

## INTRODUCTORY NOTE

### HEALTH AND SOCIETY ON MERSEYSIDE: SOME HISTORICAL PERSPECTIVES

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The idea for this collection of papers stems from a day conference held at the Liverpool Medical Institution in November 1991. The papers presented at that meeting were broadly concerned with public health issues, most notably municipal activities in Liverpool and St Helens in the nineteenth and early twentieth centuries in the fields of housing, sanitary engineering, medical inspection and infant welfare.

Merseyside, and Liverpool in particular, was at the forefront of so many of the health-related initiatives during this period. Liverpool was the first town to appoint a Medical Officer of Health, in the person of William Henry Duncan. The unhealthy condition of Liverpool had become increasingly obvious in the years before his appointment, and his systematic collection and analysis of mortality data was central to the demands for sanitary reform. His appointment was made possible through Liverpool's pioneering Public Health Act of 1847, which also created a range of new sanitary duties for a Borough Engineer. This post was first occupied by James Newlands and his vision of Liverpool as a sanitary utopia was instrumental in the formation of the Corporation's health policies. The municipalization of the water supply to an urban area is recognized as usually being an efficient mechanism through which the health of the population can be improved. This link between cleanliness and disease was developed and

manipulated in Liverpool by the Corporation to achieve a number of vital Parliamentary Acts, but financial and political issues hindered the introduction of an adequate system until the end of the nineteenth century. An integral part of the programme to improve the urban area must also include the demolition of insanitary housing stock. Liverpool Corporation also instigated a new approach to this through its policy of slum replacement with municipally owned housing. However, this programme encountered the same political and financial problems which had beset the improvements to the water supply.

Liverpool was not alone in its public health activities. By the end of the nineteenth century St Helens was operating a model infant welfare scheme, which recognized the relationship between domestic conditions and high infant mortality. The sanitary reforms with which Liverpool had triumphed had had selective results in terms of reduced mortality rates. The essentially 'public' emphasis of its schemes had had only a marginal impact on the high infant mortality rates. The policies which St Helens pursued directed attention to the domestic environment and the individual's responsibility for health.

These papers provide only a limited insight into the relationship between health and society within the Merseyside region. They identify many more ways in which this theme can be developed.