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Resistance and Prevention: Rural local government and the fight against tuberculosis

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Abstract

With Wales considered 'the blackest spot on the tuberculosis map' of Britain, the Welsh National Memorial Association (WNMA) was founded in 1910 with the aim to rid Wales of the disease within a generation. Although the Association's vision of a national health service was lauded by contemporaries as providing a model for England, as the WNMA took over the running of tuberculosis services from local authorities, it met with resistance from county and rural district councils. This essay explores this resistance. In placing the views and work of county and rural district councils at the centre of analysis this essay uses Wales and opposition to the WNMA as a case study to rethink the marginalization of county councils and rural district councils in histories of local government, public health, and housing policy in a pivotal period of central-location relations. As this essay shows, the opposition county and rural district councils expressed to the WNMA was not a straightforward rejection of centralization by authorities on the margins of 'the modern'. Rather, they put forward a competing vision of health and social welfare that championed local autonomy and a strategy of prevention focused on the material and domestic environment and housing reform. As the essay shows, opponents of the WNMA were not backwoodsmen. They were part of a wider national and progressive social reform movement.

In 1912, Arnold Davies, medical officer of health for Anglesey County Council, used his annual report to argue that the eradication of tuberculosis (TB) had to depend 'upon activities in two directions—preventative and curative'.[1] TB had emerged by the 1900s as a major health and social problem, a threat to the nation than needed to be eradicated. Davies used his annual report to amplify claims made by the British and European anti-tuberculosis movements, but for Wales, these two poles of action were writ large in the founding statements of the King Edward VII Welsh National Memorial Association (WNMA), which was granted a charter in the same year. Although given limited space in studies of twentieth-century health policy, the Association's campaign in Wales to eradicate pulmonary (lung) TB as a major killer in a generation 'stirred the imagination of the people'.[2] With public backing and central-government funding, the WNMA established a network of sanatoriums for the segregation and treatment of TB patients and invested in medical research and health education. The result was a national health scheme hailed by

[1] The National Archives: Public Record Office (hereinafter TNA: PRO): MH97/1, Anglesey County Council, annual report of the MOH, 1912.
[2] 'Welsh National Memorial Association', *North Wales Chronicle*, 4 May 1917, 2.

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contemporaries as providing a model for England. A straightforward reading of Welsh newspapers would reinforce this impression of success.[3] However, such laudatory claims conceal a more contested history, one that reveals a different side to the national anti-TB campaign and the position of county and rural district councils in local government.

For scholars of health and social policy, Edwardian and interwar Britain have exemplified a decentralized system. Case studies of individual county boroughs have identified areas of innovation and investment to emphasize both variation and structural inequalities, placing the growth of anti-TB services alongside their work in other areas of health and social welfare.[4] The work of county and rural district councils has largely gone unnoticed in this literature. When considered they have been placed on the 'absolute margins of "the modern"'.[5] The same focus has been replicated in the rich literature on TB. In their authoritative review, Bryder, Condrau, and Worboys explain how historians of pulmonary TB 'have been particularly fond of writing national case studies, linking changing understandings to public health policies and national, political, social, and economic development'.[6] Although Graham Mooney has addressed how TB control measures were re-scaled to domestic space, scholars have drawn attention to the importance of the sanatorium to national policies and the work of county boroughs in the Edwardian and interwar period to ask questions about their effectiveness.[7] In her 1986 article on TB policy in Wales, Linda Bryder adopted a similar focus. In examining the WNMA's drive to create a national infrastructure, Bryder drew on the findings of the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire to consider whether the Association 'was in the best interests of the people of Wales'.[8] After reviewing the origins, policies and work of the WNMA, Bryder highlighted the problem of separating TB services from other areas of public health and the poor track record of local authorities. For Bryder, county and rural district councils neglected their responsibility in the belief that anti-TB services were the exclusive preserve of the Association.[9]

However, county and rural district councils did not straightforwardly yield responsibility to the WNMA. Throughout the 1910s and 1920s, they expressed their opposition to the Association's vision of a national anti-TB service. In doing so they advocated an alternative approach rooted in support for local autonomy and a strategy of prevention focused on the material and domestic environment.[10] In placing the views and work of county and rural district councils at the centre of analysis this essay offers a new perspective that contributes to both the history of local government and the history of public health in a pivotal period of central-location relations. In doing so the essay takes up John Stewart's call for an

[3] See e.g. 'Welsh National Memorial Association', *North Wales Chronicle*, 4 May 1917, 2; 'National Memorial Association', *Cambrian News and Merionethshire Standard*, 4 February 1916, 2.

[4] For an overview of this extensive literature see, Martin Gorsky, 'Local Government Health Services in Inter-war England', *Bulletin of the History of Medicine*, 85 (2011), 384–412.

[5] Astri Andresen, Josep L. Barona, and Steven Cherry, 'Introduction: "rural health" as a European Historical Issue', in Astri Andresen, Josep L. Barona, and Steven Cherry, eds, *Making a New Countryside: Health Policies and Practices in European History c.1860-1950* (Frankfurt am Main, 2010), 11.

[6] Linda Bryder, Flurin Condrau and Michael Worboys, 'Tuberculosis and its Histories: Then and Now', in Flurin Condrau and Michael Worboys, eds, *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease* (Montreal, 2010), 7, 3–23.

[7] Graham Mooney, 'The Material Consumptive: Domesticating the Tuberculosis Patient in Edwardian England', *Journal of Historical Geography*, 42 (2013); Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in twentieth-century Britain* (Oxford, 1988); F. B. Smith, *The Retreat of Tuberculosis 1850–1950* (London, 1988).

[8] For a discussion of the inquiry, see J. Graham Jones, 'Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire (1939): A Note', *Transactions of the Honourable Society of Cymmrodorion* (1987), 193–201.

[9] Linda Bryder, 'The King Edward VII Welsh National Memorial Association and its Policy Towards Tuberculosis, 1910-1948', *Welsh History Review*, 13 (1986), 211.

[10] Although some of the literature of the WNMA was bilingual, the administrative language of these bodies and the WNMA was English, and a large proportion of the regional press was published not in Welsh but in English.

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examination of those nations often viewed as on the periphery to offer insights into wider national comparisons and contexts.[11] The essay does this by using Wales and opposition to the WNMA to rethink the marginalization of county councils and rural district councils in histories of local government, public health, and housing policy in the first decades of the twentieth century.[12] It shows how their resistance to the WNMA reveals competing ideas about responsibility and governance and how county and rural district councils were important agents in health and social policy during a period when many Welsh counties were 'entirely rural' and 'sparsely populated'.[13]

The first part of this essay briefly outlines the extent of pulmonary TB in Wales as a national problem before offering a new assessment of the Association's foundation and ethos. By placing the WNMA within the context of the anti-tuberculosis movement in Britain this section intertwines the politics of the Association's foundation with national policy to show how Whitehall's ambitions for a centralized service were realized in Wales. The next section repositions county councils and rural district councils as important agencies in local government. Their resistance to the Association's central governance of TB services and focus on segregation is not read, as in F.B. Smith's assessment, as supporting a notion that health campaigns in Wales were useless or misguided.[14] Instead, the argument developed here is that county councils and their medical officers of health combined with rural district councils to resist the WNMA not out of belligerence and/or intransigence but given their assessment that the eradication of a major killer disease could not be separated from local solutions focused on improving the material environment. Their opposition was not a straightforward rejection of centralization or the segregation of the infectious. Rather, county and rural district councils articulated a competing vision that championed local autonomy, local knowledge, and prevention through measures directed at the material and domestic environment—a vision that encompassed the key tenets of 'municipal medicine' that characterized the work of interwar urban authorities.[15] This defence of local-based management and prevention reveals the heterogeneity of views about centralized versus local governance within one of the four nations at a time when, as John Davis suggests, the need for central control over health and social welfare was increasing.[16] As the essay shows, opponents of the WNMA were not backwoodsmen. The final section connects the work of county and rural medical officers of health to a wider social reform movement in Britain and Wales and efforts to create healthy homes fit for workers and families.

The Blackest Spot on the Tuberculosis Map

From the 1840s, data on disease-specific mortality highlighted a long-term fall in TB mortality. Why this transition occurred sparked contemporary and historical debate, but as general mortality fell the relative importance of TB as a cause of death rose.[17] In the first decades of the twentieth century TB accounted for one in eight deaths in Britain and was the leading cause of mortality amongst economically active adults. For men, it was the

[11] John Stewart, 'Healthcare Systems in Britain and Ireland in the Nineteenth and Twentieth Centuries', in D.S. Lucy and Virginia Crossman, eds, *Healthcare in Ireland and Britain, 1850-1970* (London, 2015), 62.

[12] While scholars have explored the development of council housing, this literature primarily focused on English urban communities: see e.g. Martin Daunton, ed., *Councillors and Tenants: Local Authority Housing in English Cities, 1919–1939* (Leicester, 1984); Alison Ravetz, *Council Housing and Culture: The History of a Social Experiment* (London, 2001); Peter Malpass, *Housing and the Welfare State: The Development of Housing Policy in Britain* (Basingstoke, 2005).

[13] *Interim Report of the Departmental Committee on Tuberculosis* (London, 1912–13), 22.

[14] Smith, *Retreat.*

[15] See e.g. John Welshman, *Municipal Medicine: Public Health in Twentieth Century Britain* (Bern 2000); Steven Thompson, *Unemployment, Poverty and Health in Interwar South Wales* (Cardiff, 2006), 102–54.

[16] John Davis, 'Central Government and the Towns', in Martin Daunton, ed., *Cambridge Urban History of Britain. Volume III 1840-1950* (Cambridge, 2000), 273–4.

[17] For a recent outline of this debate, see Sue Bowden and Alex Sadler, 'Getting it Right? Lessons from the Inter-war Years on Pulmonary Tuberculosis in England and Wales', *Medical History*, 59 (2015), 102–4.

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single greater killer, accounting for one in three deaths of those aged between 15 and 33; for women, TB was second only to heart disease as a cause of death.[18] High TB rates in economically active adults and in urban slums fuelled concerns about national efficiency and the health of the nation, making TB one of the most pressing social issues of the Edwardian period. Welsh writers shared this alarm about the impact of TB on the nation but drew attention to how TB exacted a heavier toll in Wales. As Edmund Fairfield Thomas, the first TB officer to be appointed in Wales, recognized in 1911, when it came to mortality from pulmonary TB, Wales was 'the blackest spot in Great Britain'.[19] Of the 18 counties in England and Wales reported to have the highest levels of TB mortality between 1905 and 1909, ten were in Wales.[20] By 1910, levels of infection and death for the worst Welsh counties were widely being presented as a national disgrace.[21]

While pulmonary TB in slums and industrial areas generated alarm, mortality in rural Wales was higher, even in sparsely populated mountainous districts. This differential can be partially attributed to young adults developing pulmonary TB in urban areas and then returning to their rural family homes to be nursed and die.[22] However, the incidence of TB in rural Wales set the nation apart from the rest of Britain. When compared with mortality levels in England and Wales, rural communities in north and west Wales had the highest TB mortality rates in Britain. In rural Cardiganshire, the death rate from TB far exceeded that of England and Wales, with a rate of 2,237 per 100,000 population for the period 1905–09, compared to 1,125 for England and Wales. Although TB mortality in rural Caernarvonshire and Merionethshire was not as high, death rates in these counties were still 35 per cent higher than in England and other Welsh counties.[23] Little improvement was observed over the next four years: between 1911 and 1914, the death rate from pulmonary TB in rural Wales exceeded the corresponding areas in England by 43 per cent.[24] For Osmond Williams, lord lieutenant of Merionethshire, such figures were a national disgrace and an affront to a 'proverbially healthy country as our own'.[25]

A National Health Campaign: Founding the Welsh National Memorial Association

Public health and policy responses to TB were shaped by different interpretations of its causes. Robert Koch's isolation in 1882 of *mycobacterium tuberculosis*, the bacilli responsible, helped consolidate TB as an infectious disease but explanations for why some individuals succumbed and others did not remained contested as medical knowledge, medical technologies, and social priorities shifted. Hereditary disposition, poor diet, poor hygiene, bad working conditions, and poverty were all identified as factors, with dusty, damp and poorly ventilated housing, overcrowding, and intemperate behaviours seen as contributing

[18] See Bryder, *Below the Magic Mountain*; Andrew Hinde and Bernard Harris, 'Mortality Decline by Cause in Urban and Rural England and Wales, 1851-1910', *History of the Family* 24 (2019), 377–403.

[19] W. Fairfield Thomas, 'Anti-tuberculosis Movement in Wales', *British Journal of Tuberculosis*, 5 (1911), 106.

[20] W. St John Hancock, 'Housing in Relation to Endemic Disease in Wales', *Lancet*, March 1910, 815; W. Russell and G. Salmon, 'Pulmonary Tuberculosis in Wales', *Journal of Hygiene*, 34 (1934), 381.

[21] John Chappell and David Davies, *Welsh National Memorial to King Edward VII, the Prevention and Abolition of Tuberculosis: An Appeal to the Welsh People* (Newtown, 1910), 1.

[22] Gillian Cronje, 'Tuberculosis and Mortality Decline in England and Wales, 1851-1910', in Robert Woods and John Woodward, eds, *Urban Disease and Mortality in Nineteenth-century England* (London, 1984), 79–101.

[23] Cardiganshire County Council, *Annual Report of the County Medical Officers of Health for the year 1911* (Aberystwyth, 1911); 12; National Library of Wales, Aberystwyth (hereinafter NLW), WNMA, *A Crusade against Consumption* (Newtown, 1910).

[24] Russell and Salmon, 'Pulmonary tuberculosis', 382, 387.

[25] 'Welsh National Memorial', *Cambrian News and Merionethshire Standard*, 25 November 1910, 5. On perceptions of rural Wales as healthy, see Keir Waddington, '"In a country every way by nature favourable to health": Landscape and public health in Victorian rural Wales', *Canadian Bulletin of Medical History*, 31 (2014), 183–204.

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to the disease's spread. A 'seed' (the germs of disease) and 'soil' (the conditions in which they spread) metaphor helped reconcile these competing ideas, but as Michael Worboys shows, aetiological uncertainty surrounding TB contributed to an ever-changing understanding as to how TB could be eradicated. Between 1880 to the 1920s there were clear shifts in focus within public health efforts. Initially, eradication measures were linked to general sanitary improvements targeted at dusty, damp, and poorly ventilated conditions that harboured the germs of TB. In the 1890s, attention turned to controlling of person-to-person transmission through notification and isolation. By the 1900s the emphasis had changed to the establishment of sanatoriums and the promotion of hygienic behaviours as key strategies for eradicating TB.[26] It was the latter approach that was integral to the British anti-tuberculosis movement and national policies in the first decades of the twentieth century.

Given the prevalence of TB in economically active adults, eradicating TB became a cornerstone of Edwardian debates about national efficiency, with the widespread discussion of the causative factors in medical and non-medical arenas imbuing the anti-TB campaign with a social urgency. Welsh commentators repeated and amplified these concerns. They blamed TB rates in rural districts on high levels of rainfall, on the poor diet of the Welsh, on ideas of racial susceptibility, and on Welsh living conditions, social conservatism, and the perceived fatalism of the rural population.[27] For instance, Richard Pritchard, medical officer of health for the Cardiff Union Rural District Council (RDC), pointed to the predisposition of the Welsh to TB and the problem of 'intemperate habits'. D.A. Powell, tuberculosis physician for Anglesey and Carnarvon, blamed 'ignorance and the dread of ordinary hygiene'.[28] Fairfield Thomas pointed to 'fatalistic view … common in the rural areas' that once contracted the disease was incurable, a view he and others believed created barriers to intervention.[29] Yet, rather than complacency, as the medical officer of health for Chirk RDC explained in 1909, 'many people in [rural] district[s] are taking an intelligent interest' in the need to eradicate TB.[30]

The need for a 'more direct attack' on pulmonary TB found support in September 1910 at a national conference of public bodies in Wales.[31] The Shrewsbury conference was convened to discuss a national memorial to the recently deceased Edward VII as a symbol of Wales's loyalty to the crown and to Welsh nationalism, which the vast majority of the Welsh population saw as interwoven with Britishness.[32] Existing studies note the role of the conference in the WNMA's creation. However, investigating the politics of its foundation in the context of national policies reveals not only how ideas of segregation and care dominated the Association from its conception but also how the WNMA as a national scheme was backed by the central government.[33]

While the 1900s had seen increasingly local authority efforts to target TB, along with charitable support to found sanatoria in Wales, it was David Davies, Liberal MP for Montgomeryshire and key figure in the social reform movement in Wales, who drove the

[26] For a detailed examination, see Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge, 2000), 193–233; Michael Worboys, 'Before McKeown: Explaining the Decline of Tuberculosis in Britain, 1880-1930', in Condrau and Worboys, eds, *Tuberculosis*, 148–70.

[27] E.G. Bowen, 'Incidence of Phthisis in Relation to Racial Types and Social Environment in Wales', *British Journal of Tuberculosis*, 189 (1929), 1–6; S. Lyle Cummins, 'Tuberculosis in Wales', *Lancet*, 4 March 1922, 338; TNA: PRO, MH55/1191, WNMA memorandum for the Clement Davies inquiry.

[28] Glamorgan Archives, Cardiff, D805/4/2, Cardiff Union RDC, MOH annual report, 1898; NLW, WNMA, *Work Done by the Association* (Cardiff, 1913), 67.

[29] Fairfield Thomas, 'Anti-tuberculosis', 110.

[30] TNA: PRO, MH97/125 Chirk RDC, MOH annual report, 1909.

[31] TNA: PRO, MH97/17, Pembrokeshire County Council, first annual report of the county MOH, 1912.

[32] On Welsh nationalism in the twentieth century, see Martin Johnes, *England's Colony? The Conquest, Assimilation and Re-creation of Wales* (Cardigan, 2019).

[33] See Bryder, 'Welsh National Memorial Association'; Bryder, *Below the Magic Mountain*.

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suggestion and canvased support.[34] Although Davies's personal motives are unclear, as he explained, focusing the memorial on TB would both reflect the late king's commitment to a national anti-tuberculosis campaign and hospital provision along with the 'deep shame' associated with high levels of TB in Wales. Davies felt that his was a cause that North and South Wales could unite behind. By September, Davies had won support for an all-Wales anti-tuberculosis campaign from a wide range of 'eminent medical men, M.P.s and others of influence'.[35] With over £120,000 already promised—mostly from the Davies family—the Shrewsbury conference endorsed his proposal. Davies was appointed chair of the special committee to prepare the scheme. Meetings across Wales added their support and a memorial fund was launched. The fund was framed as a national health campaign that would serve both as an act of war against TB and an expression of national piety to the 'dead by caring for the living'.[36] Welsh nationalist sentiment fused with alarm about the cost of TB to Wales to drive contributions. As Davies predicted, support cut across political and religious boundaries with the amount generated reflecting the strength of Welsh civil society.[37]

The creation of the King Edward VII Welsh National Memorial Association in 1910 was part of network of health and reform organizations founded in the 1900s and 1910s.[38] Its ambitions and the links it established between the sanatorium and education reflected a broader European trend in anti-tuberculosis organizations that dated back to the 1890s. Although the Prince of Wales (later Edward VII) had launched a British campaign against TB in 1898 with the rhetorical question, 'If preventable, why not prevented?', from the outset the WNMA stressed a combination of segregation, cure, and health education as the main means through which pulmonary TB would be eradicated within a generation.[39] This sentiment reflected the strong belief held by anti-tuberculosis campaigners in the institutional segregation of early cases as a superior approach compared to attacking the disease through environmental measures.[40] New knowledge about how infectious diseases were transmitted saw an increasing emphasis from the 1880s on the importance of isolation as a controlling mechanism, with the discovery of *mycobacterium tuberculosis* in 1882 putting TB 'as an infectious disease on the map'.[41] For scholars, rise of sanatoriums during the second half of the nineteenth century became the key site through which TB cases were to be isolated and a cure produced. In her seminal study of the social history of TB, Bryder showed that while the disciplined, regulated open-air life associated with the sanatoria had little effective therapeutic function, as institutions they served social and political ends. For the British anti-TB movement, the sanatorium represented a 'specific remedy' that would contain and treat infectious individuals, thereby curbing the spread of the disease.[42] As Flurin Condrau shows, emerging social and welfare policies combined with scientific knowledge to strengthen and reinforce the arguments in favour of the sanatorium.[43]

[34] *Cardiff Times*, 13 August 1910, 6, 19 August 1910, 4; 'Welsh memorial of King Edward', *Montgomeryshire Express*, 23 August 1910, 7.

[35] 'Welsh memorial to King Edward', *Cambrian News*, 8 July 1910, 5; 'Welsh sanatorium scheme', *Welshman*, 15 July 1910, 5; 'To kill consumption', *Evening Express*, 14 September 1910, 2.

[36] Chappell and Davies, 'Welsh National Memorial to King Edward VII'; *Cambrian*, 7 October 1910, 3, 25 November 1910, 5.

[37] NLW, WNMA, annual report, 1911.

[38] See e.g. Martin Gorsky, '"Voluntarism" in English Health and Welfare: Visions of History' in Donnacha Sean Lucey and Virginnia Crossman, eds, *Healthcare in Ireland and Britain from 1850* (London, 2014), 31–60; Pat Thane, 'The "Big State" versus the "Big Society" in Twentieth-century Britain', in Chris Williams and Andrew Evans, eds, *The Art of the Possible: Politics and Governance in Modern British History, 1885-1997: Essays in Memory of Duncan Tanner* (Manchester, 2015), 32–44.

[39] WNMA, *A Handbook on Consumption and a Catalogue of the Tuberculosis Exhibition* (Letchworth, 1911), 6–7; WNMA, *A Crusade against Consumption. The Cause of Loyalty and Humanity* (Newtown, 1911).

[40] Bryder, 'Welsh National Memorial Association', 197; Smith, *Retreat*, 240, 244–5; Nancy Tomes, 'The White Plague Revisited', *Bulletin of the History of Medicine*, 63 (1989), 470.

[41] Flurin Condrau, 'Beyond the Total Institution', in Condrau and Worboys, eds, *Tuberculosis*, 79.

[42] Bryder, *Below the Magic Mountain*.

[43] Condrau, 'Beyond the Total Institution', 78.

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Support for the sanatorium found a ready audience in the governors of the WMNA: they saw the creation of the Association as a national health movement with the sanatorium at its core.

Here the WNMA aligned with national policy. An increasingly interventionist Liberal government in Westminster wholeheartedly supported sanatorium treatment. Worried that TB would be a serious drain on sickness and disability funds, under part 1 of the 1911 National Insurance Act a 'sanatorium benefit' was included to provide free institutional treatment for all insured persons suffering from TB. Provision was made for the building of sanatoria by local authorities, with the 1911 Finance Act allocating £1.5 million.[44] If the 1911 Act placed the treatment of TB in a unique position—no other free specialist institutional treatment was funded under the Act—the introduction of the insurance bill in 1910 had had implications for the WNMA and had led to a decline in donations to its appeal.

Following the introduction of the bill, the WNMA worked through Welsh MPs to successfully lobby for changes to ensure that sanatorium benefit payments in Wales went to the Association.[45] Although it is unclear how direct a role the Association had, amendments to the bill included the creation of a Welsh Insurance Commission. This move established a different funding structure to England. Whereas the Local Government Board (LGB), the central body responsible for overseeing health and welfare administration in England and Wales, distributed the sanatorium benefit to county councils in England, the Welsh Insurance Commissioners took on this role in Wales. As a result, state funding for sanatoriums in Wales was separated from existing structures of local government funding. Backed by the then prime minister David Lloyd George, whose wife was nominated by the Welsh Insurance Commissioners to speak to the WNMA, the Association's argument that it would be more economical for the WNMA to manage provision rather than leaving responsibility to local authorities was accepted by the Welsh Insurance Commissioners, a body it had helped create.[46] Welsh local authorities had a poor track record of isolating TB patients and their limited provision of isolation hospitals had been heavily criticized by the LGB. It was within this context that the Welsh Insurance Commissioners made a financial arrangement with the WNMA to provide treatment for insured patients under the 1911 Act. Unlike England, where responsibility for TB care rested with county councils, the Welsh Insurance Commissioners 'practically insisted' that local authorities in Wales enter into an agreement with the Association.[47]

The WNMA and Welsh Insurance Commissioners' vision of a national scheme under the Association was reinforced in 1913 by the interim report of the Departmental Committee on Tuberculosis. The committee had been set up following the 1911 Act to determine what policy was needed to aid TB treatment. Davies and the chief medical officer of the WNMA were appointed members. The committee framed Wales differently from England. It believed that the topography of Wales and the predominance of sparsely populated, largely rural counties provided a barrier to the control of TB in the Principality. The Committee hence believed that only a national scheme would be successful. In endorsing a coordinated national response for Wales, the Departmental Committee recommended that Welsh local authorities devolve responsibility for TB care to the WNMA.[48] The newly formed Ministry of Health, which replaced the LGB in 1919, equally pushed a national agenda as part of a post-war reconstruction drive. As Minister of Health, Christopher Addison favoured regional commissions to oversee areas of welfare.[49] The Ministry's support for the

[44] Bryder, *Below the Magic Mountain*, 37.

[45] NLW, WMNA, minutes, 1912, 4.

[46] NLW, WNMA, *Report of the Work Done by the Association* (Cardiff, 1913), 8–9; *Derby Daily Telegraph*, 24 July 1912.

[47] E. Walford, 'Tuberculosis Problem in Wales', *British Journal of Tuberculosis*, (October 1913), 235.

[48] *Interim Report*, 22.

[49] *Municipal Journal*, 14 February 1919; Davis, 'Central government', 275–76.

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Association fitted within this ethos. Special provision was made for Wales by the Ministry under the 1921 Public Health (Tuberculosis) Act to support agreements made between Welsh local authorities and the WNMA.[50] Throughout the 1920s both the Ministry of Health and the Welsh Board of Health worked to foster regional and national institutions to counteract what they saw as the limitations of local authority provision. They pressed a political and financial agenda that favoured the WNMA.[51] Rather than an abdication of responsibility, local authorities in Wales were effectively sidelined through a combination of political manoeuvring and a series of financial arrangements that placed control under the centralizing governance of the WNMA.

Under political and financial pressure, Welsh local authorities gradually came to individual arrangements with the WNMA.[52] By the 1920s a national network of services provided by the WNMA but funded by county and county borough councils and the Welsh Insurance Commissioners had been created; a network that prefigured inter-war attempts by the Ministry of Health to promote greater cooperation between individual councils and voluntary bodies.[53] Existing sanatoriums run by voluntary bodies were brought under the Association's control. By 1914, the WNMA was running five sanatoriums.[54] If the outbreak of war in 1914 slowed plans, by 1920 the Association was in a celebratory mood when the king opened the Llangwyfan sanatorium, near Denbigh. The Llangwyfan sanatorium was the largest such institution in Britain and saw the total number of beds provided by the WNMA increase to 1,128 in fourteen institutions, with the Association claiming to have 'dealt with' 70,000 cases.[55] In addition, where the 1911 Act required local authorities to provide TB dispensaries, in Wales the WNMA took on this role. These dispensaries acted as diagnostic outpatient centres to identify those most suitable for treatment. Local visiting stations were opened in smaller towns on market days to allow patients to consult a TB officer and to receive treatment.[56]

'Storms Threaten the Unity of Action': Localism Defended

Notwithstanding the celebratory accounts of the WNMA in the press, reports in 1913 noted how 'internal disturbances and storms threaten the unity of action'.[57] Critics decried the Association's expenditure on administration and bemoaned the unrepresentative nature of its board. The move of the Association's offices from mid-Wales to Cardiff in 1913 aroused anger from all parts of Wales but was particularly intense in north and mid-Wales.[58] Complaints from patients about treatment saw threats by county councils to suspend participation.[59] County councils and county and rural medical officers of health were at the forefront of opposition.

Established under the 1888 Local Government Act, county councils were part of the top tier in the local government hierarchy in England and Wales.[60] Created to take over the

[50] NLW, WNMA, *Eighth Annual Report*, 21–22.

[51] See e.g. TNA: PRO, MH96/1099, Welsh Board of Health minutes to the Ministry of Health, 4 September 1922–23 September 1922.

[52] TNA: PRO, MH96/1099, 'Circular 190 (Wales), Ministry of Health and Welsh Board of Health', 25 May 1921; Bryder, 'Welsh National Memorial Association', 197.

[53] Becky Taylor, John Steward and Martin Powell, 'Central and Local Government and the Provision of Municipal Medicine, 1919-39', *English Historical Review* (2007), 406.

[54] Bryder, *Below the Magic Mountain*, 46–69.

[55] NLW, WNMA, *Eighth Annual Report* (Cardiff, 1920), 12; *Nineth Annual Report* (Cardiff, 1921), 16.

[56] TNA: PRO, MH97/7, Caernarvonshire County Council, annual report of the county MOH, 1913.

[57] Walford, 'Tuberculosis Problem', 236.

[58] 'Welsh Memorial: intolerable subjugation by Cardiff', *Aberdare Leader*, 17 May 1913, 6.

[59] See e.g. 'Welsh National Memorial: Representation on Sanatoria Committee', *North Wales Chronicle*, 31 October 1919, 2; 'Welsh Memorial critics', *Carmarthen Weekly Reporter*, 28 March 1913, 4.

[60] Separate arrangements existed for large towns: these were incorporated as county boroughs and existed independently of the counties in which they were geographically located.

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non-judiciary business of county magistrates to extend the sphere of local government under public control, directly-elected county councils provided administrative coherence to policy making and a range of strategic services. This included increasing responsibilities for health, education, and social welfare.[61] In 1894 a further reorganization of local government created elected urban and rural district councils as a third tier to replace the confusing array of local bodies with varying responsibilities. In the countryside, rural district councils took over the administration of poor relief and public health, the remit of which expanded from the 1880s as local government accumulated multiple health powers financed both by local taxation (the 'rates') and by state subsidies. County councils took on an increasing role in policing these activities as more duties were delegated to localities.[62] Although they had more limited powers than their urban counterparts, county councils had a strategic role and worked to guide small towns and rural districts, appointing county medical officers of health to work in collaboration with local medical officers. Their interventions were not always welcome. Tensions emerged over any transfer of power that would place district councils in a subservient position. Although relationships between county councils and individual district councils over the boundaries of responsibility could be uneasy, by the 1890s both shared a mutual concern about the need to reduce the prevalence of TB.[63]

Only Glamorgan County Council welcomed the Association, a stance that reflected the concentration of the WNMA's activities in south Wales. The attitudes of other county councils ranged from indifference to hostility. Flintshire and other north Wales counties were apathetic, initially unconvinced about the benefits of sanatorium treatment. Radnorshire periodically discussed withdrawing support following complaints from patients about the treatments they received, while Monmouthshire protested against the inequities in the benefit it received versus the financial contribution it made.[64] Resistance to the WNMA was marked in Cardiganshire, Breconshire, and Carmarthenshire where contributions to the Association's memorial fund were also low.[65] After initially backing the Association, Breconshire and Carmarthenshire county councils refused to sign an agreement with the WNMA. Having invested in a range of TB services at a county level, they objected to the Association's national basis, the loss of local autonomy, and the pooling of resources which they felt took money away from individual counties. Carmarthenshire initially planned to set up a separate county-level TB service but under financial pressure joined the Association in 1913. Breconshire equally discussed an independent scheme but was induced to join the WNMA in 1918 after a promise of additional financial support from the Welsh Insurance Commissioners.[66]

Opposition was at its most intense in Pembrokeshire, which terminated its initial agreement with the WNMA in 1913. Like Carmarthenshire and Breconshire, Pembrokeshire County Council defended its autonomy and resisted what it saw as a usurpation of its duties.[67] With west Wales able to lay claim to a sanatorium, control was a key issue for the council. The Pembrokeshire public health and housing committee believed that the eradication of TB was a public health matter and argued that the Association should be 'dependent administratively on the medical officers of each County or Borough Council'. With

[61] See Francis W. Hirst, *The History of Local Government in England* (London, 1970) and B. Keith-Lucas, *The English Local Government Franchise* (Oxford, 1952).

[62] Herman Finer, *English Local Government* (London, 1933), 377–92, 462–66.

[63] Gwent Archives, Ebbw Vale, A540/C/237, Rural District Council Association circular, 24 June 1908.

[64] See e.g. 'Radnorshire and Welsh Memorial', *Brecon and Radnor Express*, 1 August 1918, 7; 'Welsh National Memorial Association', *North Wales Chronicle*, 14 May 1917, 2; 'Welsh National Memorial Association executive', *Brecon County Times*, 27 February 1913, 2.

[65] NLW, WNMA, annual report, county contributions, 1911.

[66] 'Welsh National Memorial: Breconshire County Council's attitude', *Brecon Radnor Express*, 11 May 1916, 6; 'Welsh Memorial', *Aberdare Leader*, 19 July 1913, 3; 'Welsh memorial', *Cambria Daily Leader*, 15 October 1913, 5; 'Breconshire and the Memorial', *Brecon County Times*, 31 July 1913, 5; 'Tuberculosis treatment', *Brecon County Times*, 31 January 1918, 3.

[67] 'West Wales and the Memorial Association', *Carmarthen Weekly Reporter*, 18 July 1913, 4.

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councillors accusing the Association of financial recklessness, Pembrokeshire County Council demanded separate county-level accounts so it could monitor expenditure.[68] The Association rejected Pembrokeshire's demands. It believed any increased oversight by county councils would 'utterly destroy the national character of the movement'. As Pembrokeshire drew up its own scheme, Gwilym Hughes, the Association's secretary, explained that the WNMA was not prepared to enter piecemeal arrangements. By 1918 the Association had stopped treating insured patients in Pembrokeshire.[69] Pembrokeshire's decision to re-join the Association in 1920, following the Welsh Insurance Commissioners' repeated refusal to support a county-level scheme, was hailed by the WNMA as a national triumph. Having been forced on financial grounds to come to an arrangement with the Association, Pembrokeshire County Council remained reluctant to fully cooperate with the WNMA throughout the 1920s.[70]

Although few county councils were as unwilling to cooperate with the WNMA as Pembrokeshire, county medical officers staunchly defended local action and autonomy. Their stance was more than self-interest or a simple rejection of institutional treatment. County and rural district councils were part of an intricate and active system of local decision-making that was unwaveringly protected. Just like their urban counterparts in the 1920s, county and rural district councils in Wales defended their autonomy. They resisted both encroachments by county boroughs seeking to extend their boundaries and any undermining of their responsibilities by the central government. Mounting concern in the 1910s that Welsh health needs were being neglected by the LGB and Westminster provided a further dimension. It was in these contexts that county medical officers championed their role and that of rural district councils. Conscious of the tensions about the boundaries of responsibility at a rural and county level, and perhaps trying to repair bridges following the Rural District Council Association's objections to county councils extending their powers, this was a politically important move given the tensions between county councils and rural district councils over the boundaries of decision making.[71]

Historically, medical officers' annual reports provided an opportunity for them to make public their views, which were then widely reported in the press. County and rural medical officers of health used these reports and their correspondence with the LGB to openly voice their frustration with the WNMA. Opposition coalesced around two interrelated areas. The first area centred around criticism of the WNMA's over-riding commitment to the sanatorium and its marginalization of prevention in eradicating TB. In his annual reports, Llewelyn Williams, county medical officer for Denbighshire, expressed a common feeling of discontent with the WNMA among county medical officers. As he explained, 'It would be a misfortune if exaggerated ideas of the value of Institutional treatment of Tuberculosis were to prevail to any great extent'. Roberts, his successor, expressed similar ideas. In his 1913 report, he complained that the Association encouraged too many people to believe that TB was 'a disease more to be cured than prevented'.[72] As Arnold Davies, county medical officer for Anglesey, recognized, the most important work of county and rural district councils 'lies in the direction of preventative measures' focused on improving the material and domestic environment.[73]

[68] 'Welsh National Memorial Association and the county council', *Haverfordwest and Milford Haven Telegraph*, 25 August 1915, 2; 'Pembrokeshire and the Welsh Memorial', *Carmarthen Weekly Reporter*, 18 July 1913, 4; 'Pembrokeshire and the Welsh Memorial', *Haverfordwest and Milford Haven Telegraph*, 4 July 1917, 3.

[69] NLW, WNMA, *Second Annual Report*, 38, 41; NLW, XRC 304, WNMA minutes of the finance committee, 11 October 1917.

[70] NLW, WNMA annual meeting of the board of governors, 1915; WNMA, *Nineth Annual Report*, 17.

[71] Taylor, Steward and Powell, 'Central and Local Government', 408; Davis, 'Central Government and Towns', 2; Gwent Archives, A540/C/237, Rural District Council Association circular, 1908.

[72] TNA: PRO, MH97/8, annual reports on the health of Denbighshire, 1911, 1912, 1913.

[73] TNA: PRO, MH97/1, Anglesey County Council, MOH annual report, 1912.

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In asserting the need for ameliorative and preventative measures, county medical officers recognized the work undertaken at a district and local level. Revisionist assessments have sought to rejuvenate the reputation of local boards: rather than being failing bodies we need to see county and rural district councils as active drivers of health and social reform at a local level.[74] Inclusive measures focused on removing filth and improving material conditions had dominated their work since the 1870s. Germ science and bacteriology helped legitimize these practices as much as they encouraged attention to targeting the 'seeds' of disease through disinfection and the isolation for the infectious. In the first decade of the twentieth-century rural district councils had introduced a voluntary notification for TB cases, adopted disinfection policies, and cooperated over the creation of isolation facilities.[75] Even with the boundaries of public health and social welfare expanding in the 1910s into new areas from infant and child welfare and school medical services to sexually transmitted disease and health visiting, targeting the material conditions that led to outbreaks of infectious disease remained central to the work and identity of the county and rural authorities.[76] For poor and isolated rural districts, inclusive preventative measures directed at removing conditions believed to harbour the 'seeds' of disease and improving the physical environment to limit their spread was a practical and cost-effective solution that reflected local needs and conditions. County medical officers recognized both the importance of inclusive measures in the work of rural districts to ameliorate and improve the material environment in market towns and villages and the financial and practical barriers to public-health interventions that existed in many rural communities. It was in this context that they articulated their criticism of the WNMA's focus and emphasized the need for prevention as the 'great objective' in the campaign against TB.[77]

Interconnected with their defence of practical preventative and environmental measures, county medical officers championed local autonomy and local knowledge. Where the Association claimed that county councils were already overworked and that county schemes in England were hopelessly inadequate, county medical officers rejected their arguments. For them, as TB was a public health matter, it had to be under the 'Administrative control of the Public Health Authority'.[78] As Rees Williams Rees, county medical officer for Cardiganshire, reminded county councillors in 1912, ceding authority to the WNMA undermined local public health work.[79] In making these claims, the importance of local control as an expression of local knowledge was asserted. Arnold Davies expounded on the dangers and limitations of central control in his 1912 annual report. As he explained, it was only medical officers of health who had the necessary understanding of local conditions for the effective prevention of TB.[80]

[74] See Philip Harding, 'The Centrality of the Locality: The Local State, Local Democracy and Local Consciousness in late-Victorian and Edwardian Britain', *Journal of Victorian Culture*, 9 (2004), 216–24.

[75] See e.g. Glamorgan Archive, RDC/C/1/5, Llandaff and Dinas Powis RDC minutes, 1901–3; TNA: PRO, MH97/142, Williams to Holywell RDC, 29 June 1905; MH97/161, Rees to Newtown and Llandloes RDC, March 1909; MH97/152, Henwick Jones to Llansilin RDC, 19 March 1907; MH97/128, Crickhowell RDC, MOH annual report, 1911.

[76] For an overview of the changing nature of public health and state welfare in the early twentieth century, see Jane Lewis, 'Health and Health Care in the Progressive Era', in Roger Cooter and John Pickstone, eds, *Companion to Medicine in the Twentieth Century* (London, 2003), 81–95; Keir Waddington, '"It Might not be a Nuisance in a Country Cottage": Sanitary Conditions and Images of Health in Victorian Rural Wales', *Rural History*, 23 (2012), 185–204.

[77] Breconshire County Council, *Annual Report of the Medical Officer of Health for the year 1911* (Brecon, 1912), 19; Flintshire County Council, *Annual Report of the Medical Officer of Health* (Mold, 1912), 18; TNA: PRO, MH97/8, annual report on the health of Denbighshire, 1911; MH97/17, Pembrokeshire County Council annual report of the county MOH, 1912; 'Carmarthenshire and the memorial scheme', *Carmarthen Weekly Reporter*, 4 July 1913, 6.

[78] NLW, WNMA, *Report of Work Done by the Association* (Cardiff, 1913); Montgomery County Council, *Annual Report of the County Medical Officer of Health* (Welshpool, 1911), 18; TNA: PRO, MH97/7, Caernarvonshire County Council, annual report of the county MOH, 1913.

[79] Cardiganshire County Council, *Annual Report of the County Medical Officer of Health* (Aberystwyth, 1912), 11.

[80] TNA: PRO, MH97/1, Anglesey County Council, MOH annual report, 1912.

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Rural medical officers of health enthusiastically endorsed county medical officers' defence of inclusive and practical preventative measures and local-based management. The debate around the 1909 Housing and Town Planning Act had soured relations between the county and rural district councils, with the Rural District Council Association working hard 'to prevent any transfer of powers to the County Council'. For the Rural District Council Association, it was rural district councils and their officers who were 'far better able to judge the requirements of their District' than any outside body.[81] The WNMA was similarly seen as a challenge to local autonomy. Its emphasis on treatment downgraded the preventive approach central to rural authorities' responses to public health as many lacked the resources or political will to establish isolation facilities.[82] Defensive of their responsibilities and local autonomy, rural medical officers championed the role of districts councils in cleaning up the environment as the key to preventing TB. They believed that the 'control of tuberculosis differs in no essential principle from the control of other diseases' and was therefore 'obviously' a matter for local authorities.[83] The medical officer of health for Crickhowell RDC, Monmouthshire, expressed a common sentiment among rural medical officers when he commented that the WNMA would fail unless it worked in collaboration with rural authorities.[84] Their defence of local responses in eradicating TB reflected powerful support for an environmental approach that placed local knowledge of conditions and the people living in them at the centre of measures to eradicate disease and improve living conditions.[85]

Tuberculosis and Housing Reform

Although the *Cambria Daily News* was to claim that the foundation of WNMA had kick-started interest in improving the homes of the poor, representatives from the Association downplayed housing conditions as a factor in the spread of TB in part because they had little control over this area. Instead, they emphasized the role of individuals in the spread of disease. This stance justified the Association's institutional focus and more cynically reflected the investment made in sanatoriums under the 1911 National Insurance Act, a key source of income for the Association.[86] County medical officers took a different stance. They actively encouraged rural councils to undertake housing surveys, adopt housing byelaws, and address sanitary deflects as crucial steps in preventing TB. Their advocacy of housing reform reflected a number of strands in public health thinking. In highlighting the dangers of damp, poorly ventilated, dusty and insanitary homes in harbouring the germs of TB and the need for housing reform they drew on ideas established in the 1880s and 1890s that framed poverty and housing conditions as predisposing causes for infection.[87] Their focus on housing reform embodied the emergence of the home as a site of intervention and reflected the clear links made between better physical and domestic surroundings and the creation of good healthy citizens. Although part of a broad environmental agenda, these ideas reflected a shift in public health thinking from the 1870s to focus on the home as sanitary officials worked to foster favourable domestic circumstances that would promote 'biologically risk-free home[s]'.[88]

[81] Rural District Council Association circular, 1908.
[82] WNMA, *Handbook*, 9.
[83] See e.g. TNA: PRO, Llandovery RDC, annual report, 1912, MH97/145; MH97/126, Colwyn RDC, annual report of Dr E Lloyd Owen for 1914.
[84] TNA: PRO, MH97/128, Crickhowell RDC, MOH annual report, 1912.
[85] TNA: PRO, MH97/17, Pembrokeshire County Council, annual report of the county MOH, 1913, 1911.
[86] See e.g. 'Denbighshire health', *Llangollen Advertiser*, 12 October 1917, 6; NLW, XRC 304, WNMA executive committee minutes, 7 February 1911.
[87] 'Work of the National Memorial Association', *Cambria Daily Leader*, 29 August 1913, 4; Henry Hyslop Thomson, *Consumption and General Practice* (Oxford, 1912); Louis Cobbett, *Causes of Tuberculosis* (Cambridge, 1917).
[88] Mooney, 'The Material Consumptive', 154.

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However, there was also a practical dimension. As C.E. Humphreys, medical officer for Montgomery County Council explained, the campaign against TB 'will be a hopeless one if the poorer classes are permitted to be housed in dark, damp and badly ventilated houses'.[89] County medical officers were clear that housing reform would see the germs of disease (seed) and the conditions (soil) which spread TB in the home and in the weakened bodies of the poor tackled. In placing housing reform at the centre of preventative measures, county and rural medical officers were equally conscious of the cost of isolation, how sequestration was not a viable option for many, and the limits of disinfection as a strategy. Disinfection emerged in the 1860s as a key technology for ridding peoples' homes, clothes, and belongings of the 'debris of everyday living' believed to harbour dangerous microbes.[90] While the power of disinfection to eradicate the germs of TB was stressed by anti-TB campaigners, Welsh health officials were aware of the unpopularity and practical limits of this technology. They were conscious that the basic nature of many rural cottages with their irregular walls and rough surfaces made disinfection problematic.[91]

In advocating measures directed at improving local housing as the cornerstone of prevention, county and rural medical officers of health asserted their professional expertise in relation to bodily health and the nature of domestic architecture and space. Humphreys summed up a common feeling among county medical officers. As he explained, better housing conditions would 'do infinitely more to stamp out [TB] from the land than the building of costly sanatorias [sic]', a view shared by Owen-Morris, his successor.[92] County medical officers for Breconshire, Cardiganshire, Caernarvonshire, and Anglesey equally argued that a concentration on 'housing conditions, sanitary surroundings, and the prevention of overcrowding' was essential to preventing TB. They argued that without such practical and above all local work 'the activity in a curative direction cannot be successful' as the conditions that perpetuated the spread of TB would remain.[93] Rural health officials fully endorsed these assessments. They actively campaigned for improvements to rural housing as, in the words of Roberts, the medical officer of health for Machynlleth RDC in mid-Wales, 'the great cry against consumption forces one to pay particular attention to houses'.[94] Against a background of anti-TB measures directed at treatment within the home, county and rural medical officers argued into the 1920s that only through addressing those 'wretched housing conditions', which 'Local Authorities alone have any power to deal', could TB be tackled and healthier citizens created.[95]

An emphasis on measures directed at improving the physical fabric and internal features of rural housing reflected medical officers' understanding of rural housing conditions and their impact on health and welfare. Reports on housing across rural Wales throughout the 1910s and 1920s repeatedly stressed their insanitary nature. John Burns, president of the LGB, highlighted in 1911 how rural housing in Wales was 'in a profoundly lower condition

[89] Montgomery County Council, *Annual Report of the County Medical Officer of Health* (Welshpool, 1911), 30.

[90] Graham Mooney, *Intrusive Interventions: Public Health, Domestic Space, and Infectious Disease Surveillance in England 1840-1914* (Cambridge, 2015), 121–55; Peter Baldwin, *Contagion and the State in Europe 1840-1930* (Cambridge, 1999), 141–43.

[91] TNA: PRO, MH97/8, Pembrokeshire County Council, first annual report of the county MOH, 1911; MH97/17, annual report on the health of Denbighshire, 1913; Gwent Archives, A131/M/5, Magor MOH annual report, 1911.

[92] Montgomery County Council, *Annual Report of the County Medical Officer of Health* (Welshpool, 1911), 17; Montgomery County Council, *Report upon the Sanitary Administration with Statistical Information and Summary of the Reports of the District Medical Officers of Health* (1918), 57.

[93] TNA: PRO, MH97/1, Anglesey County Council, MOH annual report, 1913; MH97/7, Caernarvonshire County Council, annual report of the county MOH, 1913; Breconshire County Council, *Annual Report of the County Medical Officer of Health for the year 1911* (Brecon, 1912), 19; Cardiganshire County Council, *Annual Report of the County Medical Officer of Health for the year 1913* (Aberystwyth, 1913), 14.

[94] TNA: PRO, MH97/174, Lloyd to Tregaron RDC, April 1904.

[95] TNA: PRO, MH97/120, Jones to Brecknock RDC, 2 May 1914; Radnorshire County Council, *Annual Report of the County Medical Officer of Health for the year 1921* (1921), 4; TNA: PRO, MH97/17, Pembrokeshire County Council, annual report of the county MOH, 1913.

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as regards elementary sanitation than other parts of England'.[96] For the Welsh Housing Association, some 82,000 people in Wales were housed in conditions deemed worse than those encountered in 1860.[97] External appearances of whitewash were deceptive as 'internally the conditions are often far from satisfactory'.[98] In the district covered by Newtown and Llanidloes RDC in mid-Wales, for instance, the only salvation was that the 'rudely built' houses that dominated the district were surrounded 'by nothing but pure country air' as they were otherwise 'primitive and crude'.[99] Walls made of earth, straw and cow dung were common with rammed earth and pebbles used for flooring. Reports on Caernarvonshire, Cardiganshire, and Pembrokeshire emphasized how cottages were 'very badly constructed', with most dwellings 'damp, often overcrowded, and dilapidated and insanitary in the extreme'.[100] An investigation into housing conditions in Breconshire in 1914 prompted by concerns about high levels of TB in the county, highlighted how 50 per cent of rural housing was 'unfit', while incidences of TB in Wrexham rural district, the highest in Denbighshire, were directly linked to the 'grossly insanitary conditions of the housing'.[101] Housing on Anglesey was considered to be even worse: a survey in 1918 noted how the old cottages in the county were little more than 'whited sepulchres'.[102] As housing moved up the political agenda during the 1918 general election and became a key part of the post-war social reconstruction programme, county and rural medical officers increasingly pointed to a 'grave shortage' of suitable rural housing.[103] Their reports emphasized how it was these insanitary conditions that explained why those living in rural communities were more likely to contract and die from TB than the inhabitants of towns.

As schemes to extend clean water and sewerage to more rural communities became routine by the 1890s, the need to improve rural housing emerged as an increasing focus of activity for rural district councils. Writing in 1910, the LGB commented on the steady improvements to housing being driven by the Aberystwyth RDC.[104] In north Wales, Llangollen RDC worked to 'bring insanitary dwellings into line', while in Gwyfai rural district the council started on a scheme of house building, buying up a number of insanitary properties to replace them with new houses.[105] Pressure from the LGB following the 1915 rent strikes and the impetus given to local authority housing in the British 1918 election concentrated attention as rural authorities undertook housing surveys and improvements.[106]

[96] TNA: PRO, MH96/631, LGB note on Gwyrfai annual report for 1911; MH96/639, LGB notes on Hawarden RDC district, 1911–14.

[97] Caernarvonshire Combined Sanitary Districts, *Summary of the Annual Report of the Three Medical Officers for the Year 1910* (Carnarvon, 1911), 57.

[98] *Dr E.P. Manby's Report to the Local Government Board upon the Sanitary Circumstances and Administration of the Rural District of Tregaron in the County of Cardigan* (London, 1907), 1.

[99] TNA: PRO, MH97/161, Rees to Newtown and Llanidloes RDC, March 1910.

[100] Fairfield Thomas, 'Anti-tuberculosis Movement', 108; Caernarvonshire Combined Sanitary Districts, *Summary of the Annual Reports of the Three Medical Officers for the year 1910* (Carnarvon, 1911), 30.

[101] 'Memorial and housing', *Brecon Radnor Express*, 16 July 1914, 7; 'Denbighshire Health', *Llangollen Advertizer*, 12 October 1917, 6.

[102] Patrick Abercombie, *Mona Nova: The Future Development of Anglesey* (Cardiff, 1918), 5.

[103] Laurence F. Orbach, *Homes Fit for Heroes: A Study of the Evolution of British Public Housing, 1915–1921* (London, 1977); Peter Malpass, 'Public Utility Societies and the Housing and Town Planning Act, 1919: A Re-examination of the Introduction of State-subsidized Housing in Britain', *Planning Perspectives*, 15 (2000), 377–92; Peter Malpass, *Housing and the Welfare State: The Development of Housing Policy in Great Britain* (Houndsmill, 2005); Peter Shapley, *The Politics of Housing: Power, Consumers and Urban Culture* (Manchester, 2007); Mark Swenarton, *Building the New Jerusalem: Architecture, Housing and Politics 1900-1930* (Watford, 2008).

Cardiganshire County Council, *Report upon the Sanitary Condition and Public Health of the Administrative County of Cardigan* (1919), 46.

[104] TNA: PRO, MH96/598; 59, LGB notes on annual reports.

[105] Caernarvonshire Combined Sanitary Districts, *Summary of the Annual Report of the Three Medical Officers for the Year 1910* (Carnarvon, 1911), 38; TNA: PRO, MH96/659, LGB note on Llangollen RDC district.

[106] For the impact of wartime and post-war housing measures on rural Wales, see R.J. Moore-Colyer, 'Homes Fit for Heroes and After: Housing in Rural Wales in the early Twentieth Century', *Welsh History Review*, 24 (2009), 82–103.

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Yet rural housing in Wales was a difficult problem to solve. Falling agricultural wages, high rates, increased building costs, stricter byelaws, the introduction of the land duty and rent controls combined with landowners' resistance to release land for building limited the extent of rural house building into the 1930s.[107] For Henry Franklin Parsons, medical inspector for the LGB, the scarcity of houses in rural districts meant that condemning properties was problematic in that it could 'increase the overcrowding of others'.[108] But there were practical reasons to focus on improvement rather than new building schemes. Rural district councils lacked the financial resources to build new houses. St Dogmells RDC in Pembrokeshire reported a common situation in 1912. It noted how the local rates were so 'overburdened as to render it impossible for them to bear the cost of providing the new houses and other laudable conveniences recommended by the [1909 Housing and Town Planning] Act'.[109] Opposition from landowners combined with low agricultural wages and low rents compounded the problem. For instance, in Aethwy RDC on Anglesey low wages led the LGB to concede that few could afford new housing, while across north Wales a combination of low agricultural wages and low rents militated against building new homes.[110] Under these conditions, county and rural medical officers adopted a pragmatic approach that reflected the everyday material politics and lived realities of rural housing. They hence pressed rural district councils to improve, rather than condemn housing accommodation, as the key to limiting and preventing cases of TB.

Backward or Neglectful? Progressivism and the Rural Environment

Witnesses to the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire described local authorities as 'backward' in their approach.[111] Certainly the emphasis county and rural district councils placed on prevention and housing reform was seemingly out of step with the leading figures of the nation anti-TB campaigns who Worboys's labels 'hygienists'. 'Hygienists' believed that general environmental solutions were too slow to eradicate TB. They used the familiar seed and soil metaphor to argue that the strength of the individual was an important determinant in explaining cases of TB, concluding that the key aim of any anti-TB scheme should be to prevent early cases from becoming serious. To achieve this and to eradicate TB, 'Hygienists' advocated segregation and control through the provision of sanatoria along with health education to promote healthy living.[112] Their dominance of the national anti-TB movement ensured that at a British level, as one delegate noted at the twelfth annual conference of the National Association for the Prevention of Tuberculosis, '99 per cent of efforts are being made on treatment and only 1 per cent on prevention'.[113] However, Welsh county and rural medical officers were not backsliders or outmoded in their understanding. In their resistance to the WNMA's approach, they voiced a progressivism that was just as much a feature of debates on the rural environment in the first decades of the twentieth century as it was on urban and industrial areas.

By the turn of the twentieth century, reformers were well-attuned to the idea that physical and moral health could be improved through better physical surroundings. Welsh

[107] Daunton, ed., *Councillors and Tenants*, 3-11; NLW, Edgar Chappell MS, A3/1.

[108] See e.g. Radnorshire County Council, *Annual Report of the County Medical Officer of Health for the year 1919* (1919), 24; TNA: PRO, MH07/142, Parson to Williams, 30 June 1908.

[109] *Dr Morgan Rees's Report to the Local Government Board on Conditions of Housing and other Sanitary Circumstances in the St Dogmells Rural District* (London, 1913), 1.

[110] TNA: PRO, MH96/603, Aethwy RDC annual report for 1910.

[111] Ministry of Health, *Report of the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire* (London, 1939).

[112] Worboys, 'Before McKeown', 155–57.

[113] National Association for the Prevention of Tuberculosis, *Transactions of the 12th Annual Conference* (London, 1926), 139.

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county and rural medical officers of health were part of this trend. For instance, Llewelyn Williams, who became the first chief medical officer for the Welsh Board of Health, actively campaigned for a style of preventative medicine directed at improving conditions. As county medical officer for Denbighshire, he pioneered a 'great deal of public health work' and as medical officer to the Welsh Board of Health worked to convince local authorities and the Welsh people of the value of preventative medicine, writing extensively in Welsh on the subject.[114] Owen-Morris, county medical officer for Montgomeryshire between 1915 and 1918, launched an active housing policy throughout the county to promote better housing, championed infant and child welfare services, and encouraged greater cooperation between local authorities and voluntary bodies. Evan Cambria Thomas, county medical officer of Carmarthenshire, was staunchly committed to health promotion.[115] Nor were the views of county and rural medical officers out of step with other anti-tuberculosis campaigners throughout Britain. In championing the importance of prevention and measures directed at the material and domestic environment they belonged to a group of health officials Worboys's refers to as 'insanitationists'.[116]

Although there were overlaps between 'hygienists' and 'insanitationists' over the value of hygienic living, the latter saw TB as intimately related to social and economic conditions. Given the link they saw between damp, poorly ventilated, and dark conditions and the spread of TB, 'Insanitationists' argued that TB was best prevented through a broad range of measures directed at environmental and social conditions to remove the surroundings that harboured TB, rather than an exclusive approach focused on segregation and treatment. Initially associated with the 1880s and 1890s, this focus on environmental and social conditions attracted renewed attention in the Edwardian period from a range of established writers on TB. It also received the support of a new generation of medical officers of health both in English cities and in rural Wales who emphasized a holist interpretation that looked to the material environment and social contexts of health.[117] In 1915, Arthur Ransome, a leading anti-TB campaigner and staunch advocate of a nation-wide campaign, lamented that prevention was being neglected in favour of treatment following the 1911 National Insurance Act. In a series of speeches and articles, Ransome synthesized older sanitary thinking with new bacteriological ideas to call for a renewed emphasis on measures that focused on housing and the 'amelioration of social conditions', a view that found further expression in a range of textbooks and popular guides on public health.[118] In his *Tuberculosis and Public Health*, Henry Hyslop Thomson intimately connected TB to the 'social and economic conditions of the people' and argued that the 'abolition of tuberculosis in a community require[d] a much higher hygienic and sanitary standard'. Hyslop Thomson was one of the first county TB officers appointed in England and wrote extensively on the subject, seeing TB as a 'house disease'. For Hyslop Thomson, the 'solution of the housing problem' was the 'solution to the problem of tuberculosis'.[119] The importance Ransome and other writers placed on the 'amelioration of social conditions' continued to be actively debated throughout the 1920s and 1930s. Where Worboys associates this movement with urban England, such ideas found an early and loud voice in the statements of Welsh county and rural medical officers.[120]

114 *British Medical Journal*, 28 May 1949, 959.

115 Montgomery County Council, *Report upon the Sanitary Administration*, 2–3.

116 Worboys, 'Before McKeown', 150–53.

117 Worboys, 'Before McKeown', 153; See Christopher Lawrence and George Weisz (eds), *Greater than the Parts: Holism in Biomedicine 1920-1950* (Oxford, 1988).

118 Arthur Ransome, *A Campaign against Tuberculosis* (Cambridge, 1915), vii, 38, 76; See e.g. Charles Porter, *Elements of Hygiene and Public Health* (London, 1917); E.W. Hope, *Text-book of Public Health* (Edinburgh, 1919); Louis C Parkes and Henry Kenwood, *Hygiene and Public Health* (6th edn, London, 1920).

119 Henry Hyslop Thomson, *Tuberculosis and Public Health* (London, 1920), 18, 28.

120 Worboys, 'Before McKeown', 150.

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In championing measures directed at the material and domestic environment, and in vigorously targeting rural housing, county and rural medical officers were part of an active reform movement to improve Wales's physical and social environment. At the same time, their views aligned with progressive demands emanating from the labour movement for a more active notion of citizenship constructed around concerns about housing and health.[121] The reform movement included urban medical officers of health, such as Fairfield Thomas who established the first municipal TB dispensary in Wales, and a number of TB officers who increasingly emphasized the need for housing reform. It also included supporters of the Welsh Housing Association, founded in 1909, and its successor the Welsh Housing and Development Association, which campaigned for the regeneration of rural and industrial Wales, and the Town Planning and Housing Trust, formed in 1913.[122] The movement gave expression to a particular vision of environmentalism that mapped physical conditions in rural communities onto the need for environmental and housing reform. These ideas were embodied in the work of the Welsh Housing Association, which linked environmental degradation to high levels of disease and campaigned for the provision of healthy homes. In 1911, for example, *Llyfr Cochh Cymru* (The Red Book of Wales) highlighted the dangers of poor rural housing. Like county and rural medical officers of health, the Welsh Housing Association was convinced that poor housing was responsible for high levels of TB; a 'dread national humiliation' that had to be tackled.[123] By the 1920s, the importance of living conditions as a predisposing factor in infection was widely acknowledged by many health professionals who increasingly called for improvements in housing conditions. Throughout the 1920s and 1930s this broad environmentalist thinking was to dominate schemes for housing improvement and urban planning, both in England and Wales.[124]

Conclusions

Although the mid-1920s saw further tensions between the Association and local authorities over the nature of treatment, by the 1930s the limitations of the WNMA working in association with local authorities had become clear.[125] Levels of TB remained 20 per cent higher in Wales than in England or Scotland. As a result of a financial dispute between the WNMA and local authorities, a Committee of Inquiry into the Anti-Tuberculosis Services in Wales and Monmouthshire was established in 1937 under Clement Davies, Liberal MP for Montgomeryshire. The Committee's report lauded the WNMA for the quality of its sanatoria but criticized the Association for neglecting after-care and highlighted the problem of separating TB services from other areas of health and social welfare. For the Committee, the existence of the WNMA had allowed county councils to neglect their responsibility.[126] Following two decades of structural change and decline in the Welsh rural economy, the difficult position of rural authorities was acknowledged but they came in for intense criticism from the Committee. Rural authorities were presented as backward and neglectful. Accused of failing 'in their trusteeship as guardians of the health and welfare of the people who elected them', they were censured for their failure to tackle 'the appalling housing conditions which prevailed within their areas'. County councils in north Wales

[121] Ken Worpole, *Here Comes the Sun: Architecture and Public Space in Twentieth-century European Culture* (London, 2000), 9–14.

[122] Fairfield Thomas, 'Anti-tuberculosis Movement'; Prys Gruffudd, '"A Crusade against Consumption": Environment, Health and Social Reform in Wales, 1900-1939', *Journal of Historical Geography*, 21 (1995), 45–6; NLW, WNMA, *Fourth Annual Report* (Cardiff, 1916), 16–17; Welsh Housing and Development Association, *Building for the Future* (Cardiff, 1917), 2.

[123] Welsh Housing Association, *Llyfr cock Cymru* (London, 1911).

[124] Bowden and Sadler, 'Getting it Right?', 119; Gruffudd, '"A Crusade against Consumption"', 40.

[125] R. Goulburn Lovell, *Why Tuberculosis Exists, How it May be and has been Cured and Prevented* (London, 1926), 154–55.

[126] TNA: PRO, MH75/26-27, Ministry of Health, Welsh National Memorial Association.

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and Pembrokeshire were vehemently criticized, areas that had shown the deepest opposition to the WNMA when it was founded.[127]

Where public health inquiries in England in the 1930s produced similar criticisms of rural authorities, the Committee's report produced consternation and protests in Wales. These protests drew attention to how the National Government in Westminster had failed to take effective steps to deal with acute poverty in Wales.[128] However, while the Committee was keen to castigate rural authorities for failing to improve rural housing, itself neglecting to acknowledge the obstacles they faced, as this essay reveals, in many ways, the issues identified by the 1937 Committee of Inquiry had been raised by county and rural medical officers of health through the 1910s and 1920s. Just like the 1937 Committee, they recognized the need for TB services to be intimately connected to other areas of local health and housing reform. In advocating prevention and housing reform as crucial and interconnected parts of the anti-TB campaign, Welsh county and rural medical officers of health were part of a wider social reform movement to improve Wales's physical and social environment. They found justification in their approach in evidence that the greatest fall in levels of TB coincided 'with increased efficiency of the sanitary and other social measures undertaken to improve the environment and general well-being of the community'.[129] By the 1930s such views were being expressed in a range public-health surveys conducted by the Ministry of Health.[130]

In their opposition to the WNMA, county and rural district councils warned against the limitations of a national, centralized service that did not take into account local conditions. What was at stake was alternative visions over how best to take forward the eradication of TB and health service organizations. County and rural district councils were not on the margins of the modern. Rather than abdicating responsibility, county and rural district medical officers articulated a competing vision to the WNMA and Whitehall's support centralization. Instead of a national health system constructed around institutionalization, they asserted the need for local autonomy and local responsibility based on a knowledge of local conditions that prioritized improvements to the material and domestic environment and housing reform. In the context of the transfer of public health responsibilities back to local government in the early decades of the twenty-first century, and the support for health localism in the wake of coronavirus disease 2019, such claims have added resonance. In asserting their agency and the importance of local responsibility, and in championing environmentalism and housing reform, county and rural medical officers were part of a distinct drive for local autonomy. Their defence of local-based management and prevention draws attention to the heterogeneity of views within one of the four nations over the value of local governance in a period when the boundaries of control were under negotiation. As part of a wider social reform movement, their views encourage us to rethink interpretations that argue that environmental health receded in political significance as an area for local government.[131] The alternative approach proposed by county and rural district councils not only foreshadowed debates in the 1930s and 1940s over the organization of health service in Britain but also sheds light on the neglected role of county and rural district councils in health and social policy in first decades of the twentieth century. Examining their contribution reveals the significant connections that existed between the

[127] TNA: PRO, MH75/26, WNMA deputation to the Ministry of Health, 27 April 1937; Ministry of Health, *Report of the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire* (London, 1939), 138–9.

[128] TNA: PRO, MH66, Ministry of Health: Local Government Act 1929, public health survey; Graham Jones, 'Anti-tuberculosis service', 198.

[129] TNA: PRO, MH97/8, annual report on the health of Denbighshire, 1912; Hinde and Harris, 'Mortality decline', 396.

[130] TNA: PRO, MH66, public health survey.

[131] Alysa Levene, Martin Powell, and John Stewart, 'Patterns of Municipal Health Expenditure Interwar England and Wales', *Bulletin of the History of Medicine*, 78 (2004), 636.

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anti-TB campaigns, regional and local structures of public health, and rural housing reform.[132] To ignore these interconnections is to marginalize the important work undertaken by these county and rural district councils in the early twentieth century and the interwar period.

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[132] See, Charles Webster, 'Conflict and Consensus: Explaining the British Health Service', *Twentieth Century British History*, 1 (1990), 142–7.

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