

Health, Economy, State and Society in Modern Britain: The Long-Run Perspective

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Introduction

Britain was the first society in the world to industrialise, a process now considered to have taken the entire eighteenth century to achieve but also to have had longer-term, deeper tap roots in the country's history and its agrarian economy.¹ In evaluating the relationship between health and social change in British history the protracted process of industrialisation is clearly an event of the greatest importance. However, it was in the following century, 1815–1914, that social change became even more comprehensive, as the full consequences of the new economy's mechanised and urbanised modes of production exerted their full effects. This chapter will offer a long-term perspective on the relationship between social change and health, considering key features of the period from the sixteenth to the twentieth centuries. In particular, the influence of certain institutional aspects of the relationship between state and society within this long time period will be explored.

This survey departs from the premise, which has been argued at length elsewhere, that the processes of economic growth, especially the rapid and transformative phase which we term 'industrialisation', always entails profoundly divisive and disruptive forms of social and political change.² Although economic advance creates the potential for enhanced wealth and health for all, the growth process itself offers no guarantee of this whatsoever. Indeed, economic growth is so disruptive of

1 E. A. Wrigley, 'The quest for the industrial revolution' in Wrigley, *Poverty, progress and population*, (Cambridge, CUP, 2004, 17–43); E. A. Wrigley, *Continuity, chance and change: the character of the Industrial revolution in England* (Cambridge, CUP, 1988).

2 S. Szreter, 'Economic growth, disruption, deprivation, disease and death: on the importance of the politics of public health', *Population & Development Review*, 23 (1997), 693–728.

established social and political relationships that its immediate and direct effects are typically to challenge the health and welfare of the majority, whose lives and livelihoods are frequently literally turned upside down by the changing resource and labour market values which result from rapidly expanding and diversifying markets.³

This chapter also argues that the British historical record in the post-industrial period indicates that in these circumstances of economically-induced rapid social change, which are today increasingly commonly experienced around the globe, there are certain fundamental, institutional features of the polity, which are vital for ensuring that the wealth generated by rapid economic growth will be effectively converted into health and welfare gains for the majority of the population, rather than merely providing personal fortunes for the families of the few.

The institutional elements required to adapt to economic growth while maintaining health and security comprise three related historical developments. Firstly, official registration of all individuals and formal, legal acknowledgment of their rights to security and health, critically including respect for their diverse social, religious, and ethnic identities. Secondly, the formation by such diverse citizens of legally recognized civil associations and institutions to represent and campaign for their varied and changing interests. This notably includes elected local government, trade unions, professional and employers' associations, as well as a host of less directly political, civic associations and, of particular importance, an independent free press. Thirdly, the establishment of some form of welfare or social security state: the securing through the state of various forms of effective collective provision to ensure the practical promotion and realisation of citizens' legitimate aspirations for their own security and health.

In Britain, the evolution of these three essential provisions took centuries to accomplish and was disrupted by the process of industrialization.

1538–1834

The conventional orthodoxies of twentieth-century theorising on the relationship between health and economic and social change are encapsulated in the highly influential 'transition' models, notably the demographic transition theory and the derivative epidemiological transition theory.⁴ The chief relevant characteristic of

3 S. Szreter, 'The Population Health approach in historical perspective', *American Journal of Public Health*, 93 (2003), 421–31.

4 K. Davis, 'The world demographic transition', *Annals of the American academy of political and social science*, 237 (1945), 1–11; A. R. Omran, 'The epidemiologic transition: a theory of the epidemiology of population change', *Milbank Memorial Fund Quarterly*, 49 (1971), 509–38.

these models is that they cede pride of place to economic growth as the prime mover, envisaging health changes and social adaptation following on, as consequences of economic transformation. Omran's concept of the epidemiological transition specified three types of epidemiological regime typical of the three stages of demographic transition. Famines and pestilence dominated the pre-industrial high mortality stage, followed by 'receding pandemics' as transitional societies industrialised, became wealthier and their medical technology advanced. Finally, the most developed, high life expectancy societies of stage three were afflicted primarily by a residual of 'degenerative and man-made diseases'. According to this framework of thought, the economic growth unleashed by the industrial revolution makes possible the release of humanity from a state of chronic insecurity at the hands of nature, in the form of famines and pestilence, while also releasing the resources for medical science to deal with the secondary problems of contagious diseases.

Britain was the first country in the world to experience the phenomenon of an industrial revolution and accompanying commercial transformation of the economy into the new possibilities of self-sustaining growth in material productivity. Thus, careful attention to the history of the relationship between social and economic change and health in early modern British history is crucial in evaluating the validity of the transition approach and the primacy which it allots to economic growth.

In explaining how it was that the industrial revolution occurred in Britain, clearly there are many important factors involved. However, the most significant recent emphasis among scholars of the British industrial revolution is an increasing attention to the crucial importance of the much higher level of labour and land productivity, which British agriculture had already achieved by the beginning of the eighteenth century.⁵ This placed England, alongside Holland, in a unique position in Europe, such that the percentage of her population residing and working in towns was already about 50% higher than the European average in 1700, without the need for any net importation of foodstuffs.⁶ This British 'urban advantage' in fact continued to increase further throughout the whole of the eighteenth century. Her agricultural economy still managed to feed a national population that had almost doubled in size by 1800 without any significant rise in real costs of food, while also managing to transfer a substantial labour surplus from the land to the town, providing ever more hands for manufacturing and services.

5 E. A. Wrigley, 'The divergence of England: the growth of the English economy in the seventeenth and eighteenth centuries', *Transactions of the Royal Historical Society* (2000), 117–41.

6 E. A. Wrigley, *People, cities and wealth* (Oxford, Blackwell, 1987), Table 7.6. In 1700 13.4% of England's population was urban and in 1800 24.0%. Meanwhile the average for the rest of Europe had remained almost constant, rising from 9.2% to 9.5%.

Thus, it is increasingly being argued by the leading historians that a previously underestimated key to the island's precocious industrial revolution in fact lies in its prior agricultural revolution. The principal comparator here is with the immensely advanced Dutch rural and trading economy of the sixteenth and seventeenth centuries. Many of the most important technical innovations in British agriculture, such as land drainage engineering, new crop types and rotations, were directly borrowed from the Dutch. Yet it was the British agricultural and service economy, which was increasingly outpacing the Dutch as the seventeenth century progressed. Despite a highly distracting Civil War and long before the appearance of the steam engine or factories, by 1700 British agricultural productivity and its support for an out-size urban population was already equalling its most impressive economic rival in Europe, the previously more advanced Dutch economy.

To explain this, Dutch historians, as much as British, have increasingly focused their attention on the potential economic significance of one major institutional difference between the two countries, namely the system of social security created in England by the Elizabethan Poor Laws. Although the Dutch and other European countries had their Poor Laws, they were far from effectively enforced and frequently only really applied in certain towns. By contrast there was nothing in Europe like the ubiquitous system of Poor relief established in England.⁷ Funded by a tax on property in every parish, administered by local officials but also rigorously enforced by local magistrates as representatives of the Crown and the law, it is agreed that by the middle of the seventeenth century the Poor relief system was a genuine reality in full operational force throughout the land. It went side by side with an efficient nationwide population registration system, the Church of England's parish registers instituted by Henry VIII in 1538. It placed the English population and its labour market, both in town and countryside, on an entirely different basis, in terms of human security, from that of the rest of Europe. Consequently, the English (but not the Irish, where there was no such Poor Law or general registration system) were the first nation in the world to cease to experience any famine mortality (by the 17th century).^{8,9}

Peter Solar has furthermore argued that the comprehensive social security system provided by the Poor Laws also had a number of highly significant economic consequences, of relevance to the development in Britain of precocious levels of both agricultural productivity and urbanisation.¹⁰ In particular it dramatically

7 P. M. Solar, 'Poor relief and English economic development before the industrial revolution', *Economic History Review*, 48 (1995), 1–22.

8 P. Slack, *The English Poor Law 1531–1782* (London, Macmillan, 1990).

9 R. B. Outhwaite, *Dearth, public policy and social disturbance in England, 1550–1800* (London, Macmillan, 1991), ch.2.

10 Solar, (1995), 1–22.

encouraged labour mobility through emancipation from a peasant mentality of over-attachment to land-holding, since individuals had a certainty of being provided for, wherever they moved to work in the economy, no matter what their property-ownership status. Landlords and farmers could reap the economic gains to be had from increased farm sizes, from enclosure and from laying-off workers or changing their labour contracts to more efficient weekly or day labour, without this provoking the same level of fears and protests from those affected as such efficiency changes would elicit on the continent. But equally, such employers had an incentive only to do this if it really made economic sense because, through the Poor Law, they would also have to reckon with their liability for paying for the families of the laid-off workers, at least in the short term until they found new work. From the point of view of the smallholder, given such genuine social security, working for wages – whether in the countryside or in the town – was not necessarily any less secure than access to the land. There was no need to fetishize land ownership among the poor as their cherished symbol of family security, as happened among the peasantry on the continent, notably in France, whose agriculture was notoriously afflicted with the practice of ‘morcellement’.

Thus, although in no way a voting democracy, the subjects of the British sovereign in the seventeenth and eighteenth centuries enjoyed ‘advanced’, state – guaranteed practical entitlements to security and health – functionings and capabilities in Sen’s terminology.¹¹ This entirely reverses the direction of causation posited in transition thinking in the relationship between social change, health and economic growth. In British history, a unique and carefully negotiated and practically enforced act of statecraft, in the form of the Poor Laws, provided the English population with an unprecedented degree of social security. This thereby both reduced the death-rate from food shortages and substantially altered the nature of social relationships between property-owning employers and labour, throughout the economy, facilitating an altogether greater degree of flexibility and efficiency in the allocation of labour across both the agricultural and the urban manufacturing and service sectors of the economy. Thus, state-initiated social change caused both some alterations in population health and especially in the perception and reality of human security. This then caused crucial economic change of a form, which placed the British economy in an excellent position to benefit from the labour-using demands of urban, mechanised factory production in the late eighteenth century. This is a very different causal sequence to that envisaged by transition thinking.

However, in the absence of a democratic franchise to defend these privileges, this gradual move towards the acquisition of individual rights to social security under the Poor Laws was then rudely interrupted, paradoxically by economic growth itself, in the form of the industrial revolution. Part of the reason for this was very

11 A. Sen, *Development as Freedom* (Oxford, Oxford U.P., 1999).

simple and has its exact parallel in virtually all of today's developing countries. Decades of extremely rapid and chaotic urban growth through in-migration from the countryside produced a situation, by the early nineteenth century, where large proportions of urban inhabitants were quite simply 'unknown' to either the national government or the local authorities. The church's registration system had broken-down in most towns, partly overwhelmed with the numbers flooding-in but also because rising proportions of the new urban residents were nonconformists of many varying kinds or Catholics, all of whom fell outside the purview of the Anglican Church registers. Many of the poor kept away from the authorities, even when in need, because they feared being transported back to their rural parish of origin. As today in the shanty towns of India, Africa or Latin America, many were of no recognised address. These individuals had no recognisable claim on the government of their society or their community and no access to its resources. In some cases they would only come to the attention of the authorities when they died and required burial.¹²

The situation began finally to be addressed in the 1820s when the property-holders of the northern and midland cities, many of them nonconformists, intensified campaigns to have their civil and political rights recognised. With the repeal in 1828 of the seventeenth-century Test and Corporation Acts (excluding Protestant dissenters from holding civil office) followed by Catholic emancipation in 1829, religious minorities were given equal rights to civic and political participation. The Great Reform Act of 1832 established the principles of a representative, property-owning democracy on a nationally uniform and statutory basis, although votes were only as yet available to a property-holding minority of about 20% of males. Local government was similarly re-made in 1835 as a representative democracy for property-holders.

In 1836, responding to overtures from the newly-enfranchised nonconformists, Parliament legislated for a civil registration system, establishing a novel bureaucracy of a national network of locally-resident salaried registrars to keep full and accurate records of all births, deaths and marriages in England and Wales, regardless of religion (Scotland and Ireland were granted such systems somewhat later).^{13,14} The century-long deterioration in the long-established system of official recognition of individual citizen identity, due to the disruptive effects of the rapid economic and demographic growth of the industrial revolution, had thus been countered through

12 R. Richardson, *Death, dissection and the destitute* (London, Routledge and Kegan Paul, 1988).

13 J. M. Eyler, *Victorian social medicine: the ideas and methods of William Farr* (Baltimore, Johns Hopkins University Press, 1979), ch.3.

14 D. V. Glass, *The development of population statistics* (Farnborough, Greg International, 1973).

the self-assertive political activities of the previously excluded nonconformists successfully appealing to a reformist liberal state. With the availability of this centrally-collated comprehensive registration data, the Victorian public health movement now found its voice and began to be able to publicise authoritatively the diseased state of the crowded industrial cities and to explore and devise effective remedial policies.¹⁵

Thus, an essential element of the administrative groundwork for the democratic recognition of individual rights to health and security had been put back in place by the end of the 1830s. But simultaneously during the 1830s, the other dimension of state infrastructure, even more crucial for maintaining individual rights, the local, parish-funded Poor Law system, was drastically altered. In a close parallel to views, which have gained credence in liberal democracies during the last two decades, such state-backed systems of social security were now disparaged. It was the contention of the chief apologists of the moral and economic virtues of the free market, that this 'welfare' system was overly-generous, laxly administered and a self-defeating encouragement to a dependency culture. Reverend Thomas Malthus was only one of a number of powerful advocates of this viewpoint. National expenditure on the Poor Laws was slashed in half, cut from approximately 2% (at that time the most generous level of support in Europe) down to 1% of national income.¹⁶

The 1834 New Poor Law's intention was to remove graft and shirking. Parishes were to be centrally monitored by a Poor Law Board in London to excise local corruption. All those without work were now to enter workhouses, where they would perform tedious and arduous labour in return for their daily bread and soup, in the belief that this would return them to the labour market as soon as possible.¹⁷ The putting asunder of man and wife in the new workhouses (the sexes were rigorously separated on Malthusian grounds) represented a significant constitutional victory for the morality of the 'dismal science' of political economy over that of the Church. This was bitterly resented in some quarters and a vigorous anti-Poor Law guerrilla campaign of civil disobedience erupted, particularly in the industrial north where some parishes refused to build workhouses, since much unemployment was recognised to be cyclical, not voluntary.¹⁸ There would seem to be more than a passing similarity between the centrally devised 'one size fits all'

15 S. Szreter, 'The G.R.O. and the public health movement 1837–1914', *Social History of Medicine*, 4 (1991), 435–63.

16 P. Slack, *The English Poor Law 1531–1782* (Basingstoke, Macmillan, 1990); M.E. Rose, *The Relief of Poverty, 1834–1914* (Basingstoke, Macmillan, 1986); P. Mandler, 'The Making of the New Poor Law *Redivivus*', *Past and Present* 117 (1987), 131–57.

17 M. A. Crowther, *The workhouse system 1834–1929: the history of an English social institution*, (London, Batsford, 1981).

18 M. E. Rose, 'The anti poor law agitation', ch. 3 in *Popular Movements*, ed. T.J. Ward (London, Macmillan, 1970), pp.78–94.

Whitehall policy of 1834, the compound of moral and economic rationale, the grudging compliance, particularly where the one size patently did not fit, and the recent history of the structural adjustment programmes handed down by the I.M.F. to the world's less developed countries during the last two decades, insisting that they radically reduce public expenditure on collectively-provided services, on the general argument that they cannot be afforded, distort the operation of the free market and are in any case conducive to corruption in their administration.¹⁹

The New Poor Law in effect replaced the post-Reformation principle of exclusion of individuals from the polity on doctrinal, religious grounds with a new principle of exclusion on market economic grounds. This transformation in the statutorily-sanctioned principles of social exclusion illustrates the breadth and depth of ideological, cultural and social disruption, which rapid economic growth entails. Even long-standing and powerful elite groups, such as the Church of England and the nation's landowning oligarchy, found their traditional moral values and economic interests threatened and over-turned. In the case of the landowners, the great symbol of their political defeat at the hands of the urban industrial bourgeoisie was the repeal of the Corn Laws in 1846, a protectionist statute which had kept agricultural prices high to the benefit of landholders at the expense of urban employers and their workers.

Multiple dimensions of disruption are an inevitable concomitant of economic change on such a scale as occurred in Britain during its initial phase of widespread industrial mechanisation and urban growth through rural in-migration. At times like these there are undoubtedly great opportunities for those with the wit and initial resources to take them, but at the same time this disruption threatens the security of all concerned, rich, middling and poor. Established social and economic relations, ways of doing business, ways of thinking, even, and recognised moral claims on others (kin, neighbours) and long-established institutional sources of assistance (the Poor Law, or the extended family in today's poor countries) are thrown into question. Population mobility and migration means that kin may no longer be accessible, neighbours may be strangers.

As in Third World cities today, do-it-yourself forms of trust and mutual assistance come into being, born of necessity. In Britain, due to its long-term inheritance of the nuclear family household, extensive family and kinship links did not tend to contribute a major support network. Instead this was often provided by small, even single-chapel congregations led by a local charismatic figure, or certain of the local business leaders themselves, endeavouring to look after their work-forces as well as they could.^{20,21} Trade-based Friendly Societies of mutual insurance (and

19 J. E. Stiglitz, *Globalization and its discontents* (New York, Norton, 2002).

20 A. D. Gilbert, *Religion in Industrial Society. Church, chapel and social change 1740–1914* (London, Longman, 1976).

rudimentary trade-unions) were also popular among those who could make regular payments to insure themselves against sickness or disability.²² These were primarily forms of bonding social capital (see *Note on social capital* on page 227).

Thus, when in 1834 the state withdrew its support for the poor, as has happened in many developing countries today under structural adjustment programmes and also in USA with welfare cuts, access to support in these circumstances became closely tied to admission to certain ‘privileged’ groups, such as religious congregations, workingmen’s associations or the work-forces of a paternalistic company. The plight of Silas Marner in George Eliot’s novel of that name (published in 1861) is a celebrated literary example of the dire social consequences for the individual of exclusion from such sects and closely-bonded networks at this time. In the absence of collective local or national, state provision for all, reliance on these islands of support necessarily creates around them a sea of potential deprivation, engulfing all those who cannot gain access because they do not qualify for membership. If the sea of deprivation is too deep and many of the deprived are too weak, they may drown in large numbers, particularly of course the most dependent groups – the women and children. This certainly happened in Britain’s industrial towns during two long decades of economic fluctuations and ferocious epidemic, endemic and sanitary diseases in the 1830s and 1840s.²³ And her sister island, Ireland, administered by the same laissez-faire government in Whitehall, was of course engulfed during this same period in the tragedy of the Great Famine. It seems likely that much of this story is playing itself out again today in the tearaway economic growth being experienced in parts of China. Like Britain in the 1830s and 1840s China’s national economic growth rates signify soaring success. But the economy is being powered by an exploited workforce, notably in China’s case the ‘black population’ drawn from a staggering estimated 200 million ‘unplanned’ births, unregistered citizens lacking legal and civic rights.²⁴

21 D. Roberts, *Paternalism in early Victorian England* (London, Croom Helm, 1979).

22 P. H. J. H. Gosden, *The Friendly Societies in England, 1815–1875* (Aldershot, Gregg, 1993).

23 S. Szreter and G. Mooney, ‘Urbanisation, mortality and the standard of living debate: new estimates of the expectation of life at birth in nineteenth-century British cities’, *Economic History Review*, 50 (1998), 84–112.

24 S. Greenhalgh, ‘Making up China’s “Black Population”’, ch. 8 in *Categories and Contexts. Anthropological and Historical Studies in Critical Demography*, eds. S. Szreter, H. Sholkamy and A. Dharmalingam (Oxford, Oxford U. P., 2004), 148–72, Table 8.2, p.163.

1834–1945

The entire period from the early nineteenth century until 1945 in Britain was characterised by a very slow, hesitant and conflict-ridden process, full of reverses, of building-up the second factor emphasised above, as essential for society's capacity to cope with the conflicts and challenges of economic growth. This includes elected, representative local government, a free press, trade unions, professional and employers' associations, and the many other civil organisations, or forms of social capital, which express the diverse identities, interests and pursuits of citizens in a market economy. The chequered history of press freedom tracked the first half of this process. Although Britain in the mid-eighteenth century was endowed with a comparatively literate and relatively highly urbanised population, the British state sought increasingly to restrain the Press through a range of taxes, on paper, advertisements and a heavy 'stamp duty' (per printed sheet!) At times of difficulty for the national government the duty was successively raised – in 1776, 1789, and 1797, hoping to dampen down protest. Not until 1836 was there a significant relaxation in this regime of discouragement, with all taxes finally repealed during the period 1853–1861.²⁵ During the second half of this period from the 1860s and 1870s onwards, armed with a genuinely free press, there emerged the beginnings of a serious move on the part of the nation's civil institutions, led by certain municipal administrations, by the public health movement and their allies to negotiate the third element, collective provision of health and social security. That process was then accelerated massively by the intense pressures on British state and society during the era of imperial rivalry, total war and world depression from the 1890s through to 1945, resulting finally in Beveridge's welfare state.

It fell to the 'civil servant genius', Edwin Chadwick (1800–90), and his generation to confront the undeniable accumulating evidence that, whatever the capacities of the new market economy to grow businesses, to make some wealthy beyond their dreams, and to cut the prices of many material goods beyond previous possibilities, nevertheless distinct and substantial causes for concern over the nation's health were also emerging in this brave new world. This was the first society in the world to experience, as an experimental process with an unknown denouement, the unlocked power of capital and commerce to transform not only the physical dimensions of life, but also our social and legal relations to each other. It was both, and by turns, an intoxicating and terrifying experience, even for those dynastic landowners and factory-owning capitalists who stood to gain most from the process. The switchback roller-coaster ride of the early, emerging trade-cycle of booms and busts was particularly devastating, not just for entrepreneurs and

²⁵ S. Koss, *The rise and fall of the political press in Britain. Vol. I The nineteenth century* (London, Hamish Hamilton, 1991), chs. 1–2.

investors, but for entire urban communities repeatedly-but unpredictably – finding themselves short of work and sustenance, sometimes for months on end.

Having already been the principal author of reform of the Poor law in 1834, Chadwick found to his consternation that the costs of the Poor Law continued to rise in many places after 1834. Chadwick saw ill-health as the cause of these unfortunates' incapacity to command an adequate price for their labour in the free market. Therefore, he increasingly focused on identification of the causes of such incapacitating disease in society, to eradicate this blemish on the operation of the free market. This, then is the point in his intellectual and policy odyssey at which Edwin Chadwick enters the history of the public health movement, with momentous consequences. Although French and Scottish doctors had arguably led the field before Chadwick's arrival on the scene and although he wasn't even medically trained (and in fact remained highly distrustful of the claims of medicine, reserving his approbation more for the enterprise of engineering), it was Chadwick's 1842 Report on the Sanitary Condition of the Labouring Population of Great Britain, his subsequent Public Health Act of 1848, and the reaction to it, which defined for two generations, the understanding and response of the world's leading industrial power to the manifest domestic problems of health, security and environmental deterioration, under the conditions of social change created by the first great wave of global economic growth, capital accumulation and trade.^{26,27} Focusing on those 'zymotic' diseases (mostly recognised today as infectious diseases), which exhibited the greatest variation in their geographical incidence, in this pre-bacteriology era Chadwick believed that the bad smells and 'effluvia' emitted from decomposing organic matter was the principal source of all such diseases, such as cholera, typhus, typhoid, measles, scarlet fever, infant wasting and diarrhoea and tuberculosis. The solution, therefore, was to clean-up the environment. And so was born the 'Sanitary Idea', the international public health movement's first great 'magic bullet' policy. It would more accurately be called the 'Sanitary Dream', since so little of Chadwick's ambitious programme was actively pursued until a whole generation later, after 1870.^{28,29}

Chadwick's aim was that the subsequent Public Health Act of 1848 would coerce all of Britain's major urban centres to invest in the extremely expensive engineering,

26 A. F. La Berge, *Mission and method. The early nineteenth-century French Public Health Movement*, Cambridge, (Cambridge U.P., 1992).

27 C. Hamlin, *Public health and social justice in the age of Chadwick. Britain, 1800–1854* (Cambridge, Cambridge U.Press, 1998).

28 M. W. Flinn, ed and introduction, *Report on the Sanitary Condition of the labouring population of Great Britain by Edwin Chadwick 1842*, (Edinburgh, Edinburgh U.Press, 1965).

29 S. Szreter, 'The Importance of Social Intervention in Britain's Mortality Decline c. 1850–1914: A Reinterpretation of the Role of Public Health', *Social History of Medicine*, 1 (1988), 1–38.

sanitary infrastructure, which his diagnosis indicated was necessary: constant clean water supplies to all domiciles, regular street and courtyard cleansing, and, correspondingly, an arterial underground sewerage system to take all liquid wastes out of the city.³⁰ Local property-owning ratepayers were to foot the bill for these expensive undertakings. However, Chadwick's Health Act was, politically, fatally flawed. In the land of political liberty, Chadwick, for all his endorsement of classical political economy, had trespassed, in a most heavy-footed fashion, on citizens' private property rights. This was a clash between one kind of security – the rights to unqualified ownership of the income from their property– and another – the possible effect that expensive commitments to their town councils' rates might have in securing the health of the city's families. For most petty property-holders at mid-century in the Victorian age, this was no choice at all; and they knew which form of security mattered more to them and which they trusted the most. They refused to pay for the collective sanitary improvements to their cities; and those that could afford it simply moved their families away from the miasmas out to the suburbs, where the air, light and space was more abundant.

Chadwick had prematurely enacted compulsory legislation, which could only work if there was sufficient trust in the towns and cities that their councillors would spend the much-increased rates wisely and effectively. Such trust – bridging social capital across different networks and religious groups – was distinctly lacking in provincial towns and cities of religious networks that had been firmly thrown back onto their own resources by the New Poor Law of 1834. These crowded cities of immigrants were highly divided societies of strangers: new wealth jostling alongside new poverty. New religious leaders, new nonconformist sects and congregations were springing up everywhere, as lost souls looked for some spiritual comfort and the material support of bonding social capital with a sect of like-minded persons in the harsh environments of the new industrial towns. In the estimate of hard-nosed practical men of business, Chadwick had now shown himself to be a dangerous creature. By 1854 Chadwick had been hounded out of government by a sustained popular campaign in defence of 'local self-government' and against this over-mighty, dictatorial 'Bonaparte'.³¹

Nevertheless, the great 'Whig-liberal' reform era of 1828–1835 had been marked by an important sequence of constitutional measures. In the much longer term, these did undoubtedly prove to be vital foundations for a positive efflorescence of bridging and linking social capital, and an associated thorough revivification and sustained dramatic expansion of local government and civic associational activity in Britain from the late 1860s onwards. This was to set in train a long series of

30 Flinn, (1965), pp.150, 394–5.

31 J. Prest, *Liberty and locality. Parliament, permissive legislation, and ratepayers' democracies in the mid-nineteenth century* (Oxford, Clarendon Press, 1990).

developments, which were to establish in the twentieth century, on an entirely new, collectivist basis, important new forms of human security in British society, with profound consequences for the health of the majority.

By the 1860s an entirely new generation of men, who had only been infants and children in the 1830s, were coming into their maturity as the nation's political and economic leaders, on the back of two decades of unparalleled national prosperity, since the harrowing late 1840s. This was nowhere more true than in Birmingham, the nation's second city and commercial centre of the Black Country, the world's leading region for the manufacture of all the basic iron and metal-ware of the new industrial economy, from coins to guns, brass ornaments to weighing scales, chains and springs to nuts, bolts, nails and screws. Its principal competitor for second-city status was the Scottish metropolis of Glasgow. During the last four decades of the century these two rival cities egged each other on and led the way in a nation-wide provincial revolution in government, finance and social capital, which amounted to a wholly new, collectivist and municipal (not yet national) model of delivering social security and health to their crowded working populations.³² By the opening decade of the twentieth-century the annual reports of the Medical Officers of Health for all the major cities such as Liverpool or Manchester, as well as Birmingham or Glasgow, reveal these local authorities to have been administering a massive range of municipal schemes of regulation of the urban environment and food supply, preventive and public health measures, welfare and social services, even including aspects of the local education system and public housing schemes. These were half way to welfare-states at the municipal scale; and even much smaller cities and towns like Halifax, Wakefield and Doncaster were by now following the lead.^{33,34} In 1905, after four decades of strong municipal expansion, the aggregate of all local government spending actually briefly exceeded the absolute total of central government spending, an index of this historic peak in local democratic activism and public health initiative.³⁵

In Birmingham's case the importance of the prior, constitutional freeing in the 1830s of nonconformists to play a full civic role in society was most evident. For, here it was interlocking networks of local elite families of Congregationalists, Unitarians and Quakers, and their respective ministers, who first began to evolve a

32 W. H. Fraser and M. Maver, eds. *Glasgow Volume II: 1830–1912* (Manchester, Manchester University Press, 1996), chs. 10–12.

33 K. Goschl, 'A comparative history of public health in Wakefield, Halifax and Doncaster, 1865–1914' (University of Cambridge, unpublished Ph.D. dissertation, 1999).

34 F. Bell and R. Millward, 'Public health expenditures and mortality in England and Wales, 1870–1914', *Continuity and Change*, 13 (1998), 221–49.

35 S. Szreter, 'Health, class, place and politics: social capital, opting in and opting out of collective provision in nineteenth and twentieth-century Britain', *Contemporary British History*, 16 (2002), 27–57, Table 1.

theological doctrine of municipal transformation.³⁶ The civic gospel was preached from the pulpits of Birmingham by local divines such as George Dawson and Robert Dale and it caught the imagination of the leading local industrialists, drawn from families such as the Kenricks and the Martindales. Most especially, it inspired the young Joseph Chamberlain, scion of the Guest dynasty, owners of the largest and most successful screw manufacturing company in the west midlands – and therefore in the world.

Born into industrial wealth and having been trained in the financial markets in the City of London in his youth, Chamberlain's business contacts and superlative public speaking abilities placed him at the apex of this Birmingham-centred movement, led by a new post-industrial, home-grown neo-patrician elite.³⁷ Their grandfathers and fathers had been among the more modest property-owners, consumed with trade matters and anxious to avoid any demands from the municipal council rates on their hard-earned profits. Whereas, this next generation of business leaders, with the wealth of their families and companies much more securely established, had more likely been classically educated in the nation's great public schools before entering the family business. They were used to thinking on an altogether more ambitious and morally uplifted scale. The civic gospel preached that municipal leadership was a divine calling to save the souls of the plebeian poor through the power of rational administration, education and the efficient use of collective services, while the examples of the Classics and the Italian city-states provided architectural, constitutional and aesthetic inspiration for the design of cities of grace and civilisation.³⁸ It was a heady mixture of religious calling and a moral challenge to a place in history to match the 'Greats' of ancient and Renaissance civilisation. Early nineteenth-century aspirations of provincial men of affairs, merely to make profits from trade and to look after their own families in suburban mansions, now paled into insignificance as small beer. However, for all their grand ambitions, most of the leading figures in the civic gospel movement, remained rooted in their local industrial communities and in touch with the hopes and fears of the urban working men and their families who provided the workforces for their factories, along also with those of the many smaller industrialists and employers of their cities. They were still close enough to the daily management of their manufacturing businesses, for all their global market reach, to know their

36 E. P. Hennock, *Fit and proper persons*, (Montreal, McGill-Queen's University Press, 1973).

37 P. T. Marsh, *Joseph Chamberlain. Entrepreneur in politics* (New Haven, Yale University Press, 1994).

38 Hennock, (1973); T. Hunt, *Building Jerusalem. The rise and fall of the Victorian City*. (London, Weidenfeld and Nicholson, 2004).

workforces and the inner city districts and also the many regional subcontractors with which their large enterprises interacted.

In social capital terms this was as close to ideal as is likely to be found in the historical record. Well-bonded elite social groups of nonconformist families were bridging across their congregational divides because they had conceived of the ambition and moral motivation to use their joint power and influence to campaign politically for their cities collectively to reform and improve their urban environments and the conditions of life of all citizens, including the poor, women and children. The political success of Chamberlain's Liberal group depended on his capacity to get the message across at the hustings but also on their innovatory ward-level organisation to get the votes out. This unprecedented level of popular participation in the organisation in depth of a local government election campaign in a provincial British city, in turn reflected the massive and extensive investments in all forms of social capital, but particularly bridging and linking, which Chamberlain's Liberal team had mobilised.³⁹

Chamberlain demonstrated that municipal spending and expansion of collective services for security and health could pay political dividends in Britain's urban electorate. In this, he crucially benefited from the fruits of the early trade-union movement, another vital form of civic institution alongside local government, which spearheaded the campaign for the workingman's vote. A series of franchise reforms from 1867 to 1884 quadrupled the male electorate, brought in secret ballots and swamped the anti-rate-paying petty bourgeoisie, the so-called 'shopocracy', with the electoral power of a new, non-property-owning (and therefore non-rate-paying), upper, 'respectable' working-class, who were also gradually building the strength of trade-unions at this time.⁴⁰ Women also gained the municipal vote – in some restricted circumstances – for the first time at the end of the 1860s. Recent research has uncovered the extent of their activism, not only in the well-known areas of first-wave feminist concern, such as in campaigning for the vote and for fairer property and marriage laws, but also in local government, education and the Poor Law, for instance.⁴¹ Added to this more favourably-constituted electorate, giving a genuine voice to large numbers of the property-less, Chamberlain himself pioneered several crucial innovations in public finance. He created the new practices of substantial municipal borrowing in order to take over local monopolies,

39 Hennock, (1973).

40 J. Davis and D. Tanner 'The borough franchise after 1867', *Historical Research*, 69 (1996), 306–27; H. Pelling, *A history of British trade unionism* (5th edition, Basingstoke, Macmillan, 1992).

41 P. Hollis, *Ladies Elect. Women in English local government 1865–1914* (Oxford, OUP, 1987); M. D. McFeely, *Lady Inspectors. The campaign for a better workplace 1893–1921* (Oxford, Blackwell, 1988); J. Lewis, *Women and social action in Victorian and Edwardian England* (Stanford, Stanford U. P., 1991); B. Caine, *Victorian Feminists* (Oxford, OUP, 1992).

such as power and transport, and to use the profits to fund an expanding range of much-needed urban social and health services.^{42,43} Whole new public service professions – another crucial civic institution – such as Medical Officers of Health and Sanitary Inspectors came into being to run these services.⁴⁴ Thus, 1865–1905 witnessed a silent revolution in collective provision at the municipal level and a massive increase in civic activism and institutions: construction of the bridging and linking social capital of the nation by ever more empowered individual citizens.

The bottom line, in health terms, was that following half a century during which both the national and the urban life-expectancy at birth values had failed to fall below the levels attained by the end of the second decade of the nineteenth century, at last from the 1870s onwards both national and urban life expectancy resumed the upward trends of the century before the 1820s and began to rise to entirely new levels, never seen before in Britain's recorded demographic history.⁴⁵ This, then represented the point at which the potential of economic growth to provide the means to enhance human health had finally been mastered, through all the complex of social, political and institutional changes surveyed here.

Conclusions

Thus, the historical material presented here has focused primarily on the interplay between the three institutional factors identified at the outset as so important for ensuring that the dramatic social changes associated with economic growth can result in positive, rather than negative outcomes in population health. It has been shown that in Britain's case propitious foundations, in the form of vital registration and an effective social security system, to underwrite individuals' entitlements as genuinely functioning capabilities dated from the 16th century in statute and from about the mid-17th century as a nationally uniform practical reality. Although these were supplemented by a vigorous civil society during both the 17th and 18th centuries, the hectic, culminating phase of the industrial revolution, c.1780–1840, radically disrupted all of this, along with its new political ideology of economic laissez-faire. Thereafter, from 1835 until 1905 elected local government authorities,

42 Streeter (1997), 710–11.

43 R. Millward and S. Sheard, 'The urban fiscal problem, 1870–1914: government expenditure and finance in England and Wales', *Economic History Review*, 48 (1995), 501–35.

44 A. S. Wohl, *Endangered Lives. Public health in Victorian Britain* (1983); A. Hardy, 'Public health and the expert: the London Medical Officers of Health, 1856–1900', in *Government and Expertise. Specialists, administrators, and professionals, 1860–1919*, ed. R. MacLeod (Cambridge, 1988), 128–42.

45 Szreter and Mooney (1998), Table 6 and Figure 1.

particularly those of the largest provincial municipalities, rather than the central state, played a particularly significant political role in gradually putting back together a system of effective protection against the environmental and epidemiological consequences of rapid economic and urban growth. From the 1860s the widening electorate and fully liberated free press, the increasingly self-organised associations of the working class, and of women, and the newly-formed public service professions added important new voices.

It was elected municipal government which first led the way in responding to the changing interests of this more inclusive 'civic society', no longer dominated by the narrow, small-scale, private property-preserving interests of the rate-paying 'shopocracy', those who had gained the vote in the 1830s. This ultimately delivered a wide range of collective environmental, preventive health and social services to promote welfare, security and health. Although the English penchant for local self-government defeated an early effort at (unfunded) centralised direction in 1848, the state did eventually both fund and organise a significant addition to the range of services provided by municipalities during the decade of intense imperial rivalry which preceded the outbreak of the First World War. The 'New Liberal' administration, anxious to maintain its appeal to the increasing pool of working-class voters in the face of rising competition from the newly-founded Labour Party, enacted a range of important health and welfare measures, nationally funded through the innovation of a more progressive taxation system. These included old age pensions, national insurance against illness and unemployment for working men, a school medical inspection service and free school meals.⁴⁶ The longer term product of the momentum built up in this period, and further extended by the subsequent generation in their social and political responses to the sequence of national crises presented by the Great War, the severe interwar slumps of 1919–20, 1925–6 and 1929–33, and the global war against fascism, was the British nation's increasing ideological commitment and political conversion to national, collectivist provision for health and social security, ultimately resulting in the Beveridge Plan of the 1940s.⁴⁷

Historical developments – full citizenship rights, civil associations, a free press, and collective provision for human security and health – culminated in the mid-20th century with most of the advanced western liberal democracies assuming the form of pluralist societies with welfare states.⁴⁸ This balanced pattern served the

46 J. R. Hay, *The origins of the Liberal welfare reforms 1906–1914* (Basingstoke, Macmillan, 1975); P. Thane, *The foundations of the welfare state* (2nd edition, Harlow, Longman, 1996).

47 P. Addison, *The road to 1945. British politics and the Second World War* (London, Quarter, 1977).

48 G. Esping-Andersen, *The three worlds of welfare capitalism* (Cambridge, Polity Press, 1990).

western democracies reasonably well for over a quarter century following the end of World War II, and also provided a helpful model for various client states in the Third World to emulate. Economic growth rates in both sets of states were consistently strongly positive, while rising average life expectancies confirmed that the fruits of such economic growth were being equitably distributed without undue disruption to the lives of the majority. But then, tragically for many in the Third World and painfully for the socially excluded of the First World, the important historical lessons regarding the preservation of human security and health under conditions of rapid economic change have been progressively lost to the policymakers and leading opinion formers of the world's elite societies and global institutions during the 1980s and especially in the era of triumphalist 'free market fundamentalism' of the 1990s.

After a generation of change since 1945, there was certainly much that needed reform and reinvigoration in the relationship between state, civic society, and citizenship in western liberal democracies by the 1970s. The prescriptions of the New Right offered partial diagnosis and a rather extreme form of medicine. The ensuing two decades have resulted in significant reforms along the lines they advocated; however, considerable damage to human security and health also has been wreaked in these societies by the evangelical application of New Right ideology, resulting in sharply rising inequality and deepening poverty for the socially excluded in both developed and less developed countries.

In terms of the institutional and civic underpinnings to ensure human security and health in a turbulent world of economic growth, it is arguable that the last thing the citizens of the poorest countries needed, emerging from centuries of dependence and decades of tutelage, was a generalized attack on the legitimacy of their youthful state structures and nascent public goods and services. The neoliberal policies were originally devised in Chicago, Wall Street, and London by First World economists unhappy at the role played by a highly developed central state in their own economies. But these policies were soon applied as the 'Washington consensus' in many other contexts.

In developed western democracies, the ideologists of the New Right have had a fairer fight on their hands, facing a strong state and a well-developed range of civic associations able to argue for the continuing provision of collective services to ensure human security and health. Public services, so essential for the health and security of the poor, have been pruned but not eradicated. By contrast, in far too many ex-colonial countries, the IMF found that it could impose its strictures at will, through conditionality clauses to its loans, on relatively unconfident and young state bureaucracies and on civil societies lacking sufficient development in local government, trade unions, an independent press, or other civic associations capable of representing the poor and resisting the attack on their interests. In 1980, what all of these developing countries needed, and what was appropriate for the

provisional state of development they had achieved by that point, was to expand and strengthen their nascent welfare states so as to boost significantly their nation's human and social capital. Instead, they received orders from Washington, in the form of the structural adjustment programs, to abandon the minimal welfare states they had begun to construct, and to open themselves up to western capitalism and trade.⁴⁹

The possibility of financing and maintaining a genuinely comprehensive system for enumeration and vital event registration of all individual citizens in today's poorer countries now looks further away than ever. Yet, history indicates this to be a foundational step, if the social change associated with economic growth is to deliver sustained improvements in population health, social security and welfare. The principal glimmer of hope on the horizon – a bright glimmer – is comprised by the innovative INDEPTH network, founded in 1998.⁵⁰ This currently comprises a set of population observatories providing high quality continuous demographic surveillance systems in 34 localities in very poor countries in sub-Saharan Africa and Asia.⁵¹ It can only be hoped that international organisations with the financial and political clout of the World Bank and the IMF take note of these highly impressive sentinel initiatives and the valuable epidemiological and socio-demographic findings, which they are generating, and seek to encourage and support the governments of less developed countries to build on these initiatives, as first steps in a long road.

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49 G. Kolko, 'Ravaging the poor: the IMF indicted by its own data', ch. 5 in *The Political economy of social inequalities*, ed. V. Navarro (Amityville, Baywood, 2002), 173–9.

50 O. Sankoh, K. Kahn, N. Kiwanuka, E. Mwageni, P. Ngom, P. Nyarko, D. Simba (eds). *Population and Health in Developing Countries. Volume 1: Population, Health, and Survival at INDEPTH sites*, (IDRC, Ottawa, Canada, 2002).

51 INDEPTH An International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries. [http://www.indepth-network.net/dss_site_profiles/dss_sites.htm].

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Note on social capital

Bonding social capital refers to norms and networks of trusting relationships formed among persons perceiving themselves to share a similar social identity. Bridging social capital, by contrast, refers to trusting norms and networks, where the participants acknowledge that they are different from each other, with respect to the conventions of social identity groupings. Participants in the network are typically drawn from a relatively wide range of ethnic, social class, age and gender backgrounds. Linking social capital is now recognised as a third category. It refers to the relationships of respect and trusting networks between parties who know themselves not only to be unlike, as in the case of bridging social capital, but furthermore to be unequal in their power and their access to resources. Linking social capital enables all the range of 'vertical', institutionalised relationships between citizens and those occupying positions of power and authority, on behalf of central or local government, small or big business, local or international organisations, to be analysed within the social capital framework, without conflating these kind of relationships with the more 'horizontal' relations of bonding and bridging.

On bonding and bridging, see Putnam R. D. *Bowling Alone. The collapse and revival of American Community* (New York: Simon and Schuster, 2000), 22–30. On linking see Woolcock M., 'Managing risk, shocks, and opportunity in developing economies: the role of social capital' in Ranis G., ed. *Dimensions of development* (New Haven Conn: Yale Center for International and Area Studies, 2000), 197–212; Szreter S., 'The state of social capital: bringing back in power, politics and history', *Theory and Society* 31 (2002), 573–621; Szreter S. and Woolcock M., 'Health by association. Social capital, social theory and the political economy of public health' *International Journal of Epidemiology*, 33 (2004), 650–67.