

Keir Waddington

“Kindly see to the matter”: Local communities and the development of rural public health, 1870–1920

Writing in 1895 about sanitary conditions in rural Glamorgan, Wales, the conservative newspaper the *Western Mail* reported how “in many [rural] places the authorities deal out the law with a very slack hand, the result being that the people live in squalor and dirt.”¹ For the journal *Public Health* in 1901 one consequence of this apparent neglect was that “the poor natives” in rural districts were “in far worse plight” than those living in urban areas.² As Astri Andresen notes, Florence Nightingale’s views of the rural as “pitiful and disgusting” served “not merely as a description of rural hygiene, but also signaled a change in perceptions of urban *versus* rural” in Western Europe in which the rural was characterized as on the margins of modernity.³ If public health historians now reject any overarching modernizing trajectory to instead focus on regional and local structures, the limited scholarship on rural health in has broadly worked within this notion of rural under-development. Rural public health in Europe, in the words of Steven Cherry, is often portrayed as “a post-urban afterthought” in an environment in which authorities were more concerned with economy than reform.⁴ Progress in rural communities is seen as hampered by a limited sense of the need for sanitary or environmental measures, problems of administration, a skills deficit to advocate and implement reform, and a limited fiscal capacity.⁵

1 “Glamorgan Sanitation,” *Western Mail*, 23 September 1895.

2 “Housing in Rural Districts,” *Public Health* 13 (1901): 27.

3 Astri Andresen, “Perspectives on the Interactions of Medicine and Rural Cultures,” in *Health and Medicine in Rural Europe (1850–1945)*, ed. Josep L. Barona and Steven Cherry (Valencia: València Seminari d’Estudis sobre la Ciència, 2005), 147.

4 Steven Cherry, “Medicine and Rural Health Care in Nineteenth-Century Europe,” in *Health and Medicine in Rural Europe*, ed. Barona and Cherry, 19.

5 For an overview of the literature on rural public health in Europe, see Josep L. Barona and Steven Cherry eds., *Health and Medicine in Rural Europe (1850–1945)* (Valencia: València Seminari d’Estudis sobre la Ciència, 2005), and Astri Andresen et al., “Introduction: ‘Rural Health’ as a European Historical Issue,” in *Making a New Countryside: Health Policies and Practices in European History c.1860–1950*, ed. Astri Andresen et al. (Frankfurt am Main: Peter Lang, 2010), 11–24; Sarah G. Hastings et al., “Explaining Geographical Variations in English Rural Infant Mortality Decline using Place-centred Reading,” *Historical Methods* 48, no. 3 (2015): 128–140; Andrew

Low population densities; dispersed, often poorly connected settlements; rural poverty; and the nature of the landscape all created what Nigel Richardson sees as “formidable” barriers to the development of sanitary infrastructures in rural areas.⁶

However, while we need to acknowledge the difficulties rural authorities faced, it is possible to move beyond the rhetoric of outsiders. As the minute books and correspondence from rural authorities responsible for sanitary reform in Britain show, a different assessment of rural sanitary reform is revealed, one which highlights not what Cherry sees as a dominant contemporary medical narrative of “cultural backwardness, ignorance and superstition... insanitary practices and bad habits,” but of increasing sanitary intervention and community concerns about pollution.⁷ Although the rural environment was hard to clean up, this did not mean that villages and market towns remained mired in their own filth or resistant to sanitary reform.

This essay demonstrates how efforts to improve public health in Britain were not marginal to the sociocultural changes that shaped the countryside in the decades between the passing of the 1872 Public Health Act and the end of the First World War. It does not judge rural communities against the technical solutions to sanitary problems adopted by towns – often London or Manchester in the existing literature – nor does it measure the scale of improvement through loans or mortality rates or seeks to determine whether rural sanitary intervention was adequate or not. Instead, it uses archival evidence from rural authorities to show how framing rural public health as under-developed is to underestimate the scale of self-instigated rural activity to reduce infectious disease and tackle environmental problems.⁸ Modernity, as Tom Crook argues in *Governing Systems*,

Hinde and Bernard Harris, “Mortality Decline by Cause in Urban and Rural England and Wales, 1851–1910,” *History of the Family* 24, no. 2 (2019): 395.

⁶ Nigel Richardson, *Typhoid in Uppingham: Typhoid in Uppingham: analysis of a Victorian town and school in crisis, 1875–1877* (London: Pickering & Chatto, 2008), 4. For the obstacles to rural sanitary reform see Keir Waddington, “‘It might not be a nuisance in a country cottage’: Rural Sanitary Conditions and Images of Health in Victorian Rural Wales,” *Rural History* 23, no. 2 (2012): 185–204.

⁷ Cherry, “Medicine and Rural Health Care,” 37.

⁸ There is a substantial literature on urban public health, with excellent monograph length studies by Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830–1910* (Oakland: CA: University of California Press: 2016); Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800–54* (Cambridge: Cambridge University Press, 2009); James G. Hanley, *Healthy Boundaries: Property, Law, and Public Health in England and Wales, 1815–1872* (Rochester: University of Rochester Press, 2016); Anne Hardy, *The Epidemic Streets: Infectious Diseases and the Rise of Preventive Medicine, 1856–1900* (Oxford: Oxford Uni-

was not a particular outcome or solution but an open-ended process.⁹ This was acutely visible in rural regions. Here development favored a different trajectory and set of solutions that only gradually converged with urban-based sanitary solutions. Just like their urban counterparts, members of rural authorities and people in rural communities often embraced sanitary reform but in different ways or at a different pace.¹⁰

To explore the dynamics of rural public health, the essay focuses on the period from the 1872, when over 600 rural sanitary authorities were established, to the creation of the Ministry of Health in 1919.¹¹ This is a period associated with the making of a modern, complex public health system in Britain and the successful adoption of an urban sanitation-centered approach, later supplemented by surveillance, isolation, and disinfection practices. At a European level it saw widespread efforts to extend medical provision to rural areas and what Cherry sees as “rural medicalization.”¹² In exploring the work of rural authorities in this period, the essay uses evidence from 18 rural authorities in two counties – Monmouthshire and Glamorgan – in Britain to provide case studies that challenge narratives of rural under-development at a regional and national level and show how we need to rethink the rural as a place of backwardness, whether that be in the context of the Global North or the Global South.¹³ Monmouthshire and Glamorgan were not on the periphery. They were located in a key region of industrialization in Northern Europe, sharing similarities with other European industrializing regions.¹⁴ Both counties shared the same administrative framework and were bound by the same public-health regulations. Yet, while both counties were intimately connected to coal mining and metal working, they retained a

versity Press, 1993); Graham Mooney, *Intrusive Interventions: Public Health, Domestic Space, and Infectious Disease Surveillance in England, 1840–1914* (Rochester: University of Rochester Press, 2015); Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: Methuen, 1983).

⁹ Crook, *Governing Systems*, 9.

¹⁰ For a further discussion of rural modernity, see Keir Waddington, “Problems of Progress: Modernity and Writing the Social History of Medicine,” *Social History of Medicine* 34, no. 4 (2021): 1053–1067.

¹¹ For a recent overview see, Christopher Hamlin, “Public Health,” in *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson (Oxford: Oxford University Press, 2011), 411–428.

¹² Cherry, “Medicine and Rural Health Care,” 60.

¹³ Notwithstanding the use of Welsh in parts of South Wales, the administrative language of these bodies was English and a large proportion of the regional press was published not in Welsh but in English. When the LGB received correspondence and reports in Welsh, it rejected them and required rural authorities to present them in English.

¹⁴ Stefan Berger, “Working-class Culture and the Labour Movement in the South Wales and the Ruhr Coalfields, 1850–2000: A Comparison,” *Llafur* 8, no. 2 (2001): 5, 7.

strong rural character into the Edwardian period even if defining the boundaries between the urban and rural was often problematic in South Wales.

Historians and demographers have used a range of metrics to categorize “urban” and “rural” – settlement size, population density, and the contiguity of the built-up area – but as Hinde and Harris show such an approach “has a tendency to classify too many places as urban, particularly rural areas with a fairly dense but non-contiguous settlement, such as mining districts.”¹⁵ Smith, Bennett, and Radicic use a population size of 10,000 to differentiate urban from rural but there is considerable debate over the degree of urban-ness of small towns and how they are defined in terms of population, administrative functions, occupational structure, and economic complexity.¹⁶ What counted as rural or urban in Glamorgan and Monmouthshire did not easily map onto population size or density.¹⁷ As the 1891 census reported, even “technically speaking urban” districts according to population density were in reality “thoroughly rural in character” in the region, a view confirmed a few years later by Charles Booth in his survey of old age and pauperism. If many settlements in the region were characterized by agricultural employment and had populations below 2,500, even larger market towns such as Abergavenny were considered mostly rural in nature by contemporaries, while land-use in the region continued to favor agrarian over industrial uses, even in mining districts.¹⁸ For instance, where Hay Rural District Council covered 59,009 acres and had a population of 10,789 by 1914, it had a “very scattered population” and no industry other than agriculture.¹⁹ The settlements explored in this essay were hence integral to a region that for the County Medical Officer for Monmouthshire in 1911 was “practically speaking” rural in character. They were part of administrative districts defined by the Local Government Board as rural, and even where they

15 Hinde and Harris, “Mortality Decline,” 385.

16 Harry Smith et al., “Towns in Victorian England: A New Classification,” *Urban History* 45, no. 4 (2018): 568–594. See Stephen Royle, “The Development of Small Towns in Britain,” in *The Cambridge Urban History of Britain, vol. III: 1840–1950*, ed. Martin Daunton (Cambridge: Cambridge University Press, 2000), 151–184.

17 For a discussion of urban / rural boundaries in Wales, see Waddington, “‘It might not be a nuisance in a country cottage,’” 186–188.

18 Prys Gruffudd, “Back to the Land: Historiography, Rurality and the Nation in Interwar Wales,” *Transactions of the Institute of British Geographers* 19 (1994): 61–77; Charles Booth, *The Aged Poor in England and Wales* (London: G. Norman & Son, 1894), 68–69.

19 National Archives, London (hereafter TNA): Hay RDC, MOH annual report, 1884; Annual Report for the Year 1913, MH97/141.

had populations over one person per acre – such as in the district that made up Hay Rural District Council – they were seen as rural in nature.²⁰

To challenge notions of the under-developed nature of rural public health, this essay starts with late-Victorian and Edwardian assessments of how villages and market towns were insanitary and primitive places. In questioning the value of the evidence produced by outsiders, the essay moves on to examine the dynamics of rural public health. Here the focus is not on the activities of medical officers of health (MOH) as expressed in their annual reports, which often dominate accounts, but on the discussions and actions captured in the minute- and letter-books of rural authorities who employed and directed them. Although the character and pace of reform in villages and market towns did not match a metropolitan model of modernity, what was happening in hamlets, villages, and market towns suggests a different narrative of development but an equal concern with improvement: an assessment that challenges national perspectives that over-generalize the rural. The final part of the essay rethinks assessments of rural under-development through an analysis of rural agency and community activism. The essay addresses different scales of community engagement with sanitary reform. In doing so, it explores the role of parishes, parochial bodies, and individuals in shaping sanitary reform. This new narrative challenges the perception of the rural environment as under-developed, a challenge that has significant relevance to non-urbanized contexts of outside of Europe. In revealing the extent of sanitary activity through the archives of rural authorities the essay highlights how rural authorities and those living in rural communities were just as concerned with environmental transformation to improve individual or community health as their urban counterparts.

Managing rural public health

Until 1872 the administration of rural areas was viewed as “a chaos as regards authorities, a chaos as regards rates, and a worse chaos than all as regards areas.”²¹ Preceded by nearly a decade of debate over how to fit sanitary administration into the existing structure of local government, under the 1872 Public Health Act sanitary legislation was applied to rural areas and a new administrative tier was created through the establishment of rural sanitary authorities

²⁰ TNA: Monmouthshire County Council, Quarterly Report of the County MOH, 12 October 1911, MH95/14.

²¹ *Hansard* 205 (3 April 1871), 1115–1143.

(RSAs). RSAs were coterminous with the existing boundaries of rural Boards of Guardians, which had been created by the 1834 Poor Law Amendment Act to administer poor relief, and were made up of the same elected officials. These new, second-tier authorities reported to the Local Government Board (LGB), the central body responsible for overseeing public health administration in England and Wales. The LGB acted as “an agent of boundary maintenance between local and central government” but was often overwhelmed: it was not always able to provide the leadership and support sanitary authorities were looking for. Although the LGB required annual reports, provided guidance and information, investigated epidemic outbreaks, and worked as a Treasury for local government, it would only occasionally intervene and had little direct influence on local sanitary affairs.²² RSAs were hence responsible for sanitary works in their district. From their foundation, they were intended to reverse the “defective sanitary government” that had characterized rural districts.²³

Although RSAs were the main body responsible for rural sanitation, they worked with and through local parishes and a range of parochial committees who operated at a hyper-local level. Together they set the pace of sanitary development, with RSAs appointing medically-qualified MOHs to investigate disease outbreaks and provide expert advice. A conventional narrative might stress the central role of the MOH and how they dictated the pace of reform. Some rural MOHs championed improvements in meetings, reports, and in the press, such as the truculent Elmes Steele, the MOH for Abergavenny Rural District Council (RDC) or Granger, the MOH for Cardiff Union RSA who challenged industrial polluters.²⁴ Others were part-time, poorly paid, and could be subservient to local landowners or farmers who made up the officials who elected them and on whom they depended in their private practices. However, a cautious MOH did not equate to a slow pace of reform. As explored below, RSAs could be progressive while MOHs were not always the officials responsible for driving reform within RSAs. Surveyors played a key role but it was often the RSA’s nuisance inspectors who carried out day-to-day investigations, worked with local inhabi-

²² Christine Bellamey, *Administering Central-Local Relations, 1871–1919: The Local Government Board in Its Fiscal and Cultural Context* (Manchester: Manchester University Press, 1988); Simon Szreter, *Health and Wealth* (Rochester: University of Rochester Press, 2005), 286–287; Hardy, *Epidemic Streets*, 5.

²³ *Second Report of the Royal Sanitary Commission*, vol. 1 (London: HMSO, 1871), 11.

²⁴ For Granger’s work on industrial pollution, see Keir Waddington, “Vitriol in the Taff: River Pollution, Industry and Rural Public Health in late-Victorian South Wales,” *Rural History* 29, no. 1 (2018): 23–44.

tants, undertook most of the sanitary work, and highlighted the need for intervention.²⁵

The responsibilities of RSAs were further defined under the 1875 Public Health Act. The 1875 Act set the parameters of public health in England and Wales until 1936 but gave rural authorities and their MOHs less scope for action than their urban counterparts, particularly with regard to the regulation of scavenging, street cleansing, and highways.²⁶ As Poor Law unions, parishes, and sanitary authorities often cut across county boundaries, the 1888 Local Government Act sought to standardize structures and at the same time created a further administrative tier between the RSA and LGB in the form of county councils who appointed a county medical officer of health to oversee the county.²⁷ Often the relationship between RDCs and county councils was distant: evidence from Glamorgan and Monmouthshire suggests the county council played only a marginal role in shaping sanitary reform at a local or district level. With the reform of local government and the extension of the franchise under the 1894 Local Government Act, RSAs were disbanded and replaced by elected rural district councils. Members of the newly established rural district councils (RDCs) inherited the sanitary functions of RSAs but had wider authority over matters such as local planning and housing. After 1894, elections to the new constituted parish and district councils reinforced the eclipse of the gentry as a political force in Wales, marking a change in the personnel of local government.²⁸ It was within this framework that rural public health was managed and the agency of rural communities was felt.

25 For a discussion of the role of nuisance inspector see Christopher Hamlin, “Nuisances and Community in mid-Victorian England: The Attractions of Inspection,” *Social History* 38, no. 3 (2013): 346–379.

26 William Roberston and Charles Porter, *Sanitary Law and Practice* (London: Sanitary Publishing Company, 1909), 3; Thomas Whiteside Hime, *The Practical Guide to the Public Health Acts* (London: Baillière Tindall and Cox, 1901).

27 Josef Redlich and Francis W. Hurst, *The History of Local Government in England* (London: Macmillan, 1958), 197–199.

28 Alun Howkins, “Social, Cultural and Domestic Life,” in *The Agrarian History of England and Wales: Volume VII 1850–1914*, part 2, ed. E. J. T. Collins (Cambridge: Cambridge University Press, 2000), 1368; R. J. Colyer, “Nateos: A Landed Estate in Decline, 1800–1930,” *Ceredigion* 9 (1980–1984): 72.

“A pitiful and disgusting story, dreadful to tell”

While scholars have come to see how reform and sanitary modernity were contested, partial, and variable, in one respect metropolitan assessments of the rural environment were right: LGB officials and newspapers could point to evidence of foul and stagnant cesspools, inadequate drainage, and polluted water supplies in late-Victorian and Edwardian market towns and villages. If we take investigations conducted for the LGB at face value, rural authorities had a poor track record when it came to removing those sources of pollution seen as responsible for outbreaks of infectious disease. Reports from London-based LGB officials who visited rural areas drew attention to the extent of insanitary conditions in the countryside. They highlighted how “all manner of foul insanitation” existed “everywhere.”²⁹ For instance, reports to the LGB on the village of Boas in Glamorgan explained how “the village is becoming very dilapidated owing to the carelessness and filthy habits of its inhabitants.” In Grosmont on the Monmouthshire / Herefordshire border it was felt that conditions existed “that would be condemned in any other place in England,” while the LGB was told how the Gower peninsula in southwest Wales was “in a very backward state and abounds in nuisances.”³⁰ These assessments were echoed in regional and local newspapers. Reports re-emphasized the emotive and sensory dimensions of filth that featured in medical reports on rural communities to judge the rural environment as primitive and dirty; an image of poor sanitation that stood in contrast to popular images of the countryside.

The reports submitted to LGB and repeated in the press confirmed a sense that the virtues of cleanliness and hygiene – cornerstones of the civilizing ambition embedded in the public health movement – had fallen on barren ground in many rural communities. For the *Western Mail* it was self-evidently clear that many of those living in rural communities at the end of the nineteenth century were “prone to shut their eyes and ears and hold their noses” when it came to hygiene and cleanliness.³¹ Rural cottages were frequently described as insanitary and overcrowded. Although reports from other parts of England identified similar problems, by the Edwardian period housing in rural Wales was seen as a na-

²⁹ “Another View of the Matter,” *Western Mail*, 11 September 1894.

³⁰ TNA: Naunton Morgan to LGB, 11 September 1893, MH12/16424; TNA: Woodstock to LGB, 24 April 1905, MH97/118; LGB note on Gower RDC, 31 May 1908. MH95/136.

³¹ “Glamorgan Sanitation,” *Western Mail*.

tional disgrace.³² Reports of leaking roofs, rotten woodwork, damp floors, walls stripped of plaster, doors without panels, and broken windows were commonplace, emphasizing both rural immiseration and an apparent culture of neglect. Writing about 79 houses inspected in 1912, the nuisance inspector for Magor RDC, Monmouthshire, noted a series of common defects: “want of ventilation, defective or want of shutting and down pipes, roofs out of repair, dampness of walls, bad kitchen flooring, want of, or defective yard paving... defective or insanitary closet accommodation, and want of, or bad water supply.”³³ Medical Officers of Health linked such housing conditions to high levels of infectious disease mortality, which, as Hinde and Harris show, fell at a slower rate than in urban areas until the 1890s.³⁴

While the mid-nineteenth century framing of disease aetiology underscored the ubiquity of conditions viewed as harmful to health, rural sanitation was presented in a range of reports as inadequate. Along with rural habits, the poor sanitary conditions associated with market towns, villages, and hamlets were blamed for high levels of mortality in individual rural communities, which periodically exceeded urban death rates until the 1890s.³⁵ Sewerage and water supplies in rural communities were widely described as rudimentary, while watercourses in Monmouthshire and Glamorgan were considered among the most polluted in Britain. There were plenty of localized examples to support such claims. In Lower Machen, Monmouthshire, for instance, the water used for drinking in the 1890s flowed through an open ditch which was “often contaminated” by cattle and other animals, while houses in Ponthir in Monmouthshire used water that was felt to be “practically dilute sewage.”³⁶ Naunton Morgan, the local surveyor for the Ystradyfodwg & Pontypridd Main Sewerage Board, told the LGB that “There is no safe water supply anywhere about here and I am sure that this is a condition of things under which the cholera which is now threatening us is sure to thrive.”³⁷ Privy accommodation in small rural districts

32 C.F. Gardner and Lory Marsh, *Handbook of Rural Sanitation Science* (London: Smith Elder, 1876), 2, 3–5; “State of the Dwellings of Rural Labourers,” in *Seventh Report of the Medical Officer of the Privy Council* (London: HMSO, 1864); George Wilson, *A Handbook of Hygiene and Sanitary Science* (London: J&A Churchill, 1879), 4th edn., 231–233. See, for example, Welsh Housing and Development Association, *Building for the Future* (Cardiff, 1917).

33 Gwent Archives: Magor RDC, Annual Report of the MOH for the Year 1912, A131/M/5.

34 Hinde and Harris, “Mortality Decline,” 388–389.

35 Steven Cherry, “The Public Health Role of Rural Medical Practitioners: Norfolk and Fife c.1860–1914,” in *Making a New Countryside*, ed. Anderson et al., 54.

36 Gwent Archives: St Mellons RDC minutes, 8 May 1895, A/132/1; Pontypool RDC minutes: 19 May 1905, A580/M/3.

37 TNA: Naunton Morgan to LGB, 11 September 1893, MH12/16424.

was equally rudimentary, often little more than “primitive wooden structures with a hole dug in the ground.”³⁸ For example, in 1912, the nuisance inspector for St Mellons RDC referred to inspecting rural houses that were sitting on top of seven inches or more of stagnant water from overflowing septic tanks. In the village of Marshfield, Monmouthshire, reports lamented how sewage continued to be discharged into open ditches in the 1910s, polluting local water supplies.³⁹ Rural populations, it was suggested by public health officials, did not understand cleanliness as contemporary commentators puzzled over how to apply urban solutions to rural districts.

The environments described by LGB and public health officials reinforced ideas about the uncivilized nature of villages and market towns. Comparisons with urban notions of progress were made as commentators drew on a language of modernity to present rural areas as primitive places, resistant to modern public health measures. Newspapers and public health officials used evidence of poor sanitation in individual villages to present a generalized image of those living in rural districts as clinging to old-fashioned ways of life.⁴⁰ For example, in 1894, Henry Franklin Parsons, assistant medical officer at the LGB, reported how “In remote [...] districts people are satisfied with a standard of domestic comfort which would not be tolerated in most [towns].”⁴¹ “Ignorant,” “prejudiced,” “dirty,” “filthy,” and “careless” were widely used labels by officials to describe both individuals living in rural communities and the communities themselves.⁴² For example, writing about East Aberthaw in the Vale of Glamorgan, one surveyor blamed insanitary conditions on “the carelessness and neglect of the occupiers.” Likewise, in an 1892 report on the Pontypridd RSA, “the carelessness and filthy habits of its inhabitants” was bemoaned, a state attributed to their ignorance.⁴³ Similar views were expressed in relation to those living in Llantrisant and Llantwit Fardre in Glamorgan. In both villages it was felt that “Unfortunately the people have not yet been taught to understand of what vital importance to them, and especially to the poorer classes of them, are all questions affecting

38 Glamorgan Archives: Bridgend and Cowbridge RSA Minutes, 22 March 1873, UB/68/1; Evans to Cardiff Union RSA, January 1873, UC/95/1.

39 Gwent Archives: Minutes of the St Mellon’s RDC, 10 July 1912, 12 January 1913, A132/M/7.

40 Shannon L. Rogers, “From Wasteland to Wonderland: Wales in the Imagination of the English Traveller, 1720–1895,” *North American Journal of Welsh Studies* 2 (2002): 15.

41 TNA: Parsons for the Medical Officer, LGB Note, 27 October 1894, MH12/16689.

42 “Crickhowell Rural Sanitary Authority,” *Western Mail*, 23 January 1877; Glamorgan Archives: Cardiff Union RSA, Annual Report, 1889, D805/4/1.

43 TNA: Annual Report of the Caerphilly District of the Pontypridd RSA, 1892, MH/12/16424.

the Public Health.”⁴⁴ Those living in rural dwellings were often likened to their animals, while those running rural authorities were widely associated with this mentality of ignorance and were characterized as disorganized or lazy. Assumptions about the backward nature of the rural population and those responsible for public health were used to explain why public health reform ran into difficulties in rural England and Wales.⁴⁵

Limited financial resources, opposition from landowners, and tensions between villages and market towns over the boundaries of responsibility, along with technical difficulties, did provide barriers to the promotion to rural public health and sanitary reform. As a consequence, rural areas, many of which had high levels of outmigration and immiseration, lagged behind metropolitan districts when it came to public health reforms. For example, throughout the 1890s the LGB repeatedly complained about how improvements were “unduly delayed” in districts covered by the Bridgend and Cowbridge RSA in Glamorgan, while in the whole of Monmouth RDC there were only two sewers by 1912: most houses in the district relied on middens and cesspits, the contents of which were “usually buried in, and used as manure, for gardens.”⁴⁶ However, while the use of localized conditions to label rural public health as backward served a purpose, relying on such claims that rural communities were undeveloped backwaters and as a consequence separate from sanitary modernization is problematic. Poor sanitation and conditions were localized, not uniform. Nor can we take low levels of borrowing by rural sanitary authorities for improvements before the 1890s as proxies of the scale of action.⁴⁷ As we shall see, many of the sanitary works undertaken by rural authorities between 1872 and 1920 to provide reliable and clean water supplies and improve drainage and sewerage were small-scale and low cost: rural authorities did not need loans to finance them as modern technologies and piped-networks of water and sewerage only gradually replaced existing methods. Evidence from rural authorities in Monmouthshire and Glamorgan reveals that rather than being indifferent or passive, they were often active in sanitary reform with the pace of reform driven by the needs of local communities, and throughout the Edwardian period, growing confidence in the

44 TNA: Davies to the Llantrisant RSA, March 1894, MH12/16424.

45 John Stewart and Steve King, “Death in Llantrisant: Henry Williams and the New Poor Law in Wales,” *Rural History* 15, no. 1 (2004): 75–76.

46 Glamorgan Archives: Bridgend and Cowbridge RSA minutes, 1888–1895, UB/68/4–5; Gwent Archives: Monmouth RDC Annual Report of the MOH for the Year ending 31 December 1912, A570/R2/1.

47 Bernard Harris and Andrew Hinde, “Sanitary Investment and the Decline of Urban Morality in England and Wales, 1817–1914,” *History of the Family* 24, no. 2 (2019): 1–38.

nature of sanitary improvement was expressed in the reports submitted to the Local Government Board.

Rethinking rural sanitary intervention

Revisionist assessments have sought to rejuvenate the reputation of local boards and have become more inclined to look favorably on the effectiveness of late-Victorian and Edwardian local government.⁴⁸ Rural boards of guardians may have been conservative but notwithstanding the assessment of outsiders this did not mean inaction. They quickly established sanitary authorities under the 1872 Public Health Act, while their appointment of qualified MOHs, nuisance inspectors, and surveyors increased local expert knowledge. As one MOH noted in 1878, whereas some rural authorities had initially been “indifferent to sanitary progress” they “have manifested of late much greater willingness to carry out measures which have been recommended.”⁴⁹ For example, although sanitary conditions in the village of Skewen in Glamorgan were poor, as William Williams, county medical officer, explained in 1895, “Had it not been for the great care exercised by the sanitary officials in the management of various privies, drains, channels, etc., they would long since have become an intolerable nuisance.”⁵⁰ As Williams’ assessment suggests, efforts to improve conditions and limit pollution initially focused on tackling the most glaring nuisances. For instance, throughout the 1870s, Newport Union RSA in Monmouthshire focused its attention on dealing with dilapidated privies, preventing people in the district from drinking from polluted wells, and issuing notices to property owners to provide clean water to their properties.⁵¹ In the area covered by Merthyr Tydfil RSA, Thomas Jones Dyke, the MOH, made 52 visits to local communities and attended 41 meetings in 1876 alone, travelling some 600 miles across the district to inspect and deal with nuisances.⁵²

Once the most obvious sanitary defects had been dealt with, rural sanitary authorities shifted their attention to improving access to clean water and ad-

48 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, no. 2 (2004): 216–224.

49 TNA: Caernarvonshire Combined Sanitary District Annual Report for the Year 1878, MH30/25.

50 William Williams, *A Sanitary Survey of Glamorganshire* (Cardiff: Daniel Owne & Company Ltd, 1895), 23, 106.

51 Gwent Archives: Newport RSA minutes, 1872–1885, CSWBGN/M3/1.

52 Glamorgan Archives: Merthyr Tydfil RSA annual report, 1876, D404/1/3.

dressing problems of drainage and sewerage, seeing human waste, overcrowding, and sources of water and ground-soil pollution from a sanitary perspective.⁵³ While it can be harder to write a narrative of improvement than point to poor sanitation when attention often focused on those areas that were viewed as problematic, evidence of what was happening at a local level highlights action. By the 1880s, many rural authorities in Monmouthshire and Glamorgan were investing in disinfection equipment, regularly inspecting houses and water supplies, and using laboratory analysis to determine water quality. Urban powers were sought to deal with larger communities.⁵⁴ The 1890s saw a new generation of sanitary officials establish isolation facilities and oversee localized schemes for clean water and sewerage, which contributed to a decrease in diarrhoeal diseases between the 1890s and 1901–1910 after a slight increase in the decade before.⁵⁵ In the Edwardian period attention turned to improving housing, undertaking the construction of larger-scale sewerage schemes, and setting-up domestic waste collection schemes.⁵⁶

Although there is little evidence to suggest a conscious effort by rural authorities to undertake improvements with a view to civilizing the rural, by the 1890s the language used by rural MOHs shifted from lamenting that more was not being done to highlighting improvements. For example, in his 1910 annual report, the MOH for Pontypool RDC explained how “all matters requiring attention have been promptly dealt with, and as far as possible, improvements have been carried out.”⁵⁷ In his reports the MOH for Cowbridge RDC commented on the “anxiety and willingness of the present authority to carry out every reasonable improvement” and by 1910 wrote about “Great improvement in ... every part of the district.”⁵⁸ While there was a rhetorical function to such claims, these were not isolated examples. Many rural authorities started to invest substantial time and effort in sewage schemes, extending rubbish collection, considering the appointment of lady health visitors, and undertaking large-scale house-to-house

53 *Minutes of Evidence taken before the Royal Commission on Land in Wales and Monmouthshire*, vol. 2 (London: HMSO, 1894), 331.

54 West Glamorgan Archives: Neath RSA minutes, 27 September 1876, U/N RSA 1/1; Gwent Archives: Chepstow Union RSA minutes, 27 May 1893, CSWBG/M3/2.

55 Hinde and Harris, “Mortality Decline,” 388.

56 See TNA: Cardiff RDC sanitary records, MH96/645; Glamorgan Archives: Llandaff and Dinas Powis RDC minutes, 1902–22, RDC/C/1/39; Gwent Archives: Magor RDC minutes, A131/M/1; St Mellons RDC minutes, A/132/M/1.

57 Gwent Archives: Pontypool RDC minutes, 10 April 1911, A580/M/4.

58 Glamorgan Archives: Cowbridge RDC minutes, 21 April 1896, RDCOW/C/1/1.

inspections under the 1910 Housing (Inspection of District) Act.⁵⁹ As the MOH for St Mellons RDC explained in his 1914 annual report, it was important to ensure local conditions conformed to “a high standard of public health.”⁶⁰

However, rather than urban-based initiatives being exported to the countryside, rural authorities tended to adopt pragmatic approaches fit their particular localities. The solutions they implemented to address nuisances, poor water supplies, inadequate sewerage or poor housing conditions reflected the physical and practical barriers they encountered and the need for cost-effective solutions for poor rural areas. Low-cost, small-scale measures, such as digging new wells or reducing the size of cesspits, were adopted: measures which did not need extensive infrastructures or loans. For instance, a dearth of clean water in Magor and Redwick in Monmouthshire was met through water carts into the 1890s. In Craig Trebanos in the Swansea valley, the provision of a water tank was seen as one of a number of “important improvements” which “have great satisfaction to those who were dependent on their water supply from these sources [two dip wells].”⁶¹ Pontypool RDC tackled the need to improve local water supplies through sinking new wells, cleaning existing wells, and ensuring that wells were protected from pollution.⁶² For isolated villages such measures were often the only cost-effective course of action available.

If such solutions made it easier to view rural public health as under-developed, they show how we should not always think of modernization of water supplies or sewerage as determined by whether an area adopted a piped infrastructure or not. In rural communities, improvement meant different things to the sanitary projects undertaken in urban areas. As the MOH for Abergavenny RDC commented in 1898, while sanitary officials would much rather have seen more comprehensive and expensive scheme implemented, “we... must be thankful for small mercies.”⁶³ While this might not on the surface appear to be a glowing tribute, given the nature of what could be achieved in isolated rural communities, rural authorities increasingly strove to make improvements.

⁵⁹ See, for example, Abergavenny RSA minutes, A/560/1–2; Chepstow RDC minutes, A540/M/1–2; Magor RDC minutes, A131/M/2–3; Monmouth RDC minutes, A570/M/3–4; St Mellons RDC minutes, A/132/M/1; Pontypool RDC minutes, A580/M/2–4.

⁶⁰ Gwent Archives: St Mellons RDC Annual Report of the Medical Officer of Health for the Year 1913, A132/M/8.

⁶¹ TNA: Pontardawe RDA (Western Division) Sanitary Report for 1894, MH12/16436.

⁶² Gwent Archives: Newport Union RSA minutes, 4 October 1893, CSWBGN/M3/3.

⁶³ *Twenty-Sixth Annual Report on the Sanitary Condition of the Abergavenny Rural Sanitary District* (Abergavenny, 1898), 5.

“The inhabitants complain[ed] bitterly...”: community and agency in rural public health

In putting forward explanations for the shift in public health after 1870 there is a tendency to adopt a top-down model that highlights new theories of disease causation, municipal leadership, the activities of the LGB and medical officers of health, or the role played by nuisance inspectors.⁶⁴ While welfare historians are now accustomed to thinking in terms of how the poor used charitable or Poor Law services on their own terms, public health historians often think in terms of class interests, interest groups, or public opinion.⁶⁵ In his important work on nuisance inspectors Christopher Hamlin pointed to the role of complaints in the day-to-day work of inspection, but there remains a tendency to think less about communities or individuals as initiators of public health reform and more about how reform was contested.⁶⁶ Furthermore, when interest groups are considered, they are characterized as middle class or related to business interests. While Mooney and Newsom Kerr’s works on disinfection and isolation respectively show how the urban working classes were not just governed by regulatory systems, most studies present the working class and poor as “powerless” or victims.⁶⁷ A different picture of active participation is seen when we look at the local records of rural authorities. As explored below, evidence from rural authorities in Monmouthshire and Glamorgan reveals growing pressure for reform from rural parishes and individuals living in them. Although rural authorities were increasingly proactive in their work, they were also responding to local pressure – pressure that shaped the agenda of rural public health at a quotidian level as communities and individuals exercised their agency. These calls could be to argue for improvements and the adoption of measures to prevent outbreaks of infectious disease or to resist measures which seemed ill-suited to local resources or the local environment.

Just as in urban areas, rural communities contested public health expenditure and the necessity of particular measures, both at a community and individual level. For instance, Reverend Williams wrote to the Pontypool RDC in 1901

⁶⁴ Hamlin, “Nuisances and Community,” 346–379.

⁶⁵ See, for example, David Green, “Pauper Protests: Power and Resistance in Early Nineteenth-century London Workhouses,” *Social History* 31, no. 2 (2006): 137–159; Steven King, *Writing the Lives of the English Poor 1750s-1830s* (Montreal: McGill-Queen’s University Press, 2019).

⁶⁶ Hamlin, “Nuisances and Community,” 346–379.

⁶⁷ Graham Mooney, *Intrusive Interventions*; Matthew L. Newsom Kerr, *Contagion, Isolation, and Biopolitics in Victorian London* (Cham, Switzerland: Palgrave, 2018).

expressing his annoyance about their nuisance inspectors, who were, he felt, putting the council “in the foolish position of ordering the abatement of... nuisance[s] which did not exist.” Equally, Mrs. Wass told the nuisance inspector for St Mellons RDC in 1912 that “she did not consider it necessary to carry out the [drainage] requirements of the Council” for her property in Rumney, seeing the existing arrangements as adequate.⁶⁸ Measures, especially those that increased the rates, were resisted. This was often, as Francis Bond, MOH for Chepstow RSA, explained in 1893, because any improvements “involve more or less outlay, in some cases very considerable, in proportion to the resources from which it is to defrayed [sic].”⁶⁹ For instance, in 1899, A.G. Lee objected to Pontypool RDC testing the local well as he had “no guineas to throw away.” When the residents of Nash in Monmouthshire complained about their water supply in 1908, the parish resisted making improvements given the cost it would incur for the small number of ratepayers in the area.⁷⁰ Yet where insistence on financial incapacity can be seen as offering a “framework and rationale for inaction,” narrow economic interests were secondary to acts of resistance that reveal how local communities had a sense of their own environments and sanitary needs.⁷¹

As James Scott has shown for Southeast Asia, local stratagems of resistance reveal the large arena for opposition that existed between open defiance and quiescence.⁷² Rural communities could stall and drag their feet, not just because they were wrestling with the type of complex issues Hamlin shows as often determining the pace of local reforms, but also as a form of resistance.⁷³ Such resistance was more than the conservatism of the propertied in rural communities, especially given growing levels of popular participation in rural local government after 1890. Acts of resistance went beyond simple expressions of opposition to increases in local expenditure: they also reveal a defense of traditional practices. For instance, in his second annual report as MOH for Cardiff Union RSA, Granger complained how “some of the inhabitants [of Glamorgan] have strenu-

68 Gwent Archives: Pontypool RDC minutes, 6 September 1901, A590/M/2; St Mellons RDC minutes, 10 April 1912, A132/M/7.

69 TBA: Report, 1893, MH12/8057.

70 Gwent Archives: Pontypool RDC minutes, 2 January 1899, A580/M/2/; Magor RDC minutes, 12 August 1908, A131/M/4.

71 Megan Evans and Peter Jones, “‘A Stubborn, Intractable Body’: Resistance to the Workhouse in Wales, 1834–77,” *Family & Community History* 17, no. 2 (2014): 110.

72 See James C. Scott, *Weapons of the Weak: Everyday Peasant Resistance* (New Haven: Yale University Press, 1985); James C. Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990).

73 Christopher Hamlin, “‘Muddling in Bumbledom’: On the Enormity of Large Sanitary Improvements in Four British Towns, 1855–1885,” *Victorian Studies* 32, no. 1 (1988): 55–83.

ously opposed the introduction” of new water supplies. If at one level this could be read as simple resistance, as Granger went on to explain, opposition came from a sense that local inhabitants “preferred following their old practices of fetching water from a distance” because they believed such supplies were adequate for their needs.⁷⁴ Where such an example suggests conservatism, resistance could also reflect a sense that the proposed solutions were unsuited to the local environment. For instance, residents in Gilestone, Glamorgan, resisted the adoption of a new system of sewerage put forward by Cowbridge RDC on the grounds that it would create “a serious nuisance” as the proposed outfall would see “effluvia” blown back across the village.⁷⁵ Residents in Pen-y-Graig in the Rhondda Valley took matters into their own hands and “destroyed the main and removed the tank” put in by Gelligaer and Rhigos RDC because its actions were viewed as “an attempt to rob them of their water” as the sources of supply local inhabitants relied on were placed under strain and diverted to the feed the water main.⁷⁶ Resistance was hence not just about a defense of traditional practices or opposition to expenditure. It could also reflect ideas of responsibility and local knowledge in an environment where rural authorities were acutely conscious of the need to avoid imposing solutions given the strength of parochial interests and the face-to-face nature of village society.

If outside experts challenged “locally situated ways of knowing,” when it came to making decisions, the members of rural authorities often privileged these very same local forms of knowledge.⁷⁷ Representatives from parochial committees would accompany MOHs and nuisance inspectors on their visits and make recommendations, highlighting both their desire to monitor the work of officials and their active interest in sanitary affairs. Rural authorities drew on the evidence gathered from local communities on such local visits, as well as the information sent to them from parishes, individuals, and their officials, to identify and resolve problems. For instance, throughout the 1870s, Abergavenny RSA in Monmouthshire invited local landowners and residents on their visits to investigate local water supplies and actively sought their advice on how they might be improved. Writing to parishioners in Llanwenarth in June 1896, the chair of Abergavenny RDC felt that as they were “no doubt thorough[ly] acquainted with the resources and requirements” the parishioners should tell the council what they

⁷⁴ Glamorgan Archives: Cardiff Union RSA, Annual Report, 1877, D805/4/1.

⁷⁵ Glamorgan Archives: Davies to Stockwood, 10 August 1896, RDCOW/C/1/1.

⁷⁶ Glamorgan Archives: Annual Report on the Sanitary Condition of Gelligaer and Rhigos RDC: 1901, RDGR/M/1/1.

⁷⁷ Dayna Nadine Scott, “Gender-Benders: Sex and Law in the Constitution of Polluted Bodies,” *Feminist Legal Studies* 17, no. 3 (2009): 241–265.

required.⁷⁸ While the reliance on local knowledge by Abergavenny RDC was more marked than in other areas, a similar pattern was repeated elsewhere. For instance, both the Gower RSA and St Mellons RDC organized meetings with local communities to understand what improvements they wanted implemented, while Pontardawe RSA in the Swansea valley regularly consulted individuals over the most reliable local water supplies to use.⁷⁹ Because of the size of many rural sanitary districts and the isolation of some rural communities, rural authorities and their public health officials often had to rely on local knowledge to identify what communities felt constituted a nuisance or to understand local needs and priorities. Negotiations around sanitary reform between rural authorities and local communities could take time, even if all agreed improvements were needed. For instance, discussions over improvements to Mardy's water supplies began in 1876 and were ongoing in 1881 when the LGB intervened. Where this might suggest a slow pace of reform in rural areas, as Hamlin's findings for provincial British towns shows, urban improvements could take decades to implement.⁸⁰

More than local knowledge of nuisances and water supplies was at stake. Rural sanitary authorities were part of an intricate and active system of local decision-making which involved close consultation with parish councils. The 1894 Local Government Act, regarded at the time as the "Rural Magna Carta," transferred responsibility for sanitation from rural sanitary authorities to newly formed rural district councils. They had a broader electoral base. However, while rural district councils became the executive body in rural districts, they continued to work with, and often through, parochial bodies. Local inhabitants were aware of the value of these bodies and frequently pressed for their creation, such as in Magor in 1896, to govern local sanitary matters.⁸¹ As the Abergavenny RDC explained in 1906, underlying conflicts between rural authorities and the LGB in London was a strong sense of the need to protect local responsibility, any challenge to which was seen as "entirely 'subversive'" and against "popular

78 Gwent Archives: Abergavenny RSA minutes, 1872–1886, CSWBGA/M3/1; Abergavenny RDC minutes, 9 June 1896, A/560/M/1.

79 West Glamorgan Archives: Gower RSA minutes 1872–92, U/G/RSA1; Gwent Archives: St Mellons RDC minutes, 14 April 1897; 10 January 1900, A132/M/1–2; West Glamorgan Archives: Pontardawe Union RSA minutes, 1893–1897, RD/Pd/66.

80 For instance, negotiations started in 1876 over improvements to Mardy's water supplies were ongoing in 1881 when the LGB intervened: Gwent Archives: Abergavenny RSA minutes, 1872–1886, CSWBGA/M3/1.

81 Gwent Archives: Magor RDC minutes, 25 July 1896, A131/M/1.

local self-government.”⁸² Plans to transfer responsibility from rural authorities to county councils in the 1900s were actively resisted. In the words of one rural district council, many rural authorities saw this “a retrograde measure of very serious character.”⁸³ Local knowledge, local responsibility, and localized effort were central to rural public health.

Meetings, parish committees, petitions, and letters were the main vehicles through which pressure was applied on rural authorities to make improvements as rural communities entered into a dialogue over what measures were needed or suited to the local environment. As with other local state agencies, public health was viewed as negotiable by communities. Parishes, the smallest unit of local government, along with those parochial bodies established to represent local sanitary interests, actively pressed for improvements, mixing public and private interests in their requests for action. Such local bodies were the key conduit in expressing local demands for improved sanitation with parishes frequently calling for improvements “to be pushed forward as much as possible” as they felt rural authorities were not moving quickly enough to improve local conditions.⁸⁴ For instance, in 1886 Llangeinor Parochial Committee in Glamorgan demanded “a thorough examination of the sanitary state of the Parish” by an independent inspector as it felt that the RDC was slow to respond to local requests for action.⁸⁵ A year later, Cardiff Union RSA responded to pressure and agreed to hold regular meetings at Cadoxton to discuss the surrounding villages’ requests for sanitary improvements.⁸⁶ Through local forums, rural communities demanded better water supplies, complained about insufficient rubbish collection, protested their need for sewers, and tried to block measures they felt would be detrimental to local communities and their needs.

Evidence from Monmouthshire and Glamorgan shows that rural authorities were sensitive to community interests and increasingly worked with them. For instance, when Llanishen parish complained to Monmouth RDC about a polluted well, the RDC was conscious of the need to come to an “amicable arrangement” with the parish over how to improve local water supplies.⁸⁷ Following reports in 1896 about poor water supplies in Llanwenarth, Abergavenny RDC engaged in an active dialogue with the parishioners because they were “thoroughly acquainted

82 Gwent Archives: Abergavenny RDC minutes, 29 September 1906, A560/M/2.

83 Gwent Archives: Chepstow RDC minutes, 6 April 1907, A540/M/1.

84 Gwent Archives: Pontypool RSC minutes, 1 December 1902, A580/M/3.

85 Glamorgan Archives: Report of the Surveyor and Nuisance Inspector, Cardiff Union RSA, 1872/3, UC/91/1: Bridgend and Cowbridge RSA minutes, 5 June 1886, UB/68/3.

86 Glamorgan Archives: Cardiff Union RSA minutes, 23 July 1887, UC/75/3.

87 Gwent Archives: Monmouth RDC minutes, 9 October 1895, A570/M/1.

with the resources and requirements.” Over a four-year period, parishioners and the district council referred plans back and forth as they developed a scheme for an improved water supply.⁸⁸ Newspaper reports on insanitary conditions increasingly referred to “the complaints of the villagers” as driving public health reform, while communities protested when they felt that sanitary officials were not doing enough for them.⁸⁹

Beyond the expansion of the local franchise under the 1894 Local Government Act and creation of elected RDCs and parish councils, what might explain this growing interest by rural communities in improving conditions? Summing up the work of the Cardiff Union RSA in 1878, Robert Oliver Jones, the chair of the authority, explained how those living in the district “have generally shown readiness to comply with the requirements of the committee” as measures to improve water supplies and sewage were viewed as “sources of health and comfort.”⁹⁰ Letters to rural authorities in the 1870s and 1880s reveal how those living in rural communities were anxious about their health, the health of those living nearby, and the need to prevent outbreaks of infectious disease, and called on rural authorities to make improvements.⁹¹ Evidence to the Royal Commission on Land in Wales and Monmouthshire further drew attention to how by the 1890s changing attitudes to hygiene were encouraging “a bolder outspokenness in insistence on the necessity of carrying out” sanitary improvements.⁹²

Improving water supplies were often central to local demands. Such was the level of interest in improving the water supply in Woodstone parish in 1894 that the vestry room could not hold all those who attended meetings on the matter.⁹³ Two years later, Redwick’s parishioners petitioned for both an improved water supply and the creation of a parochial committee to oversee sanitary improvements in the village.⁹⁴ Undy Parish Council equally petitioned Chepstow RDC “to complete the arrangements for distributing the water,” citing how “people find it difficult to get any water fit for drinking or domestic purposes.” By 1901, “certain persons” in Undy were refusing to pay their water rates unless

88 Gwent Archives: Abergavenny RSA minutes, A/560/M/1.

89 “Penrhyn Deudraeth,” *North Wales Chronicle*, 9 September 1899; Glamorgan Archives: Gelligaer and Rhigos RDC minutes, 28 June 1900, RDGR/C/1/1.

90 Glamorgan Archives: Cardiff Union RSA minutes: 20 April 1878, UC/75/1.

91 See, for example, Glamorgan Archives: Cardiff RSA correspondence, 1872–1875, UC/95/1–2.

92 *Minutes of Evidence taken before the Royal Commission on Land*, 330, 335.

93 Gwent Archives: Chepstow RSA minutes, 23 June 1894, CSWBGC/M3/2.

94 Gwent Archives: Magor RDC minutes, 25 July 1896, A131/M/1.

water supplies were improved.⁹⁵ Individuals in Monmouthshire and Glamorgan not only responded quickly when nuisances were identified, seeking advice when they did not fully understand what was being asked of them, but also pressed rural authorities to tackle defective drains, poor water supplies, and nuisances. Such actions suggest that those living in rural communities were becoming increasingly convinced of the importance of public health measures.

Some of this interest might reflect community antagonism, as in the case of complaints from F.R. Williams of Tintern who wrote to the local rural district council to call their attention to the stable manure he felt was “constantly being deposited in front of my house.” Williams blamed Mr. Frayer and asked the council to “kindly see to the matter.”⁹⁶ We can see this community antagonism even more vividly in the case of David Jerrams, who in 1901 complained to the Magor RDC about Mr. Baldwin of Cherry Orchard, Langstone, who Jerrams believed was polluting the local stream. On investigation it was found that Jerrams’ two cowsheds were responsible. However, the minutes of rural authorities contain increasing reference to individuals demanding authorities remedy sanitary defects that went beyond neighbors’ complaints about individual transgressions. Those living in rural communities did expect rural authorities to intervene. As Will Francis Bell noted in a series of letters to Chepstow RDC in 1899, “you are under a false impression if you are assuming that I am going to provide a water supply that should be done by the Rural District Council.”⁹⁷ At a day-to-day level, the activities of MOHs and sanitary authorities were often shaped by complaints from individuals about local nuisances. Landowners and landlords turned to rural authorities, either to get their tenants to make improvements or to remove sources of pollution, the latter seen in how Mr. John sought to enlist the help of the St Mellons RDC in 1900 to stop people throwing slop-water onto his field at Rogerstone.⁹⁸

Whereas women often controlled domestic space, men predominantly represented households in public forums and in discussions with sanitary officials and with male-dominated rural authorities.⁹⁹ In rural Monmouthshire and Glamorgan, questions of sanitation were a very male preserve and reinforced

⁹⁵ Gwent Archives: Chepstow RDC correspondence, Petition, 1 January 1896, A540/C/236; Chepstow RDC minutes, 2 November 1901, A540/M/1.

⁹⁶ Gwent Archives: Williams to RDC, n.d., 1898, A540/C/236.

⁹⁷ Gwent Archives: W. Francis Bell to Chepstow RDC, n.d., 1899, A540/C/236.

⁹⁸ Gwent Archives: St Mellons RDC, 12 December 1900, A132/M/2.

⁹⁹ Frank Trentmann and Vanessa Taylor, “From Users to Consumers: Water Politics in Nineteenth-century London,” in *The Making of the Consumer: Knowledge, Power and Identity in the Modern World*, ed. Frank Trentmann (Oxford: Berg, 2005), 53–79.

male authority over the household. During a period of growing religious and political divisions between landlords and tenants, male householders turned to rural authorities when it was felt that landlords or landowners were failing to make improvements.¹⁰⁰ For instance, Richard Williams, a roadman at Pwllmeyric, wrote to Chepstow RDC in 1914 about the sanitary condition of the cottages owned by Mr. Parry of Leamington. Williams explained how the water-closet, “which answers for 2 houses,” had not been cleaned out for three years. He went on to detail how, without drains, the only way to get rid of the slops and other refuse was to throw them onto the garden. Williams reported that as many as five men, “besides women and children,” were using the water-closet, the “stench” from which was “at times... enough to make any one sick.” Williams hoped the council could apply pressure on Parry to remedy the matter.¹⁰¹ Such requests for intervention often voiced a sense of disgust and fear about infectious disease that drew on the same vocabulary and pointed to the same problems as that of public health officials. For instance, a Llandaff resident wrote to the Cardiff Union RSA asking them to attend to the drainage of four houses, explaining how they were “very offensive” and that the occupiers of these houses believed their regular bouts of illness “had resulted from the defective drainage.”¹⁰² By the Edwardian period, local householders were framing their requests for action or intervention in terms of preventing disease outbreaks. Their shared language reveals both a common understanding of the problems and a common desire for improvement that is at odds with the claims made by the LGB about the backward-looking nature of rural communities.

Conclusions

Although rural authorities often found, as the *Western Mail* reported in 1895, that they were “confronted at every turn with the everlasting ‘but’” as they encountered a backlog of sanitary problems, this was not evidence of inactivity.¹⁰³ Evidence from the minute books and correspondence of rural authorities in Mon-

100 R. Moore-Colyer, “Wales,” in *The Agrarian History of England and Wales: Volume VII 1850–1914* part 2, ed. E.J.T. Collins (Cambridge: Cambridge University Press, 2000), 430–432, 448, 435; David A. Pretty, *The Rural Revolt that Failed: Farm Workers’ Trade Unions in Wales, 1889–1950* (Cardiff: University of Wales Press, 1989); R. Moore-Colyer, “The Land Agent in Nineteenth-Century Wales,” *Welsh History Review* 8 (1977): 401–425.

101 Gwent Archives: Williams to Chepstow RDC, 18 May 1914, A540/C/239.

102 Glamorgan Archives: Watkins to Cardiff RSA, 12 November 1874, UC/95/2.

103 “Sanitation in Glamorgan,” *Western Mail*, 23 February 1895.

mouthshire and Glamorgan, rather than supporting assessments that the rural was an under-development backwater dominated by a primitive living peasantry, shows how rural authorities, communities, and individuals became increasingly active in public health between 1870 and 1920. While it is important to acknowledge the barriers of rural sanitary reform and how rural communities could express impatience that more was not being achieved, as the county-level case studies examined here reveal, public health did not just represent urban values distinct from rural cultures. To avoid the kind of unsympathetic readings embedded in assessments made by urban commentators, we should not understand the pace and nature of rural public health in terms of how it measures up to urban narratives of development at a regional, national or European level. Rather, we need to be aware of what sanitary work was being undertaken by rural authorities. As the case studies demonstrate, between 1872 and 1921, rural authorities moved from first tackling those nuisances initially held responsible for outbreaks of infectious disease to improving local water supplies, sewerage, and housing. Often the solutions they adopted favored low-cost measures suited to the local environment and resources. If such responses to local sanitary problems did not conform to metropolitan standards of public health interventions, new or deeper wells, better water supplies, and improved methods of sewerage were just as important in improving public health and mortality in rural communities as piped networks of water or sewerage in towns and cities. Rather than rural backwardness, often it was a question of scale and timing, while those living in rural communities were not the passive objects of mechanisms or tactics through which sanitation and efforts to combat pollution was imposed. Rather, they increasingly demanded that action be taken, especially when they felt that rural authorities, medical officers of health, or landowners were not doing enough.

If financial barriers, rural topographies, and the viable solutions for improving sanitation and housing available in rural areas limited what could be done, by thinking about the agency of rural authorities and rural populations in Monmouthshire and Glamorgan, a different assessment of public health emerges: one in which questions of nuisances and sanitation did not involve absolute standards or LGB approved solutions but took account of community demands. Thinking in this way not only shows how the governance of rural public health was multi-scalar but also reveals not under-development but a concern with improving local conditions. Even in those rural authorities deemed problematic by the LGB, such as Cowbridge RDC, could the MOH in the 1890s explain how

“such... has been the anxiety and willingness of the present authority to carry out every reasonable improvement which has been brought under their notice... that I am sure the

district has now entered upon a new experience and that another 12 months will see a good deal of work.”¹⁰⁴

Growing rural agency was important in shaping reform, even if the solutions adopted had to be matched to local circumstances rather than metropolitan standards of modernity. When it came to rural sanitary reform, as O.M. Edwards explained in a different context, the *gwerin* (common people) had become active agents of their own history by the Edwardian period.¹⁰⁵ Examining what was happening at a local level in hamlets, villages, and market towns between 1870 and 1920 can tell us much about public health in rural communities that is at odds with the views expressed by LGB official or in newspaper reports. This approach highlights the need to look beyond the assessment of metropolitan or central bodies at a regional or national level to focus instead on the nature of local activity and community agency. This perspective challenges the perception of the rural environment as on the margins of the modern and offers insights into how we can question the non-urban development model in Europe and the Global South.

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