Chemical Works
32. Springburn
33. Woodside.

N.B. No contemporary map has been found which shows the exact boundaries of the various parishes. The map used, dating from about 1860, has had parish boundaries added some time later. These appear to correspond roughly to those referred to in the written records. However, the parochial boundaries as outlined on this map can only be regarded as approximately correct.