History in public health: The nature and practice of history

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Overview

This chapter introduces the book, and aims to familiarize you with historical research and writing. The first section asks: what is history? It discusses how the discipline, and specialization in the history of health and medicine, emerged. Next you will examine how historical research and knowledge differs from that in the natural and other social sciences. You will then explore the basic method of primary and secondary source analysis. The chapter concludes with an exercise in source analysis based on the second cholera pandemic of the nineteenth century.

Learning objectives

After working through this chapter, you will be able to:

- describe the development of the historical discipline
- recognize what is distinctive about historical knowledge and research
- comprehend the nature of primary sources and approaches taken to their analysis
- comprehend the nature of secondary sources and explain why historical interpretation is always provisional

Key terms

Aetiology/etiology The study of the causes of disease. This may include predisposing factors, whether environmental or genetic, as well as transmission vectors.

Health system Term originating in the mid twentieth century, usually understood as signifying the provision, financing and regulation of primary, secondary and preventive health services. Note that although apparently descriptive, the expression implies the integration of such services.
History of medicine A sub-discipline of history that emerged in the mid-twentieth century, concerned with medical science, population health and health services in the past.

Primary source An original document or artefact from the period that is the subject of study.

Professionalization Process involving extensive training, academic qualifications, autonomy, vocational commitment, recognition by the state and restraint of groups of inferior status.

Secondary source A text containing a narrative and/or analytical history of a period or theme produced after the period that is the subject of study.

Introduction

Many of you will have little experience of historical study. Indeed, you may remember history lessons from your schooldays as a parade of supposedly important dates, key events in war and politics, and the deeds of ‘great’ individuals (usually men). Although we cannot promise that these will be entirely absent from this book, we want to suggest that the history of public health is well worth studying. Not only is it inspiring and intellectually stimulating, but an understanding of how past events have shaped the present can helpfully illuminate contemporary challenges. This does not mean we are going to present you with ‘lessons of history’ on which we can all agree. For while it is certainly possible to reach consensus on what happened in the past, the really important questions about how and why change occurs are much harder to resolve. Before you begin your studies of public health history, this chapter will introduce you to the nature of historical research and knowledge.

What is history?

You may have a ready answer to this question. In colloquial usage, ‘history’ is shorthand for ‘the past’. We may take it to mean absolutely everything that has happened in human experience, or we may think in terms of the past of our nation, region or city, or we may conceptualize history in terms of our own families, our personal ‘roots’. However, the origins of the word ‘history’ are much narrower: it comes from the Latin historia, and means a ‘story’ or narrative account; in other words, the oral or written record of the past. This is an important distinction: history is not ‘all and everything’ that has happened before; it is a selective account of past events, crafted and delivered by the historian.

The development of the discipline of history

We can imagine, perhaps romantically, the birth of history in ancient societies where tribal elders preserved the collective memory of their people through oral tradition. But we can only confidently start tracking the development of the discipline through...
the survival of texts. So in Europe we can firmly trace its establishment in the classical period, when Greek and Roman historians began to separate history from myth, and to discuss cause and effect without simply invoking the gods. Their subjects were largely military and political accounts of the empires of Persia, Athens and Rome. The earliest examples in Europe, from around the seventh century, were the ‘annals’ and ‘chronicles’ produced in monasteries, listing dates and events in the life of the Church, as well natural disasters, war and politics. Historical writing was also a feature of the European cultural Renaissance from the fifteenth century. Political history remained the dominant subject matter, but now explanation of past events was presented in secular rather than religious terms and writers began to strive for an impartial, critical perspective.

It was in the nineteenth century that the historical discipline became established in the universities, accompanied by discussion of the historian’s methods: the discovery and dispassionate analysis of original documents – the ‘primary sources’ – that hold evidence about the past. It was an age of nationalism and the nation-state in Europe and America, so the study of military history, politics and government remained the chief focus. Some of this work contained assumptions about history as a story of progressive betterment; in other words, that the past was worth studying to understand the evolution of liberal societies and their desirable features, such as parliamentary democracy, constitutional government and religious toleration. In Anglophone writing, this idea of ‘history as progress’ is dubbed ‘Whig history’ because its leading nineteenth-century exponent, the politician Thomas Macaulay, belonged to the Whig Party (the predecessor of Britain’s Liberal Party).

Exercise 1.1

Despite history steadily gaining academic respectability, people sometimes expressed frustration with its shortcomings.

Read the examples of such criticism below and itemize the authors’ concerns about the value and meaning of history.

Quotation 1

‘Reading modern history is generally the most tormenting employment a man can have. One is plagued with the actions of a detestable set of men called conquerors, heroes, great generals, and we wade through pages loaded with military details. But when you want to know the progress of agriculture, of commerce, and industry, their effects in different ages on each other, the wealth that resulted, its employment and the manners it produced … all is blank.’

Arthur Young, 1789 (Young, 1794, p. 255) [Young was an English journalist during the early Industrial Revolution, with particular interests in the transformation in agricultural productivity arising from new techniques.]

Quotation 2

‘History is more or less bunk. It’s tradition. We don’t want tradition. We want to live in the present, and the only history that is worth a tinker’s damn is the history we make today.’

Henry Ford, *Chicago Tribune*, 1916 (Batchelor, 1994, p. 1) [Henry Ford was an American car-maker and industrialist.]
Quotation 3

‘I’m going to give the people an idea of real history. I’m going to start a museum. We are going to show just what actually happened in years gone by.’

Henry Ford, 1919 (Bryan, 2006, p. 11)

Feedback

Quotation 1

Young is concerned that histories of war and great men are completely unrelated to most people’s lives. Why, he wonders, can historians not tell us about the development of the economy, the ways in which trade, manufacturing and investment interact, and the resulting changes to social behaviour (‘manners’).

Quotation 2

Much misquoted as ‘History is bunk’, this well-known saying is often taken as the quintessential statement of history’s irrelevance. Ford seems to be arguing that history and the past are not important in the present; instead, it is wealth creation that really matters.

Quotation 3

This second statement made by Ford qualifies his earlier view. It turns out that Ford was not against history in itself, he just felt that most of it did not tell us ‘what actually happened’. Like Young, his idea of ‘real history’ was the study of work, industry and ordinary people’s lives.

The last hundred years have seen a huge expansion in the range and approach of historical writing, which has met all these concerns and more. The following are some of the main developments:

Economic and social history. This approach to history responded to the manifest changes to Western economies and societies in the nineteenth century. The aim was to understand the transformations of farming and industrial production, the growth of internal and international trade, and new patterns of consumption. A related concern was their impact on ordinary people, viewed through the history of population (including past mortality and fertility trends), urbanization, transport, housing, and experiences like work, education and poverty.

Cultural and intellectual history. This approach explored the role of beliefs and ideas as drivers of change. Instead of attributing agency to ‘great men’, it focused attention on the systems of thought that motivated people to action.

Marxist history. Karl Marx’s ideas influenced a whole school of economic and social history. For him, all human societies were moving at different paces through distinct phases determined by their economic ‘mode of production’. The first transition was from agrarian ‘feudal’ societies of aristocrats and peasants to early capitalist societies with a developing middle class engaged in commerce. Next came mature industrial capitalism, in which two hostile classes, the ‘bourgeoisie’ and ‘proletariat’ emerged, and finally (Marx hoped) socialism, when the working class would sweep aside their exploiters.
The ‘Annales’ school. This was a group of French economic and social historians who distinguished histoire événementielle (the history of events) from la longue durée (long-term change). They believed that before you could make sense of short-term events you needed to study the deep, long-term structures that shaped people’s lives, particularly the geographical environment, climate, food and drink, patterns of marriage and fertility, and disease ecology. They also argued that the historian’s job was to investigate mentalité, to understand and inhabit the very different mental world of people in the past.

Women’s history. Although there had been a small number of women in the profession, it was not until the resurgence of feminism in the 1970s that women historians threw down a major challenge. Why was it that half the population was virtually invisible in the ‘his-stories’ that had been written until then? Their first aim was to recover the experience of women from the patriarchal neglect of earlier historians, but their impact soon grew as they started to investigate the nature of ‘gender’. Masculinity and femininity, they argued, were not essential characteristics, but were learnt and constructed.

Post-colonial history. Scholars from the newly independent nations set out to reclaim and write their own history. An early example was Eric Williams’ Capitalism and Slavery (1944), in which he argued that far from the slave trade being abolished thanks to enlightened European campaigns, it had ended only because it was no longer economically viable.

History of medicine arrives

The first histories of medicine took a ‘Whiggish’ approach, whereby scientific advances of Western biomedicine were celebrated as progressive betterment (indeed, some still do). Typically, the form was a description of great doctors of the past and their breakthrough discoveries, and often the authors were doctors themselves.

In mid-twentieth-century America, the history of medicine emerged as an academic discipline in its own right. A key figure was Henry Sigerist, a Swiss national who led the first major department, at Johns Hopkins University, and founded the journal now called the Bulletin of the History of Medicine in 1933. Another pioneer was George Rosen, a New Yorker trained in medicine, sociology and public health, whose A History of Public Health (1958) was the first attempt to write a survey from earliest times to the present.

In Britain, the specialty emerged in part from interest by public health professionals and was given financial support by the Wellcome Trust, established by the will of the pharmaceuticals magnate Sir Henry Wellcome (d. 1936) to fund both research in medicine and its history. Research units funded by Wellcome bolstered established areas like the history of medical science and health services, but also emerging themes, ranging from professionalization to the cultural history of the body, to colonial and post-colonial medicine.

The nature of historical knowledge

How is history done, and how does it compare with findings in other disciplines?
Why is historical research different?

Readers with a background in the natural sciences should start by considering how historical research differs from that in fields like physics or microbiology. In these areas, to advance knowledge researchers apply a scientific method, proceeding from hypothesis formation to laboratory experiment, to hypothesis refinement, and then repetition of the experiment until the thesis is verified or falsified. The goal is to arrive at laws about the natural world, which not only tell us how things currently behave, but how they will behave in the future.

History is concerned with human behaviour, so we cannot apply this method. All historical events are unique, and because they are unrepeatable, explanatory hypotheses can never be definitively verified or falsified. History, therefore, cannot produce laws about human behaviour, and it cannot be predictive. In a literal sense, there can be no ‘lessons’ of history.

History is also different from other social sciences that deal with human behaviour in the present. If researchers want to investigate, say, the effectiveness of a health promotion programme, or the impact on patient satisfaction of a new health technology, they have various options open to them. They can conduct an intervention study or a randomized control trial, and they can use different methods to discover their patients’ responses, like surveys, interviews, participant observation or focus group discussions. None of this is possible for the historian. Instead, the first problem for any history project is: What evidence has survived that will help me answer my question? In most cases, the further back in time we go, the thinner the evidence base becomes. The situation is not hopeless, however, because for many subjects plenty of documents will have survived. But the problem is that they will have been produced for some other purpose than to answer our particular research question. So, we cannot design a bespoke research instrument. We always have to look at the past through somebody else’s eyes.

Exercise 1.2: Is history an art or a science?

Take a moment to read the two quotations below, and then answer the questions that follow:

‘History is distinguished from all other sciences in that it is also an art. History is a science in collecting, finding, penetrating; it is an art because it recreates and portrays that which it has found and recognized. Other sciences are satisfied simply with recording what has been found; history requires the ability to recreate.’

Leopold Von Ranke, The Theory and Practice of History, nd. 1830s
in Iggers (ed.) 2011 (p. 8)

‘…the difficulties historians face in establishing cause and effect relations in the history of human societies are broadly similar to the difficulties facing astronomers, climatologists, ecologists, evolutionary biologists, geologists and palaeontologists. To varying degrees, each of these fields is plagued by the impossibility of performing replicated, controlled experimental interventions.’

Jared Diamond, Guns, Germs and Steel: A Short History of Everybody for the Last 13,000 Years, 1997 (p. 424)

1. How far would Ranke and Diamond agree with the statement ‘history is not a science’?
2. Do you agree with the statement ‘history is an art, not a science’? Give reasons.
Feedback

1 Ranke and Diamond would probably both disagree with the statement that "history is not a science", but for different reasons. Ranke suggests that history is similar to science in that it requires the collection of data about the world around us, but it is also an art, as historians must recreate the past. So, for Ranke history is both art and science. Diamond raises different issues about the nature of history. By stating that history shares the same difficulty some science subjects experience in being unable to perform controlled experiments, Diamond is pointing out that both history and some natural sciences face similar challenges in verifying hypotheses.

2 There is no 'right' answer to the question as to whether history is an art or a science, and as Ranke and Diamond suggest, it is possible that history is both art and science.

The partial and imperfect nature of historical evidence does put the historian at a disadvantage compared with researchers in other disciplines. And unlike the natural sciences where objectivity can be verified by replicating an experiment, in historical writing there may be higher risks of subjectivity in the selection or interpretation of data.

However, it is important not to make too much of these differences. Researcher bias and imperfect data collection instruments are features of the other social sciences too. With respect to method, historians can aim for the same rigour as other researchers, developing and testing hypotheses or conceptual models, analysing their evidence accurately and critically, and carefully referencing their findings so that later scholars can validate them. Note that even in the natural sciences all knowledge is ultimately provisional and subject to revision. Consider, for example, how Einstein’s insights revolutionized Newtonian physics, or how Darwin’s theory of evolution shattered existing thought in biology.

An even more forceful criticism has gathered pace in the last twenty years under the influence of postmodern literary criticism and philosophy. Postmodernists such as Keith Jenkins and Alan Munslow argue that as soon as historical facts are marshaled within explanatory narratives they become subject to the devices of literary fiction. Hence the empirical content, which can be verified, always comes packaged within an imaginative exercise containing fictive elements such as judgments, values and metaphors, which cannot be validated (Jenkins and Munslow, 2004, pp. 3-4, 9). The attack mounted on history (and other academic subjects) by postmodernism brings into question the objectivity of historians and the very nature of truth. The result, though, has not been to damage the discipline, which remains vigorous and popular. The result, though, has not been to damage the discipline, which remains vigorous and popular. In response to the dilemmas posed by postmodernist criticism historians still strive to present as accurate a picture of the past as possible, while remaining alert to the ways in which their own subjectivities and opinions influence their research and writing. As Richard Evans, Professor at the University of Cambridge, puts it: the past ‘really happened, and we really can, if we are very scrupulous and careful and self-critical, find out how it happened and reach some tenable, although always less than final conclusions about what it all meant’ (Evans, 1997, p. 253).

Historical methodologies: Use of original sources

So what are the methods by which historians 'find out how it happened'? We work with two categories of data:
Primary sources: the original material from the period that is the subject of our research, and which provides the evidence we interrogate as we explore a question or test a hypothesis.

Secondary sources: the subsequent literature on our topic of interest that we use to discover existing theories and explanations, to establish what primary material has already been used, and how it was interpreted.

We return later to the use of secondary sources. First, what are the main types of primary sources?

Exercise 1.3: Identifying sources

Imagine that you have been asked to write a history of a recent political development in your country. This could be an event such as an election, the introduction of a new policy initiative or a political scandal.

Write a list of the kinds of sources you could gather together to write this history.

Feedback

You may have come up with some or all of the following types of sources:

- Government papers: including correspondence between ministers and civil servants, policy briefing papers, minutes of meetings, etc.
- Media sources: including newspapers, magazines and learned journals, TV and radio news bulletins, news websites and blogs
- Visual sources: including photographs, films and objects
- Personal papers: including private diaries, letters and emails
- Oral sources: including interviews and discussions with some of the people involved in the event

Although we asked you to think about how you would write a history of a very recent event, historians work in a similar way when approaching the past. Of course, not all sources are available to those who work on the more distant past (such as email and oral history), but historians do use many of these different kinds of primary sources. As you will see, all of these primary sources have benefits and drawbacks.

Primary sources for public health

The range of historical resources spans everything from the patterns of field systems that survive in agricultural landscapes to a private letter from a wife to a husband. However, public health history typically concentrates on certain types of documentary source:

‘Official’ sources. These are the records of the national and local governments, which, for at least two hundred years in the West, have played a significant role in health. It was national governments that collected statistical data on mortality and commissioned population censuses. They also published reports and enquiries on such subjects as poverty, urban life, the medical profession, sexual health, and alcohol; these contain useful information drawn, just like today, from expert witnesses. Then there are unpublished records, like minutes of
committees and briefing notes by civil servants, which allow us to see how policy was
developed. Local and municipal governments were also closely involved in areas such as
environmental health, hospital provision and maternity care, and again have left published
and unpublished records. Each country organizes its official archives slightly differently, but
it is usual to find one major repository holding records of national government, then
smaller regional or municipal archive offices with more local contents.

Newspapers, professional journals and books. The other major category is ‘unofficial’ pub-
llications, which survive mostly in libraries. Newspapers are a very old form of media,
with early examples (in Britain at least) going back to the 1600s, and these can be
mined both for the reporting of events and for editorial opinion. Past medical jour-
nals are a major source for the changing understandings of disease aetiologies and
therapies, and the development of health systems. Many are now available online such
as the New England Journal of Medicine, The Lancet and the British Medical Journal. Printed
books by leading doctors or health policy-makers are another source serving the same
purpose. From 1879 onwards, the yearbook Index Medicus has listed all new books
and journal articles in medicine.

Letters, diaries and personal papers. Occasionally, the private papers of individuals have sur-
vived. In the case of key actors like scientists and politicians, these can helpfully reveal their
intimate thoughts on a subject, rather than those they presented for public consumption.

Visual artefacts. Sources in this category include cartoons, maps, photographs, film,
paintings and posters. In addition to those preserved in galleries or museums, many
are increasingly available online: check the ‘Image Database’ of the National Library of
Medicine, or the Wellcome Library’s ‘Wellcome Images’ site.

Oral history. Finally, in addition to documentary sources, the contemporary historian
also has the opportunity to speak directly to people who lived through the events
being studied. As with the private papers mentioned above, this is a very good way of
learning about mentalities and motivations of people in the relatively recent past. No
less important is the testimony of ‘elites’, such as scientists and politicians.

The limitations of primary sources

We noted earlier the historian’s fundamental difficulty: the sources that have survived
are very rarely those that will directly answer the question being posed. Typically,
they will have been produced for some purpose quite different from leaving a record
for future generations. This means we must approach them with care and critical
awareness. Here are some of the difficulties that historians face:

Their fragmentary nature. Historical research can be like doing a jigsaw puzzle for which
vital pieces are missing. Sometimes it can be a matter of chance that determines
whether a document survives. In other cases, such as with official papers, choices are
made about what to keep and what to destroy, and this process of selection deter-
mines the evidence available, and thus the conclusions that may be drawn.

Their unreliability. Before we can decide whether a source is a reliable representation of
the past, we need to know why it came into being. When first approaching a new
source, begin by analysing its ‘provenance’ (a term used by art-dealers to mean the
history of a painting and its past ownership). Ask yourself, when and where was it
produced, what was its purpose, who was it for, and who was responsible for creating
it? This is the first step in gauging reliability.
Their partisanship. We also need to think carefully about the perspective and position of the writer, for there are many factors that might bias his or her presentation of the past. These include political beliefs, social class, ethnicity, gender and religion.

Problems of visual sources. Just like written text, it is important to treat images with great caution and not assume that they give us unmediated access to the ‘real’ past. Paintings aim principally for an aesthetic effect rather than faithful reproduction. Posters tell us something about health messages, but next to nothing about how people responded to such messages.

Problems of oral history. Although oral history is direct interview testimony, again proceed with caution. Memory can deceive, or become rosy with time, and interviewees might mislead, perhaps by parroting received opinion, or by taking the opportunity to settle scores.

It is these problems, and the consequent impossibility of accumulating sufficient direct evidence ever to resolve a historical question, which leaves scope for interpretation. Historical ‘truth’ is therefore no more than an existing scholarly consensus. However, this does not invalidate historical knowledge. Much factual material is uncontroversial, and based on broad agreement between researchers who have corroborated their findings from a range of different sources (i.e. triangulation). Rather, it is the analysis of cause and effect, the historical interpretation and explanation, which is subject to change and revision. Historians who think of themselves as social scientists see this process as one of developing and testing hypotheses that will generate convincing theories, albeit always provisional ones. And as we have seen, those of a literary or postmodernist persuasion see it also as an act of imagination, leading to a narrative that tries to convince through presentational devices. In short, then, history is both a body of knowledge and an area of disputed interpretation.

Doing history: Cholera in the early nineteenth century

In this final section, we explore some of these themes through studying and interpreting one primary and two secondary sources. The subject is one that looms large in the history of public health – the cholera pandemics of the nineteenth century. First, some background.

The world experienced six cholera pandemics between 1817 and 1923. The first (1817–1823) originated in India and spread west to Turkey and east to Japan; the second (1829–1851) reached Western Europe and the United States, with severe, high mortality epidemics in 1832 and 1848–1849. Cholera returned in four subsequent pandemics: 1852–1859, 1863–1879, 1881–1896 and 1899–1923.

The symptoms of cholera are acute diarrhoea accompanied by vomiting, resulting in severe dehydration and its sequelae. Early descriptions noted its rapid onset, and that in some cases it could lead to death within a few hours; fatality rates could reach about 50 per cent. In 1854, a key breakthrough was made by John Snow, a London physician who argued that cholera was ‘communicated by something which acts directly on the alimentary canal’ (discussed in more detail in Chapter 3). The comma-shaped bacterium Vibrio comma was isolated by Robert Koch in 1883 and this, together with the work of Snow and others, led gradually to the acceptance of the faecal–oral transmission of cholera. Today, the disease can be successfully treated with intravenous saline fluids, oral rehydration and antibiotics.
Exercise 1.4: Cholera in Bilston

Suppose you had the following general research question: ‘How did people in the West understand and respond to the cholera epidemics of the mid nineteenth century?’ To answer this question, you might begin by collecting and reviewing sources like the one below, a contemporary account of the 1832 cholera pandemic reaching an industrial town in the English Midlands.

Read the extract below and then answer the questions that follow:

‘When the disease was raging at Sunderland, and measures of precaution ordered by the Privy Council [a government committee] to be taken, the minister at Bilston convened a meeting of the Inhabitants to take the subject into consideration. It was declared by a Medical Practitioner well acquainted with the Inhabitants generally, that the general health was never better at that time; and that it did not appear necessary to resort to any extraordinary means of precaution; which was the unanimous opinion of those present. From the time of holding the said meeting until the Wake [a public holiday], there was nothing indicative of any change in the general health of the Inhabitants of this Township. The Wake commenced and was carried on as in years aforetime.

There were the usual festivities, and processions of the various Clubs and Lodges, with their display of flags bearing inscriptions and mottos creditable to their professions. But alas! there was the usual demoralizing pastime of Bull-baiting [a popular blood-sport in which a bull was attacked by fighting dogs] continued – that baneful incentive to drunkenness and disorder, notwithstanding it was well known the Cholera was raging at the same time, at the adjoining parish of Tipton.

On the Friday evening August 3rd … as a thief in the night, the Cholera made its appearance in three houses apart from each other about three hundred yards, situated on each side of the Brook (and of course the lowest ground) in the most densely populated part of the Town; the three points making a figure the form of a triangle …

Sunday August 5th. On this day three died; one of which was in Hall Street, near to the House where the child died on the day before.

On the same day a Board of Health was formed; and the dead were now buried on the day they died …

9th. Deaths three. The weather was very hot and but little wind. The smoke from the chimneys ascended perpendicular. The heat was excessive from eight to twelve o’clock in the evening …

11th. Eleven deaths occurred this day; one of which was a woman who lived near Price’s Furnaces, whose husband was at work the previous night – she died in the morning before his return … The situation of this house in which this woman died, was near to some low ground, to which place, the water and filth from the street had found its way, and had become stagnant, the usual course into the brook having been choked up by the cinder mount. It is remarkable that up to this time the deaths were chiefly confined to filthy courts and close places. In such places the air would have a tendency to become impure, from the collected filth being pent up therein …

Fear was a strong auxiliary to the spreading of the disease. One who died this day was a stout, robust man, a Spoon-maker, who on the preceding night had in his conversation, expressed some fear he should catch it and die …

14th. It is worthy of remark, up to this time, there was not the usual appearance of Flies and Swallows …
15th. There was a thunder storm the last night, which caused the air to be much cooler and refreshing. The number of deaths this day decreased to twelve; three of which were female inmates of the Workhouse. They had been employed in washing the linen. One hundred and eighty families were relieved on this day with mutton and bread, from the subscription raised amongst the wealthier inhabitants, which were but few, compared with the poor and working classes, great numbers of whom were now, from the unsettled state of trade, unable to procure those substantial articles of food …

21st. The Town Surgeons were now sinking under fatigue, in consequence, several Medical Practitioners arrived from Birmingham. Thirty-nine deaths occurred.

22nd. This day died one of the Town Surgeons, whose attention to the wants of his afflicted neighbours, had been incessant by day and by night …

Sunday 26th. Rain at intervals during the day, and the wind N.W. Divine Service was performed as requested at the Board of Health the day before, but the number of deaths this day was truly appalling, being thirty-five …

Sunday, Sept. 16th. The weather was very fine, the air cool and salubrious. The people were in attendance at Church as usual, their countenances were altered from dejection to a smile …

17th. Very fine. Trade and business resumed their former activity – and thanks were given to God for His great Deliverance.'

Extracts from Joseph Price, A Brief Narrative of the Events Relative to the Cholera at Bilston in the Year 1832 (Bilston, George Price: 1840)

1 What does the source tell us about society’s response to cholera in the 1830s?
2 How did people understand cholera?
3 How might the issues of provenance and partisanship affect the reliability of this source?

Feedback

1 Responses. There are references to burying the dead on the day they die, a local Board of Health, to doctors caring for patients, to a subscription organized to provide food for the poor.

2 Understandings. This source suggests an array of explanations, which varied from divine intervention to immoral behaviour (such as drinking and bull-baiting), to individual vulnerability due to ‘fear’, to climatic influences, to touch, to the gathering of large crowds. However, there is empirical observation of environmental risk ( stagnant water and filth). In the 1830s, then, people lacked the basic knowledge necessary to manage a frightening disease with a high and rapid case fatality. There is no reference to microbial infection or the faecal/oral route of transmission. John Snow’s breakthrough lay in the future, as did the laboratory work of French chemist Louis Pasteur in the 1860s, which led to acceptance of the germ theory.

3 Reliability. The source was published eight years after the events, so there may be problems of recall. We are not told anything about the author, but he appears to be a layperson not a doctor. His high level of literacy and the fact that he was able to publish such an account might suggest he was part of the urban elite. Indeed, Joseph Price shared his surname with a local industrialist and publisher, so this is possible. We have no clues about the readership, but as publication was in Bilston, this was probably a local pamphlet read by only a few. We would therefore need to triangulate with other similar publications to assess its representativeness.
Now that we have looked at a primary source on understandings of cholera, let us consider how public health historians have treated this subject.

**Exercise 1.5: Cholera in England – historical interpretation in a secondary source**

Read the extract below from the historian Sheldon Watts and then answer the questions that follow:

‘In facing cholera in their own homeland the British medical community were still at sixes and sevens. There was no agreement as to whether this particular fever-like disease was contagious, or whether it was non-contagious and caused by identifiable predisposing causes [the idea that some individuals have special susceptibility to a disease due to factors like attitude, habits, diet or behaviour]. If the new cholera were indeed contagious, medical and administrative logic would require quarantines and cordons sanitaires [a barrier set up to stop the spread of a disease]. However, as every Briton knew, since the era of the Continental Blockade imposed by Napoleon, Britain’s prosperity had depended on its mercantile fleet and world-wide freedom of trade. Fortunately for Britain’s continued commercial well-being, an alternative, non-contagious explanation was at hand.

With the arrival of cholera in Sunderland late in 1831 … local Durham, Northumberland and Newcastle “coal-owners, coal-merchants and other traders” had warned medical reporters that their claim that the cholera was a new disease, probably contagious, brought in by ship from India was “a rash, ignorant and erroneous judgement”. Following this tongue-lashing by these influential local employers, a committee of eighteen medical doctors “are said to have delivered their unanimous opinion at a public meeting” that the disease was in fact not the Indian epidemic but instead some standard English fever which required no administrative response that would cut off trade and shipping.

Coached by medical doctors who were in turn coached by inter-regional traders and bankers, Government after November 1831 saw cholera as “non-contagious”. It was a variant of an English fever which could be expected to target those who were predisposed to it by their immoral living, their neglect of family values, their holding of opinions about political matters, and their heavy drinking …

Ideologues and incipient liberals, seizing the opportunity provided by the cholera, strove purposefully to smash the moral world of the artisan classes. In the interests of middle-class defined “respectability”, sporting events were forever cancelled and working men’s drinking establishments were vilified and closed down …’

(Watts, 1997, abbreviated from pp. 186–200)

1 Identify Watts’ main arguments.
2 Assess how Watts’ assumptions, values and judgements have shaped his argument. Comment on his style of historical writing.

**Feedback**

1 Watts argues that medical science was not impartial in its response to cholera, and that dominant ideas about aetiology were shaped by economic interests. Because they might have damaged trade, theories that cholera was contagious were rejected in favour of ‘predisposing causes’.
2 Watts assumes that there were networks of influence linking medicine with bankers, industrialists and government. Although not explicitly Marxist, the social framework is one of class conflict, particularly in his discussion of the attack on working-class behaviour. Some of his language – ‘tongue-lashing’, ‘smash’ – is unashamedly literary, rather than strict scientific reporting. Other historians might disagree with some or all of his judgements, but Watts makes a powerful argument, with implications for public health professionals today.

Finally, here is another historian looking at the same question, of whether theories of cholera’s aetiology were determined by economic interests, who came up with a different interpretation.

Exercise 1.6: Cholera in Europe – a different historical interpretation

Read the extract below from the historian Peter Baldwin and then answer the questions that follow:

‘An accumulation of experience snowballed across Europe in a broad movement from east to west; a learning curve was traced, with those further along taking their cue from mistakes committed by the firstlings … Russia’s initial decision in favour of strict quarantinism was at first thought to form the mould for the rest of Europe and, indeed, in the beginning its lead was followed by Austria and Prussia. It soon became clear, however, that the information from here was contradictory at best. Russian medical opinion, as well as the reports sent back by foreign observers, conveyed hopelessly mixed signals.

Even in Britain, it would be misleading to portray commercial interests as uniformly opposed to quarantines. Contagion and quarantines were double-edged issues … other nations would inflict yet harsher measures if they suspected that Britain was giving vessels clean bills of health despite the presence of sickness. The mercantile interests of certain towns did not oppose quarantine as such, seeking only to limit it and shift its costs to the community at large. In other cases merchants were concerned that cholera did not spread among their workers and supported quarantine regulations.

In Britain as elsewhere, opinion on the nature of cholera and the course of prevention was conflicting … But as elsewhere, increasing experience with the disease impelled many observers away from contagionism [belief that disease spread by contact] and towards a sanitationist [cleansing the environment] approach … Britain too benefited from an advanced placement along the geoepidemiological learning curve. The government clearly had no desire to provoke the sorts of disturbances that had accompanied harshly quarantinist measures to the east.’

(Baldwin, 1999, abbreviated from pp. 84, 97–99, 105–7)

1 Identify Baldwin’s main arguments and show how they differ from Watts’ reading.
2 Do you think that Baldwin’s explanation is more convincing than that of Watts?

Feedback

1 Baldwin agrees with Watts that Britain rejected quarantines and the theory that cholera was contagious. However, instead of emphasizing economic interests and class
politics, he argues that Britain developed its policy based on the experience of nations where cholera had already hit. Both medical opinion and commercial interests were genuinely divided, and ordinary people, not just merchants, disliked quarantines.

2 Baldwin’s broader geographical focus may give him a better perspective, and it is possible that his comments about diversity of opinion reflect more extensive reading of the underlying sources. But we cannot be sure from this that he has overturned Watts’ interpretation. To form a judgement we would need to compare carefully the primary sources each has used, and weigh these against our own reading of original documents. Perhaps even then we would have to conclude that historians can reasonably reach two equally plausible interpretations of past events.

Summary

In this chapter, you have begun to explore the nature and practice of history. History can be defined as the recorded past, and historians work by subjecting primary sources to a rigorous process of analysis to build up a picture about the past. But the past is not uncontested: its meaning and interpretation are always open to debate. This is due to the partial nature of surviving primary sources and the fact that historians bring their own ideas and prejudices to the research and writing of history. The discipline of history has itself undergone many changes over time, and despite the attacks of postmodernists and others, remains a useful tool for analysis. By working through the rest of this book, you will begin to see how and why the history of public health continues to matter.

References and further reading

Young A (1794) Travels During the Years 1787, 1788, & 1789. London: W. Richardson.