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‘It might not be a nuisance in a country cottage’: Sanitary Conditions and Images of Health in Victorian Rural Wales

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Abstract Although historians have become increasingly sensitive to the contested nature of public health and the limitations of sanitary reform, studies have concentrated on the urban. In focusing on rural Wales in the period from the creation of rural sanitary authorities in 1872 to the end of the nineteenth century, the essay shifts the focus to ask questions about what the rural means in the context of public health. By making connections between ideas about the Welsh landscape, nationhood and health, and the nature of sanitary problems facing rural communities and how rural sanitary practices came to be viewed, the essay shows how enduring representations of rural healthiness masked a ‘long tale of filth, neglect, carelessness and disease’ in rural Wales. The essay demonstrates how a bifurcated view of rural Wales as healthy and unhealthy reflected ideas about nationhood and the nature of rural conditions that rendered sanitary problems less visible when they occurred in a rural environment.

In 1894, Wyndham Randall, Medical Officer of Health to the Bridgend Rural Sanitary Authority, bemoaned the sanitary state of the area. Known for his concise and considered reports that drew on the latest sanitary thinking, he pointed to a catalogue of defects from chronic overcrowding to defective sewerage. Describing rural dwellings, he explained how:

Pigstys and cowsheds often drain into the open yard, and from this foul sewage sometimes finds its way into the horse-pond, which is thus converted into an open cess-pool frequently too near the dwellings. . . . The privies are of most objectionable type . . . difficult to access, and only cleaned out at long intervals, sometimes, of years.¹

While such claims became increasingly common throughout the 1880s and 1890s, the conditions that Wyndham Randall described were at odds with the received image of the Victorian countryside and of rural Wales. Although contemporary accounts acknowledged the tremendous changes wrought by industrialisation, depictions of Wales equally asserted an idealised picture of rurality and, as with representations of the English countryside, came to revere the land as healthy and moral.² Historical assumptions have similarly been made about the relative healthiness of rural areas: higher life expectancies

among agricultural workers have been used to show how agricultural conditions did not exert the same penalty as urban living.³ Yet, while scholars have started to explore the remote and the rural, relatively little is known about rural public health given the emphasis on urban problems and the transformation of the urban environment.⁴ This is an important omission in scholarship on public health. Not only, as Richardson explains, were there were hundreds of small rural towns whose local management 'affected the activities and attitudes of very large numbers of people', but growing contemporary disquiet about rural decay points to a rural environment that was lacking in the desired mentally and physically rejuvenating properties associated in the public mind with the countryside.⁵

This essay extends debate on public health in Britain by shifting the focus from English cities to the rural environment. Although the public health movement and the role of major personalities, such as Edwin Chadwick, have received considerable attention, the rural dimension of public health has been the subject of few detailed studies.⁶ Cherry's work on rural Norfolk and Fife has started to explore the early public health work of general practitioners in the countryside and demonstrated the importance of local contexts, but whereas his and other scholarship on rural public health has concentrated on England, this essay explores Wales, a region that has been neglected by social historians of medicine.⁷ In focusing on rural Wales in the period from the creation of Rural Sanitary Authorities in 1872 to the end of the nineteenth century, the essay asks questions about what the rural means in the context of public health. Rather than arguing that rural Wales was backward or on the periphery, or focusing on the doctor's role in rural public health, the essay makes connections between ideas about the Welsh landscape, nationhood and public health. In building on work that highlights the ambiguous position of the rural in European culture, it addresses how rural Wales was imagined as healthy before turning to the nature of sanitary problems facing rural communities and how rural sanitary practices came to be viewed. Just as Russell Davies has shown how images of social cohesion in rural Welsh communities concealed a grim reality of inter-personal violence, poverty and neglect, a focus on conditions in rural Wales rather than on mortality rates provides stark testimony of how enduring representations of rural healthiness masked serious sanitary problems.⁸ While in some senses the sanitary problems facing rural Wales can be fitted into a common European narrative of inadequate rural facilities and poor housing, the essay shows how a bifurcated view of rural Wales as healthy and unhealthy reflected late Victorian ideas about nationhood and the nature of rural conditions that rendered sanitary problems less visible when they occurred in rural environments.

Before examining representations of rurality and health in Wales, it is important to ask where the rural was in regard to public health. Settlement size or registration district have frequently been used by historians and historical geographers to think about degrees of 'urban-ness', but public health legislation provides a further definition of what constituted 'rural' in terms of sanitation.⁹ Under the permissive 1848 Public Health Act, rural public health was the responsibility of Boards of Guardians and Poor Law District Medical Officers, although in practice the pace and nature of sanitary effort was shaped by parishes and a motley collection of local bodies as new commissions and boards with particular duties, such as for rivers, were created. In formalising rural sanitary authorities the

1872 Public Health Act established a new administrative tier to enforce the various sanitary acts. Following the pattern developed for urban areas, the 1872 Act required the appointment of a qualified Medical Officer of Health ideally separate from Poor Law District Medical Officers and a nuisance inspector for rural districts. Although these new authorities continued to be mapped onto existing Poor Law Unions, which had their own regional ethos, powers were delegated to separate sanitary committees. Where unions were partly urban and partly rural, the urban part was excluded. Parochial committees were established for more populous rural areas and it was with these, rather than with the Local Government Board or Poor Law Union, that Rural Sanitary Districts negotiated the boundaries of rural sanitary reform.¹⁰ The 1888 and 1894 Local Government Acts further sought to standardise structures as Poor Law unions, parishes and sanitary authorities often cut across county boundaries.¹¹ While this often meant that country boroughs were cut off from their hinterlands, contemporaries were clear that Rural Sanitary Authorities (and after 1894 Rural District Councils) were not simply about boundaries. Levels of authority between the various strata of local government varied considerably and it was acknowledged that rural sanitary authorities dealt with different problems from their urban counterparts. Officials were also aware that while some sanitary districts might technically be urban they were in rural in character.¹²

This situation is evident in Wales. As the 1891 census noted, 'a very considerable number of districts that are technically speaking urban, are in reality of thoroughly rural character'.¹³ However, defining where the rural starts in Wales, and establishing the broad parameters of rural public health, is made more complex by the nature of industrialisation, urbanisation and in-migration. Although many have divided Wales into rural Wales and industrial South Wales, distinctions between them were seldom clear cut and were further complicated by mountain regions such as Snowdonia. Whereas South Wales came to be associated with iron, coal and urbanisation, nearly fifty per cent of the population remained rural in 1891 as compared to thirty-five per cent nationally.¹⁴ Coalfield towns fit uneasily into urban models, although their relatively small size did not preclude them from fulfilling urban functions.¹⁵ Welsh industrial towns often had a 'quasi-urban nature' and strong links persisted between them and their rural hinterlands.¹⁶ The result was that many small and market towns in Wales were 'practically as much a part of the rural organisation as are the villages'. As the Royal Commission on Land in Wales and Monmouthshire commented in 1896, those with populations under 5,000 were essentially rural in character.¹⁷ Clear interactions existed between urban places and their rural surroundings, and vice versa, and the same interconnections occurred in public health. Town and country were medically interdependent: where one started and the other ended was more subtle than the boundaries of Poor Law unions or sanitary districts. As coalfield settlements grew in size they sought urban powers, but many remained within rural sanitary authorities, a process clear in Swansea Rural District Council, which by 1902 contained twenty-two collieries.¹⁸ Rural and urban authorities had to negotiate the boundaries of responsibility and work together, often in the face of opposition from local landowners.¹⁹ In Bangor in North Wales, for example, the principal suburbs were in the rural sanitary authority, while Holywell had to seek the agreement of the surrounding rural authority when making any sanitary improvements.²⁰ Furthermore, as we shall see,

urban problems could result from rural practices. Rather than a simple binary of rural versus urban therefore the boundaries between the rural and urban in Wales and in the management of public health were porous and often indistinct.

Rurality and health

If separating the rural from the urban is not straightforward, one enduring image of rurality was of health. The idea of the healthy rural was an old construction that 'experienced a new boost in the late nineteenth century', but while such a view runs the risk of reinforcing a simple dichotomy of rural health versus urban squalor, the association of the countryside with health as a manifestation of Victorian ruralism has often been accepted rather than explained.²¹ Higher life expectancies at birth, estimated at one and a half times higher by Woods, have been noted for rural districts, and while this should not be accepted as necessarily meaning that rural areas were by nature invariably healthier, for many Victorian commentators the rural represented William Farr's quintessential 'Healthy District', characterised by low mortality.²² By the Edwardian period, assessments noted that mortality in rural areas was on average twenty-three per cent lower than in towns, reinforcing earlier neo-romantic representations of the countryside that stressed its restorative powers.²³

The neo-romantic view was evident in debates about the location of hospitals, convalescent homes and asylums, in remedies for illnesses from tuberculosis to asthenia, in ideas about the rural as the repository of healthy virtues, and in philanthropic ventures, such as farm schools, modelled on an ideal rural life.²⁴ While it is possible to present newspaper reports, parliamentary commissions or memoirs that emphasised a counter-narrative of rural degradation with the intent to undermine the authority of the rural gentry, the more society felt it had lost contact with the rural, the more metropolitan commentators idealised the rural environment as a moral and healthy antidote to urban life. Growing fears about urban squalor and links between environment and deteriorating national health and character intensified these concerns. Writers in the *Contemporary Review* in the 1890s, for example, asserted the healthy properties of the rural, while witnesses to the 1904 Inter-Departmental Committee on Physical Deterioration explained how those born in the country were naturally stronger and healthier than their urban counterparts, noting how even occupants of half tumbled down cottages lived in healthier conditions than many city dwellers.²⁵ Similar views were expressed in public health manuals: as John Orr explained in the *Handbook of Public Health*, it was only in 'localities remote from towns' that the evil effects of decomposition and putrefaction were diluted, while other writers noted that both the air and water in upland areas were invariably free from impurities.²⁶ Such associations drew on longstanding connections between fresh air and health, but a growing sense that the late Victorian countryside was under threat encouraged an image of the rural as less a landscape of work and more an aesthetic and pure landscape. Popular writing, folk revivals, campaigns to preserve the countryside and to promote land reform, and critiques of urbanisation and modern living, all suggested that access to the countryside brought positive health and moral benefits.²⁷ Although these messages were never simply expressions of anti-urbanism, by the 1900s pastoral

imagery had taken on new meanings. In constructions of nationhood and in novels of the period, the countryside was viewed as an Arcadian symbol of nation, nature and health that promised mental and physical rejuvenation, an image which served to marginalise the needs of rural people.²⁸

Historians have started to challenge work that suggested that links between the rural and national identity were essentially backward looking. Instead, they show how such imagery and the idea of the rural as an escape from urban grime was not of relative marginal cultural significance but came to be widespread in English culture by 1914.²⁹ However, as Potts first explained in 1989, such reverence for the rural and the countryside was not distinctly 'English'.³⁰ A similar idealisation of the rural and its links with purity and health acquired particular potency in late Victorian Wales.³¹ Earlier romantic views had seen Wales re-imagined by painters and poets in the eighteenth century as the epitome of the sublime. Directed at a largely urban and middle class audience, this tradition remained strong in Victorian travel writing and in picturesque representations that dominated views of the Welsh landscape. In these images, industry was frequently placed in an idealised landscape that stressed its Arcadian qualities, as seen in Henry Gastineau's *Wales Illustrated* (1831).³² For George Borrow, in his popular *Wild Wales* (1862), Wales was 'one of the most picturesque countries in the world, a country in which Nature displays herself in her wildest, boldest, and occasionally loveliest forms', and in his travels recorded how some of the people he met considered parts of rural Wales the healthiest in the region.³³ Other trends reinforced this view of rural Wales as a place of purity and a region that was supposed to be in 'every way by nature favourable to health, both as regards air and water'.³⁴

Following the Rebecca Riots and Chartism, these views coexisted with images of Wales as a subversive territory. Nonetheless, the labelling of the Welsh as backward and immoral by the 1847 Commission into the State of Education in Wales, known as the 'Treachery of the Blue Books', sparked frenzied efforts by writers and nonconformists to construct a positive vision of Wales.³⁵ Against the backdrop of a renaissance in Welsh culture and identity, the land and land reform became a central strand of Nonconformist Welsh Liberalism and evolving ideas of nationhood. Rather than being a regressive force or 'swooning nostalgia', this Liberal, and to a lesser extent socialist, view of Wales drew on particular ideas of place and a sense of the past as the cornerstone of nationhood to construct a socially binding rhetoric in which the cultural timelessness, independence, and spirituality of the land and uplands of Wales were asserted.³⁶ Part of a critique of English exploitation and the nature of industrialisation, such views were put forward just as the coalfield region was beginning its most intensive period of development and as issues of land reform and rural local government were being intensely debated.³⁷ Although this vision was challenged after 1900 by changing political allegiances and by an identity rooted in mining, a romanticisation of upland Wales as the ancient and spiritual heartland of Wales created 'myths based on a receding rural reality' that celebrated the *gwerin* (common people) and connected the Welsh language and culture to the land and geology of Wales.³⁸ It was a vision that went beyond the literary intellectual middle class to provide one set of Welsh identities constructed around ideas of rural virtue and purity. Rather than being anti-industrial, writers and politicians looked back to an environment

less troubled by modernity to promote ideas of organic progress in the face of the massive upheavals associated with the coalfield.³⁹

Welsh newspapers, geologists, geographers and politicians concentrated on the unpolluted and healthy nature of rural Wales to create what Gruffudd has labelled a moral topography.⁴⁰ When considering the climate in North Wales, the Royal Commission on Land in Wales and Monmouthshire saw no reason in 1890 to disagree with earlier assessments that ‘the air is generally highly salubrious, and the country healthy’, while the very topography of Wales was considered to be ‘generally healthy’.⁴¹ This view of rural Wales as essentially healthy acquired further potency in quasi-imperialist efforts to bring clean water to English cities. In these reservoir building schemes, Wales was projected as wholesome, untouched by the impurity of modern life and shown, as the *Liverpool Daily Post* explained, to have in ‘great abundance the germs of health’.⁴² Welsh critics of such schemes feared a ‘scramble for Wales’ but endorsed similar ideas. They argued that damming Welsh valleys would rob other communities of ‘pure and uncontaminated waters’ and undermined ‘the beauty, culture, morality, and perhaps even the racial strength of Wales’.⁴³ When discussing reservoirs for Welsh communities a similar language of health was used as representations played on the essential purity of their rural location. For example, in considering a new water supply for Nantlle Vale in Caernarvonshire in 1893 it was noted how Llyn Dulyn was ‘completely out of reach of pollution’ and in an area of great ‘organic purity’.⁴⁴ Such views of rural Wales as ancient and untouched by pollution served a purpose in framing Welsh nationhood and in persuading English ratepayers to pay for large scale engineering schemes, but from the 1870s a romanticised rural Wales was increasingly represented as essentially healthy because it was ancient, pure and remote, the spiritual heartland of an imagined nation.

Rural neglect

Contemporaries were ‘apt to be misled by the picturesque appearance of villages’, but metropolitan narratives of rurality that celebrated a healthy and pure rural landscape and the values associated with rural Wales in constructing nationhood sat uneasily with the mounting evidence of sanitary neglect presented by Medical Officers of Health.⁴⁵ Nationally, investigations and comments by these officials suggested that the civilising ambition embedded in the public health movement seemed less certain when translated to the rural environment. Notwithstanding a narrative that heralded the rural as salubrious, county and rural Medical Officers of Health repeatedly drew attention to the problems created by defective housing, water supplies and sanitation.⁴⁶ Medical Officers of Health and sanitary inspectors in Wales shared these concerns and confronted the same problems. In highlighting the insanitary state of rural Wales, their reports suggested how the virtues of cleanliness and hygiene appeared to have broken down in the face of rural poverty, outmigration and under-investment in an environment where many rural communities remained poor and isolated.

Commentators in the 1860s stressed the links between poverty, poor nutrition and disease in rural Welsh communities as part of a language that owed much to the culture of the Poor Law and wider worries about rural immiseration and a critique of landed

interests. By the 1870s, associations of country life with poor sanitation were overtaking these concerns as the public health problems facing rural communities attracted increasing attention.⁴⁷ Although Wales as a region accounted for only 6.5 per cent of the nuisances reported in England and Wales in 1874, nuisances were identified at a higher rate in Wales than elsewhere in Britain. Some of the explanation can be found in the rapid rate of urbanisation, but sixty-six per cent of these nuisances were identified in rural areas.⁴⁸ Given what Hamlin sees as a strong correlation between population and the number of nuisances reported, this is striking, while a comparison of the level of nuisances reported in individual Rural Sanitary Authorities in Wales with county level information from Norfolk points to how these differentials persisted in the 1880s.⁴⁹ Rural Medical Officers of Health in Wales increasingly felt compelled to describe rural conditions in emotive language in part because those conditions sat so uncomfortably with dominant images of rural Wales. These concerns about rural sanitation were not simply a question of middle class sensibilities informed by notions of dirt and disgust. In pointing to a catalogue of insanitary conditions across rural Wales, a view of sanitary neglect was presented that appeared to be far more troubling because of the location of these problems.

While it could be accepted that the Rhondda Valley in 1877 was in a 'defective sanitary state' because of conditions found in the rapidly emerging colliery settlements, at the end of the nineteenth century medical officers were dismayed to encounter similar conditions in many rural districts in South Wales.⁵⁰ In his 1894 report, the Medical Officer of Health for Bridgend Rural District Council explained how conditions were 'in much the same state as described by me in 1886'. Writing two years later, he described two villages in the district as places in which:

Surface slops and refuse are thrown anywhere so that the whole area is polluted. The brook that passes between these two villages serves the function of a main sewer and receives a considerable part of the excrement and other refuse which is either thrown into or eventually gains access to it. In one place the brook is polluted by the drainage of numerous privies and by two drains containing sewage. It is also polluted by the drainage of a stable, and privy, and a culvert, which acts as a sewer for about 100 dwellings.⁵¹

Conditions elsewhere were little better, with cesspools in rural areas widely considered a major problem.⁵² Medical Officer of Health reports throughout the 1880s and 1890s repeatedly referred to insufficient and polluted water supplies and defective systems of sewerage. Whitland in Pembrokeshire, for example, had only two public pumps in 1897 for a population of 700.⁵³ While Trafford Mitchell, Medical Officer of Health for Llangyfelach Rural District Council, celebrated the low death rate in his region, he equally reported how villages in the rural district were 'destitute of any system of sewerage' and complained about the nuisances resulting from 'inhabitants having to throw slops and filthy water on gardens of small size'.⁵⁴ Although early sanitary reformers had advocated the agricultural use of sewerage, the practice attracted unfavourable comment and was equated with poor sanitary practices when employed on a domestic and agricultural scale in rural Wales.⁵⁵ Such poor sanitary practices were not simply related to how 'slops' were used. In Cowbridge, in the Vale of Glamorgan, the privies consisted of little more than holes dug in the ground and the wells were contaminated with effluent from nearby

cesspools and stables. It did not take a sanitary expert to note that the local water was 'most offensive to taste and smell'.⁵⁶ Nor were these conditions limited to South Wales. In the area covered by the Ruthin Rural District Council, Denbighshire, for example, the Medical Officer reported in 1895 how 'a vast number of cases were brought before the Sanitary Authority, including damp and dilapidated dwellings, pollution and insufficient water supply, deficiency of privy accommodation, bad drainage'.⁵⁷ It was a statement that many rural Medical Officers of Health in England, Scotland and Wales would have recognised.

Conditions in rural cottages were reported to be on a par with those in the worst urban slums and by the 1870s there was widespread concern about the insanitary nature of rural dwellings. In Norfolk, for example, reports pointed to how rural houses were built without proper foundations, floors or drainage, and suffered from damp and overcrowding.⁵⁸ Although similar problems were identified in many English counties, the insanitary state of rural housing seemed particularly acute in Wales where the reality of rural dwellings was very different from the idealised image of the rural cottage. A system of leasehold tenure, which transferred building maintenance to tenants and farmers, low rentals, and an unwillingness of farmers to invest, combined with subsistence level earnings for many agricultural labourers, resulted in chronic under investment in rural properties.⁵⁹ Under these conditions, Medical Officers became alarmed about the ruinous and overcrowded state of rural dwellings in private hands and on landed estates, which were felt to be 'almost universally situated in the midst of excrement and other nuisances'.⁶⁰ The 1870 Commission on the Employment of Children, Young Persons and Women broadly found farm cottages in Wales to be in a poor condition, and evidence presented to the Royal Commission on Land in Wales and Monmouthshire suggested little improvement by the 1890s as it revealed how 'dampness of external walls, moisture of surrounding ground, and foul, offensive privies' remained common.⁶¹ At the end of the century, it was possible to find many rural dwellings in northwest Wales and Pembrokeshire 'made of mud' with walls of earth, straw and cow dung, while in the parish of Llandegfan on Anglesey it was noted that the houses were 'not fit for pigs to live in'.⁶² These were not isolated examples: reports of families of seven living in one room were not uncommon, especially in Snowdonia and Anglesey. Writing in 1915, Lady Cecil Burton, deputy president of the Welsh Housing and Development Association, bemoaned that such reports were met with scepticism in England as few could believe that conditions in rural dwellings were as bad as described.⁶³

Given this situation, the Cardiff-based and Conservative *Western Mail* was hardly surprised that the 'death rate is abnormally high' in many Welsh rural districts.⁶⁴ Here rural Wales compared unfavourably with other rural areas in England and Scotland. Notwithstanding contemporary assumptions about rural health, rural mortality in Wales periodically exceeded the urban death rates in the 1880s and 1890s in some counties, such as Caernarvonshire, in a period when crude death rates were generally falling.⁶⁵ While diphtheria was seen as a particularly rural problem, studies for the Local Government Board demonstrated that only Norfolk among the English counties exceeded levels of diphtheria in Wales.⁶⁶ More worrying was growing evidence that levels of tuberculosis were higher in rural Wales than elsewhere in Britain. Some Medical Officers of Health

blamed the high tuberculosis mortality on the dampness of the climate and soil and 'the defective cottage accommodation', but epidemics of typhoid and enteric fever were also common in rural communities given levels of exposure to contaminated water supplies.⁶⁷ As the *Globe* noted, 'were it not for the pure air outside these little communities, their disease rate would be much higher'.⁶⁸

Contaminating the urban

Overcrowding, dilapidated housing and poor sanitation were a common staple of descriptions of industrial towns, but such conditions in villages shocked middle class readers more used to accounts of the rural that stressed the countryside as the antithesis of the disease ridden city and immoral mining communities. The persistence of these conditions in rural districts, on a scale resonant with urban conditions in the 1830s and 1840s, created growing unease about rural practices as sources of pollution. It was a situation that sat uneasily with dominant ideas about the countryside as healthy. Studies in the 1870s found rural water supplies inadequate and often contaminated, while in the 1880s urban officials started to complain about the slow pace of rural reform. In the 1890s, investigations for the *Daily News* into rural conditions, a growing number of rural epidemics, and evidence of high levels of tuberculosis in milk focused attention on the inadequacies of rural sanitation. The result was increasing anxiety that the rural was becoming a source of urban contamination.⁶⁹ In the last decades of the nineteenth century, this feeling was combined with a growing sense that rural authorities lacked the expertise or resources to deal with the sanitary problems facing them. The latter view was reinforced by the slowness with which many rural authorities had taken up sanitary reform after the 1848 Public Health Act. Witnesses to the 1903 Royal Commission on Metropolitan Water Supply, for example, noted how rural authorities often allowed rivers to be polluted, while the shocking state of rural cowsheds and slaughterhouses generated alarm over diseased meat and milk as anxiety grew about rural 'decay' in the 1880s.⁷⁰

That the rural could become a source of urban contagion is illustrated by an epidemic of typhoid in Bangor in 1882, which killed eighty-nine people and damaged the town's reputation as 'one of the most healthy spots in the Kingdom'. Although the typhoid bacillus had been identified in 1880–81, germ theory continued to be disputed.⁷¹ The local Medical Officer of Health and the Board of Health were at loggerheads, and the Local Government Board was called in to investigate the cause of the outbreak. At the time, rumours circulated in the local press that the Nant reservoir had been full of dead cats and sheep when drained, while some of the rivers that fed the reservoirs were believed to be so polluted 'that fish could not' live in them. The *Liverpool Mercury* and other newspapers were quick to point the finger at the neighbouring villages and their inhabitants.⁷² Although an epidemiological investigation by the Local Government Board revealed numerous problems with the sewerage system in Bangor, more serious sanitary problems associated with rural pigsties, cowsheds, slaughterhouses and privies were detected in the surrounding villages. When combined with their inhabitants' use of local watercourses 'for all kinds of solid filth', it was felt that the rivers that fed the reservoirs had become contaminated. Whereas these rural defects pointed to widespread

problems and their identification fitted in with concerns about sanitation and local politics, following the epidemiological work of the Local Government Board the outbreak was traced back to one infected individual from Llwynrhaidir. As was common in many agricultural villages, he had buried his excrement in the garden and this combined with 'slops and washing matter' had contaminated a river that fed the reservoir.⁷³ While the identification of an individual should not be seen as prefiguring the case of 'Typhoid Mary' Mallon as the 'social' rather than the 'individual' continued to dominate attitudes and responses to typhoid, blame for the epidemic was transferred from poor sanitation in the town to the rural environment and rural practices, which urban authorities considered backward.⁷⁴

Bangor was not an isolated incident. Throughout the 1880s and 1890s, Welsh urban authorities increasingly worried about rural communities becoming sources of contamination.⁷⁵ Following the Bangor outbreak, numerous investigations were undertaken of rural properties located near reservoirs in Denbighshire when outbreaks of infectious disease were reported in nearby towns.⁷⁶ Rhyl Urban District Council was particularly concerned in 1895 about the reservoir near Llanefydd. In a letter to Lloyd Roberts, Medical Officer of Health to the St Asaph Rural District Council, the Rhyl Council expressed concern that the reservoir 'was in danger of contamination from defective drainage of the farm Ffynnoniau', where waste water from the outhouse was viewed as a potential source of pollution. Although Roberts downplayed the risk, he referred to the Bangor typhoid outbreak and explained how the problem of rural contamination 'is no imaginary danger'.⁷⁷ Such concerns were not only about rural hygiene, but also suggested shifting perceptions about urban *versus* rural dangers.

'It might not be a nuisance in a country cottage': sanitation in rural Wales

What accounts for this bifurcated view of rural Wales as healthy and spiritual but also harbouring conditions that rivalled the worst urban slums? This essay has already suggested that the rural became integral to an imagined Wales, but a view of rural Wales as at once healthy and unhealthy also depended on different types of metropolitan readerships and different readings of the landscape. Evidence of rural sanitary neglect was seldom reported outside Wales, whereas constructions of rural Wales as healthy and pure were reinforced by both representations of nationhood and by external assessments of the Welsh landscape. Rurality and the landscape were understood in particular ways. Sanitary problems were blamed on individuals or on penny-pinching landowners and parishes, allowing rurality to be perceived in ways that stressed its abstract qualities rather than the lived experience. Positive images of rural health were easier to accept because not only were such rural landscapes often isolated and hard to get to, but also because urban commentators were confronted with migrants from Welsh rural communities who were noticeably 'their healthiest and most vigorous population'.⁷⁸

However, this bifurcated view was not simply a consequence of a representational gap, a fashioning of nationhood, or a narrative of rural backwardness that stressed healthy places and unhealthy rural practices. Rural sanitary problems were easily overlooked and

not simply because remote rural areas had few or poorly qualified medical practitioners. Although, as Christopher Hamlin suggests, 'mid-nineteenth century aetiology made it plausible to find conditions harmful to health almost everywhere one chose to look', sanitary problems were not as visible when they occurred in a rural environment.⁷⁹ For example, the nature of rural trades made detecting sanitary abuses problematic: rural slaughterhouses and dairies were dispersed over large areas and were used infrequently. As a consequence, the growing number of problems associated with such places often went unnoticed, a point that public health officials increasingly worried about.⁸⁰ Just as landscape painting rendered industry marginal, so the very nature of the rural environment made some problems 'invisible'.

Given the longstanding connections between the physical environment, miasmas and disease, the rural represented an environment in which it was easy to overlook the usual telltale signs of poor sanitation, particularly those indicated by smell. Smell was an important tool in sanitary science: it had both cultural meanings and clear functions in identifying disease and nuisances.⁸¹ Rather than leaving smell behind in favour of bacteriology, late Victorian public health manuals were immersed in a language of odours. Although laboratory methods offered the best mechanisms for analysing air and water quality, such manuals implied that the first step for sanitary officials was to 'sniff' out offensive and pathogenic odours in order to identify sanitary defects.⁸² If, as Corbin suggests, the French countryside could be rendered pure in the imagination by its associations with clean air, such air could also be perceived, as one writer in the *Western Mail* explained in 1894, as covering a 'multitude of sanitary sins'.⁸³ The *Western Mail's* imagining of the rural as a place of fresh air conveniently overlooked the nature of agricultural practices: the farmyard added other odours that equally fulfilled this obscuring function. As the olfactory indicators of poor sanitation were changed by place, rural sanitary problems were allowed to go undetected by both sanitary officials and local inhabitants who, by their very nature, were considered to have less well developed olfactory senses.⁸⁴

Rural sanitary problems were rendered less obvious more as a consequence of landscape and the nature of rural authority than from cultural traditionalism or ideas of rural backwardness. Rural smells and fresh air may have covered up a multitude of sanitary problems, but these problems were also hard to see. Whereas urban inspectors lamented the difficulty of seeing everything, the rural situation was far more challenging, especially in Wales where rural districts were on average much larger than in England. Cherry's work on Norfolk and Fife suggests that 'medical coverage in the countryside, both in terms of doctoring and public health work, has been understated', but as one general practitioner in northwest Wales commented, rural districts were just too large for systematic inspection. Carmarthen rural sanitary district, for example, covered 158,074 acres. It did not help that many rural Medical Officers of Health and sanitary inspectors were part time.⁸⁵ The Welsh landscape imposed additional obstacles. Notwithstanding the isolation of some hamlets, the geography of Wales ensured that transport networks beyond the coalfields were poor, discouraging sanitary officials from visiting isolated areas. As one farmer from Llandilo, Pembrokeshire, explained in 1894, he had 'not seen any representative of the sanitary authority about our houses for the last 16 years'.⁸⁶ Under these conditions,

sanitary problems often went undetected, while linguistic differences between sanitary officials and rural inhabitants, many of whom lived in predominantly Welsh speaking areas, created further barriers to the identification of sanitary defects. Hence, as John Lithiby, assistant secretary to the Local Government Board, pithily explained to a Select Committee on public health legislation in 1899, whereas ‘the absence of a sink or drain might be a nuisance in a town house’ it could go unnoticed in the rural environment.⁸⁷

‘Holding their noses’: the limits of rural public health

If conditions in rural communities allowed sanitary defects to be overlooked, more attention began to be directed at sanitary reform in rural Wales in the 1890s just as levels of investment by local government in water supplies peaked.⁸⁸ New theories on disease causation and concerns about the rural as a source of urban contamination were less significant in bringing this about than changes in local politics and concerns about water supplies following a series of droughts. The extension of the franchise into rural areas in 1885, the creation of county councils in 1888, and the transfer of responsibility for sanitary arrangements to elected rural district councils in 1894, generated growing demands on rural authorities to make improvements. An apparent change in attitudes to hygiene in rural communities added further pressure as it encouraged ‘a bolder outspokenness on the necessity of carrying out’ sanitary improvements.⁸⁹ Faced with growing pressure and demand for action, many rural authorities in Wales took up sanitary reform with more enthusiasm than many of their counterparts in England just as the *gwerin* and the land were being framed as an essential part of Welsh nationhood. Although cost continued to be an important factor, byelaws were introduced to remove nuisances and urban powers were sought. Insanitary practices in rural communities were targeted, new technologies (such as steam disinfectors) were purchased, isolation provision for infectious diseases was extended, scavenging was introduced in villages where no sewerage existed, and large scale sanitation projects were started. It was an uphill battle.

While there is little evidence to suggest that popular images of rural healthiness directly inhibited rural sanitation, the economic, physical, legal and political circumstances of many rural areas did. Rural districts and rural health presented a complex field of competing pressures and agents, and these factors mattered more in shaping rural public health than the difficulties encountered by rural sanitary officials in asserting their authority that other historians have identified as barriers to sanitary reform.⁹⁰ Poor and often remote rural districts may have faced the same complex sanitary issues as municipal authorities, confronted the same ambiguities surrounding public health, and become embroiled in the same lengthy discussions over sanitation that Hamlin has identified, but they undertook this sanitary work in a different context.⁹¹ County and rural areas had higher rateable values per head than urban district councils and non-county boroughs but lower rateable values per acre. With fewer opportunities to raise money from sources other than the rates, the result was that rural districts councils on average spent fifty per cent less on public health by 1897–8 than their urban counterparts.⁹² In rural Wales, the structural problems associated with rural depopulation and socio-economic and political factors created further obstacles to sanitary reform. As many small

rural industries, like the woollen industry in Montgomery, went into decline in the face of competition from mechanised urban industries, rural employment fell, encouraging workers to migrate. Whereas this encouraged a shift in agriculture from arable to pastoral farming, depopulation also increased levels of rural poverty and made parishes less able or willing to fund sanitary improvements, especially as lower population densities and lower mortality rates often resulted in less pressure for reform.⁹³ Furthermore, a system of landownership dominated by small estates meant chronic underinvestment in buildings and land. Nor did the growing alienation between landlords and their tenants, and between tenant farmers and agricultural labourers, foster a climate favourable to reform. While patterns of landownership in English counties created problems, the underlying tensions of rural Welsh society, exploitation and oppression, also exacerbated social conditions.⁹⁴ Landlords were disillusioned by the 'hereditary prejudices' they associated with tenants who resented paying for improvements, while many Nonconformist and Liberal tenants felt themselves victims of money grabbing anti-Welsh Tory landlords. Such divisions were made more complex by the fact that many landlords and their agents had only a limited understanding of the Welsh language. The result was 'a sort of fatalistic conservatism' that 'hung like a heavy pall' over much of rural Wales, while the 'Tithe War' of 1886–9 saw tensions between landlords, tenants and labourers erupt into open disturbances.⁹⁵ Investment in sanitation consequently had a low priority for landlords and tenants, who increasingly appeared to be at loggerheads.

Rural sanitary authorities were not simply peripheral or remote from centres of government or expertise. They also lacked the powers of their urban counterparts. Rural Medical Officers of Health and nuisance inspectors were acutely aware that the 1872 and 1875 Public Health Acts were the result of urban initiatives and predominantly urban acts. Whereas urban Medical Officers of Health had wide ranging powers, the responsibilities of rural Medical Officers of Health were limited to questions of water supply and sewerage, preventing and removing nuisances, regulating lodging houses, isolating the infectious and supervising bakehouses, and they felt frustrated by the restrictions they faced.⁹⁶ Furthermore, until the 1890s, rural authorities in England and Wales tended to view sanitation as an afterthought in a system of local government where sanitation was tacked on to the work of Boards of Guardians. As one observer explained in 1884, because members of the Neath Rural Sanitary Authority spent the mornings 'transacting the business of another board', they were 'naturally wearied after their prolonged labours' and the few who went on to discuss sanitation were unwilling to take responsibility.⁹⁷ It did not help that rural sanitary authorities were, according to the chairman of the Llandudno Improvement Commission, 'the lowest form of government' in which, as the Ffestiniog Board of Guardians were told, '[sanitation] appeared to be everybody's business and yet nobody's'.⁹⁸ Such rural authorities were readily accused of administrative inefficiency and of being dominated by Anglican-Tory landed interests that did not care for, or understand, their local community, and like many English rural districts they also favoured financial retrenchment. Whereas studies have shown how many urban authorities did not justify the accusations of apathy and hostility levelled against them when it came to public health, Welsh rural authorities appeared far more conservative and fearful of spending money than their urban counterparts. As one councillor in

Ruthin District Council explained at a meeting in 1898 to consider a Local Government Board report on the local water supply, 'we want everybody to have water, but not for the ratepayers to pay for it'.⁹⁹ Although parsimony was common in local government, the intensity with which rural authorities in Wales avoided measures 'likely to affect [their] pockets' was widely acknowledged.¹⁰⁰ When asked about the effectiveness of rural authorities, one landowner near Bridgend explained that:

The truth is that three-fourths of the members of the sanitary authority and board of guardians really look upon the whole thing as a doctor's fad, and they cannot be expected to carry out very keenly things they do not believe in. . . I do not think it is a body, from whom you can fairly expect to get sanitary reform.¹⁰¹

If such attacks can be located in efforts to undermine the moral and political authority of the Welsh landed gentry, the general ethos of rural sanitary authorities in Wales favoured caution in an environment in which farmers were particularly resistant to 'new-fangled sanitary ideas' and where part time rural Medical Officers of Health were seldom in a strong position.¹⁰² With control of rural sanitary authorities in the hands of landowners and farmers, claims for improvements from labourers were frequently dismissed. It was argued that they were used to dirty conditions, 'don't require anything better', refused to pay higher rents to fund improvements, and spent their days 'breathing fresh air'.¹⁰³ Many rural authorities consequently adopted a narrow definition of public health and favoured cheap solutions over more ambitious schemes.¹⁰⁴

Large scale sanitary programmes were equally problematic in rural districts where many of the ratepayers were on the verge of pauperism, and where topography, climate, and the practicalities and expense of connecting isolated communities to sewerage and water supplies made improvements difficult, especially when added to cultural animosities and local resistance to new measures.¹⁰⁵ Tensions between villages and towns, and between rural authorities, parishes and landowners, served to frustrate efforts to develop a sanitary infrastructure. Disputes were common over water supplies where cost combined with a rhetoric of local purity to prevent action.¹⁰⁶ Medical officers tried to get rural authorities to understand that 'open sewers, and polluted water, and dwellings reeking with the odour of cess-pits, and filthy slaughterhouses cheek by jowl with houses, and sewage-laden brooks and rivers are not', as the *Western Mail* lamented in 1895, 'good for health'.¹⁰⁷ Many appeared 'prone to shut their eyes and ears and hold their noses' when it came to rural sanitary problems. This allowed an idealised picture of rurality as a metaphor for health to persist. It was one that celebrated the land and the *gwerin* but appeared blind to a counter narrative that pointed to the 'long tale of filth, neglect, carelessness and disease' that existed in rural Wales.¹⁰⁸ Miller suggests that reverence for the English countryside in the 1920s ensured that the needs of the rural poor were overlooked.¹⁰⁹ In Wales, however, rural sanitary problems and the needs of country people had been marginalised already by the later nineteenth century. The popular image of unsullied, healthy, romantic rural Wales belied the squalor, neglect and ill health commonplace in the settlements of the Welsh countryside, as well as the complex of social, economic, administrative and practical obstacles that lay in the way of improvement.

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Notes

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2. See S. Miller, 'Urban Dreams and Rural Reality: Land and Landscape in English Culture', *Rural History*, 6 (1995), 89–102; P. Mandler, "'Against Englishness": English Culture and the Limits of Rural Nostalgia, 1850–1940', *Transactions of the Royal Historical Society*, 7 (1997), 155–75.
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4. See J. T. H. Connor and S. Curtis, eds, *Medicine in the Remote and Rural North, 1800–2000* (London, 2011).
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 18. Trafford Mitchell, *Annual Report of the Llandilo-Talybont Division for the Year 1902* (Swansea, 1903), p. 4.
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 26. J. Orr, *The Handbook of Public Health* (Edinburgh, 1902), pp. 17–18; L. C. Parkes, *Hygiene and Public Health* (London, 1889), p. 10.
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 42. O. R. Roberts, ‘Developing the Untapped Wealth of Britain’s “Celtic Fringe”’: Water, Engineering and the Welsh Landscape, 1870–1960’, *Landscape Research*, 31 (2006), 123, 125; R. Coopey, ‘Politics, Imperialism and Engineering: The Construction of the Birmingham Welsh Water System, 1861–1952’, in J. Jones et al, eds, *Water in the Celtic World: Proceedings of the Second Inter-Celtic Colloquium* (Wallingford, 2000), pp. 375–8.
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 67. See *Third Annual Report on the Condition of the Carmarthen Union Rural Sanitary District* (Carmarthen, 1895), p. 5; Wellcome Library, Provincial Medical Officer of Health Reports, ‘Copy of the Report sent to the Rural Sanitary Authority of Narberth Union by J. T. Creswich Williams, Med. off. of Health to the No. 4 district of the said Union’, 10th February. For example, in Llangadock in Powys, one in every twenty inhabitants was reported to be suffering from fever, which was blamed on the fact that most houses in the village had no drainage or sewerage: ‘Rural Sanitation’, *Western Mail*, 10th October 1895.
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