

# Poverty, Disease, Responsibility: Arthur Newsholme and the Public Health Dilemmas of British Liberalism

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**I**N DELIVERING AN ADDRESS AT THE UNIVERSITY OF Glasgow in November 1900, Lord Rosebery, the heir apparent to the leadership of the Liberal party, linked anxieties about disease, poverty, race, and national prowess in ways that would have startled his mid-Victorian predecessors:

An Empire such as ours requires as its first condition an Imperial Race—a race vigorous and industrious and intrepid. Are we rearing such a race? In the rural districts I trust that we are. . . . But in the great cities, in the rookeries and slums which still survive, an imperial race cannot be reared. You can scarcely produce anything in those foul nests of crime and disease but a progeny doomed from its birth to misery and ignominy. Remember, then, that where you promote health and arrest disease, where you convert an unhealthy citizen into a healthy one, where you exercise your authority to promote sanitary conditions and suppress those which are the reverse, you in doing your duty are also working for the Empire.

. . . Health of mind and body exalt a nation in the competition of the universe. The survival of the fittest is an absolute truth in the conditions of the modern world (Rosebery 1922, 250–51).

The nation was, in fact, facing a crisis of confidence. Foreign competition in industry, trade, and agriculture, the growth of German military might, and then the disastrous showing of the British forces

in the South African War shattered Britain's complacency about its place in the world and provoked in reaction a movement for "national efficiency" which cut across party lines and aimed at halting the nation's decline (Searle 1971; Semmel 1960, 53–82; Gilbert 1966, 59–100). Especially troubling was the news from urban recruiting stations during the Boer War. Disease and physical defects meant that many, it seemed far too many, urban working class males were physically unfit to help defend the Empire. This revelation gave urgency to the troubling information about the lot of the urban poor that social investigators had been collecting since the mid-1880s (Gilbert 1966, 27–29, 40–45, 51–56; Cormack 1953). Perhaps the race had grown too puny to rule a great empire. Edwardian governments were forced to investigate. The official inquiries of the next decade—the Royal Commission on Physical Training in Scotland (1902–1903), the Interdepartmental Committee on Physical Deterioration (1903–1904), the Royal Commission on the Poor Laws and Relief of Distress (1905–1909)—raised fundamental questions about physical efficiency and dependency. Edwardians debated anew the causes and consequences of poverty and disease and the meaning of physical debility.

The nation soon acted. Between Lord Rosebery's rectoral address and the end of the Great War, British social policy was revolutionized by a series of enactments and administrative initiatives: subsidized school meals for hungry children, a state school medical service, support and supervision of local infant and maternal welfare services, old age pensions, unemployment insurance, national health insurance, and state-initiated programs to deal with venereal disease and tuberculosis (Gilbert 1966, 102–447; Freedman 1978, 195–238; Dwork 1987, 167–207). The poor-law principal of deterrence was explicitly abandoned; assistance was now given as a right, on the basis of individual need, and without civil or legal penalty.

Public health authorities were prominent in the official investigations of the first decade of the new century, and they sometimes offered decisive evidence or arguments (Winter 1986, 10–18). But their own views were evolving as well. As the understanding of poverty changed, these experts were forced to reexamine familiar assumptions about the relation between poverty and disease. In this short essay we will consider the thinking of one prominent public health official,

Arthur Newsholme, Medical Officer of Health of Brighton from 1888 to 1908 and Medical Officer of the Local Government Board from 1908 until the creation of the Ministry of Health in 1919. Both his prominence and his interest in the social components of disease make Newsholme's thought revealing.

### Disease as the Cause of Poverty

Every Medical Officer of Health, every Poor Law Medical Officer, knew that disease and poverty were associated. But what precisely was the nature of this relationship? The immediate response of most Victorians who asked themselves this question was that disease caused poverty. It was this conviction, after all, that had launched the public health movement. Edwin Chadwick was first led to consider disease by finding that many charges against the poor rates were caused by illness which, his medical advisers assured him, was preventable (Finer 1952, 147–49, 154–63, 209–29). Environmental reforms, especially sanitation, would reduce disease and mortality and thus indirectly and economically address the problem of poverty without compromising individual responsibility or challenging personal liberty. Even less dogmatic public health advocates at midcentury who, like William Farr, were willing to consider that economic deprivation might cause disease convinced themselves that such privation played a very minor role (Eyler 1979, 125–26).

Newsholme falls squarely in this tradition. In a paper intended for fellow Medical Officers of Health and written in response to the deliberations of the Royal Commission on the Poor Laws he summarized the commission's evidence of the coincidence of poverty and disease. Thirty percent of English paupers were sick, and 50 percent of the funds spent in their behalf went to the relief of sickness. Newsholme, like most commission members, interpreted these results in familiar terms:

We need to learn again the lessons taught to our parents by Southwood Smith, Chadwick, and their co-workers, that one of the chief causes of poverty is disease, and that extended public health ad-

ministration must continue to be a chief means of removing des titution from our midst (Newsholme 1909, 404–5).

### *Tuberculosis and Poverty*

Pulmonary tuberculosis was a case in point. He went on to estimate that between 1907 and 1916, exclusive of lost wages from prolonged illness, fatal cases in men alone would cost the nation some 58.2 million pounds (Newsholme 1909, 408). What better investment in national efficiency could there be than preventive measures against tuberculosis? Tuberculosis was an especially important example. The disease was popularly associated with poverty, but statistics showed that mortality from this dread ailment had been falling for several decades. Was it possible that improvements in the standard of living had caused this mortality decline? In studies of the epidemiology of tuberculosis (Newsholme 1905–1906, 49–64; Newsholme 1906, 324–50; Newsholme 1908b, 224–51; Newsholme 1908–1909, 217–22), Newsholme found a strong correlation between the decline of pauperism and the decline in the mortality from pulmonary tuberculosis in the United Kingdom. He cautioned, however, that pauperism was not poverty but rather poverty relieved at state expense. He argued that closer analysis showed that a decrease in direct privation was not the crucial factor in the decline of phthisis. Using census and trade figures for various nations and capital cities, he attempted to demonstrate that the decline in the mortality from phthisis did not show a clear correlation to any of several relevant indicators of standard of living: improvements in nutrition, as measured by a fall in the price of wheat or in the total cost of a working-class family's food budget; total cost of living; or improvements in housing. The most important factor in the decline of tuberculosis, Newsholme argued, was institutional segregation of the sick. Poor-law records showed that as the ratio of indoor to outdoor relief increased (i.e., when the proportion of institutionalized sick paupers grew), as had occurred in England and Wales, in Scotland, and in London, tuberculosis declined. But where the ratio of indoor relief to outdoor relief had fallen, as in Ireland, tuberculosis mortality and, presumably, morbidity increased. These findings justified Newsholme's claim that isolation was the best preventive measure against tuberculosis, and it added plausibility to the claim that specific ad-

ministrative measures rather than general social amelioration were the best solution to the health problems of the poor.

### *Infant Mortality and Poverty*

In four major epidemiological studies Newsholme offered a similar analysis of infant mortality and poverty (Newsholme 1910, 54–56, 60–63, 68–69; Newsholme 1913, 73–76; Newsholme 1914, 14, 21; Newsholme 1916, 68–71). High infant mortality was a fact of urban working-class life. But poverty per se did not explain the distribution of infant deaths. Poor nations such as Ireland and Norway had lower infant mortality rates than Britain, and within Britain high wages did not necessarily offer protection. Jews living in great poverty in London's East End had remarkably low rates, while miners, who were among the best paid of the English working class, had very high infant mortality rates. If greater income reduced infant mortality, why hadn't infant mortality declined during the last twenty years of the past century when real wages had risen and the mortality for all other age groups declined? While domestic overcrowding seemed to be an important influence, it was not an invariable determinant of high infant mortality. High infant mortality was tied to the life of the urban poor, but, Newsholme concluded, some feature of the life of the industrial working classes and not low income per se was the major cause of preventable infant deaths.

### Poverty as a Cause of Disease

But Newsholme was under no illusions about the hazards to health in the lives of the poor. Even at the beginning of his public career he recognized that there was a barrier to the efficacy of any public health work he could undertake as Medical Officer of Health:

I refer to the extreme poverty among certain sections of the population, which checkmates efforts made to prevent overcrowding and ensure cleanliness. A low rate of mortality among children is difficult to attain when they are insufficiently clad and fed, and live under conditions of poverty which by some strange fatality appear to render more rapid the multiplication of the population (Newsholme 1889, 1).

As poverty became subject to social investigation, Newsholme refined his understanding. Within months of the appearance of B. Seebohm Rowntree's influential study of poverty in York, Newsholme published a careful summary of its evidence and conclusions for the medical profession. He explained Rowntree's division of the town's population by social class, the meaning and use of the poverty line, a typical working-class family's odyssey above and below the poverty line as earning capacity and number of dependents changed, and the fact that at the time of the survey, a period of relative prosperity, 28 percent of York's population lived below the poverty line (Newsholme 1902). He painted a sensitive picture of the plight of unskilled laborers who lived just above the poverty line. They could have no luxuries. "The family must never spend a penny on bus or railway, or on newspapers; they must write no letters; they can join no sick club. . . ." The calculation of the poverty line made no allowance for sickness or for pleasures like tobacco or beer. Any deepening of poverty could only be met by reducing a diet just able to sustain physical efficiency. "To give the father sufficient food, wife and children go short" (Newsholme 1902, 690). The nature and consequences of such privation were missed by more casual observers.

Such careful social investigation was causing many Liberals to re-think their attitudes toward poverty. Economists like John A. Hobson began to attack the complacent assumption that the poor had only themselves to blame and that education and self-help alone would solve the problem of poverty. Hobson instead taught that whatever the personal defects of some individuals among the poor, poverty was the result of economic and legal systems that denied opportunities and cheapened the value of labor (Hobson, 1909, 159–75; 1913, 171–82). Medical Officers of Health more cautiously came to realize that poverty was fundamentally an economic problem which carried increased risks of disease. James Niven, Medical Officer of Health of Manchester, for one, regarded the casual labor system and trade cycles as major causes of both poverty and disease in industrial cities. He went on to add ignorance and irresponsibility as secondary cases (Niven 1910, 4–11). While poverty *per se* need not cause disease, Niven argued, as long as the casual laborer lived a precarious hand-to-mouth existence one could fairly say poverty did cause disease. Low or irregular wages forced the poor to live in conditions which exposed them to infection and lowered their resistance.

Newsholme was also learning to view the issue in increasingly economic terms. Influenced by the investigations of the Royal Commission on the Poor Laws, he labeled the meager outdoor relief given to widows with small children as "extravagant parsimony" (Newsholme 1909, 406). Not only would such inadequate support cause chronic malnutrition, lost "efficiency," and disease, but the desperate efforts of such women to supplement their relief by entering the labor market at the lowest level would help depress the wages of other workers.

In certain contexts Newsholme was willing to depart from the traditional Victorian position and to argue that poverty caused disease. Typically, he assigned poverty an indirect role (Newsholme 1907b, 656–57). It necessitated overcrowding in working-class dwellings. It discouraged cleanliness. And it encouraged irresponsible behavior. But on occasion Newsholme assigned a more direct role to economic privation. In his study of the history of typhus in Ireland, for example, he concluded that extreme poverty had fostered typhus mortality by encouraging disease transmission and raising case fatality (Newsholme 1908a, 2–3, 10–14). And in a context different from his writing on the epidemiology of tuberculosis we have already considered, he could even advance a conclusion he would soon repudiate: that falling wheat prices had played a large role in the improved health of the English people and even in the decline of tuberculosis (Newsholme 1904–1905, 299).

What then was his position? Did poverty cause disease, or did disease cause poverty? He tried to explain his views with a metaphor:

The conditions of poverty in a community exposed to typhus or to phthisis, may be compared with the dryness of timber exposed to the onset of fire. The poorer and the more over-crowded the population, the drier and the more densely aggregated the timber, the more extensive will be the epidemic or the conflagration produced by infection or flame (Newsholme 1908a, 4).

In a town free from fire the best measure of protection might be to fireproof buildings, but in the presence of fire, there is no time to increase the resistance of timbers to flame. The best strategy then is to protect buildings from the spread of fire. Analogously, with the exception of vaccination for smallpox, measures for increasing resis-

tance of a population to infection work too slowly and uncertainly to be used in a crisis.

It seems then that the answer to this question was partly a matter of expediency. Poverty, Newsholme came to realize, was a complex phenomenon, with economic, behavioral, and biological components. He was fond of explaining that poverty and disease, like many social evils, formed a vicious circle, with each contributing to the generation of the other (Newsholme 1909, 406; 1908–1909, 222; 1920, 148). This fact was ground for optimism not for discouragement, because a circle can be broken at any point. In the present state of knowledge, the most efficient means of attacking the problem of poverty was to keep people from getting sick which, in practice, meant breaking the chain of contagion (Newsholme 1907b, 657). Knowledge of social problems, he explained in 1909, is presently in the position once occupied by the understanding of disease. Using available sociological and economic knowledge and the crude solutions they suggest, one can remove some of the symptoms of poverty. But as knowledge improves, more exact means will be available (Newsholme 1909, 409). The present means of dealing with poverty, like medical treatment of the past, shows “the mischief and the hindrance to real progress which are caused by adopting an empirical treatment of symptoms instead of a scientific treatment of disease” (Newsholme 1904, 1334).

### Personal Deficiency as a Cause of Poverty and Disease

That answer coming from a Medical Officer of Health was hardly surprising, and it was an answer in sympathy with the minority report of the Royal Commission on the Poor Laws with its insistence on attacking the causes of poverty rather than treating symptoms. Newsholme had thus reached a reasonable synthesis, one that came to terms with new understandings of poverty but which continued to justify public health work as a force for general social amelioration. But the issue here was not so simple. What gave this question its urgency in the first decade of the twentieth century were racial and Imperial anxieties. Were the British, or at least the urban working class, no longer an Imperial race? Why were so many volunteers found to be unfit for military service? Was it possible that both poverty and disease were due to some defect or defects inherent in the poor?

On this level, the question became very troublesome for Liberals. In the last quarter century before the Great War, political thinkers on the left flank of Liberalism—the New Liberals—had refashioned Liberalism to make it a political philosophy capable of dealing with the social problems of industrial society while preserving the party's traditional commitment to individual liberty (Freeden 1978). This intellectual transformation was bold and far-reaching. The New Liberals dissociated themselves from laissez faire economics and embraced collectivism. They also moved away from their antipathy to the state and saw the state as the dominant agent for the creation of a just society. But this change of opinion depended heavily on the example provided by biology. Evolutionary biology provided assurance that the principles governing human progress were open to human understanding, and it offered encouragement to think of society as an organic entity in which collective choice, i.e., state action, was not only justified but essential (Freeden 1978, 76–116).

### *Physical Defects*

Nothing reveals the strength of hereditarian thought in the Edwardian period more clearly than the use of biological arguments by the New Liberals. Hobson (1913, 177) could argue mightily against the claim that the poor were responsible for their own misery:

How shall a child of the slums, ill-fed in body and mind, brought up in the industrial and moral degradation of low city life, without a chance of learning how to use hands or head, and to acquire habits of steady industry, become an efficient workman? . . . It is the bitterest portion of the lot of the poor that they are deprived of the opportunity of learning to work well. To taunt them with their incapacity, and to regard it as the cause of poverty, is nothing else than a piece of blind insolence.

But even Hobson shared the common suspicion that at least some of the poor might be inherently inferior. In a passage much like the one just quoted about the disadvantages slum children face he concludes: "Bad seed sown in poor earth will not grow into flourishing and fruitful plants, even if carefully watered, pruned, and protected as it grows" (Hobson 1909, 165). He could embrace eugenics in the same spirit in which he criticized the old economic system:

Selection of the fittest, or at least, rejection of the unfittest, is essential to all progress in life and character. . . . To abandon the production of children to unrestricted private enterprise is the most dangerous abnegation of its functions which any Government can practice (Freeden 1978, 178).

Like many New Liberals, Newsholme was keenly interested in applying the principles of biological evolution to social problems (Newsholme, 1893–1894; 1894–1895). This preoccupation is most evident in his concern for changes in human fertility patterns. He, in fact, went to greater lengths than most other observers to measure precisely the much-publicized fall in birthrates (Newsholme and Stevenson 1906; Newsholme 1911). And he wondered about its economic and political consequences. Scattered throughout his writings one can find evidence of the then-common anxieties about national power, interracial competition within the Empire, and the future of Anglo-Saxon cultural dominance. Such worries were created by the realization that at home the birthrates of the middle and upper classes were falling while those of the working classes were not, and that abroad other nations and races had higher fertility rates than Britain (Newsholme 1893–1894, 10–12; 1911, 57–58; 1924, 152–153; 1926, 132).

But Newsholme recognized much sooner than many New Liberals the dangers that lay in seeking hereditarian or eugenic solutions to the problems of poverty and dependency. His caution was first alerted in the early 1890s. It was rekindled a decade later during the investigations of alleged physical degeneration following the Boer War, and it was sustained by a lengthy disagreement with Karl Pearson and his associates on the value of preventive medicine (Newsholme 1908b, 187; 1913, 46–48; Pearson 1911; 1912; 1918–1919).

Newsholme used three sorts of arguments against hereditarian assessments of poverty and dependency. The first undercut the social Darwinian assumption of the necessity for brutal competition for survival. Like some other critics such as Thomas Henry Huxley, he argued that the appearance of human intelligence and cooperation arrested the force of the competition for survival (Newsholme 1893–1894, 6–8; 1904, 1331–32). Fitness for survival, after all, was relative, a ratio of strength of the individual to the strain imposed by the environment. Hence, such fitness could be increased either by

increasing strength or by reducing strain. By acting collectively and with forethought, humans had learned to transfer much of the pressure of the struggle for existence from the individual to the group. This argument was very much in keeping with New Liberalism's notion of community and its confidence in the power of informed, purposeful collective action (Freeden 1978, 39–52, 80–81, 89–92).

Second, he challenged the assessments of the qualities of the poor which degeneration was alleged to explain. Contrary to what some hereditarians held, Newsholme insisted that fitness or socially desirable qualities are not class characteristics, nor does present socioeconomic status reflect inherent ability so much as opportunity (Newsholme 1911, 44, 49–52; 1926, 145–46). Borrowing heavily on evidence provided to the Royal Commission on Physical Training in Scotland and to the Interdepartmental Committee on Physical Deterioration, he argued that, although much physical debility could be found among the poor, debility was better explained by poor nurture than by hereditary degeneration (Newsholme 1904–1905, 293–94; 1905, 67; 1911, 49–50). Adopting the environmentalist stance which he maintained through his entire career, Newsholme explained that the troublesome thing about difference in the birthrates between the upper and the lower classes was not that the inherently inferior were outbreeding the inherently superior classes, but that those who were least able to offer children good nurture were having the greatest number of children (Newsholme 1924, 154).

Third, Newsholme offered empirical evidence that natural selection was not working as hereditarians predicted it would. If, for example, high infant mortality served to weed out weak and inferior stock, then populations subject to high infant mortality should enjoy greater health at later ages. But in his studies on infant mortality Newsholme (1910, 9–18, 78–82; 1913, 43–53) showed that districts having high mortality rates in the first year of life also had high rates at later ages.

### *Moral Defects*

Thus, the hereditarian insistence on the inherent inferiority of the poor and the eugenic opposition to preventive medicine could be opposed on statistical grounds or answered with environmental explanations for the observed physical defects of the poor. But, as

Newsholme realized, the fundamental reason for opposing those who would have the state remain inactive while disease carried off its victims was ethical. Nations, he insisted, simply could not elect to let a disease like tuberculosis run unchecked:

The logical alternative [to preventive work] is to kill off the susceptible stock or, as has been suggested, to allow them to infect their susceptible brethren and together with them perish of their disease. Such proposals have only to be stated in their crude terms in order to be apprehended and reprehended as an unsocial negation of civilization (Newsholme 1908b, 189).

Having raised an ethical standard, Newsholme was bound to consider one further possibility. Although the poverty and the disease of the poor could not properly be attributed to inherent physical inferiority, might they not be attributed to moral inferiority? Did the much-publicized idleness, drunkenness, gambling, vice, child abuse, and congenital syphilis in the slums prove what the respectable classes had long suspected: the poor were ignorant, irresponsible, and cruel?

Victorian and Edwardian social investigations left room for part of the plight of the poor to be attributed to their own behavior. Rowntree, for example, found in York that while a total of 28 percent of the population lived below the poverty line, 18 percent of the town's population (almost 65 percent of the poor) lived in what he called secondary poverty, that is, their earnings would have sufficed for their basic needs were it not for some wasteful expense including drink and gambling (Newsholme 1902, 685, 688). It was a troubling realization that those who lived near the poverty line spent, by some estimates, 25 percent of their income on drink (Newsholme 1904, 1336). Newsholme (1904–1905, 300; 1907a; 1920, 123–24; 1913, 78–82) as a temperance advocate blamed the consumption of alcoholic beverages for lost national efficiency, and for crime, poverty, disease, and high infant mortality. But Newsholme as an advocate of environmental reform blamed the circumstances in which the poor lived for their irresponsible or destructive behavior. Poor housing, a monotonous diet, fatigue, chronic pain, and social custom all encouraged drinking (Newsholme 1909, 406; 1920, 149–50). Lack of information and domestic skill made many working-class families poor managers of their meager resources. The poor needed to be taught to choose and prepare nourishing foods, and to protect their health (Newsholme 1904, 1333; 1890–1891).

Ignorance, of course, was not a monopoly of the poor. Newsholme had harsh words for those who would explain away the high infant mortality rates in urban working-class districts by blaming the ignorance and irresponsibility of mothers. "It is a comfortable doctrine for the well-to-do person to adopt; and it goes far to relieve his conscience in the contemplation of excessive suffering and mortality among the poor" (Newsholme 1916, 64). He explained that what makes the poor mother's ignorance or carelessness so tragic is her helplessness and economic vulnerability. Poor housing and sanitation, lack of domestic or medical help, overwork, and a pinched budget all conspire to make the consequences of her mistakes more grave than those of more prosperous mothers (Newsholme 1910, 70–74; 1916, 64–66).

But the environment could not be blamed for all the shortcomings of human behavior. After all, in the slums one often came upon a house which was "an oasis of cleanliness and sweetness in a desert of dirt and neglect" (Newsholme 1904, 1333). Not all poor parents squandered their resources, neglected their children, or led drunken lives. Certainly, part of the problem was decisions made by individuals. Particularly in discussing alcoholism and venereal disease, two diseases which formed vicious circles with other important social problems, Newsholme blamed character faults. His denunciations of individuals in this context could be severe. Syphilis, he held, was spread almost exclusively by "sexually immoral persons," and he argued that the disease could not be controlled until public opinion viewed "the sexually immoral man as an enemy of society, who cannot be tolerated" and promiscuity as "the chief enemy of the social order," a form of barbarism (Newsholme 1927, 107, 178, 188, 175–76). He could advocate severe solutions as well: vigilante groups to help the police battle commercial vice, and harsh sanctions against alcoholic parents who neglected their children (Newsholme 1927, 177–78; 1904, 1336).

## Ethics, Evolution, and Reform

How are we to understand such utterances? Are they merely instances of Victorian prudery or of a pietistical authoritarianism inconsistent with the Liberal, reformist posture Newsholme normally adopted? Far from being aberrations, these sentiments reflect something funda-

mental about the Liberal response to human misery at the turn of the century. Not only did Liberals hold that liberty carried with it responsibility, social order being otherwise impossible, but they saw in the formation of character an answer to the hereditarian challenge to social amelioration and to constructive reform efforts. As early as 1893 Newsholme held that a process of moral evolution paralleled biological evolution. The self-denial that accompanied the evolution of morality created "a new moral environment which alters very largely the results of evolution" (Newsholme 1893–1894, 7). The result was that public opinion and collective action began to protect the weak and helpless from the brutal force of competition. He held further that the progress of civilization, which recently had witnessed the abolition of slavery and the launching of campaigns to end cruelty to children and animals and to abolish the double standard of sexual morality, reflected a grand evolutionary progress in which selfishness gives way to altruism (Newsholme 1927, 98–99, 118–19). Private philanthropy, public assistance, and medical charity were all reflections of the altruism that moral evolution created.

In this scheme, crime, vice, and other antisocial activity were viewed as survivals of earlier and less civilized ages, and the problems of human conduct in contemporary society were reduced to the tension between coexisting human impulses: the primitive and selfish and the more evolved and altruistic (Newsholme 1927, 118–19, 182–83). For Newsholme, humans could escape the tyranny of Darwinian evolution because they possessed the ability to act purposefully, collectively, and altruistically. In a Liberal state, much of the motive for right conduct had to come, he believed, from within. For this reason he found the final solution to some of the most intractable health and social problems in the reformation of human character. In this process the state could do some things. It could see that assistance did not undermine individual responsibility, and it could insist that help was dependent on responsible behavior (Newsholme 1904, 1334–35). In some instances, compulsion might be needed for "those who do not evolve in response to the advancing tide of morality" (Newsholme 1927, 119). But ultimately humans had to learn to behave responsibly. He was not unaware that he was asking a great deal of the poor. Poverty, he explained, places great demands on character, and in the current state of affairs the poor were being asked to exercise greater moral restraint and to practice greater self-denial than were other

classes (Newsholme 1904, 1333; 1908a, 3), but the demand must be made and fulfilled. He saw no other way in which human welfare, liberty, and evolution could be reconciled.

Newsholme's dilemma is only a specialized example of a more general problem facing the Liberal theorists at the turn of the century. The New Liberals sought to create a just society in which collectivism tempered brutal competition and in which the state might act to promote human welfare and personal fulfillment. Disease among the poor was a special challenge to such Liberals. They recognized more clearly than previous generations that public health is a national resource and that disease is a major cause of poverty, inefficiency, and dependency. But their reformist posture and the data of recent social investigations encouraged them to see disease and poverty as indicators of basic social and economic disorder. The New Liberal social analysis thus encouraged Edwardian public health activists to consider the role that economic dependency played in the causation of disease and mortality. The role of heredity, on the other hand, was much more problematic. For some Liberals biological evolution seemed a powerful analogy or the sort of social transformation they had in mind. Others, including Newsholme, might share the fascination with evolution as a model and legitimation for social and ethical development but could see at the same time grave dangers in hereditarian answers to social problems. Newsholme's solution was in keeping with the spirit of the New Liberalism. For Newsholme the ethical evolution of society and the moral reform of individuals were not substitutes for social reform. They were essential components of it.

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