

THE HISTORY OF PUBLIC HEALTH IN LIVERPOOL:

upwards and onwards, pendulum or helix?

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Liverpool's place in the history of public health is assured by virtue of the contribution of William Henry Duncan as the city's, and the country's, first Medical Officer of Health. Some of us have contributed to the hagiography which has helped to maintain the profile of this contribution in the public domain, and some might accuse me of ruthlessly exploiting Duncan's legacy to revive interest in public health.¹ I can only plead guilty.

Yet what has happened since Duncan's day, and how will Liverpool figure in any public health history of the future which may be interested in more than one episode of mid-nineteenth century urban endeavour in a domestic corner of the British Empire? It is common to think of the history of social endeavour as being one of steady progress, albeit with occasional setbacks. The notion of pendular swings of fashion is frequently superimposed on this basic assumption. This paper will argue for a helical view of history as applied to public health in Liverpool and elsewhere — that we move on in time and revisit old problems with new perspectives and new emphases which are determined by the environment in its various forms. It will consider whether the city is in good shape to meet its citizen's public health needs, and how it would have measured up to Duncan's critical view.

Dr Duncan's Legacy

When Dr Duncan 'set to work', as Gerry Kearns describes in a paper of the same name,² it was fair to characterise the city as having been, '... created

1 J.Ashton, 'Recalling the Medical Officer of Health', *Health Promotion*, 3(1989), 413-19. Review of *Recalling the Medical Officer of Health* [the writings of Sidney Chave], ed. by Michael Warren and Huw Francis (London: King Edward's Hospital Fund for London, [1987]). J.Ashton and J.Ubido, 'The Healthy City and the Ecological Idea', *J.Soc.Soc.Hist.Med.*, 4(1991), 173-81.

2 G.Kearns and P.Laxton, 'Dr Duncan Sets to Work'. Lecture to inaugurate 150 years

in haste by commerce — by men too intent on immediate gain — reared without any tender regard for flesh and blood'. Some indication of the rapid growth of the city is given from statistics for the number of ships on the river before reliable population counts were available. Later, when such counts were available, the statistics speak for themselves. The transformation of what was essentially a village into a major international city and port was dramatic.

The impact on the health of those living in Liverpool, mediated through appalling living conditions, was equally dramatic, with mortality rates well in excess of other towns. Duncan's life and work is eloquently described in Fraser's biography and his response to the challenge confronting Liverpudlians and Liverpolitans was and remains impressive.³ The massive influx of Irish refugees from the potato famine massively exacerbated a problem which was already on the verge of crisis.

According to Gerry Kearns and Paul Laxton, there were three strands to Duncan's work: reporting, certifying and advising.⁴ These three strands are, in a sense, threads of continuity between public health work in the 1840s and that of the present day. On the basis of Sidney Chave's writings on public health topics in history, and Michael Warren and Huw Francis's collection of them, we can identify a number of lessons from Duncan which are as applicable to today as they were then:

- An independent voice
- Appropriate research
- The production of reports
- Populism
- Advocacy
- Resourcefulness and pragmatism
- The legitimacy of working locally

There are others to emerge from Chave's writings, such as:

commemoration and celebration of the work of William Henry Duncan, Liverpool Medical Institution, January 1997.

3 W.M.Frazer, *Duncan of Liverpool. An Account of the Work of Dr W H Duncan, Medical Officer of Health of Liverpool 1847-63* (London: Hamish Hamilton, 1947). (Republished in 1997 by Carnegie Publishing and the Department of Public Health of the University of Liverpool). S.P.W.Chave, 'Duncan of Liverpool — and some lessons for today (the Inaugural William Henry Duncan Memorial Lecture)', *Community Medicine*, 6(1984). (Republished in 1997, in *Health in Our Time: The William Henry Duncan Memorial Lectures*, by Carnegie Publishing and the Department of Public Health of the University of Liverpool).

4 Kearns and Laxton.

- the cost effectiveness of prevention
- the need for organisation
- the use of shoe-leather epidemiology and social enquiry
- the need for persistence
- the benefits of riding the downward wave of epidemics
- the need to focus on positive health
- the need for a multidisciplinary approach and for healthy public policies

... and more:

- the need for public health to be the responsibility of a democratically accountable body
- the importance of independent, public annual reports
- the need for special skills and qualifications
- the need for full-time independent posts

The agenda facing Duncan and his colleagues in the multidisciplinary public health team of the day (James Newlands, the Borough Engineer, and Thomas Fresh, the Sanitary Inspector) was formidable, and by now familiar, with the Irish Fever and the cholera adding overwhelmingly to the background levels of summer diarrhoea and similarly related environmental problems. With his active involvement in the Royal Institution and the Health of Towns Association,⁵ Duncan's contribution locally to sanitary reform was on a par to that made nationally by Chadwick.⁶ Chadwick's egg-shaped sewer may have been a major technological breakthrough, but ensuring that sewerage was actually installed took people like Newlands and Duncan.

Of Duncan's death in 1863, Sidney Chave comments, '... he was the local lad who made good. But he made much good; for Liverpool was a much better place for its people to live in as a result of his 16 years of unremitting toil'.⁷

I have discussed elsewhere how the sanitary era gave way to the personal preventive, or hygiene, era before we came to be dominated by therapy for some thirty years after the Second World War.⁸ However, these times have left us an archive of initiatives and impressions which provide clues as to the

5 Ashton and Ubido.

6 J.Ashton, 'The 1997 Chadwick Lecture - Is a healthy North West achievable in the 21st Century?', *Journal of Epidemiology and Community Health*, 53(1999), 370-82.

7 Chave.

8 J.Ashton and H.Seymour, *The New Public Health* (Milton Keynes: Open University Press, 1988).

way ahead in developing a New Public Health able to learn from its own history. Sadly, the *Liverpool Echo's* reportage on the fluoride issue in the 1960s is a poignant reminder of the way in which public health was running out of steam, even with the renowned Andrew Semple at the helm.

Let Liverpool — the first city to appoint a Medical Office of Health — again give a national lead to other great cities by fluoridating her water and let the slogan be, 'what Liverpool drinks today — the rest of the country drinks tomorrow'.

Liverpool Echo (quoted in F.Spiegl, *What the Papers Didn't Mean to Say* (Liverpool: Scouse Press, 1965).

We still have not fluoridated our water, despite having probably the worst dental health in the country.

By the 1960s and 1970s, Sigerist and Beveridge's concise understanding of health and health policy was disappearing under tons of prescriptions and hospital building programmes. On Merseyside, this coincided with the most extreme demographic and economic pressures being imposed on the population since the recession of the 1930s and the Irish Famine days themselves. So what exactly has been the challenge, and what has been the response?

There can be little doubt that, for a period, public health did lose its way. It seems to me that the local government reforms of 1970 and 1974 marked a critical point in this dysfunction. The until then powerful, and sometimes very large, public health departments in local authorities, headed by the Medical Officer of Health, were under attack from within by the emergent disciplines of social work, environmental health and community nursing in its various forms. The challenge of multidisciplinary was answered by compartmentalisation and the loss of identity and focus for public health. Paradoxically, this occurred at just the time when writers such as McKeown, Illich and Lalonde were beginning a debate which would pave the way for the paradigm shift in thinking about health which was to underpin the World Health Organisation's (WHO) *Alma Ata Declaration*, the strategy of *Health For All by the Year 2000* and, later, the Healthy Cities initiative, which were all manifestations of the New Public Health.⁹ We would have to wait twenty-five years until the pres-

9 T.McKeown, *The Role of Medicine - Dream, Mirage or Nemesis* (London: Nuffield Provincial Hospitals Trust, 1976). I.Illich, *Medical Nemesis - the Expropriation of Health* (London: Marion Boyars, 1975). M.Lalonde, *A New Perspective on the Health of Canadians* (Ottawa: Minister of Supply and Services, Government of Canada, 1974). World Health Organisation, *Alma Ata 1977, Primary Health Care* (Geneva: WHO and UNICEF,

ent Labour government was in place before the first Minister for Public Health, presiding over the first coherent public health strategy since 1948, would seek to put Humpty Dumpty back on the wall through Health Action Zones and Primary Care Groups in the context of the total health system. The only problem was, of course, that Humpty was not the person he was twenty-five years before, and the wall itself had moved (not pendulum, but spiral).

If public health in Liverpool, as elsewhere, was dysfunctional and unfit for purpose by the early 1970s, what happened subsequently and is it fit for purpose today? When I returned to the North West in 1982, the niche occupied by Duncan's successors was held by persons called "community physicians"; some would say that they were neither fish nor fowl — neither physicians nor of the community or public health, but more in the mould of medical administrators preoccupied by hospitals, beds, waiting lists and budgets. When I produced *Health in Mersey* in 1984, it was the first time that a Regional Public Health Report had been produced anywhere in the country. I would like to think that it was in the tradition of Duncan's reports in its reporting, notifying and advising. It provided the basis for a programme of work to tackle the new public health issues (the wall, as I have already remarked, had moved), such as HIV/AIDS, drugs, teenage pregnancy, within a population that was very different from that of the 1840s, or even the 1940s. Although I was not so clear about it in 1984 as I am now, the Regional focus was symbolic of another movement of the wall — namely the shift of the agenda away from districts and nation-states towards globalisation (Europe and beyond) to Region and back to locality. Environmental issues were once again surfacing, but this time the sanitary perspective was being seen as limited and flawed, and the ecological idea was gaining ground.

The public health work of Mersey Regional Health authority in the 1980s was a significant influence on the development of the WHO Healthy Cities initiative which began in 1986, and for which I had the privilege of being the inaugural co-ordinator.¹⁰ Again, this work spawned the kind of local analysis which would have been part and parcel of Duncan's shoe leather and neighbourhood epidemiology, but by now it was very much part of an international urban movement. Its reference back to the Health of Towns Association was initially incidental but, once I had heard about it, the Health of Towns became an important source of inspiration. Under the stewardship of one of Duncan's most able successors, Dr Ruth Hussey, Liverpool's contribution to Healthy

1978).

10 J.Ashton, P.Grey and K.Barnard, 'Healthy Cities - WHO's new public health initiative', *Health Promotion*, 1(1986), 319-24. J.Ashton, 'Urban lifestyle and public health in the city', *The Statistician*, 89(1990), 147-56.

Cities is now internationally recognised.

The Need for Vision

In the depths of the early 1980s, when Liverpool seemed to be on a downward spiral, or had even reached rock bottom, there was an evident need for vision. In part, that vision came from Michael Heseltine, the Conservative Minister for Liverpool, a rather poignant blending of national and local role which in retrospect seems to have paid off. My own contribution was to craft a piece for the first Healthy Cities conference in Lisbon in 1986, which tried to synthesise the contributions from different levels, agencies and organisations, and to indicate how, if woven together, they might constitute a strategy for a post-industrial, ecologically sound, socially just Liverpool. *Esmedune* has subsequently provided the inspiration for a poem by Adrian Henri ('City 2000'), a mural in the University also by Adrian and most recently an animation film by some graduates of John Moores University.¹¹

These developments can be seen as echoes of the lessons from Duncan on populism, advocacy and the like. The first international Healthy Cities conference in Liverpool in 1988, and the associated declaration on urban health, signalled a time when public health in Liverpool stopped navel-gazing and began to look outwards.

It has been said that all culture is plagiary, but if that is so, in practical areas such as public health, relating to many aspects of the human condition, it is profoundly useful to be aware of the footsteps and footprints of those who have passed this way before. Not only are there lessons to be learned, and resonances to be perceived which can help us to know we are on the right track, even when the task seems to be radically different, but there do also seem to be some timeless themes, which it is careless, even negligent, to ignore.

11 J.Ashton, *Esmedune 2000: Vision or Dream (A Healthy Liverpool)* (Liverpool: Department of Public Health, University of Liverpool, 1988).